INTRODUCTION

Food is Medicine Massachusetts (FIMMA) is a statewide coalition that recognizes and responds to the deep connections between food and health. Health disparities are often rooted in and exacerbated by differences in access to food and appropriate nutrition interventions, with complex impacts on mental health, physical health, and quality of life. Food is Medicine (FIM) interventions (described in more detail below) seek to address these issues by connecting individuals to the foods they need to heal and thrive. FIMMA’s mission is therefore to build a health care system that reliably identifies people who have health-related nutrition needs, connects them to appropriate FIM interventions, and supports those interventions via sustainable funding.

This Advocacy Agenda establishes the framework that FIMMA will use to determine its advocacy priorities and the actions that it will take to advance them. FIMMA will review and revise the Advocacy Agenda on an annual basis.

GUIDING PRINCIPLES

Advocacy Tiers

The Advocacy Agenda divides policy proposals into three tiers, based upon their alignment with FIMMA’s mission. These tiers include:

- **Tier 1:** Policies that Integrate Food is Medicine Interventions into Health Care or Provide Direct Support for Food is Medicine Interventions.
- **Tier 2:** Policies that Advance Health Care’s Ability to Address Generalized Nutrition Needs of Individuals Experiencing or at Risk of Experiencing Diet-Related Chronic Disease.
- **Tier 3:** Policies that Improve Healthy Food Access, Reduce Food Insecurity, Expand Access to Social Services, and Strengthen Local Food Systems.

Throughout this advocacy agenda, FIMMA categorizes programs which meet the following definitions as Food is Medicine interventions:

**Medically Tailored Meals:** Medically tailored meals are meals developed to address the dietary needs of an individual’s medical condition by a Registered Dietitian Nutritionist. Individuals are referred by a health care provider or plan.

**Medically Tailored Food Packages:** Medically tailored food packages include a selection of minimally prepared grocery items selected by a Registered Dietitian Nutritionist or other qualified nutrition professional as part of a treatment plan for an individual with a defined medical diagnosis. The recipient of medically tailored food is typically capable of shopping for and picking up the food and preparing it at home, and is referred by a health care provider or plan.

**Nutritious Food Referrals:** Nutritious food referrals provide funds for free or discounted nutritious foods. Individuals must receive referrals from health care providers or plans after being identified as having or being at risk for diet-related diseases.

**Population-Level Healthy Food Programs:** Population-level healthy food programs provide nutritious foods for a population that currently has or is at increased risk for low food security or diet-related diseases.

See the Food is Medicine Pyramid, below, for additional information on these interventions.
Equity

Critical issues of food justice and health equity are present throughout FIMMA’s work. We commit to applying an equity perspective at all levels of our advocacy and acknowledge that building equity is a high priority goal across all food and health policy efforts. All advocacy that FIMMA leads, assists or shares support for will be evaluated with the Massachusetts Public Health Association’s Health Equity Policy Framework, Racial Equity Assessment Tool. This tool asks:

1. What is the policy under consideration?
2. What are the racial and other equity impacts of this particular decision?
3. Who will benefit from or be burdened by this particular decision?
4. Have affected community members or leaders been engaged in the development of or vetting of the proposal?
5. Can the policy be successfully implemented and evaluated for impact?

Geography

FIMMA is a Massachusetts-based coalition. As a result, FIMMA’s work is primarily at the state level. However, we recognize that federal policies can impact Massachusetts and will provide outreach, analysis, and education on federal policies when appropriate. Specifically, if a proposed federal policy concerns the integration or support of medically tailored meals, medically tailored food packages, nutritious food referrals, or population-level healthy food programs in the health care system and will create concrete opportunities in Massachusetts, then it will be categorized under Tier 1. FIMMA will not take action on federal policies outside of this scope unless approved through the exceptions process described below.

Tier 1 Federal Policy Examples:

The following federal policy proposals would be categorized within Tier 1 because they create opportunities to integrate FIM interventions into health care or provide direct support for FIM interventions in Massachusetts:

1. **Medical Nutrition Therapy Act of 2020:** Would extend Medicare coverage of medical nutrition therapy to a wider range of conditions than is currently allowed, including obesity, eating disorders, cancer, and HIV/AIDS.

2. **Medically Tailored Home Delivered Meals Demonstration Pilot Act of 2020:** Would create a demonstration program to evaluate the impact of covering medically tailored meals in the Medicare program. The demonstration would take place at 20 or more hospitals in 10 or more states.
TIER 1

**Policies that Integrate Food is Medicine Interventions into Health Care or Provide Direct Support for Food is Medicine Interventions** (Medically Tailored Meals, Medically Tailored Food Packages, Nutritious Food Referrals, and Population-Level Healthy Food Programs)

**FIMMA’s role: Lead outreach, education, and advocacy efforts on behalf of the coalition**

### ADVOCACY GOALS

1. Improve the connection between the health care system and FIM programs, including expanding the capacity of health care providers and plans to screen for and identify FIM needs, and connect eligible patients to the appropriate level of FIM interventions through referrals.

2. Build sustainable funding streams for FIM implementation, especially through health insurance coverage of FIM interventions.

3. Expand health insurance coverage of medical nutrition therapy and similar nutrition education services.

4. Investigate the impact of FIM interventions on primary prevention, treatment, and management of diet-related diseases, as well as related health care costs and quality of life measures.

5. Garner the support of federal and state research institutions in strengthening the research and evidence base surrounding FIM.

6. Strengthen nutrition education within medical and oral health undergraduate, graduate, and continuing education curricula.

7. Ensure that patient/consumer and CBO perspectives are represented in FIM policymaking.

### ASSOCIATED ACTIONS

1. Write letters of comment or support as FIMMA

2. Provide direct education and outreach to relevant stakeholders, such as policymakers, community partners, and media

3. Create, send, and share materials including social media posts, policy summaries, and template outreach documents

4. Encourage FIMMA member advocacy

### TIER 1 POLICY EXAMPLES

The following policy proposals would be categorized within Tier 1 because they provide opportunities to integrate FIM interventions into health care or provide direct support for FIM interventions.

1. **Food and Health Pilot Program**: Would establish a pilot program to provide access to medically tailored nutrition services for Mass-Health enrollees with diet-related conditions and to evaluate health and cost outcomes associated with the interventions.

**Exceptions Process**: Tier 2 or Tier 3 policies may surface that warrant a higher degree of FIMMA engagement. FIMMA members wishing to propose an exception may contact the FIMMA co-conveners (CHLPI or Community Servings) explaining why the policy warrants greater FIMMA involvement. If the FIMMA co-conveners approve the change, the policy will be categorized into a higher engagement tier. If FIMMA co-conveners deny the exception, the issue is brought to the Steering Committee for further review.
**TIER 2**

Policies that Advance Health Care’s Ability to Address Generalized Nutrition Needs of Individuals Experiencing or at Risk of Experiencing Diet-Related Chronic Disease

FIMMA’s role: Assist with collaborative advocacy efforts on behalf of the coalition

**ADVOCACY GOALS**

1. Improve the health care system’s awareness of and ability to connect patients to general food and nutrition resources such as hotlines, pantries, congregate meal sites, etc.

2. Support research and public health initiatives exploring the role of federal and state food assistance programs in primary prevention, treatment, and management of diet-related diseases.

3. Improve the nutritional quality of food in health care institutions including, but not limited to, hospitals, skilled nursing facilities, and long-term care facilities.

4. Ensure that food insecurity and nutrition needs are included in Community Health Needs Assessment processes across the state.

**ASSOCIATED ACTIONS**

1. Sign on to letters of comment or support as FIMMA

2. Provide support to education and outreach efforts conducted by other relevant stakeholders

3. Alert FIMMA members and summarize advocacy opportunities

4. Share existing materials including social media posts, letters, and emails

**TIER 2 POLICY EXAMPLES**

The following policy proposals would be categorized within Tier 2 because they would advance the health care system’s ability to address generalized nutrition needs.

1. **Common Application for SNAP and MassHealth**: Would improve access to federal nutrition assistance and Medicaid coverage through the creation of a common application for SNAP and MassHealth.

2. **Prevention and Wellness Trust Fund**: Would fund community-based preventive services which expand MassHealth’s ability to address the social determinants of health.

**EXAMPLE OF A POLICY EXCEPTION**

Policy proposals supporting the Prevention and Wellness Trust Fund. Funds from this program could be designated for FIM initiatives; FIMMA may wish to devote more resources toward this issue as a Tier 1 priority item.
TIER 3

Policies that Improve Healthy Food Access, Reduce Food Insecurity, Expand Access to Social Services, and Strengthen Local Food Systems

FIMMA’s role: Share information about other organizations’ advocacy work

ADVOCACY GOALS

1. Protect federal food assistance programs including the Supplemental Nutrition Assistance Program (SNAP); the Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC); the National School Lunch Program (NSLP); and the Food Distribution Program on Indian Reservations (FDPIR) and support strategies to increase enrollment in those programs.

2. Support the expansion of federal food assistance programs to a diversity of online retailers.

3. Support CBOs that provide food assistance and services to people facing food insecurity, especially those organizations serving individuals who do not benefit from federal food assistance programs.

4. Increase access to high-quality, local, affordable and culturally familiar healthy food sources in communities that lack these resources due to structural inequalities and deliberate public and private resource allocation decisions. This includes transportation policies that improve access to or use of these food sources.

5. Enhance state-wide food systems coordination efforts that could include the development of a centralized information repository and/or the creation of a cabinet-level position to coordinate food system efforts connecting the work of multiple agencies and ensuring that interventions are effective and efficient.

ASSOCIATED ACTIONS

1. No direct actions on behalf of FIMMA

2. Share information with member organizations

3. Boost the messaging of other advocacy organizations in their work

TIER 3 POLICY EXAMPLES

The following policy proposals would be categorized within Tier 3 because they improve healthy food access, reduce food insecurity, expand access to social services, or strengthen local food systems.

1. Healthy Incentives Program (HIP): Incentivizes and increases consumption of fruits and vegetables among SNAP recipients while supporting Massachusetts farmers.

2. Massachusetts Farm to School Grant Program: Builds the capacity of public schools with at least 40% of students receiving free or reduced-price school meals to purchase and serve locally grown foods.

3. COVID-19 Local Food Access Emergency Fund: Establishes a $50,000,000 fund to provide grants to food pantries impacted by the COVID-19 pandemic.

EXAMPLE OF A POLICY EXCEPTION

Policy proposals supporting the Healthy Incentives Program (HIP). Although HIP operates in tandem with SNAP as part of the emergency food system, it is of paramount importance to many FIMMA members; FIMMA may wish to devote more resources toward this issue as a Tier 1 or Tier 2 priority item.