FOOD IS MEDICINE IS COMPLEMENTARY WITH SNAP AND WIC

A BRIEF ON COMPREHENSIVE NUTRITION SUPPORTS FOR MEDICAID ENROLLEES

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MEDICAID FOOD SECURITY NETWORK

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CONTRIBUTORS AND ACKNOWLEDGMENTS

Food is Medicine uses nutritious food to prevent, manage, and treat diet-related diseases—making it a powerful tool for improving health outcomes for children and families.

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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.

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SUMMARY

Food is Medicine (FIM) represents a major opportunity for the healthcare and nutrition security sectors to address the diet-related illness crisis that accounts for $1.1 trillion per year in healthcare costs. FIM involves providing nutritious food and education to prevent, manage, and treat diet-related illnesses. State Medicaid systems that invest in comprehensive FIM access could achieve billions in healthcare savings as a result of improvements in health and well-being, and a reduction in diet-related illness.

This brief illustrates the value for state Medicaid systems to deliver comprehensive FIM programming, including Medicaid-funded medically tailored meals (MTM), medically tailored groceries (MTG), and produce prescriptions (PRx); alongside the existing federal nutrition benefits administered and paid for by the US Department of Agriculture (USDA), particularly the Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC).

To equip FIM advocates and practitioners to answer questions about the complementarity between SNAP, WIC, and Medicaid-funded FIM programs, we discuss the following key messages:

1. **Medicaid-funded FIM, SNAP, and WIC are complementary rather than duplicative, both programmatically and legally.**
    - **State Medicaid agencies have established processes to check whether enrollees already participate in SNAP and WIC and, if not, assist them in applying.** These processes enable compliance with federal regulations on non-duplication between SNAP, WIC, and FIM while also proactively closing participation gaps in these programs. **Our brief discusses examples in Michigan, North Carolina, and Massachusetts.**
    - Embedding this coordination within existing systems and Medicaid enrollee touchpoints is efficient and maximizes access to nutrition support.
2. **Medicaid-funded FIM programs work together with SNAP and WIC to expand healthy food access as part of whole-person and whole-family care to prevent and treat diet-related diseases.**
    - Most participants can only participate in one of MTM, MTG, or PRx at a time. **MTM, MTG, and PRx are typically intensive and time-limited, enabling participants to "learn by doing"** as they receive food and nutrition education.
    - **Nutrition skills learned in direct FIM programs skills can then be applied when using SNAP, WIC, or personal income.** This continuity of nutrition care fosters long-term healthy eating patterns and improves health outcomes.
    - **SNAP, WIC, MTM, MTG, and PRx are all distinct in their service offerings and eligibility requirements**. MTM and MTG both involve direct provision of foods tailored according to the participant's nutritional needs. PRx and WIC provide semi-flexible food funds for participants. SNAP is a household benefit that expands families' food budgets in such a way that they can consume healthy foods more frequently.
    - **Our brief presents specific examples of how families use these programs together.**
3. **The 2025 Budget Reconciliation Bill's cuts to Medicaid and SNAP, including SNAP-Ed's termination, reduce the amount of nutrition education and access to nutritious foods among Medicaid-enrolled children, mothers, older adults, and people with disabilities.** Therefore, there is a critical opportunity to maximize efficient and well-coordinated access to Medicaid-funded FIM programs, SNAP, and WIC to prevent diet-related disease onset and exacerbations.

RECOMMENDATIONS

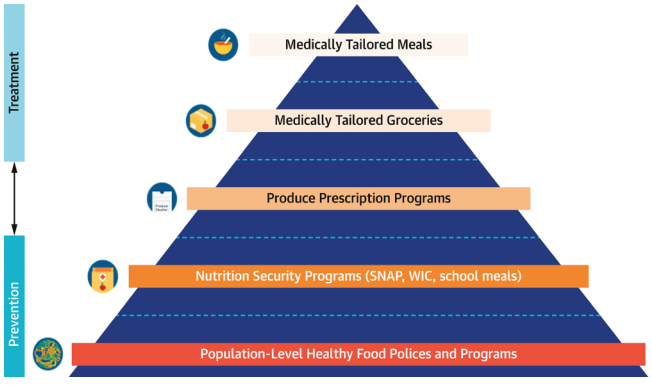
1. **The healthcare sector, including providers and payers, could consider establishing healthcare-driven SNAP and WIC navigation assistance as a standard of care** alongside more tailored Medicaid-funded FIM services like MTM, MTG, and PRx.
2. **State Medicaid agencies could strengthen FIM service delivery if they:**
    - **Embed clear requirements into Managed Care Organization (MCO) and/or healthcare provider contracts for SNAP and WIC navigation assistance** to be conducted by healthcare teams or community-based organizations (CBOs) as part of FIM service delivery workflows.
    - **Provide guidance and support around data-sharing infrastructure and evaluation to ensure that MCOs and CBOs** are incentivized and accountable to provide SNAP and WIC navigation assistance.
3. **State governments could benefit from updated guidance on the complementarity between healthcare-funded FIM and existing USDA programs like WIC and SNAP from the Centers for Medicare & Medicaid Services (CMS).** Given that both WIC and healthcare-funded FIM provide tailored nutritious foods, such guidance could support the Make America Healthy Again Commission's recommendations to increase access to healthy whole foods through government-funded programs. CMS guidance would ideally:
    - Reinforce the **availability of multiple policy pathways and flexibilities to integrate FIM into Medicaid,** including but not limited to In Lieu of Services (ILOS), 1115 waivers, value-added services, care coordination and community health worker provisions, Home and Community-Based Services waivers, CHIP, and value-based purchasing contracts.
    - Such guidance could **clarify braiding and blending funding** from Medicaid and USDA.

HOW FIM BENEFITS FROM INTEGRATING SNAP AND WIC

The US Department of Health and Human Services FIM Toolkit names 4 key ingredients in FIM:

1. Healthcare team involvement
2. Provision of food to support the prevention, management, and treatment of diet-related health conditions. The food should align with cultural preferences, age and stage abilities, and economic resources.
3. Nutrition education and skill-building to support long-term behavior change.
4. Navigation and enrollment support to resources that maximize food access and healthy food choices.

The "FIM Pyramid"—a visual from FIM experts and implementers—includes federal nutrition programs like SNAP, WIC, and school meals as preventative nutrition security programs within the FIM spectrum. These federal nutrition programs are distinct from but complementary to highly-tailored acute FIM interventions like medically tailored meals (MTM), medically tailored groceries (MTG), and produce prescriptions (PRx). In this paper, we refer to these highly-tailored interventions as "direct FIM interventions". This is to differentiate them from nutrition counseling and education, and healthcare navigation assistance interventions to assist patients with accessing SNAP and WIC. See the Appendix for a list of key terms and definitions.



The Food is Medicine Pyramid

HHS FIM Toolkit Foundational Elements Graphic

SNAP and WIC have significant positive health impacts, and the healthcare sector has an important role as trusted messengers in connecting patients to SNAP and WIC, as emphasized by national FIM experts and professional organizations. As such, healthcare organizations could establish SNAP and WIC navigation assistance as a standard of care.

SNAP and WIC are linked to improved healthcare outcomes, and reduced avoidable healthcare utilization and healthcare costs, including for people with chronic illnesses. These positive outcomes mean healthcare navigation assistance to connect patients to SNAP and WIC is also appropriate as a complementary intervention during times of elevated health needs. For example, SNAP is associated with healthcare savings ranging from $1,400 per adult Medicaid participant ($4,100 for those with heart disease) to $2,360 per dual-eligible adult enrolled in Medicare and Medicaid.

WIC is linked to reduced risk of preterm birth and infant mortality, preeclampsia, excessive gestational weight gain, and improvements to infant gestational age and birthweight (across multiple studies in California and South Carolina). Food assistance in the form of SNAP or WIC participation was associated with reductions in pregnancy complications, including gestational diabetes, gestational hypertension, preterm birth, optimal birthweight, NICU, and adverse pregnancy outcomes.

On top of these health gains, MTM, MTG, and PRx can yield further health outcomes and healthcare cost improvements. The NC Healthy Opportunities Pilot, which provided a variety of Medicaid-funded FIM programs, found $85 in savings per member per month ($1,020 annually) for Medicaid enrollees participating in healthy food programs. In Massachusetts, the Medicaid-funded Flexible Services Program's nutrition supports are associated with fewer hospitalizations and emergency department visits. A study estimates that national implementation of produce prescriptions for people with diabetes and food insecurity could generate $2.68 billion in net healthcare savings over 10 years through reducing cardiovascular events. Similarly, MTM is linked to lower healthcare costs and fewer hospitalizations, leading to $23.7 billion in net savings annually.

The individual ingredients, described in the HHS toolkit, are each necessary but not always sufficient on their own. For example:

- A healthcare provider could prescribe a patient a healthy food box, but the individual might not feel comfortable cooking with those ingredients or have the kitchen equipment to do so.
- A patient could get navigation assistance to SNAP, but still needs educational resources to learn how to buy and cook healthy foods.
- Similarly, a patient could receive nutrition education, but it's hard to put what is learned into practice without enough money to buy healthy foods.

Maximizing access to all food programs they may qualify for is critical for increasing healthy eating among low-income families with young children. Most Medicaid-funded FIM programs only provide food for one person, so pairing them with SNAP and WIC helps the entire household adopt healthier eating patterns. Such approaches are more effective in preventing childhood obesity and managing intergenerational conditions like diabetes. Getting a child to eat better and prevent chronic illness requires access to healthy food and behavior change for the whole family.

SNAP and WIC also provide the financial flexibility families need to repeatedly introduce foods to children without fear of spending money on wasted food, as kids may need 10 to 15 exposures before accepting them, and for adults, new habit formation takes an average of 2 months. This combination of resources supports sustained behavior change and long-term health for both parents and children.

In the section "SNAP, WIC, and Medicaid-funded FIM give families comprehensive support", we describe this programmatic complementarity in further detail, particularly in the context of pregnancy and early childhood.

UNDERSTANDING THE FUNDING STREAMS FOR DIRECT FIM INTERVENTIONS, SNAP, AND WIC

From a patient/Medicaid enrollee perspective, healthcare teams may assist them in accessing multiple nutrition supports, and in the background, those programs have separate funding streams. FIM services are delivered through partnerships between healthcare organizations, community-based organizations, government agencies, and, in some cases, for-profit companies.

In the current state, the food provided in direct FIM interventions such as MTMs, MTGs, and PRx is paid for by:

- Philanthropy and government grants (such as the USDA Gus Schumacher Nutrition Incentive Program)—this is currently common among FIM providers.
- Healthcare coverage—such as through Medicaid (1115 waivers, In Lieu of Services, Home and Community-based Services waivers), Medicare Advantage (supplemental benefits) or other pathways (read these resources from CHCS and the Food is Medicine Coalition about these healthcare payment models).

Additionally, Congress funds, through the USDA, the benefit dollars and foods provided by complementary nutrition security programs such as SNAP and WIC, typically via the Farm Bill and Child Nutrition Reauthorization, respectively. These should continue to serve as the primary funding pathway for foods and benefit dollars provided via these programs. Even though WIC is funded through the USDA, it aligns with the concept of FIM because it provides nutritionally-tailored foods and requires nutritionist appointments.

SNAP on its own is not strictly FIM. However, healthcare navigation assistance to assist with SNAP enrollment plus nutrition education to guide participants to use their benefits on healthier foods is part of the FIM spectrum. Table 1 provides a detailed comparison of the current state of SNAP, WIC, and healthcare-funded FIM programs.

In addition, the USDA and state governments fund SNAP outreach through the USDA State Outreach Plan, and WIC offices often conduct outreach in their localities. Despite existing outreach efforts, millions of people continue to miss out on SNAP and WIC when they are likely eligible. Complex application processes, awareness gaps, and concerns about stigma create significant participation gaps—half of people eligible for WIC are not participating and at least 12% of people eligible for SNAP are not enrolled.

The healthcare sector can help close these participation gaps by acting as trusted messengers and using their extensive outreach staff, resources, and existing touchpoints with Medicaid enrollees (see the Food Research and Action Center's resources on healthcare outreach for WIC and SNAP. MFSN has also written about this previously in our Promising Strategies paper).

The goal of FIM organizations and healthcare allies is to achieve healthcare coverage of FIM, where—supported by appropriate healthcare policy requirements, flexibilities, and incentives—private health insurance, Medicaid, and Medicare provide sustainable financing and resources for the following:

1. Direct food provision FIM interventions: MTM, MTG, and PRx
2. Nutrition counseling and education
3. Healthcare-initiated navigation assistance services, including referrals to USDA-funded enrollment support organizations, to streamline patient access to SNAP, WIC, and other food and nutrition security programs

STATE CASE STUDIES ON PREVENTING DUPLICATION BETWEEN SNAP, WIC, AND MEDICAID-FUNDED FIM

Federal and state guidance require Medicaid-funded FIM programs (such as those covered under 1115 waivers and ILOS) to be non-duplicative with existing food assistance programs, though there's room for states and the federal government to clarify this further.

According to CMS guidance released during the first Trump administration in 2021 on Medicaid coverage for HRSN, "Medicaid is frequently, but not always, the payer of last resort. This requirement ensures that Medicaid resources are not duplicating other available funding streams." CMS provided additional guidance on Medicaid coverage for health-related social needs (HRSN), where the most recent version issued in 2024 stated that "Medicaid-covered services and supports to address HRSN will not supplant the work or funding of another federal or state non-Medicaid agency, and must be complementary to existing social services such as [SNAP]." CMS rescinded this guidance in March 2025 and has not issued replacement guidance at the time of writing.

To date, most states have used the above guidance to design 1115 Waivers and ILOS programs. These states have issued policy guidance that requires the state Medicaid agency to coordinate with the SNAP and WIC agencies to ensure non-duplication with Medicaid-funded nutrition supports and maximize enrollment in SNAP and WIC among Medicaid members.

There is more than one way to integrate SNAP and WIC navigation assistance into how Medicaid serves its enrollees:

- Following the 2021 and 2024 CMS guidance, several states with Medicaid 1115 waivers include "nutrition case management" as a covered service that explicitly includes assisting enrollees with accessing food resources, including SNAP and WIC, among other community resources. These include New York, Illinois, Oregon, Washington, and North Carolina.
- Medicaid can reimburse for the labor of SNAP and WIC navigation assistance through paying for community health workers, who assist individuals with a range of navigation services for health-related needs, through a variety of payment authority pathways.
- States like Michigan and Massachusetts do not have a separate paid service for nutrition case management, but identify it as a standard component bundled into FIM service delivery for MTM, MTG, and PRx.

Despite the 2025 rescindance of CMS's most recent HRSN Medicaid coverage guidance across multiple policy pathways (1115 waivers, ILOS, Home and Community-Based Services waivers, CHIP), the 2021 CMS guidance and 2023 guidance on ILOS for HRSN still stand.

Moving forward, states could benefit from updated guidance that further clarifies that SNAP, WIC, and other FIM programs are complementary, so that states can set clear guidelines with healthcare organizations and CBOs. Further, such guidance could also:

- Reinforce the availability of multiple policy pathways and flexibilities to integrate FIM into Medicaid, including but not limited to In Lieu of Services (ILOS), 1115 waivers, value added services, care coordination and community health worker provisions, Home and Community-Based Services waivers, CHIP, and value-based purchasing contracts.
- Clarify braiding and blending funds for FIM programs funded by multiple Medicaid and USDA sources.

Several states have established processes and guidance to ensure non-duplication between Medicaid-funded FIM, SNAP, and WIC, while maximizing SNAP and WIC enrollment

Several states have shown how integrating SNAP and WIC screening, referral, and potentially application assistance into the workflow to enroll individuals into Medicaid-funded FIM helps prevent duplication. By asking a Medicaid enrollee if they're enrolled in SNAP or WIC, the Medicaid entity can then assess if these programs are sufficient to address their nutritional needs, or if the combination of federal nutrition programs and additional FIM programs would be beneficial and complementary. Such conversations can be streamlined if there are data-sharing agreements between the Medicaid, SNAP, and WIC agencies to enable care managers to check within their information management systems if the individual is enrolled in SNAP and WIC—a practice that some states have already established.

Massachusetts' 1115 Waiver

The Massachusetts Medicaid 1115 waiver provides nutrition and housing supports for Medicaid enrollees in partnership with its Accountable Care Organizations (ACOs). ACOs are provider organization groups that contract with Medicaid and other healthcare payers to provide coordinated services.

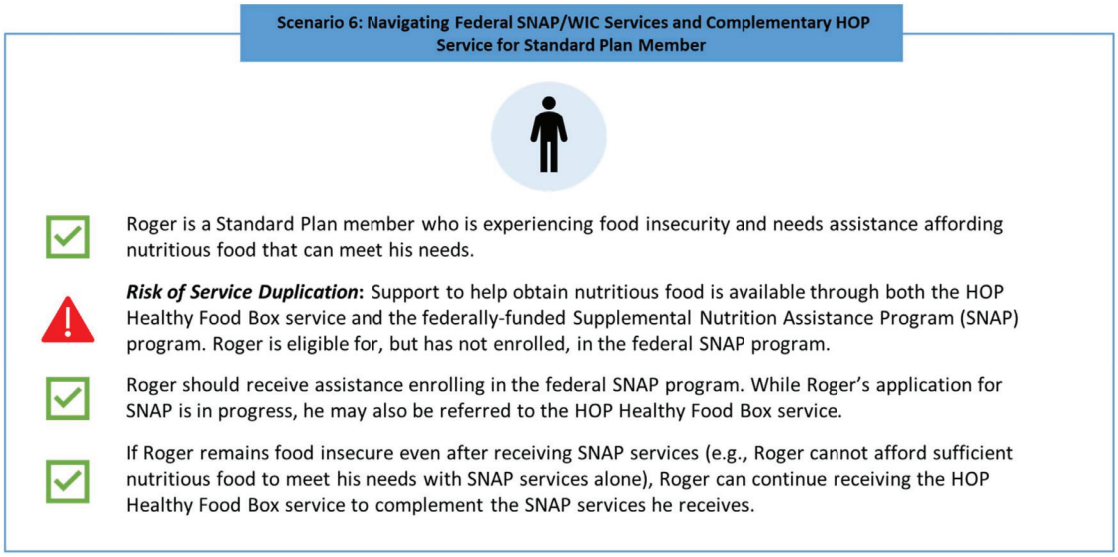
In MassHealth's policy guidance, there are service definitions for various FIM interventions, including meals, food boxes, and produce prescriptions. Across these interventions, MassHealth includes navigation assistance as a standard component of FIM interventions, describing that FIM service providers should "in coordination with the Enrollee's Plan, connect and refer them to appropriate supports (e.g., SNAP Outreach Provider or food pantry)". One example of this is Project Bread, a FIM organization and provider of SNAP and WIC navigation assistance for patients referred by ACOs after food security screening.

Michigan's Nutrition-Focused In Lieu of Services Program

Michigan Medicaid's ILOS covers FIM programs and their Policy Guidance notes that the Medicaid enrollee "cannot be currently receiving duplicative support through other federal, state, or locally-funded programs," and a Frequently Asked Question document clarifies, "Enrollees who receive SNAP and WIC benefits are eligible for nutrition-focused ILOS. SNAP or WIC benefits are not necessarily duplicative of nutrition-focused ILOS. In fact, nutrition-focused ILOS can complement SNAP or WIC benefits by addressing the Enrollee's unmet health-related nutrition needs. If the Enrollee has not applied for SNAP and/ or WIC and is potentially eligible, the Medicaid Health Plan should assist the member with applying."

North Carolina's Healthy Opportunities Pilots

North Carolina's Healthy Opportunities Pilots (HOP) Medicaid 1115 waiver provides guidance about potential duplication between SNAP, WIC, and FIM programs paid for through HOP. The guidance notes that some people might find SNAP and WIC sufficient, but others may have unmet needs that would be best addressed through the complementary FIM service. The guidance walks through how to ensure the non-duplication of food services across federal food support programs and HOP FIM services (see graphic below). Medicaid care managers are expected to assist HOP enrollees with SNAP and WIC applications when needed.



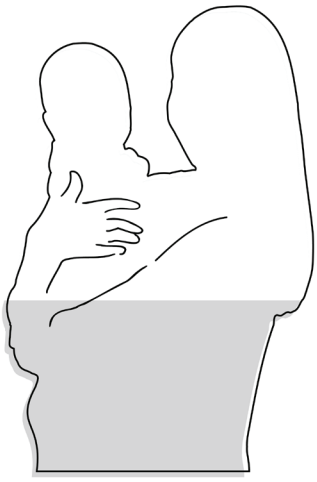
Source: NC DHHS guidance on complementarity between SNAP, WIC, and complementary FIM services.

SNAP, WIC, AND MEDICAID-FUNDED FIM GIVE FAMILIES COMPREHENSIVE SUPPORT

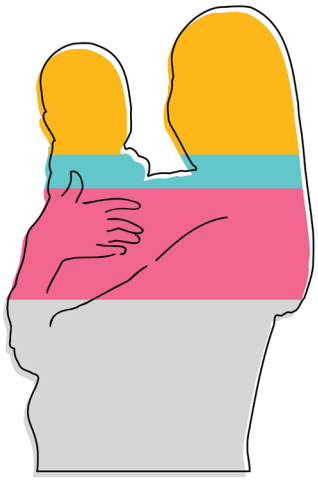
SNAP, WIC, and other FIM programs work together as a comprehensive package of services to increase nutritious food access and nutrition education to prevent or treat diet-related illness.

In addition to community food resources like food pantries, SNAP and WIC play a vital role in alleviating food and nutrition insecurity. However, they are supplemental by design (and in name) and not designed to meet the full nutritional needs of individuals and families. For example, the USDA states that SNAP households are expected to spend 30% of their own resources on food. However, SNAP benefit amounts have not kept up with food cost inflation and often can't cover the cost of an average meal. Survey after survey shows that while Americans want to eat healthier, they often can't prioritize it due to the higher cost of healthy foods.

Having access to the combination of SNAP, WIC, and healthcare-funded FIM gives families the best chance to maximize their family's consumption of healthy whole foods. As reported by participants in programs like Healthy Families Produce Rx in Louisiana, families who participate in SNAP, WIC, and an additional FIM program can then cook more vegetables and provide fruit more frequently to their children, including introducing them to new produce items. Studies show that dietary quality and diversity is highest after families receive their monthly SNAP benefits. In fact, low-income people have a higher risk of hospitalization for low blood sugar at the end of the month, likely due to running out of money. Previous reports have suggested SNAP benefit adequacy, i.e., through expansion of the Thrifty Food plan, could significantly improve participant diets. Combining FIM programs can achieve a similar goal because this can both increase and stabilize the amount of healthy whole food purchasing and consumption throughout the month.



Income alone after monthly bills



Income supplemented by SNAP, WIC, and MTG programs

In addition, WIC provides evidence-based nutritional education. However, SNAP-Ed has been discontinued as of October 2025 under the Congressional budget reconciliation legislation HR1, also known as the One Big Beautiful Bill Act. As a result, the responsibility for nutrition education now primarily falls on healthcare-funded programs, WIC, schools, and other settings. Indeed, Medicaid-funded FIM programs reinforce and provide highly tailored and non-duplicative opportunities for nutrition counseling and medically tailored food provision that are personalized to the clinical condition(s) for Medicaid enrollees.

Direct FIM programs are usually intensive and time-limited, but combined with nutrition education, SNAP, and WIC, they can create the conditions for long-term healthy eating. Intensive FIM programs include explicit nutrition counseling and also implicit "learn by doing" education by providing a tailored set of healthy foods. This sets up families to make healthier choices with their SNAP and WIC dollars, and their own income. Coaching people to eat healthily in conditions closer to the typical experience of shopping in food retail settings can help ensure long-term success once the family stops being eligible for MTM/MTG. For that reason, PRx, SNAP, and WIC can function as a "stepdown" service from MTM or MTG. This idea is backed up by survey data showing the majority of Americans report client choice as an important value in FIM to the extent that produce prescriptions may be preferable due to the flexibility in shopping locations and food variety.

FIM community-based organizations (CBOs) often conduct SNAP/WIC navigation assistance, helping close participation gaps

Numerous food security and FIM organizations combine elements of direct food provision with increasing SNAP and WIC access. For example, many organizations layer SNAP and WIC navigation assistance into FIM. Many food banks entering the FIM space also conduct outreach and navigation assistance for federal nutrition benefits, like the example we discuss later in this paper focusing on the Food Bank Council of Michigan. Additionally, the Federation of Virginia Food Banks runs Food Pharmacies that provide healthy foods and assist with SNAP and WIC navigation. Second Harvest Heartland in Minnesota runs its FOODRx program, an MTG program that includes SNAP application assistance for its enrollees.

FIM programs can also stack onto SNAP and WIC. For instance, Vouchers 4 Veggies provides San Francisco WIC participants with an additional $40 a month to spend on fruits and vegetables. Enrollment is automatic and involves mailing families vouchers and nutrition education materials.

Community care hubs and CHW organizations also play a role in bringing together public benefits and FIM. Public Health Solutions, an organization that acts as a Social Care Network in the New York State Medicaid 1115 waiver, runs a Food Navigator program in New York City healthcare settings to provide assistance with SNAP and WIC applications, and connecting to FIM programs like MTM.

A COMPARISON OF SNAP, WIC, AND HEALTHCARE-FUNDED FIM

Service delivery modalities and eligibility rules differ: SNAP and WIC eligibility are determined primarily through a household's income, expenses, and composition with WIC also including nutrition risk. MTM, MTG, and PRx eligibility are primarily dependent on self-reported food security and clinical risk factors (though income is an indirect eligibility factor if the programs are administered via Medicaid). Some individuals may qualify for one program but not the others, so maintaining this mix of nutrition supports is essential to meeting the diverse and overlapping nutrition needs of patients and families. We lay this out in Table 1.

Note: this table was created based on information that pre-dates changes to SNAP in the 2025 HR1 bill. This table provides average amounts and general information, but exact rules and procedures depend on the state. Exact SNAP benefit amounts depend on household composition and income, and exact WIC benefit amounts depend on the life stage of mother and child. The Michigan Nutrition In Lieu of Services program is used to present average food value estimates.

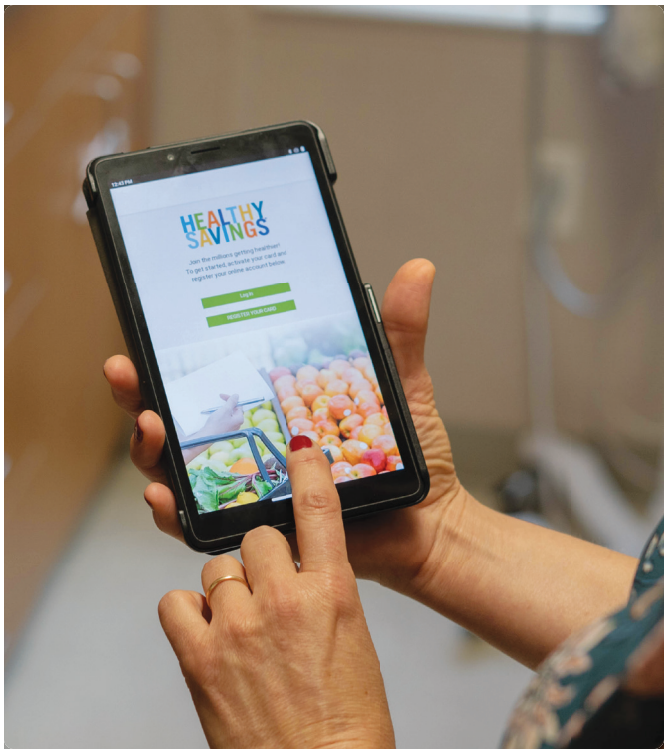


Table 1: Comparison of SNAP, WIC, and healthcare-funded FIM programs

	ENROLLMENT PROCESS	NAVIGATION ASSISTANCE AND ENROLLMENT SUPPORT	FOOD PROVISION OR BENEFIT DELIVERY METHOD	AVERAGE BENEFIT AMOUNTS	DETERMINANTS OF ELIGIBILITY AND POPULATIONS SERVED	TIMING
SNAP	Online or paper application Submission of income, proof of identity Interview with government caseworker Periodic submission of documentation about income Participant receives electronic benefit transfer (EBT) card within a month, or 7 days for expedited benefits	**Conducted through:** SNAP agencies CBOs Healthcare providers MCOs **Funding:** USDA State Outreach Plan Medicaid and other healthcare payers Philanthropy	**Conducted through:** Households using SNAP dollars at food retailers, farmers markets, and online grocery stores. Excludes alcohol and prepared foods. **Funding:** USDA	$187 per household member per month, depending on income and household composition	Income Expenses Household composition, including size, children, age, disability status Various household types are subject to work-reporting requirement	6 to 12 months, depending on household composition, renewable contingent upon client providing updates to SNAP office every 6 months Able-Bodied Adults Without Dependents are limited to 3 months in a 3-year period unless they comply with work requirements.
WIC	Schedule first appointment online or by phone Application is completed during first visit to WIC clinic Required WIC clinic appointments every three months Participant receives EBT card at first appointment or soon thereafter.	**Conducted through:** WIC agencies CBOs Healthcare providers MCOs **Funding:** USDA Medicaid Philanthropy	**Conducted through:** Households using WIC at food retailers and farmers markets for a tailored set of foods, and infant formula. Families can also receive breastfeeding supplies. **Funding:** USDA	$61.05 per household member per month, which includes the cash-value benefit for fruits and vegetables that is $47 per month for a pregnant individual	Income (Medicaid and SNAP enrollees automatically qualify without additional income verification if other eligibility requirements are met) Demographically eligible for WIC (woman, infant, or child) Nutrition risk such as anemia, obesity, diabetes.	During pregnancy and up to 1 year postpartum for mother (6 months if only feeding with formula), from birth to age 5 for child Appointments every 3 months are required to continue receiving benefits.

Table 1: Comparison of SNAP, WIC, and healthcare-funded FIM programs [cont.]

	ENROLLMENT PROCESS	NAVIGATION ASSISTANCE AND ENROLLMENT SUPPORT	FOOD PROVISION OR BENEFIT DELIVERY METHOD	AVERAGE BENEFIT AMOUNTS	DETERMINANTS OF ELIGIBILITY AND POPULATIONS SERVED	TIMING
MTM, MTG	Healthcare team screens patient and refers to CBO provider	**Conducted through:** CBOs For-profit companies Healthcare providers MCOs **Funding:** Philanthropy Medicaid and other healthcare payers	**Conducted through:** Food is home-delivered or distributed at a clinic or CBO **Funding:** Philanthropy Medicaid and other healthcare payers	Varies by state and program Healthy Food Pack in Michigan: Groceries worth about $257 per month (excluding costs to CBO for assembling and delivery) MTM in Michigan ILOS: 14 meals per week, or $268 per month (excluding costs to CBO for preparation and delivery)	Self-reported food insecurity Clinical risk factors such as pregnancy or chronic disease diagnosis, like diabetes, high blood pressure, kidney disease, heart disease, HIV and AIDS.	Food is delivered or picked up weekly for 3 to 6 months. Renewable through coordination with Medicaid managed care organization or administering entity to assess continued medical need
PRX	Healthcare team screens patient and refers to CBO provider	**Conducted through:** CBOs Healthcare providers MCOs **Funding:** USDA GUSNIP grants Philanthropy Medicaid and other healthcare payers	**Conducted through:** Households using PRx dollars at grocery stores or farmers markets **Funding:** USDA GUSNIP grants Philanthropy Medicaid and other healthcare payers	Varies by state and program $40-$225 per month spendable only on fruits and vegetables, sometimes scaling according to household size	Self-reported food insecurity Clinical risk factors such as pregnancy or chronic disease diagnosis, like diabetes, high blood pressure, kidney disease, heart disease, HIV and AIDS.	Renewed each month. Renewable through coordination with Medicaid managed care organization or administering entity to assess continued medical need

PREGNANCY COMES WITH SPECIFIC NUTRITION NEEDS THAT CALL FOR FIM

Pregnancy is a health condition where FIM interventions—especially when coordinated with WIC—are a natural fit for improving nutrition and health outcomes. The Harvard Law School Center for Health Law and Policy Innovation's (CHLPI) brief on FIM and pregnancy provides additional details on this topic.

Healthy pregnancy requires foods high in folate, calcium, iron, and DHA. During pregnancy, women need 300 extra calories per day, and breastfeeding similarly requires 340-400 more calories per day. At the same time, diet-related health risks—pre-term birth, gestational diabetes (GDM), excess weight gain, and pre-preeclampsia—threaten both mother and baby.

GDM and pre-preeclampsia are early warning signs for the mother's and child's future health. After having GDM, the mother's risk of type 2 diabetes and cardiovascular mortality increases. Children exposed to maternal hyperglycemia have higher odds of adolescent overweight/obesity and other adverse metabolic traits, strengthening the case for preventive nutrition supports during and after pregnancy. Another diet-modifiable pregnancy risk is preeclampsia, a condition that starts with high blood pressure and can lead to preterm birth. Women who have had preeclampsia face increased risk of chronic hypertension and cardiovascular events (coronary disease, stroke, heart failure).

Whether it's because of these risks or the desire to raise a healthy baby, pregnancy motivates mothers to improve their diet. This motivation makes pregnancy a pivot point where adding medically-tailored nutrition supports to WIC and SNAP doesn't duplicate coverage—it gives mothers and their children the best shot to bend two long arcs of risk.

An Example of a Family's FIM Journey

To help illustrate this brief's concepts, we discuss the hypothetical example of Amelia. Please note that everybody's financial and health situations differ, which affects the eligibility and service package different people might qualify for. This means that this example is generally applicable, but may not be everyone's exact experience of these programs in terms of benefit amounts or food quantities.

Amelia is a 25-year-old special education teaching assistant in Detroit. Amelia becomes pregnant and, after her husband's recent job loss leaves them uninsured, she enrolls in Medicaid. At her first prenatal appointment two and a half months into her pregnancy, a positive food insecurity screening and blood pressure of 137/85 raised the doctor's concern for previously undiagnosed chronic hypertension which puts her at risk for preeclampsia, a diet-sensitive condition related to high blood pressure and multi-organ failure that necessitates preterm birth.

Her OB/GYN refers Amelia to a FIM intervention. Her MCO confirms her eligibility for Michigan's ILOS program and enrolls her in six months of Healthy Food Packs (Michigan's term for medically tailored groceries [MTG]) via the Food Bank Council of Michigan (FBCM). As described in Michigan's resource about clinical referrals to its ILOS program, the MCO staff member then refers Amelia to FBCM, who not only enrolls her in Healthy Food Pack deliveries, but also assists Amelia with applying for SNAP on behalf of her family and schedule a first WIC appointment - helped by the knowledge that all pregnant individuals enrolled in Medicaid are automatically eligible for WIC.

In her 3rd month of pregnancy, FBCM Healthy Food Pack deliveries begin with about $257 of food per month. Later that month, Amelia also hears back with the state's determination that she and her husband can get $270 per month in SNAP benefits. After her WIC appointment, she successfully enrolls and gets $55.85 per month (the Michigan average) of food, including the $47 cash value benefit for fruits and vegetables.

Home-delivered groceries reduce time and cost barriers, freeing up her schedule to attend required WIC appointments every three months. Amelia uses SNAP and WIC at grocery stores and farmers markets to add more fresh fruits and vegetables, whole grains, and lean proteins to their shopping trips. The Healthy Food Pack deliveries, WIC appointments, and SNAP-Ed all encourage Amelia and her husband to try new recipes that are quick, affordable, and tasty. Amelia's MCO renews her Healthy Food Packs at the 8-month mark. Thanks in part to her healthier eating and stronger stress management over these few months, Amelia's blood pressure has stabilized, and she avoids preeclampsia and gives birth to healthy baby Charlotte.

Michigan provides a continuous one year of Medicaid coverage to both postpartum mothers and their babies, regardless of income changes, in recognition of the health benefits for mothers and babies, including prevention of maternal mortality. By being enrolled in Medicaid, they continue to be automatically eligible for WIC. The WIC nutritionist provides breastfeeding supplies (and formula if needed).

Four months after delivery, Amelia's MCO renews her Healthy Food Pack deliveries from FBCM for another 6 months, extending support through Charlotte's 10th month. After baby Charlotte turns 6 months, Amelia and her husband find the combination of SNAP, WIC, and Healthy Food Pack particularly helpful because it gives them more freedom to buy new fruits and vegetables to introduce to baby Charlotte. Continued family-centered nutrition education helps Amelia feed Charlotte healthy foods in the critical period where she develops a taste for nutritious foods.

After Charlotte turns 10 months, the MCO contacts Amelia to see if she would like to continue Healthy Food Pack deliveries. She tells her care manager that she is feeling more food-secure because SNAP and WIC are supporting her food needs well, especially because the healthy food packs provided many opportunities to master affordable recipes. Around Charlotte's first birthday, Amelia gets offered a full-time special-ed teacher position with employer-sponsored health insurance. Their family's income now exceeds 200% of the federal poverty level, ending eligibility for SNAP and WIC (now that her 1 year of Medicaid coverage is also over). Thanks to the continuous Medicaid coverage, FIM programs, and subsidized childcare, their family has a safety net to support their progression to better nutrition, health, and economic empowerment.

A FAMILY'S FIM JOURNEY

Amelia

25-year old woman in Detroit, Michigan who works as a special education teaching assistant

KEY

- Time participating in SNAP; $270* per month during the enrolled period
- Time participating in WIC; $55.85* per month during the enrolled period
- Time participating in Healthy Food Pack (HFP); $257* of food per month during the enrolled period
- Event in Amelia's enrollment or participation in benefit programs

FEBRUARY 2026
Amelia's husband loses his job and they lose employer-sponsored health insurance.

MARCH 2026
Amelia finds out she is 6 weeks pregnant, schedules her first prenatal appointment, and applies for Medicaid.

APRIL 2026
Amelia has her first prenatal appointment and her healthcare team screens her for food insecurity. Elevated blood pressure and a positive food insecurity screen raise the doctor's concern. Her doctor refers her to her Medicaid MCO, who then connect her with the Food Bank Council of Michigan (FBCM). FBCM enrolls her in their Healthy Food Pack program, and assists her with applying to SNAP and making her first WIC appointment.

MAY 2026
Amelia has her first WIC appointment, successfully enrolls, and starts using her WIC benefits.

JUNE 2026
Amelia begins FBCM Healthy Food Pack deliveries.

JULY 2026
Amelia begins SNAP participation.

OCTOBER 2026
Amelia receives the good news that healthier eating habits have led to lower blood pressure. MCO renews her Healthy Food Pack deliveries from FBCM.

NOVEMBER 2026
Amelia gives birth to her healthy baby girl, Charlotte, and starts receiving breastfeeding supplies from WIC.

JANUARY 2027

APRIL 2027
MCO renews Amelia's Healthy Food Pack deliveries from FBCM.

JULY 2027

MAY 2027
Charlotte begins eating solid foods, because of the family's enrollment in these programs, Amelia is able to access fresh produce to introduce into Charlotte's diet.

NOVEMBER 2027
Amelia receives a job offer to full time work that provides her family with private health insurance and increases her salary above the threshold for Medicaid, SNAP, and WIC.

*Calculated using the average amount received in these programs for the state of Michigan for a two-person, one child home

THE IMPORTANCE OF HEALTHCARE-FUNDED FIM IN MAINTAINING ACCESS TO SNAP AND WIC

Given HR1 SNAP cuts, including SNAP-Ed's elimination, healthcare-funded FIM has heightened importance as critical food access and nutrition education pathways.

Under HR1, the federal government will cut $187 billion from SNAP through 2034, about a 20% cut. HR1 eliminated SNAP-Ed as of October 2025. SNAP-Ed is a USDA-funded grant program that supports state and locally-led evidence-based nutrition education for SNAP participants. SNAP-Ed helps participants stretch their SNAP dollars while cooking healthy meals to meet its stated goal to prevent obesity through healthy food choices and physical activity. SNAP-Ed reached 1.8 million people in 2022 through direct education, and 10.6 million people received nutrition and physical activity community support through SNAP-Ed's broader public health education infrastructure. Some dietitians who work for FIM programs are funded through SNAP-Ed, so SNAP-Ed's elimination could also limit the capacity for FIM organizations to conduct nutrition education. Therefore, as programs reorient with HR1's implementation and SNAP-Ed's elimination, it will be important to invest in nutrition education within FIM programs.

In addition, the USDA-funded SNAP State Outreach Plan, a program that involves CBO partnerships to conduct outreach and application assistance for SNAP, could potentially be scaled down due to cuts to federal SNAP administrative funding. Therefore, healthcare-funded FIM programs may need to play a larger role in providing SNAP navigation assistance to increase the quality and accuracy of families' SNAP applications, as many have already been doing.

Increased work requirements for SNAP and new ones for the Medicaid expansion population also mean healthcare benefits navigation assistance can play an important role in helping eligible people stay enrolled in these benefits, while also improving government efficiency through increasing the accuracy and completeness of benefit applications, work requirement reporting, and renewal reporting. Benefits navigators working in communities, in tandem with data-driven outreach (such as via texting), will be vital to ensuring families stay enrolled in these programs by helping them submit required income documents and other renewal materials. Previous studies have shown that outreach plus navigation assistance can increase SNAP enrollment rates relative to outreach alone.

Moreover, Medicaid cuts mean states will need to innovate so they can improve health outcomes using fewer resources. Given the strong evidence that direct FIM interventions and federal nutrition benefits all improve health, state Medicaid agencies could explore how to prioritize FIM investments alongside efforts to streamline and maintain access to Medicaid, SNAP, and WIC.

CONCLUSION

MGM, MTM, PRx, SNAP, and WIC are not duplicative; rather, they are complementary programs for addressing food and nutrition insecurity to prevent and treat diet-related disease. Coordinating these programs can allow states to maximize nutrition supports, reduce healthcare costs, and improve long-term health outcomes that strengthen families and communities.

APPENDIX - KEY TERMS

SNAP
The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program in the United States. It provides monthly benefits to low-income individuals and families so they can purchase food.

WIC
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal assistance program that provides food, breastfeeding support, and health care referrals to low-income pregnant women, new mothers, infants, and young children up to age five.

Medically tailored meals (MTM) provide an estimated 1/3 of the recommended dietary intake(s), per therapeutic, evidence-based dietary specifications for conditions, prepared using natural foods*, assigned based on an assessment of the individual's nutritional needs by a Registered Dietitian (RD) or other nutrition professional, intended for use in non-facility/home settings. *Natural: nothing artificial or synthetic (including all color additives regardless of source) has been included in, or has been added to, a food that would not normally be expected to be in that food.

Medically tailored groceries (MTG) is a set of foods to meet at least one-third of recommended intake for one person per week based on a nutrition professional's assessment of that person's nutritional needs and disease-specific, evidence-based tailoring as part of a therapeutic diet plan.

Produce Prescriptions (PRx) are fulfilled through food retail and enable patients referred by a healthcare provider team or health insurance to access healthy produce with no added fats, sugars, or salt, at low or no cost to the patient.

SNAP-Ed
The nutrition education and obesity prevention component of SNAP. SNAP-Ed funds programs that equip low-income Americans with the skills they need to make healthy food choices on a budget through cooking classes, grocery store tours, and educational materials.

SNAP and WIC navigation assistance
The support services that help individuals and families understand eligibility, complete applications, and effectively use their benefits from SNAP and WIC.

Nutrition case management
Services that increase access to food and nutrition, including outreach and education, and linkages to state and federal benefit programs, benefit program application assistance, and benefit program application fees.

ILOS
In Lieu of Services is a managed care flexibility that enables states to cover additional services that are cost-effective substitutes for existing care services. ILOS can be used to address health needs like food security, housing security, and mental health.

1115 Waiver
A federal authority that allows states to test new approaches in Medicaid that differ from federal program rules.