



Submitted electronically

July 11, 2022

Ambassador Susan Rice
Director of the Domestic Policy Council
The White House
Washington, DC 20500

Re: White House Conference on Hunger, Nutrition, and Health

Dear Ambassador Rice:

On behalf of Milken Institute's Feeding Change program, thank you for the opportunity to provide comments to inform the national strategy that will be released at the White House Conference on Hunger, Nutrition, and Health in September. We applaud the Biden-Harris administration for holding this historic Conference to set the nation's agenda on food policy to improve nutrition security and reduce the prevalence of diet-related diseases.

[Feeding Change](#) is a program of the Milken Institute, a nonprofit, nonpartisan think tank focused on bringing together the best ideas and innovative resourcing to tackle some of the most critical current and future global issues. Feeding Change activates social and financial capital, engages policymakers and industry leaders, and convenes key stakeholders to build a more nutritious, sustainable, and equitable food system. We convene the [Food Is Medicine \(FIM\) Task Force](#), a unique collective of thought leaders from the health insurance, food retail, and nonprofit sectors, committed to accelerating Food Is Medicine implementation. A complete list of Feeding Change FIM Task Force Members is included at the end of this letter.

Feeding Change supports and echoes the recommendations put forth by the Food Is Medicine Coalition and National Produce Prescription Collaborative. This letter builds upon those recommendations to address the priorities of a broader patient population, including beneficiaries of federal health and nutrition programs and those at risk of experiencing economic and nutrition insecurity. All recommendations are centered around elevating the patients' voice and reducing barriers to ensure the most vulnerable can access and maximize FIM benefits. Additionally, our recommendations seek to expand the breadth of coverage for FIM interventions to include multiple types of nutrition prescriptions that address the full spectrum of diet-related disease and health condition care, from prevention and early intervention to chronic disease management.

Investing in the intersection of food and healthcare is critical to achieving nutrition equity. These recommendations have been informed by input from thought leaders, including the Feeding Change FIM Task Force, representing diverse stakeholders directly involved in the administration

and implementation of Medicare, Medicaid, and food and nutrition programs, such as online SNAP and produce prescriptions:

1. Continue to Expand Medicare and Medicaid Flexibilities to Include Food Is Medicine Interventions, Including Produce Prescriptions (PRx), Medically Tailored Groceries (MTG), and Medically Tailored Meals (MTM), for All Stages of Diet-Related Health Conditions and Disease.

Health needs are not static; they ebb and flow, evolve, and interact with other needs for a number of reasons as individuals go through life. A range of FIM interventions should be available and accessible to all Medicare and Medicaid beneficiaries throughout the stages of diet-related health conditions and disease, not only at advanced, severe stages of illness. This would include beneficiaries who are at risk of developing a diet-related disease. In addition to MTM and PRx, MTG can offer patients and their families a broader range of nutritious, accessible, and affordable food options to help prevent and manage diet-related diseases. We support the expansion of Medicare and Medicaid flexibilities to include FIM interventions, which would provide an opportunity to collect a robust data set to allow for further evidence-based evaluation.

2. Expand Screening for Food Insecurity as a Mechanism to Prescribe FIM Interventions.

We support universal food insecurity screening and encourage screening to be coupled with FIM intervention at the point of care. Building from the lessons learned in “screen and intervene” models, food insecurity screening should be leveraged not only as a referral mechanism to other organizations but also as a tool for including Food Is Medicine treatments at the point of care. By incorporating food insecurity screening and Food Is Medicine interventions into clinical care, patients are more likely to follow through with the necessary treatment.

3. Streamline the FIM Reimbursement Processes, Including Investing in Technology and Data Interoperability across the Centers for Medicare and Medicaid Services (CMS), Health Insurers, Food Retailers, Food Providers, and Local and State Governments.

For food retailers and providers, health insurers, and federal, state, and local government stakeholders, more integrated technology, terminology, data interoperability, and payment mechanisms can improve the success of FIM intervention implementation. All stakeholders involved in the process of administering and reimbursing for FIM interventions should have shared language and standards to facilitate critical infrastructure components, such as payment processes, impact measurements, and reimbursements. Streamlining this infrastructure on the back end will help to simplify and improve the patient experience so that they are able to more quickly and easily access their benefits, fulfill their FIM prescriptions, and address their diet-related disease treatment needs before further disease progression.

We support funding for implementation-related research that will generate infrastructure best practices. The Milken Institute’s Financial Innovations Lab is currently interviewing public and private stakeholders to help inform potential solutions. We would welcome the opportunity to share these recommendations once published.

4. Reduce Silos and Increase Collaboration between Federal Agencies to Build More Human-Centered Health and Nutrition Benefit Processes.

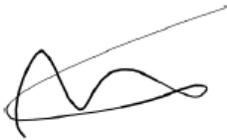
Medicare, Medicaid, and federal nutrition programs (SNAP, WIC, TANF) across multilevel jurisdictions must take a human-centered approach to eliminate redundancies and simplify the processes that individuals go through to access and maximize their benefits. To improve the individual's experience navigating multiple benefit programs simultaneously, it is essential for the government agencies overseeing these benefit programs to reduce barriers in the enrollment and benefit redemption processes. This alignment must be designed to maximize eligible participant enrollment and engagement in benefits rather than constrain or diminish their dignity.

Conclusion

Across these recommendations, there are many opportunities to leverage the power of public-private partnerships to reduce administrative silos and include patient voices at every stage of implementation.

Thank you again for the opportunity to provide comments on the national strategy to be presented at the Conference in September. We welcome the opportunity to provide further input on the recommendations in this letter and to serve as a resource as you develop the final strategy.

Sincerely,

A handwritten signature in black ink, appearing to read 'Holly Freishtat', with a long horizontal line extending from the end of the signature.

Holly Freishtat
Director, Feeding Change
Director of the Feeding Change Food Is Medicine Task Force
Milken Institute

Members of the Feeding Change Food Is Medicine Task Force:

Albertsons Companies	Humana
Amazon	Instacart
Anthem, Inc.	International Fresh Produce Association
Blue Cross Blue Shield NC Foundation	John Hancock
Blue Cross NC	Kaiser Permanente
Boardwalk Collective	Kroger
Centene Corporation	Point32Health
Compass Group, North America	ProMedica
CVS Health	The Rockefeller Foundation
Geisinger	Trinity Health
Giant Food	Umoja Supply Chain Solutions
Health Care Service Corporation	UnitedHealthcare
HealthNet	Whitman-Walker Health System