

MEDICAID FOOD SECURITY NETWORK PARTNERS PROGRAM

LAYERING FOOD INTO THE HEALTHCARE SYSTEM

BACKGROUND

Ending child hunger requires systems that can reach families at scale. Medicaid covers 70 million people nationwide, nearly half of whom are children. Through healthcare touchpoints like new Medicaid member calls and medical appointments, Medicaid is uniquely positioned to connect families to SNAP, WIC, and Food is Medicine (FIM). The [Medicaid Food Security Network](#) mobilizes state Medicaid systems to make food and nutrition security a core part of the healthcare experience, so that millions of families can raise healthier and happier kids.

In 2024, the Medicaid Food Security Network, a collaboration of Share Our Strength and HealthBegins, launched the Medicaid Food Security Partners Program. MFSP provided funding and hands-on policy support to four state-based anti-hunger organizations. These partners - Voices for Georgia's Children, Food Bank

Council of Michigan, Oklahoma Policy Institute, and the Federation of Virginia Food Banks - advanced changes to state Medicaid systems that promote food and nutrition security. Their work focused on improving SNAP and WIC enrollment and their complementarity with healthcare-funded FIM for children and families.

KEY POLICY ADVANCEMENTS

SNAP and WIC are two of the most effective programs for reducing food insecurity among children and families, and Medicaid-based outreach can connect eligible families to these supports broadly.

The charts and examples below highlight the scale of Medicaid enrollees who could benefit from improved outreach and services, as well as key policy advancements partners helped drive across states.

Number of Medicaid enrollees who will likely receive SNAP/WIC outreach and navigation assistance	Number of Medicaid enrollees eligible to receive other Food is Medicine services (produce prescriptions, medically tailored groceries, medically tailored meals, etc.)
<ul style="list-style-type: none">◦ SNAP: 441 thousand Medicaid enrollees◦ WIC: 838 thousand Medicaid enrollees	Up to 14,500 people are eligible to receive FIM services from our grantee organizations via pilots and Medicaid managed care organization contracts

KEY POLICY ADVANCEMENT PARTNERS



- Influenced new food and nutrition security requirements in Medicaid managed care contracts. Food security screening and resource connection will now be a standard part of new Medicaid member enrollment.
- Engaged Medicaid and WIC directors to lay groundwork for cross-agency data sharing, which can help close WIC's 60% participation gap.
- Developing a pregnancy food box proof of concept with a Medicaid managed care organization. If the program was made permanent, it could reach 29,000 pregnant / postpartum individuals and 11,000 newborns.



- Passed legislation (HB 1575) to begin integrating the Medicaid, SNAP, and WIC applications through convening key partners from state legislature, state agency leadership, and CBOs. This no-wrong door approach will give families a one-stop shop to access benefits with fewer administrative barriers.
- Introduced legislation to make SNAP accessible to working families using Broad-Based Categorical Eligibility (BBCE), with support from the Oklahoma Chamber of Commerce.



- Developed legislation (SB 1393) to fund a Medicaid program to pay for FIM - including SNAP and WIC navigation assistance for pregnant and postpartum women - and successfully engaged their Medicaid agency and legislators. While the governor vetoed the bill, the state legislature's passage of this legislation marks a significant advancement in political buy-in for improving maternal and child health through better food security. The Federation is advocating for a similar FIM bill introduced in Jan 2026.
- Developing a pregnancy food box and SNAP/WIC navigation proof of concept with a Medicaid managed care organization, which will also provide evidence and experience for establishing a statewide FIM program.



- Supported implementation of Michigan's Medicaid program to pay for Food is Medicine - medically tailored meals, healthy groceries, and produce prescriptions - for Medicaid enrollees with strong SNAP/WIC navigation built in.
- Influenced the FIM Policy Guidance to broaden eligibility criteria to enable more children and pregnant individuals to access the program.
- Developed a healthy grocery food box for Medicaid members and established contract partnerships with multiple managed care organizations.

UNPRECEDENTED COALITION POWER

The grantees convened diverse people across the food and healthcare sectors. These partnerships expanded the number of advocates and implementers who can advance policy solutions that improve food and nutrition security for children and families.

- We built knowledge and skills in anti-hunger advocates who historically have not been included in Medicaid policy change.
- Over 1600 individuals engaged across 4 states
 - 647 community members engaged in listening sessions or surveys
- 430+ organizations spanning food access, healthcare, government, academia, philanthropy, and advocacy.
- Coalition work included statewide summits, listening sessions, workgroups, legislative briefings, and cross-agency leadership meetings.
 - MI hosted a 250-person MiFAM Summit.
 - Feedback from the event reflected an interest in statewide coalitional advocacy, policy implementation support, and cross-sector collaboration.
 - VA established its 110-member Food is Medicine Coalition, representing 74 organizations.
 - Deepened engagement positioned them for more effective advocacy and policy development.

KEY MESSAGES

Despite federal cuts to Medicaid and SNAP, there is increasing state-level bipartisan appetite for using Medicaid-funded Food is Medicine to improve nutrition and health, and decrease healthcare costs.

- [SNAP/WIC and Food is Medicine are complementary.](#) Integrating SNAP and WIC into FIM advocacy and program design leads to mutually supportive policy gains, but we need to educate policymakers about their distinctions and areas of synergy.
- Systems integration benefits from phased implementation. States like Oklahoma made progress when they pursued achievable components first, rather than attempting full integration across programs at once.
- Sustained cross-agency and cross-sector relationships supported progress. Regular engagement with Medicaid, SNAP, WIC, public health, and managed care organizations enabled policy development, pilot design, and administrative or legislative action.
- Managed care engagement is necessary but time-intensive. Moving Food is Medicine strategies through managed care required ongoing coordination, alignment with existing Medicaid quality goals, and continued education.
- Large coalitions required coordination infrastructure, governance, and policy expertise to support decision-making and follow-through.
- Community voice strengthened relevance. Including community members and people with lived experience helped ensure strategies reflected real barriers facing families.

Learn more about at the MFSN website [medicaidfoodsecuritynetwork.org](https://www.medicaidfoodsecuritynetwork.org)