American Heart Association
Outside Witness Testimony

House Appropriations Committee
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

May 3, 2024

Dear Chairman Robert Aderholt and Ranking Member Rosa DeLauro,

As you develop the FY 2025 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, the American Heart Association urges the subcommittee to support the following food is medicine (FIM) related priorities that are similarly requested in a bipartisan letter led by Representative James McGovern and Vern Buchanan, along with over 30 other co-signers:

- Meaningfully increase funding for the Office of Nutrition Research (ONR) at the National Institutes of Health (NIH) to support continued work on the 2020-2030 Strategic Plan for NIH Nutrition Research and the Food is Medicine Centers of Excellence that will complement efforts to increase research for food is medicine.
- Support the Department of Health and Human Services (HHS) and the interagency working group on food is medicine by investing at least $5 million to continue its important work in resource development and federal coordination on FIM.
- Support efforts to increase FIM in Medicaid and Medicare, such as medically-tailored meals (MTMs) and groceries (MTGs), and produce prescription programs, and nutrition education for doctors and other healthcare professionals.

What is FIM?
FIM refers to a medical treatment or preventive intervention for patients with a diet-related health risk or condition and/or nutrition and food insecurity, to which they are referred by a health care provider, health care organization, or health insurance plan.[1] Often these FIM interventions (medically-tailored meals or MTMs, medically-tailored groceries or MTGs, and produce prescriptions) are coupled with nutrition education and medical nutrition therapy (MNT) and efforts to increase enrollment or participation in other federal and state safety net programs, and programs that address other social determinants of health (housing, education, transportation, social services, etc).

[1] Harvard University Center for Health Law and Policy Innovation. Accessed online April 15, 2024. https://chlpi.org/project/food-is-medicine/.

The connection between chronic disease and nutrition is undeniable. Our diets not only play a role in our risk of developing chronic diseases, but also can prevent, manage, and treat these diseases. Cardiovascular disease is the leading cause of death in the United States, and chronic diseases affected by nutrition including cardiovascular disease, stroke, and diabetes account for most of the nation's $4.3 trillion in annual health care costs.[2] Cardiovascular disease alone accounts for 12 percent of total U.S. health expenditures, considerably more than any other disease.[3] Heart disease and stroke cost the U.S. health care system $216 billion annually and cause $147 billion in lost job productivity.[4] Nutrition insecurity and unhealthy diets—characterized by a high intake of calories, sodium, added sugars, and saturated fat, and low intake of vegetables, fruits, and whole grains—significantly contributes to the development of cardiometabolic disease and chronic diseases more broadly. There are significant equity disparities as well, with higher rates of chronic disease mortality among those with low income, less education, and across different racial/ethnic populations. Black, Latino, and Native populations and low-income households, have higher rates of poor diet quality compared with the overall population.[5] The COVID-19 pandemic has only exacerbated these disparities. Stable availability, access, affordability, and use of nutritious foods across the lifecycle can help reduce the risk of chronic diseases and help treat and manage chronic diseases. Unfortunately, many individuals in the United States are nutrition and food insecure[6] and do not have access to affordable, nutritious food. There is a growing body of evidence that the health care system can be used to help patients access and consume healthy foods. To help address unhealthy diets and nutrition insecurity, evidence-based, cost-effective nutrition and food programs can be integrated into the health care system. Important research gaps, however, continue to exist in our knowledge base on what FIM interventions would be the most effective.

In FY 2023, NIH funded about $8.5 million in research projects conducted across the United States to evaluate FIM interventions and their impact on cardiovascular disease, diabetes, metabolic health, cancer, HIV, obesity, social isolation, and food and nutrition insecurity. The total budget for ONR remains at $1.3 million despite the need to research and implement FIM interventions that are cost-effective and improve health.

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[2] Martin AB, et al. National Health Expenditure Accounts Team. National health care spending in 2021: decline in federal spending outweighs greater use of health care: study examines national health care expenditures in 2021. Health Aff (Millwood). 2023; 42:6–17.
[3] Tsao CW, et al. Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. Circulation. 2022;145:e153-e639.
[4] Centers for Disease Control and Prevention. Health and Economic Costs of Chronic Diseases. Accessed online April 15, 2024. https://www.cdc.gov/chronicdisease/about/costs/index.htm.
[5] Tsao CW, ibid.
[6] Coleman-Jensen A, et al. Household Food Security in the United States in 2020. Economic Research Report No (ERR-298) pp. 2021.

Already, there has been important momentum on food is medicine at the state and federal level. Specifically:

- State Medicaid agencies may currently apply for waivers (i.e., Section 1115 demonstration waiver and 1915(b) waiver) to test new FIM approaches, including MTMs and produce prescription programs, and nearly a dozen states have begun to take advantage of these opportunities for innovation.
- The administration has called for testing MTMs in Medicare, expanding and enhancing Medicare coverage of nutrition and obesity counseling (MNT), and increasing funding for nutrition research, and have held multiple convenings on FIM as part of the National Strategy on Hunger, Nutrition, and Health. Congress has similar bipartisan and bicameral legislation and support of these priorities.
- The Centers for Medicare and Medicaid Services (CMS) now requires hospitals to screen patients for needs related to food insecurity, housing, transportation, or other social determinants of health.
- Medicare Advantage plans can voluntarily offer supplemental benefits that include food assistance and FIM-like benefits (MTMs, MTGs, produce prescription) to limited patient populations through certain models, but this is an emerging area with limited information about its utilization.
- The Department of Health and Human Services (HHS) is currently developing common measures and a framework for evaluating FIM set to be released by the fall.
- Finally, produce prescription programs and pilots continue to grow in numbers, including at the Indian Health Service and Department of Veterans Affairs.

All of these developments underscore the need to increase investments in research to identify the most effective FIM interventions that will be cost-effective and improve health outcomes, including the type of intervention and duration, for which patient populations and chronic health conditions, and how the interventions are integrated into the health care setting or delivery, and coupled with other services.

Conclusion

The AHA supports efforts to expand investments in nutrition and FIM research at the ONR, and FIM efforts at HHS in the FY 2025 Labor, Health and Human Services, Education, and Related Agencies appropriations bill. In addition to these important investments, the AHA's Health Care by Food (HCXF) initiative is committed to helping generate the evidence and tools needed in the health sector to design and scale cost-effective FIM programs.

About Health Care by Food™ (HCXF)
In conjunction with the White House Conference on Hunger, Nutrition, and Health in 2022, the American Heart Association and The Rockefeller Foundation launched the Health Care by Food initiative to strengthen the evidence base for FIM. Our vision is to accelerate a future in which millions of patients receive the benefit of a more holistic approach to diet and health, health care professionals and practitioners know how FIM programs can help prevent and manage disease, and payors have sufficient, objective cost-effectiveness evidence for reimbursing FIM programs. The initiative will provide the large-scale clinical evidence required to help identify, support and implement the most viable FIM strategies as a covered benefit through public and private health insurance.

Launched in Spring 2023, the HCXF initiative is made up of over 55 leading researchers across the country in diverse academic fields, guided by the support of dozens of experts who comprise nine volunteer task forces that are examining issues ranging from health equity and common measures for FIM, community engagement and implementation science, behavioral science, cost effectiveness, human-centered design, and evaluation of the Medicaid waivers, among other issues. Already the HCXF initiative has funded nearly $8 million in 19 research grants that will test the clinical effectiveness of different FIM interventions in diverse patient populations with diabetes, hypertension, cardiovascular disease, and high-risk pregnancy. The initiative is also funding an implementation analysis of the high and low redemption rates in the Gus Schumacher Nutrition Incentives Program (GusNIP) program through the Gretchen Swanson Center for Nutrition. Together, these grants involve researchers from more than 20 academic institutions, 27 community-based organizations, and a number of national corporations with participation throughout much of the United States. These promising short-term and smaller studies will inform larger, scalable research studies.