NPPC NATIONAL PRODUCE PRESCRIPTION COLLABORATIVE

19 August 2026

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Administrator Oz,

Thank you for sharing your vision for CMS and its role in America's health as our keynote speaker for the Food is Medicine Conference (FIMCON) in June. As you know, we had more than 800 attendees, ranging from healthcare providers, researchers, farmers and funders to food retailers, community leaders, policymakers, reporters, and patients. Our audience and broader community were thrilled to hear directly from you how important healthy food is to improved chronic disease outcomes – we deeply appreciate you sharing your ideas and insights.

The National Produce Prescription Collaborative (NPPC) is a partnership of more than 100 organizations dedicated to advancing the use of produce prescriptions (PRx) within standard clinical practice.[1] Hundreds of thousands of people across the US are now being prescribed produce at the point of care, funded by philanthropy, state Medicaid arrangements, health plans, or federal grants. These services have been so successful that patients, providers, plans, and policymakers are seeking ways to fund and integrate healthy food into their patients' care.

As a coalition dedicated to advancing PRx in healthcare, we appreciate the opportunity to share this memo with your team. With the support of CMS, Food is Medicine services are being scaled across the country, with recent evaluations showing reduced costs and improved health. In this brief, we (1) highlight how much the field has learned from CMS' Section 1115 Medicaid Demonstration Waivers; (2) detail the safeguards in place for program integrity; and (3) recommend expanding the Medicare cardiac rehabilitation benefit to include produce prescriptions.

[1] *Of note: NPPC members work together to advance federal and state policy that leverages PRx as a prevention and intervention tool in the treatment of diet-related disease and seeks to further embed this effective model into healthcare and food retail systems. The workgroup that collaborated to draft this document is not necessarily made up of all organizational members, and the contents and positions of this document do not reflect the views of all its organizational supporters.*

I. CMS' investment in Medicaid innovation has resulted in lower healthcare costs and improved member health and well-being.

CMS has invested more than $10 billion in innovation for budget-neutral 1115 Medicaid Demonstration Waivers that test the impact of providing non-medical health services. This innovative investment spans thirteen states and has generated a return for the agency: multiple states have found cost reductions and improved healthcare quality by providing Food is Medicine services, including PRx, within Medicaid. We highlight recent examples below.

North Carolina - Healthy Opportunities Pilots

- Between March 2022 and December 2024, 31,597 Medicaid beneficiaries participated in the Section 1115 Demonstration Waiver Pilots in North Carolina. The Demonstration operated in three regions of the state, which represented a large proportion of rural communities.
- Food is Medicine services (produce prescriptions, healthy food boxes, and healthy meals) constituted 84% of services delivered.
- **Receiving non-medical services was associated with decreased emergency department utilization, fewer inpatient admissions, and lower net healthcare expenditures, relative to what would have occurred in the absence of the Pilots.**
- Net spending (inclusive of administrative costs) dropped by $164.49 per member per month over a 32- month follow-up period. Extrapolated to North Carolina's Medicaid population with 1+ chronic condition (36%),[2] expansion would lead to $2.3 billion saved per year.
- Food Is Medicine services lead to improvements in health, healthcare utilization, and healthcare cost.

Massachusetts - Flexible Services Program

- Between January 2020 and March 2023, 20,403 Medicaid beneficiaries participated in the Flexible Services Program under the state's Section 1115 Demonstration Waiver. Massachusetts studied the effects of Flexible Services Program nutritional services (or Food is Medicine services, including produce prescriptions) on health care use and costs during this first three-year program cycle.
- **Demonstration participation was associated with a 23% reduction in hospitalizations and a 13% reduction in emergency department visits, as compared to eligible groups that did not receive services.**

[2] Kaiser Family Foundation, Medicaid Enrollees Ages 19-64 by Number of Diagnosed Chronic Conditions. https://shorturl.at/cSGCZ.

- Among adults with more than ninety days of enrollment, there was a significant reduction in health care costs, resulting in net savings of $210 per person and approximately $1.8 million for the group.

California - Medically Supportive Food, Community Supports

- Between January 2022 and September 2025, more than 528,000 Medi-Cal members received Community Support services to address the health and nonmedical health-related needs of Medi-Cal members through cost-effective interventions as authorized under the state's Medicaid 1915(b) and 1115 Demonstration Waivers.
- The most frequently utilized services remain Medically Tailored Meals/Medically Supportive Food (MTM/MSF) followed by Housing Navigation, Housing Deposits, and Tenancy Support.
- **Early results underscore long-term value, demonstrating that investing in non-medical health services not only improves member well-being, but also reduces costs across Medi-Cal's delivery system.**
- Receipt of Medically Tailored Meals/Medically Supportive Food services resulted in 10.5% net cost reduction.
- Among 107,025 members, receipt of Medically Tailored Meals/Medically Supportive Food services was associated with a 30% decrease in inpatient utilization, a 14.2% decrease in emergency department utilization, and an increase in outpatient utilization by 1.7%. These findings reflect improved management of chronic conditions, resulting in reduced use of acute inpatient care and a shift toward outpatient care.

CMS' flexibilities and support of innovation have proven Food is Medicine services can be implemented and effective when issued at the point of care. States are ready for integration and time is of the essence. These states have built out provider networks to ensure timely delivery of high quality healthy food; they have established claims and reimbursement pathways for service providers, ensuring that they are reimbursed in a timely manner with Medicaid funds; and they have set fee schedules, established eligibility criteria for participation, and developed compliance checks.

CMS has already facilitated the investment in this infrastructure, and the infrastructure has resulted in reduced healthcare expenses, healthier patients, and an improved Medicaid experience for all stakeholders. CMS has validated, across multiple administrations, that investments in non-medical health services produce a financial return in addition to improvements to healthcare quality and member well-being.

II. Program integrity is at the core of the success of these Demonstrations.

Food Is Medicine services have shown to be fully capable of compliance with CMS' program integrity requirements, and this compliance has contributed to the success of these Demonstrations. In the Special Terms & Conditions for the above Demonstrations, states had to agree to "have processes in place to ensure there is no duplication of federal funding for any aspect of the demonstration" and "ensure that the state and any of its contractors follow standard program integrity principles and practices including retention of data," which are subject to audit. States are required to comply with all Medicaid/CHIP laws, regulation, and policy. And some Special Terms & Conditions include specific program integrity requirements, monitoring, and reporting for non-medical health services and funding, e.g., California PATH Payments, North Carolina Pilot Infrastructure Funding Disbursements.

Service providers and managed care organizations across states must be ever audit-ready; state agencies conduct regular checks to make sure that the services are being provided in a timely manner, in compliance with necessary contracts and regulations, and are of high quality. Standard components of program integrity required by states include:

- **Screening**: patients must be screened to ensure the service is medically appropriate for their condition under the eligibility criteria set by the state.
- **Eligibility**: patients must meet eligibility requirements throughout participation.
- **Connection to care team**: a member of the care team refers the patient to a credentialled service provider.
- **Referral**: the patient is referred to the provider for a defined time period (i.e., 12 weeks).
- **Documentation**: the provider documents medical need, intake, start of service, and every delivery or service rendered in the patient's medical record.
- **Renewal**: the state sets the renewal process, and the provider or plan carries it out based on medical appropriateness/need.
- **Payment**: providers receive clear requirements for claims and reimbursement processes and providers supply (and retain) all necessary information for reimbursement.
- **Termination**: when a patient is no longer eligible, they are given proper notice and rights, and their services are terminated.

Program integrity is at the core of these Demonstrations' success. It is absolutely crucial that every patient has been screened, deemed eligible, received high quality services and goods, and that all participating providers and plans document and track their activities. These steps were built into the Demonstrations from the beginning, which ensured patient-centered care and outcomes like improved health and cost reductions.

III. These findings support integrating Food is Medicine service into traditional Medicare by adding produce prescriptions to the existing cardiac rehabilitation benefit.

Cardiac rehabilitation (CR) is widely recognized by health agencies, including CMS, as a highly effective yet severely underutilized benefit. Only about 20% to 30% of eligible patients participate in these programs after a qualifying cardiac event, despite proven reductions in mortality and hospital readmissions.[3] Expanding Medicare CR coverage to include produce prescriptions is an evidence-based pathway to increase enrollment in CR, decrease mortality rates, and lower total cost of care. Moreover, the authority to effectuate this expansion lies squarely within the purview of the Secretary.

The current Medicare CR benefit includes exercise plans, nutrition education, mental health counseling, and medication management. Nutrition education highlights the critical importance of consuming fruits, vegetables, and legumes, yet the healthy food needed for long term improvement is not part of the benefit. Expanding coverage to include produce prescriptions would link important learnings from nutrition education to lasting behavior and lifestyle changes.

This addition would target a limited, well-defined Medicare population for whom there is ample evidence that fruit and vegetable consumption would improve their condition.

According to a 2022 study, there were 412,080 Medicare beneficiaries who had a CR-eligible event in 2017. Only 117,794 beneficiaries completed at least one rehab session within a year of hospitalization.[4] Overall, CMS insures 70 million Medicare beneficiaries and the inclusion of produce prescriptions as a CR service would affect only the 0.59% of beneficiaries who qualify for CR.

Adding produce prescriptions to this underutilized benefit also allows CMS to leverage existing provider networks, which have largely been established through CMS investment in Demonstrations. This Administration can be the first to build on $10 billion in investment in Demonstrations with a covered Medicare benefit, clearly signaling that eating real food is what drives health.

Finally, this improvement of CR coverage can be enacted at the discretion of the Secretary of Health and Human Services. Under 42 U.S.C. 1395x(eee)(3)(E), the Secretary may add “items and services” beyond those listed in the statute to the cardiac rehabilitation program if the items and services are:

“(i) reasonable and necessary for the diagnosis or active treatment of the individual’s condition;

(ii) reasonably expected to improve or maintain the individual’s condition and functional level; and

[3] Mueller, A. & Kim, S. Cardiac Rehabilitation in the Modern Era: Evidence, Equity, and Evolving Delivery Models Across the Cardiovascular Spectrum. Journal of clinical medicine. 2025. https://doi.org/10.3390/jcm14155573

[4] Keteyian, S. et al. Tracking Cardiac Rehabilitation Utilization in Medicare Beneficiaries: 2017 UPDATE. Journal of cardiopulmonary rehabilitation and prevention. 2022. https://doi.org/10.1097/HCR.0000000000000675.

(iii) furnished under such guidelines relating to the frequency and duration of such items and services as the Secretary shall establish, taking into account accepted norms of medical practice and the reasonable expectation of improvement of the individual."

As demonstrated within Medicaid Demonstrations, produce prescriptions are reasonable and necessary for eligible patients, and can reasonably be expected to improve or maintain an individual's condition and functional level. In addition, largescale pilots, such as the Demonstrations described above, as well as clinical studies, have established guidelines that can assist the Secretary in developing evidence-based frequency and duration parameters.

In sum, expanding Medicare CR coverage to include produce prescriptions is an evidence-based pathway to increase enrollment in CR, decrease mortality rates, and lower total cost of care. This important advancement can be enacted by the Secretary and would be a strong signal that this Administration values real food as a driver of health, especially for those with serious heart conditions.

We thank you again for your remarks at FIMCON and we are additionally appreciative of your agency's transparency and accessibility. We remain available to assist CMS' future innovation however we can.

Warm regards,

Sam Hoeffler
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