March 28, 2022

Chairman Jim McGovern
House Committee on Rules
H-312 The Capitol
Washington, DC 20515

Dear Chairman Jim McGovern,

DC Greens is a nonprofit organization working to advance health equity by creating a just and resilient food system in our nation's capital. We coordinate and manage a variety of nutrition programming to address food insecurity and mitigate diet-related chronic conditions and advance equity-focused policy solutions by amplifying marginalized voices and enhancing cross-sector collaboration. We were thrilled to host you and Representative Eleanor Holmes Norton, two key supporters and fellow anti-hunger advocates, at Giant Food on Alabama Avenue in Southeast, D.C. last year to see our Produce Prescription Program in action.

DC Greens commends your tremendous efforts to address nutrition insecurity in the United State and we are especially supportive of the inclusion of $2.5 million in FY22 omnibus appropriations bill to execute a White House Conference on Food, Nutrition, Hunger, and Health. As the planning for this conference commences, we urge the planning committee to recognize the vital role that Produce Prescription Programs play in addressing nutrition insecurity across our nation and here in the nation's capital, and we hope that residents with lived experience of food insecurity play a role in shaping the agenda and priorities of the conversation

Food insecurity is associated with 10 of the costliest and most deadly preventable diseases in the country, including hypertension, diabetes, cancer, and stroke.[1] Low consumption of fruits and vegetables among food insecure individuals is a primary risk factor for chronic disease.[2][3] Over 22% of all adult deaths from coronary heart disease have been attributed to low fruit intake and over 21% with low vegetable intake.[4] Addressing nutrition insecurity requires working at the intersection of food insecurity, poor dietary intake, and chronic disease.

Produce Prescription Programs are medical treatment or preventative services for patients who are eligible due to diet-related health risk or condition, food insecurity or other documented challenges in access to nutritious foods, and are referred by a healthcare provider or health insurance plan. These prescriptions

[1] Gregory CA, Coleman-Jensen A. U.S. Dep't of Agric., Food Insecurity, Chronic Disease, and Health Among Working-age Adults. 2017. https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=7501.3
[2] Kendall A, Olson CM, Frongillo EA. Relationship of hunger and food insecurity to food availability and consumption. J Am Diet Assoc. 1996;96:1019–24. doi:10.1016/S0002-8223(96)00271-4
[3] Dixon LB, Winkleby MA, Radimer KL. Dietary intakes and serum nutrients differ between adults from food-insufficient and food-sufficient families: Third National Health and Nutrition Examination Survey, 1988–1994. J Nutr. 2001;131:1232–46. doi: 10.1093/jn/131.4.1232.
[4] Micha, RD, Peñalvo JL, Cudhea F, Imamura F, Rehm DC, Mozaffarian, D. Association Between Dietary Factors and Mortality from Heart Disease, Stroke, and Type 2 Diabetes in the United States. JAMA. 2017;317(9):912-924. doi:10.1001/jama.2017.0947

are fulfilled through food retail and enable patients to access healthy produce with no added fats, sugars, or salt, at low or no cost to the patient. When appropriately dosed, Produce Prescription Programs are designed to improve healthcare outcomes, optimize medical spending, and increase patient engagement and satisfaction.

A growing body of evidence illustrates the impact Produce Prescription Programs can have on diet and health outcomes. Nationally, participation in Produce Prescription Programs has led to:

- Increased fruit and vegetable consumption[5]
- Decreased food insecurity[6]
- Reduced hemoglobin A1c levels in individuals with diabetes[7]
- Reduced body mass index (BMI) scores[8]
- Improved blood pressure[9]
- Improved patient-provider relationships[10]
- Improved mental health status[11]

Additionally, one microsimulation study has indicated that providing Medicaid and Medicare enrollees with a 30% subsidy on fruits and vegetables would save nearly $40 billion in formal health care costs if enacted at the national-level over a lifetime.[12]

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[5] Marcinkevage J, Auvinen A, Nambuthiri S. Washington State's Fruit and Vegetable Prescription Program: Improving Affordability of Healthy Foods for Low-Income Patients, Prev Chronic Dis 2019;16:180617. http://dx.doi.org/10.5888/pcd16.180617; Chrisinger A, Wetter A. Fruit and Vegetable Prescription Program: Design and Evaluation of a Program for Families of Varying Socioeconomic Status, J. Nutr. Educ. & Behav. 2016;38:7;S57. https://doi.org/10.1016/j.jneb.2016.04.153; Cohen AJ, Richardson CR, Heisler M, Sen A, Murphy EC, Hesterman OB, Davis MM, Zick SM. Increasing Use of a Healthy Food Incentive: A Waiting Room Intervention Among Low-Income Patients,Am. J. Preventative Med. 2017; 52(2):154-162. doi: 10.1016/j.amepre.2016.11.008.

[6] Aiyer JN, A Pilot Food Prescription Program Promotes Produce Intake and Decreases Food Insecurity, Translational Behav. Med. 9(5):922-930. doi: 10.1093/tbm/ibz112; Berkowitz SA, O'Neill J, Sayer E, Shahid NN, Petrie M, Schouboe S, et al., Health Center−Based Community-Supported Agriculture: An RCT, Am. J. Preventive Med. 2019;57(6 Suppl 1):S55-S64. doi: 10.1016/j.amepre.2019.07.015.

[7] Bryce R, Guajardo C, Ilarraza D, Milgrom N, Pike D, Savoie K, et al.,Participation in a Farmers' Market Fruit and Vegetable Prescription Program at a Federally Qualified Health Center Improves Hemoglobin A1C in Low Income Uncontrolled Diabetics, Preventive Med. Rep. 2017;7:176–179. doi: 10.1016/j.pmedr.2017.06.006

[8] Cavanagh M, Jurkowski J, Bozlak C, Hastings J, Klein A. Veggie Rx: An Outcome Evaluation of a Healthy Food Incentive Program, Pub. Health Nutr. 2017; doi: 10.1017/S1368980016002081

[9] Emmert-Aronson B, Grill CB, Trivedi Z, Markle EA, Chen S. Group Medical Visits 2.0: The Open Source Wellness Behavioral Pharmacy Model, J. Alternative & Complementary Med. 2019. doi: 10.1089/acm.2019.0079.

[10] Marcinkevage J, Auvinen A, Nambuthiri S. Washington State's Fruit and Vegetable Prescription Program: Improving Affordability of Healthy Foods for Low-Income Patients, Prev Chronic Dis 2019;16:180617. http://dx.doi.org/10.5888/pcd16.180617; Schlosser AV, Joshi K, Smith S, Thornton A, Bolen SD, Trapl ES. "The coupons and stuff just made it possible": economic constraints and patient experiences of a produce prescription program, Translational Behav. Med. 2019;(5): 875–883. doi: 10.1093/tbm/ibz086

[11] Watt TT, Appel L, Lopez V, Flores B, Lawhon B. A Primary Care-Based Early Childhood Nutrition Intervention: Evaluation of a Pilot Program Serving Low-Income Hispanic Women, J. Racial & Ethnic Health Disparities 2015;2(4):537-47. doi: 10.1007/s40615-015-0102-2.

[12] Lee Y, Mozaffarian D, Sy S, Huang Y, Liu J, Wilde PE, et al., Cost-effectiveness of Financial Incentives for Improving Diet and Health through Medicare and Medicaid: A Microsimulation Study, PloS Med. 2019; 16(3):e1002761. doi: 10.1371/journal.pmed.1002761.

DC Greens has coordinated a Produce Prescription Program in D.C. since 2012. Initially, the program leveraged seasonal Farmers' Markets for prescription redemption, yet the current version of the Produce Prescription Program began in 2019 when the organization shifted to designate the Giant Foods in Ward 8 and Ward 1 as the retail partner. This shift allowed for year-round redemption of produce prescriptions. Additionally, the model aims to limit transportation barriers by meeting patients at their primary shopping locations; the Giant Foods in Ward 8, for example, is the only grocery store in Ward 8, serving 70,000 residents.

Aside from the Giant Foods in Ward 8 and Ward 1, DC Greens currently partners with all three Medicaid Managed Care Organizations in the District (AmeriHealth Caritas, MedStar, and CareFirst), and 10 community clinics where patients can be enrolled in the program. To be eligible for enrollment, MCO members and clinic patients must also be a D.C. resident over the age of 18 and must have a clinical diagnosis of hypertension, pre-diabetes, or diabetes. Participating patients receive $80 per month loaded onto a Giant Bonus Card to spend on fresh and frozen produce. Wrap-around nutrition education from their insurance provider as well as nutrition resources from Giant's Health Living team and in-store nutritionist.

Since 2019, DC Greens has implemented the program with two cohorts reaching a total of 1,391 patients and in 2021, another 900 were enrolled. The 2019-2020 cohort provided produce prescriptions for 668 individuals who tallied over 4,000 visits to participating health care providers. The program distributed over 12,000 vouchers for healthy food throughout the 2019-2020 program, 86% of which were redeemed at the Ward 8 Giant totaling $210,000 during the program. Survey results and biometric indicators have illustrated the efficacy of DC Green's Produce Prescription Program to improve diet and health. Based on 2019-2020 cohort data,

- 75% of participants noted that their fruit and vegetable consumption increased due to the program
- 39% of participants reduced their A1C levels
- 35% of participants reduced their BMI scores
- 34% of participants reduced their blood pressure

Most notably, 88% of participants are satisfied with the program and 84% would recommend the program to family and friends.

Thousands of D.C. residents could benefit from Produce Prescription Programs. Over 70,000 people in the District face hunger and more than 19,000 of them are children.[13] Rates of chronic disease are also high throughout D.C. with estimates suggesting that about 35,000 residents have pre-diabetes and 55% of adults in D.C. are overweight.[14] In fact, more District residents die annually from complications of obesity

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[13] Feeding America. What Hunger Looks Like in D.C. 2022. Accessed Online: https://www.feedingamerica.org/hunger-in-america/district-of-columbia.

[14] District of Columbia Department of Health. Chronic Disease Prevention State Plan for the District of Columbia 2014-2019. 2022. Accessed Online: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Chronic%20Disease%20State%20Plan%20v%2008%2026%2014%20%28Final%29.pdf

than from AIDS, cancer, and homicide combined.[15] Yet these challenges impact the residents of Wards 7 and 8 east of the river disproportionally more than the rest of the city due to decades of discriminatory policies.[16] Rates of asthma and diabetes are three times higher in Wards 7 and 8 where the population is 90% black and generally low-income compared to Wards 2 and 3 that are wealthier and predominantly white.[17] Additionally, 31% more adults are overweight in Wards 7 and 8 compared to the city average.[18] These disparities have led to a 15.3 year life expectancy difference between residents in Ward 8 in the Southeast and Ward 3 residents in Northwest, less than 10 miles apart.[19]

DC Greens believes that all community members experiencing food insecurity and diet-related chronic illnesses should have access to Produce Prescription Programs in D.C. and across the country. Fortunately, many state and federal initiatives have also called attention to Produce Prescription Programs and other Food is Medicine programs such as medically tailored meals and medically tailored grocery initiatives. The National Institutes of Health have called for additional Food is Medicine research in their 2020-2030 strategic plan[20], the 2018 Farm Bill set aside 10% of GusNIP funding to support Produce Prescription Programs[21], and federal legislation has been introduced to establish a medically tailored meal pilot in Medicare[22]. Additionally, state-level pilot programs testing the efficacy of Food is Medicine services, including Produce Prescription Programs, have been implemented across the country with more state legislation being introduced.[23]

The progress surrounding Produce Prescription Programs and broader support for Food is Medicine is important and impressive, yet too many barriers continue to exist, leaving too many Americans left without the nutrition support they deserve. Addressing these barriers requires the whole-of-government approach proposed by Senator Booker and Representative McGovern which the Conference can offer.

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[15] District of Columbia Department of Health. Chronic Disease Prevention State Plan for the District of Columbia 2014-2019. 2022. Accessed Online: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Chronic%20Disease%20State%20Plan%20v%2008%2026%2014%20%28Final%29.pdf

[16] District of Columbia Department of Health. Chronic Disease Prevention State Plan for the District of Columbia 2014-2019. 2022. Accessed Online: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Chronic%20Disease%20State%20Plan%20v%2008%2026%2014%20%28Final%29.pdf

[17] District of Columbia Department of Health. Chronic Disease Prevention State Plan for the District of Columbia 2014-2019. 2022. Accessed Online: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Chronic%20Disease%20State%20Plan%20v%2008%2026%2014%20%28Final%29.pdf

[18] District of Columbia Department of Health. Chronic Disease Prevention State Plan for the District of Columbia 2014-2019. 2022. Accessed Online: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/Chronic%20Disease%20State%20Plan%20v%2008%2026%2014%20%28Final%29.pdf

[19] District of Columbia Department of Health. Health Equity Report: District of Columbia 2018. 2022. Accessed Online: https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw

[20] National Institutes of Health, 2020-2030 Strategic Plan for NIH Nutrition Research. 2020. Accessed Online: https://dpcpsi.nih.gov/sites/default/files/2020NutritionStrategicPlan_508.pdf.

[21] 7 U.S.C. § 7517(c), (f).

[22] Medically Tailored Home-Delivered Meals Demonstration Pilot Act of 2020, H.R. 6774, 116th Cong. 2020..

[23] S.B. 97, 2017–2018 Leg., Reg. Sess. Cal. 2017; S750B, 2019–2020 Leg. Sess. N.Y. 2019.

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Three recent reports provide detailed overviews of how stakeholders can address the major barriers limiting access to Produce Prescription Programs: Mainstreaming Produce Prescription Programs: A Policy Strategy Report, Addressing Nutrition and Food Access in Medicaid, and Food is Medicine Research Action Plan. Together, these reports provide concrete recommendations regarding Produce Prescription Program funding, research, and infrastructure, as well as recommendations related to patient data and privacy. DC Greens highly encourages the Conference planning committee to review both of these reports thoroughly. Below, we have provided a high-level list of key recommendations that the Conference should address.

Key Recommendations

Funding

1. Broaden coverage of produce prescriptions within Medicaid and Medicare.

2. Authorize coverage of produce prescriptions within the Veterans Affairs medical benefits package. Additionally, the VA Produce Prescription Pilot Program should move forward, and additional funding should be allocated for this work in the FY23 Budget and Appropriations Process.

3. Integrate produce prescriptions into Indian Health Services by adopting the IHS Produce Prescription Pilot and providing additional funding in FY23 for Produce Prescription pilots within IHS.

4. Utilize existing opportunities to fund produce prescriptions in individual health plans such as Medicaid Managed Care (e.g., as an "in lieu of" service or value-added service) and Medicare Advantage plans (e.g., as a Special Supplemental Benefit for the Chronically Ill or as part of a Value-Based Insurance Design (VBID) model).

5. Increase the value of the WIC cash value benefit for the purchase of fruits and vegetables.

6. Expand support for the GusNIP Produce Prescription Grant Program as a critical accelerator of Produce Prescription Programs.

7. Increase monthly SNAP benefits and expand produce-specific benefits.

Research

8. The National Institutes of Health should invest significantly more in Food is Medicine research.

9. The Centers for Medicare and Medicaid Services (CMS), along with state Medicaid agencies, should capture data on Food is Medicine interventions from natural experiments generated by program policy changes. Evaluation of these impacts should be a priority for research funding.

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10. Research must consistently explore the value and impact of Food is Medicine interventions beyond impact on health care cost and utilization.

Infrastructure & Patient Data and Privacy

11. Health care regulations related to HIPAA, the Civil Monetary Penalties Laws, and safe harbor threshold for inducements should be modernized to enable payers and providers to confidently offer social determinants of health-related interventions.

12. The "Drivers of Health Screening Rate" and the "Drivers of Health Screening Positive" measures should be adopted within CMS' value-based-care arrangements.

13. A new medical code for Produce Prescription Programs must be secured so that practitioners can utilize the treatment in a way that is integrated into their regular course of business.

14. Expand and enhance programs that support the viability of healthy food retailers, especially in low-income or historically marginalized.

15. Prepare health care providers to appropriately screen patients for food insecurity, provide basic nutrition counseling, and provide referrals to nutrition interventions such as produce prescriptions.

16. Clearly articulate how social service providers, including Produce Prescription Programs, fit within legal landscapes governing patient privacy

17. Identify best practices and principles for protecting patient privacy in Programs that do not implicate specific patient privacy laws

Increasing fruit and vegetable consumption is a critical component of improving the health of our nation; Produce Prescription Programs can help get us there. DC Greens strongly urges the Conference planning committee to recognize the efficacy of Produce Prescription Programs and to encourage action on the above recommendations. Furthermore, we hope and expect that community members who are most impacted by food insecurity and chronic illnesses will be integral partners in Conference planning.

Please reach out with any questions you may have. We are happy to serve as a resource to you and your staff.

Kristin Sukys
kristin.sukys@gmail.com
Health Care Policy Consultant
DC Greens