MEDICAID FOOD SECURITY NETWORK

NATIONAL SUMMIT REPORT

May 7-8 2025 | Washington DC

SHARE OUR STRENGTH

HEALTH BEGINS

INTRODUCTION

ABOUT MEDICAID FOOD SECURITY NETWORK

The Medicaid Food Security Network is a group of healthcare and food security stakeholders, mobilizing Medicaid systems to become a key partner in addressing food and nutrition insecurity. Our mission is to support anti-hunger advocates to engage, influence, and partner with state Medicaid programs and managed care organizations in adopting and implementing effective strategies to connect Medicaid-enrolled children and families proactively to Food is Medicine services, with an emphasis on closing the enrollment gaps in SNAP and WIC.

ABOUT THE MEDICAID FOOD SECURITY NETWORK SUMMIT

The inaugural Medicaid Food Security Network Summit took place May 7-8, 2025, in Washington DC. The Summit brought together food security advocates, healthcare representatives (primarily from Medicaid agencies and managed care organizations), state government staff, state legislators, and allies to make connections and learn about pursuing Medicaid policy change to improve food and nutrition security for children and families. Readers can view the recording of the Food Is Medicine discussion from the opening "Conversation on Food Justice" session and presenters' slides.

EXECUTIVE SUMMARY

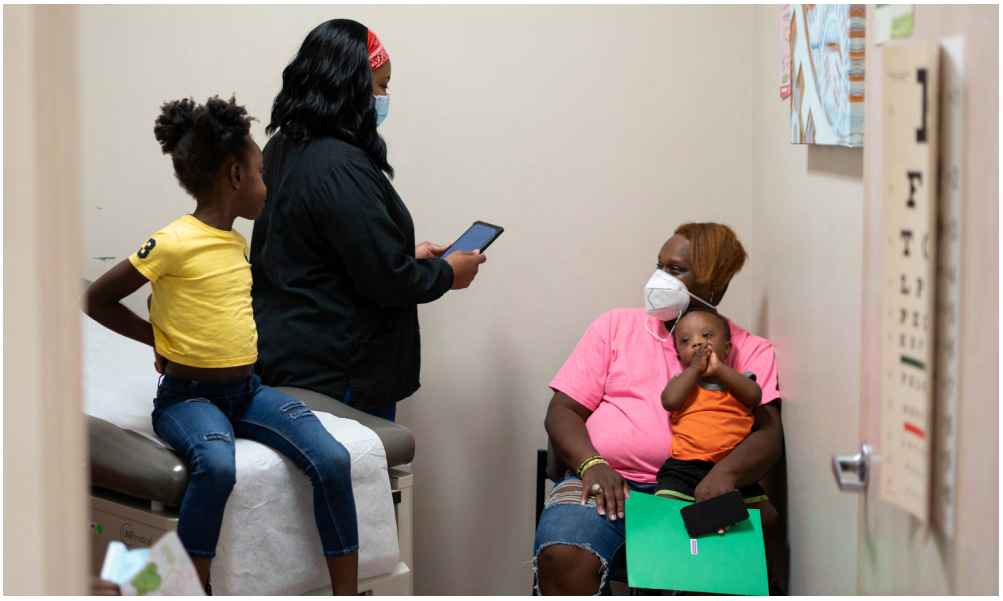
KEY MESSAGES

Food security advocates can influence Medicaid. Our Summit contributed to skill- and capacity-building across state-based practitioners at various stages in adopting Medicaid-based food security strategies through both legislative and administrative changes that support access to SNAP, WIC, and Food is Medicine services. The MFSN will generate ideas and action by establishing policy and practice commitments across attendees, which, over time, will hopefully reach millions of Medicaid enrollees once implemented.

Coalition-building is a critical first ingredient for policy change within and between the food and healthcare sectors. Given the time it takes to establish relationships, develop shared vocabulary and goals, and plan for action, Food is Medicine coalition-building is a key step. MFSN will continue building itself as a learning action network where we A. Convene and collaborate, B. Develop, distribute, and influence, and C. Accelerate policy change.

Experts affirmed that **SNAP and WIC fit into the Food is Medicine movement**, particularly in the context of healthcare navigation assistance to access these benefits. WIC itself is a nutritionally tailored food benefit, and for both SNAP and WIC, the expanded food budgets they yield to families helps them achieve healthier eating. In addition, healthcare teams can act as trusted messengers to connect their patients to SNAP and WIC in addition to other FIM programs.

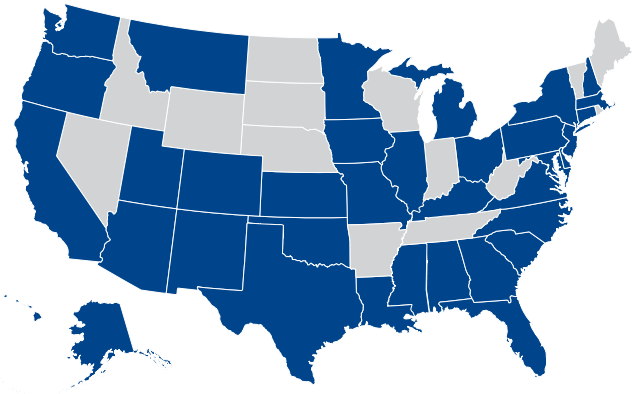
State food security champions can use **MFSN resources to guide their advocacy strategies**, including the MFSN Promising Strategies paper and MFSN Policy Dashboard of current Medicaid food security strategies. MFSN is also updating these resources and developing new ones that will focus on explaining the complementarity of SNAP and WIC to Food is Medicine, food security screening research, SNAP and WIC data-sharing to the healthcare sector, model contract language for Medicaid managed care organizations to be more involved in food and nutrition security, and fiscal analysis methodology of Medicaid food security strategies.



SUMMIT ATTENDEES

The summit convened 170 attendees representing key cross-sector organizations, sharing our interest in advancing nutrition supports in Medicaid: anti-hunger organizations, managed care organizations and Hospitals, State Agencies for SNAP and Medicaid, including including Centers for Medicare & Medicaid Services (CMS), and philanthropy.

36 states and D.C. were represented:



Attendees also included our 8 MFSN grantees and our steering committee members

Pictured are Share Our Strength Staff, with MFSN steering committee members

Represented organizations included:

AARP Foundation

Academy of Nutrition and Dietetics

Aetna Better Health

Alliance to End Hunger

ATI Advisory

Blue Cross Blue Shield of North Carolina

California Association of Food Banks

ChristianaCare

Food as Medicine Collaborative

Houston Food Bank

Johns Hopkins University

Kaiser Permanente

Michigan Department of Health and Human Service

Mom's Meals

Moveable Feast

National Association of Community Health Centers

NY Department of Health and Mental Hygiene

Project Angel Heart

Second Harvest Heartland Food Bank

US Hunger

University of Georgia

VCU Health System

Unite Us

Wholesome Wave

Vital Cxns

and many more!

Steering Committee

Katie Garfield
Center for Health Law and Policy Innovation at Harvard Law School

Jennifer Babcock
Alliance for Community Affiliated Plans

Rich Sheward
Children's HealthWatch

Elise August
Feeding America

Hannah Garelick
UnidosUS

Gina Plata-Nino
Food Research & Action Center

Cate Hensley
Food is Medicine Coalition

Amanda Bank
Center for Health Care Strategies

Julian Xie
Share Our Strength

Kathryn Jantz
HealthBegins

Grantees

Oklahoma Policy Institute

Voices for Georgia's Children

Federation of Virginia Food Banks

Food Bank Council of Michigan

Ohio Association of Food Banks

Roadrunner Food Bank of New Mexico

SC Thrive

Feeding Texas

SUMMIT SESSIONS

DAY 1

The summit kicked off with a 'Conversations on Food Justice' session, featuring Corby Kummer (Aspen Institute), Dr. Caree Cotwright (former USDA Director), Dr. Kofi Essel (Elevance Health), and our Nutrition in Housing partner, Liz Landa (Mercy Housing) - they affirmed how healthcare navigation assistance for SNAP and WIC are part of Food is Medicine. Dr. Cotwright inspired attendees by urging collective action, stating, "I would go around at USDA and ask people to use nutrition security as a vehicle for change...so turn to your neighbor and get on the bus...despite changes we are seeing and the heaviness that many may feel, I am hopeful...so stay on the bus." Next, a panel featured Medicaid agency representatives from New York, California, North Carolina, and Massachusetts, who shared how they used 1115 waivers and In Lieu of Services to support food security through access to SNAP, WIC, and other Food is Medicine programs. California also started the Summit's theme of benefits data-sharing, discussing how under its Health Data Exchange Framework, the state plans to share SNAP and WIC data with its managed care organizations. The day concluded on the patio to engage with both new and familiar colleagues. We discussed opportunities to collaborate on improving access to food as medicine for children and families. It was unanimously agreed that there is never a wrong time to contact government officials regarding this important issue.

DAY 2

Courtney Smith and Stacy Dean kicked off the second day by reminding us of our purpose and how MFSN is committed to driving state-level advocacy on Medicaid food strategies while protecting SNAP and Medicaid from devastating cuts. They both discussed the importance of bringing diverse perspectives and communities together. As Courtney said, "The most powerful voices for change come from those with lived experiences," which segued perfectly into the next discussion—a fireside chat with Ashleigh Ligon, a parent advocate who serves on Share Our Strength's SNAP Parent & Caregiver Advisory Council. Ashleigh shared her experience with food assistance programs and how her success wouldn't have been possible without her healthcare team. She explained, "Food assistance programs are less of a handout and more of a hand up by meeting families where they need to be met...They [her healthcare team] were some of the only people with whom I was talking about the vulnerable issues." This conversation invigorated attendees by sharing what's possible when Medicaid systems mobilize around food security.

> **"Evaluation panel was freaking awesome. It was real and based on what people want to hear. Best panel on evaluation. Very smart takes on the work! They understood the assignment."**
>
> **Dawn Opel**
> Food Bank Council of Michigan

Later that day, attendees attended workshops with case studies and practical tools about:

- **Engaging Medicaid agencies and managed care organizations (MCO)**. Medicaid and FIM policy experts - Katie Garfield and Jamila McLean from the Harvard Center for Health Law and Policy Innovation (CHLPI) and Princeton State Health and Value Strategies (SHVS), respectively, provided a thoughtful overview of Medicaid managed care regulations and flexibilities to sustainably integrate food and nutrition services into Medicaid. After rapid-fire presentations from advocates in Oklahoma, Colorado, New Mexico, and Illinois, attendees split into breakout groups. Speakers led discussions on specific topics ranging from MCO data-sharing, 1115 waiver advocacy, and FIM coalition-building. During the FIM coalition-building breakout, attendees were interested in how to thoughtfully integrate groups across the food and healthcare sectors. For instance, Jessica Ossenbrugge of Roadrunner Food Bank of New Mexico highlighted the importance of "establishing a dedicated liaison" to understand the need, generate buy-in, align language across sectors, and implement a successful FIM coalition in any state. Share Our Strength policy expert Craig Moscetti also showcased the MFSN Policy Dashboard, which helps advocates track down and communicate examples of Medicaid food security policies at a state level, which helps make policymakers aware of existing precedents. The Dashboard is viewable at: bit.ly/MFSNdash.

- **Equity and dignity in Food is Medicine programs, and SNAP choice.** Speakers discussed the importance of fidelity, equity, and dignity (FED) in FIM, including protecting immigrants and their access to services, and the importance of SNAP choice despite proposals to restrict it. Kelly Horton from the Academy of Nutrition and Dietetics articulated how SNAP is a part of FIM because having more household dollars to spend on food creates more opportunities to buy nutritious foods, especially when paired with high-quality nutrition care from a dietitian. Selene Tituaña Jurado of UnidosUS presented their program, "Comprando, Rico, y Sano", a community health worker program that connects Latinx community members to SNAP and other food programs. Attendees also learned about the FED Collective and its practical tools for better including communities of color in the design and delivery of FIM programs. The FED Collective's resources are available at fedcollective.org/resources.

- **Advancing health data standards for Food is Medicine, including SNAP/WIC navigation assistance.** Speakers discussed the importance and challenges of health data standards and service definitions within the Food is Medicine continuum, focusing especially on SNAP and WIC navigation assistance. Katie Ettman from Fullwell explained that alphanumeric codes—such as CPT codes for core medical services and HCPCS codes for related procedures—are submitted through healthcare claims to enable data aggregation and billing. Coding4Food, an initiative of the Gravity Project, has submitted new CMS codes for medically tailored meals, medically tailored groceries, and produce prescriptions to advance the integration of food into healthcare. Carly Leon from the Academy of Nutrition and Dietetics shared how dietitians are working to integrate Medical Nutrition Therapy into clinical care, aiming to link food directly to measurable health outcomes. Essential to this effort are accurate service definitions, coding, and reimbursement, with early payer partnerships facilitating implementation. Carly shared about the Connect Study,

which is exploring referral pathways and testing coding frameworks to improve access to MNT for older adults in community meal settings. As one speaker noted, "If we're going to improve health outcomes for people with serious complex conditions, you cannot write enough prescriptions to fix the problems at home if there isn't additional support." The main focus now is expanding the adoption and utilization of these reimbursement codes to enhance care.

- **Sharing SNAP and WIC enrollment data to healthcare organizations to enable targeted outreach and evaluation.** Speakers highlighted the legal rationale and practical benefits around sharing SNAP and WIC enrollment data with healthcare and community partners to improve client outcomes and close enrollment gaps. Jeneé Saffold from the MORE WIC project explained the legal landscape and justification that data-sharing can be framed as part of outreach or research. Kate Hanson spoke about North Carolina's data-sharing pilot and emphasized the importance of strong agency partnerships and embedding data sharing in managed care contracts. Brittany Tybo highlighted Washington state's bi-directional data sharing between WIC and Medicaid, highlighting the impact on program participation and cost savings: "Every $1 invested in WIC saves Medicaid $3". WA Medicaid MCOs receive individual-level data on member WIC enrollment, which enables them to conduct outreach connecting members to WIC. The session highlighted that, despite some legal and technical obstacles, sharing WIC and SNAP data is an impactful approach to enhancing program enrollment, improving health outcomes, and reducing administrative barriers.

- **State requirements for MCOs to conduct food security screening, leading to Medicaid enrollees being connected to SNAP and WIC.** Moderated by MFSN Steering Committee member Rich Sheward from Children's HealthWatch, presenters shared how they have integrated simple, effective food security screening tools into managed care contracts and care delivery, using data-driven approaches to connect members with SNAP, WIC, and community resources. Representatives from Michigan DHHS highlighted the state's MI Bridges system as a tool allowing citizens to connect with multiple public benefit programs, including Medicaid, SNAP, and WIC, helping streamline access and coordination across services. MI DHHS shares SNAP data with the state's MCOs, and MI DHHS is in negotiations with its WIC agency to set up similar data sharing with MCOs. MI DHHS has also leaned into contract compliance - both through "carrots and sticks" - to hold their MCOs accountable to contractual requirements to connect Medicaid enrollees to SNAP and WIC, and to implement an In Lieu of Services (ILOS) program to deliver Food is Medicine services to enrollees. Additionally, Kaiser Permanente shared its Community Support Hub model, which integrates social health into care teams through data-driven coordination and proactive outreach to better connect members with needed resources. Similarly, Colorado Access has pursued a community-centered strategy as a managed care organization to screen members for food security and connect them to appropriate FIM programs.

- **Research and evaluation on Medicaid food security strategies.** This session described how Medicaid agencies and managed care organizations evaluate programs addressing social needs like food security, highlighting findings from North Carolina's Healthy Opportunities Pilot and Massachusetts Flexible Service Programs and additional SIREN research in progress in Oregon and California. Speakers presented data demonstrating reductions in emergency visits, hospitalizations, and costs through integrated social and health interventions. In North Carolina, the estimated healthcare savings were $85 per member per month. As Dr. Jenefer Jedele from Blue Cross and Blue Shield of North Carolina emphasized, "We won't stop until health care is better for all — if health isn't improving, we're not meeting the mark." The discussion also covered best practices for partnering with community-based organizations to design and evaluate effective Food is Medicine programs, such as practical lessons on leveraging existing workflows to gather data when possible to avoid additional burden on service delivery staff, and creating tools and resources that CBOs can own.

Closing plenary highlights coalition-building and solidarity

We concluded the day with a discussion with Lillian Singh and Dr. Rishi Manchanda, CEO of HealthBegins, about the leadership and convening role of MFSN in giving food security champions a space to share best practices and lessons learned, and to form the cross-sectoral and cross-geographical relationships that make Medicaid food security strategies possible. As Lillian said, "Even at a time when it feels like the world is on fire, this is still a space where people want to come together."

GATHERING PARTICIPANT INSIGHTS

As part of the summit, an interactive activity was conducted to capture participant perspectives on Medicaid and food security advocacy. Poster boards were displayed in the event space, each featuring a focused prompting question. Participants were invited to share their thoughts by writing on sticky notes and posting them on the boards. This activity encouraged everyone to engage and helped us capture a wide range of ideas and experiences. The input we received will guide our next steps in supporting Medicaid food security advocacy.

IMPACT

Share with us how you see the impact of Medicaid in your life or the world around you.

- "My grandma (93 yo) is a Medicare-Medicaid patient!! And receives amazing care at Duke"
- "Some of our food banks have contracts with Medicaid health plans to provide groceries to Medicaid patients"
- "Connecting people with the nutrition they need to critical times, instead of only educating or counseling on healthy choices"
- "Medicaid supported me as a child and currently supports my mom and brother"
- "My brother is alive today because of Medicaid"
- "Without Medicaid my children and I would not have had insurance"

UNLOCKING PROGRESS

What do you need from the MFSN to be able to better advocate for Medicaid food security strategies and Food is Medicine in your state/region?

- Assurance that CMS will continue to allow Health-Related Social Needs to be covered in 1115 waivers or other mechanisms
- Policy and technical assistance in shaping data sharing agreement for SNAP (DSS) and WIC (Dept of Public Health)
- Technical assistance to connect Medicaid to SNAP/WIC efforts
- Funding
- "Real world data" from patients outside clinical settings and surveys
- Connect directly with WA state health care authority to ask them to take local advocates requests seriously as they roll our nutrition supports via 1115 and ILOS
- Need training and resources on best practices for promoting SNAP, Medicaid, and WIC to conservative organizations and businesses who may lack the knowledge about these programs impact
- More research on the connection between food is health and specific conditions (e.g. lupus, breast cancer, and reproductive health)
- ROI studies that look at outcomes both inside and outside the Medicaid system

LOOKING FORWARD

MEDICAID FOOD SECURITY NETWORK STRATEGIES AND ACTIONS IN RESPONSE TO THE SUMMIT

Our work is guided by our MFSN Promising Strategies, which outlines ways advocates can collaborate with Medicaid agencies to incorporate food strategies in Medicaid Managed Care contracts, benefit design, and waivers. Our ongoing and planned activities closely follow the strategies outlined in the document. By convening stakeholders, developing and distributing actionable resources, and accelerating policy change, we aim to advance Medicaid-driven food and nutrition security initiatives, ensuring our efforts remain aligned with our core strategies and best practices.

The Summit strengthened relationships, generated insights, and unlocked new ideas and opportunities to build momentum and advance the MFSN's mission. The list below reflects some of the specific strategies and actions that the MFSN will pursue in response to the Summit.

Convene and collaborate

- From the summit, we recognized the need to create intentional spaces that engage healthcare and food security stakeholders in supporting and advancing this work. We will continue to facilitate networking opportunities through publicly accessible virtual quarterly convenings and closed-door technical assistance meetings designed for advocacy organizations. These efforts aim to strengthen collaboration and advance collective impact in this field. Additionally, plans are underway to hold the next MFSN Summit in late 2026.
- Since launching in 2024, we have grown the MFSN national network size to over 1,000 people across 46 states and the District of Columbia.

> **"Due to the incredible discussions at the Medicaid Food Security Network conference, I immediately realized the need to provide feedback to NCDHHS as NC Medicaid prepares the RFP that will guide their re-contracting process with Managed Care Organizations...submitting these comments feels like a win and a huge step forward in our ability to engage in administrative advocacy related to SNAP, WIC, and Medicaid in NC. None of this would have been possible without the MFSN Policy Dashboard and Inspiration from the Medicaid Food Security Network summit and the MI DHHS team [who presented at the Summit]!! Such an amazing resource."**
>
> **Kate Hanson**
> Meals4Families

Develop, Distribute, and Influence

- We will increase engagement in our stakeholder convenings and expand key resources, such as our Policy Dashboard and News Digests, to elevate case studies and meet the growing demand for spaces that foster food security-healthcare partnerships. The Policy Dashboard will be continuously updated with the latest state-level Medicaid food strategy policies and examples.
- We plan to conduct a research study assessing how state Medicaid managed care organizations' requirements to screen members for food security impact access to SNAP and WIC and current practices on SNAP and WIC data-sharing to MCOs. We will build partnerships to assess how best to carry this project out.
- To further support our network, we will develop a variety of new resources, including model managed care contract language emphasizing food security and SNAP/WIC access strategies.
- We will also create materials that clarify the role of SNAP and WIC within the Food is Medicine spectrum, specifically addressing how new FIM programs do not duplicate existing federal nutrition benefits and are in fact complementary.
- In response to uncertainties about the expected costs and savings for Medicaid food security programs, we will develop a fiscal analysis resource that enables more accurate estimates. This resource will be tailored for state advocates, agencies, and legislative teams.

Accelerate policy change

- We will distill lessons learned from our work with MFSN grantees in Georgia, Michigan, Oklahoma, and Virginia between 2024 and 2025.
- We will support four additional grantees in Ohio, Texas, South Carolina, and New Mexico as they pursue the creation and implementation of state Medicaid regulatory or administrative changes that advance promising food and nutrition security policies. Their efforts will focus primarily on strategies that promote SNAP and WIC enrollment among children and families.
- Additionally, we plan to increase technical assistance to partners across the country to continue to drive this work.

KEEP IN TOUCH!

Thank you to our partners and colleagues for your many contributions in making our summit a success. Together, we are building a strong network that helps anti-hunger and healthcare advocates work with Medicaid programs and Medicaid-serving systems to meet the food needs of children and families, close SNAP and WIC enrollment gaps, and improve health and food security.

LEARN MORE

- Website: medicaidfoodsecuritynetwork.org
- Contact: MFSN@strength.org

JOIN THE MOVEMENT

- Subscribe to our digests, which summarize news in the Medicaid food security and FIM space and provide deep-dive case studies.
- **Share this report** on social media using #MFSN2025
- Our next virtual quarterly convening will be in August - date to be announced. Stay tuned!