NPPC NATIONAL PRODUCE PRESCRIPTION COLLABORATIVE

Produce Prescriptions in 2023 Farm Bill: Policy Positions

The National Produce Prescription Collaborative (NPPC) was founded in 2019 to bring together stakeholders around a shared goal to **establish Produce Prescription (PRx) as a powerful treatment tool for prevention and intervention for diet-related disease by expanding utilization of this effective model in healthcare and food retail systems through effective federal and state policy.** We are comprised of PRx program implementers, healthcare providers, payers, researchers, and funders, most of whom have direct experience with Produce Prescription Programs, often as USDA Food Insecurity Nutrition Incentive (FINI) and Gus Schumacher Nutrition Incentive Program (GusNIP) implementing partners.

History of Produce Prescriptions in the Farm Bill

Produce Prescriptions (PRx) were first funded by the 2014 Farm Bill with the establishment of the FINI Program, now known as GusNIP. Whereas the nutrition incentive models examined customer choice within the food retail environment, PRx models examined the behaviors of a patient who was referred and equipped by a clinical team to consume more fruits and vegetables in an effort to treat or prevent diet-related-disease.

The 2018 Farm Bill further defined programmatic differences between nutrition incentive models and produce prescriptions, with up to 10% of the $250 million (5 year total) in grant funding allocated specifically for produce prescriptions. Additionally, the bill directed the Secretary to "award grants to eligible entities to conduct projects that demonstrate and evaluate the impact of the projects on

(a) the improvement of dietary health through increased consumption of fruits and vegetables;
(b) the reduction of individual and household food insecurity; and
(c) the reduction in healthcare use and associated costs."

This authorizing language also directed coordination between the Secretary of Agriculture and the Secretary of Health and Human Services and the heads of other appropriate Federal agencies that carry out activities relating to healthcare partnerships. Since that time, the National Institute of Food and Agriculture (NIFA) has awarded $55.5 million dollars through 116 PRx grants which have across 35 states and the District of Columbia with the additional funds originating from the FY2021 Consolidated Appropriations Act Act of 2020 and American Rescue Plan Act of 2021.

Note: During implementation of the GusNIP program, NIFA designated the abbreviation "PPR" for produce prescription programs. However, the abbreviation most commonly utilized by the field and standardized by NPPC to refer to produce prescription programs is "PRx".

The Evidence

GusNIP PRx improves food insecurity while treating and preventing diet related disease.

- PRx has consistently shown to improve intake of fruits and vegetables, increase food security, and improve quality of life (1,2,3,4,5,6,7,8). In looking at the more than 300,000 American deaths from cardiovascular diseases attributable to suboptimal diet and clear evidence of adverse COVID-19 outcomes due to poor diet-related health like diabetes or

hypertension, these improvements alone could have a massive impact on patient care and population health.
- PRx interventions have profound notable health impacts in a variety of healthcare settings in a variety of communities across the U.S., with several studies identifying impacts analogous to or even surpassing that of prescription drug therapies for cardiometabolic health (9,10,11,12).
- A recent review found that 11 PRx studies assessed biometrics, including weight or BMI, blood pressure, glycated hemoglobin (HbA1c), blood glucose, and/or blood lipids. Several studies found ≥1 significant improvement, even over the relatively short durations of many of these interventions, with impacts on diabetes management and glucose control (ie, HbA1c) consistently showing beneficial effects (11).

GusNIP PRx has enabled states to incorporate PRx into their Medicaid systems

FINI/GusNIP PRx grants have served as a seed to further investments from non-USDA sources. For example:

- GusNIP and FINI grantee Reinvestment Partners in North Carolina started with a $500k FINI grant in 2018 and now has $30M in public and private funding via partnerships with commercial insurers, health care systems, care management companies, Medicaid managed care organizations, and federally qualified health clinics. Program design and delivery were largely established as part of the initial USDA-funded pilot.
- A FINI/GusNIP grant served as a pilot for Washington's Fruit and Vegetable Prescription program that currently operates with state appropriations, and is no longer reliant on USDA funding. Due to the success and bipartisan support of programs piloted under the FINI grant, the State of Washington established the Fruit and Vegetable Incentives Program during the 2019 legislative session and has appropriated states' funds to keep the Fruit and Vegetable Rx operational. Washington state's Medicaid agency included fruit and vegetable prescriptions as a strategy for their Medicaid Transformation Project renewal application to CMS. Once approved by CMS, this project will expand fruit and vegetable Rx to reach more qualified patients across Washington, largely due to the infrastructure established in that first FINI grant.
- And in New Mexico, FINI grants to community-based organizations across the state have served as a catalyst to New Mexico's state and federally funded fruit and vegetable prescription programs. In the 2022 legislative session, state funds were secured to bolster FINI-funded projects that impact children and families. In the 2023 legislative session, matching funds are expected to be appropriated for the roll out of a Medicaid 115 Waiver for homebound seniors and mothers with gestational diabetes. Infrastructure built through these nascent programs – including mobile technology for use at farmer's markets, CSAs, grocery stores, and more – will set the state up for success as "food as medicine" interventions are increasingly utilized in tribal, rural, frontier, and urban communities across the state.

<u>Role of Healthcare Sector and States to Scale</u>

There is a growing interest in the healthcare field to contain costs and improve outcomes by addressing health related social needs (HRSN), including food and nutrition, as an important tool in a national movement toward value-based care. And the criteria for GusNIP-funded PRx programs to forge these partnerships is playing an important role in meeting this new interest. In 2019, Medicare Advantage plans began allowing the utilization of a PRx to be reimbursed as a special supplemental benefit for the chronically ill. From 2020 through 2022 Medicaid agencies

in North Carolina, California, Oregon, Washington, and Massachusetts announced plans to reimburse produce prescriptions for qualified patients with an aim to improve health outcomes with increased cost effectiveness while programs in New Mexico and New York have declared an intent to invest in nutrition services like produce prescriptions for their qualified enrollees. In 2021, John Hancock announced that they were utilizing incentives akin to a PRx for enrollees of their life insurance plans due to the return on financial investment of the incentive program itself.

The Need for Farm Bill Investment

As we continue to increase the utilization of the produce prescription model in healthcare practice across the country, we estimate that several billion in consumer-driven fruit and vegetable purchases will soon be made annually through health insurers operating government, employer, and individual health insurance plans. However, insurance plans (payers) need a competitive marketplace of vendors that can deliver fruit and vegetable prescription programs reliably, efficiently, and at scale. Due to the infrastructure created by the FINI/GusNIP investments in the aforementioned cases above in North Carolina, Washington, and New Mexico, there are now vendors and food retailers in place who are equipped to deliver produce prescriptions for their qualified Medicaid patients, leading to millions in additional fruit and vegetable purchases from farmers and grocers in their state's patients at no additional expense to USDA.

While reaching scale will be dependent upon the healthcare system, at this phase, investments in GusNIP PRx are needed to advance research in this area and to continue seeding program infrastructure that can be leveraged as healthcare expands their investments in fruits and vegetables for their patients.

The National Produce Prescription Collaborative have identified program improvements that will help meet those needs and encourage Congress and the Administration to support the following:

NPPC Policy Positions in 2023 Farm Bill

1) Maintain 10% of total GusNIP funding to be dedicated to PRx.
2) Separate the grant review panel so that an entirely different group of reviewers assess GusNIP PRx than do GusNIP nutrition incentive proposals.
3) Establish 2 tiers/types or PRx projects:
    a) **Scale Projects** for produce prescription programs which test **scale and reach within standard clinical practice**. Specifically, we propose that these projects are awarded based on the projects' demonstrated ability to scale patient reach when delivered through clinical practice. For this tier we propose a baseline of at least $1M and minimum 300 patient cohorts lasting at least 12 months. We recommend 50% of the total grant budget to go to these types of projects. These types of investments are best positioned to reach more customers with this clinically validated treatment and prevention mechanism for diet related disease.
    b) **Seeding Infrastructure Projects** for produce prescription programs that are designed to learn previously unknown facts about program design, establish or validate best practices, and/or establish infrastructure that aids community health centers and independent produce retail outlets. For this tier of project we propose a funding level of $100,000 to $400,000, prioritized based on demonstrated ability to establish new learnings, best practices, or infrastructure at the community level. We recommend 50% of the total grant budget to go to these

types of projects. These types of investments are best positioned to equip community level food and health systems to deploy PRx scale in insurance reimbursement settings and ensure that vulnerable communities are not left behind as progress is made within the healthcare system.

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