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**Re: MassHealth 1115 Demonstration Waiver Renewal Comments**

Dear MassHealth Section 1115 Demonstration Waiver Renewal Stakeholder Work Group Leaders,

We are writing on behalf of the Nutrition Advisory Committee of Tufts University Friedman School of Nutrition Science and Policy to highlight the critical importance of MassHealth addressing health-related social needs and to specifically urge Working Group leaders to continue support for the Flexible Services Program in the 1115 Demonstration renewal.

As the state confronts the short and long-term consequences of COVID-19, Flexible Services has been vital to supporting food security and housing security through the health care system. This program has gained national attention for its innovation even prior to the pandemic, and its importance has only grown since the devastation of COVID-19. By connecting vulnerable individuals within the state's Medicaid program to real solutions in their communities to improve nutrition, housing stability, and overall health outcomes, Flexible Services is currently:

1. Supporting individuals impacted by the short and long-term consequences of the pandemic;
2. Improving quality of care for Massachusetts residents on Medicaid;
3. Addressing health inequities; and
4. Creating the evidence base for impactful policies that could be scaled nationwide.

## **Supporting the COVID-19 Recovery**

Economic, housing, and food insecurity have dramatically increased across Massachusetts due to the COVID-19 pandemic. As a result, many Massachusetts residents are now more vulnerable to acute health crises.<sup>1,2,3,4,5,6,7</sup> For example, economic distress from job losses and prolonged periods of unemployment is associated with increased risk and severity of mental health conditions such as depression, anxiety, and suicide,<sup>8</sup> in addition to cardiovascular conditions including heart attacks, stroke, hypertension, and diabetes.<sup>9,10</sup> Flexible Services is offering individuals critical, stabilizing supports during these unprecedented challenges. Furthermore, harmful social structures such as systemic racism and income inequality are daunting hurdles to the COVID-19 recovery and as such, the demand for Flexible Services from both patients and physicians will likely exist for years to come.

## **Optimizing Health through Nutrition**

As experts in nutrition, we want to specifically highlight that food insecurity is strongly associated with poor health outcomes and higher healthcare costs in the US. Total healthcare costs, including inpatient care, emergency care, surgeries, and drug costs, increase as food insecurity severity increases.<sup>11,12</sup> Furthermore, chronic diseases are often more challenging to manage for low-income and/or food-insecure Americans.<sup>13,14,15</sup>

Fortunately, emerging “Food is Medicine” interventions such as produce prescriptions (Produce Rx) and medically tailored meals (MTM) have documented potential to improve health outcomes and a cost-effective level for food-insecure individuals with chronic disease. Produce-Rx generally offer free or discounted produce to ambulatory patients based on a range of eligibility criteria, whereas MTMs provide home-delivered, nutritious meals tailored to outpatients with severe chronic conditions and limitations in activities of daily living. Such programs are of rapidly growing interest to healthcare systems, payers, patients, and policymakers<sup>16,17</sup> and are currently supported under Flexible Services. Several pilot assessments of Produce Rx suggest the potential for significant health gains<sup>18</sup> and studies conducted in Massachusetts have shown MTMs can rapidly improve health outcomes and lower healthcare costs for low-income individuals with advanced chronic disease, including diabetes, cardiovascular disease, end stage renal disease, HIV and cancer.<sup>19, 20</sup>

With a growing national movement to support Food is Medicine treatments in healthcare, ranging from Produce Rx grants through the USDA Gus Schumacher Nutrition Incentive Program, similar Medicaid waivers in North Carolina and California, to [legislation introduced in Massachusetts](#) and the [US Congress](#), Flexible Services remains at the forefront of innovative, high-quality, and urgently needed healthcare reform.

## **Addressing Health Equity**

Prior to the onset of COVID-19, communities of color in Massachusetts suffered disproportionately from unemployment, limited access to transportation, housing instability, lower access to healthcare, and food insecurity.<sup>21</sup> Unfortunately, these inequities have contributed to an overrepresentation of Black and Latinx populations in COVID-19 caseloads, hospitalizations, and deaths across the state.<sup>22</sup> Structural inequities and racism have also made communities of color more susceptible to the dual health and economic crises as Black and Latinx communities have also experienced higher rates of unemployment,<sup>23</sup> economic anxiety,<sup>24</sup> food insecurity,<sup>25</sup> and evictions.<sup>26</sup> Addressing the health-related social needs of communities of color through the healthcare system is a fundamental component of an equitable COVID-19 response and recovery strategy.<sup>27</sup>

### **Ensuring Robust Evaluation and Strategic Use of Infrastructure**

Creating the infrastructure necessary to implement and evaluate the Flexible Services Program required an enormous amount of time and resources for Accountable Care Organizations (ACOs), Social Service Organizations (SSOs), and MassHealth. Many organizations relied on additional resources from the SSO Flexible Services Prep Fund to enhance their capacity to participate in the program. While some programs were able to accelerate implementation with the onset of COVID-19, implementation plans for others stretched over the course of 2020 due to the crisis. At this point, many programs have just begun steady operation and evaluation. The Flexible Services infrastructure must therefore also be maintained to (1) avoid disruptions of care and (2) ensure adequate time to collect data to scientifically demonstrate a significant, positive impact on members who participate in the program.

At the Friedman School of Nutrition Science and Policy, we are working closely with four MassHealth ACOs, Community Servings, and the University of North Carolina School of Medicine to conduct a supplemental evaluation on the impact of MTMs on health outcomes and healthcare utilization, by pooling data across health systems. This will create the largest MTM study to date in the US. We hope our initiative will help scientists, healthcare systems, payers, and policy makers understand the impact of MTMs on various outcomes; elucidate which Flexible Services programmatic components are best working for patients and which could be improved; highlight innovations in healthcare delivery to improve nutrition security and reduce health disparities, and; support the continued funding of the Flexible Services program and increase additional long-term funding opportunities to assist Massachusetts Medicaid patients.

The MassHealth Flexible Services Program is a vital lifeline throughout the COVID-19 pandemic and a critically important innovation in US health care delivery. The Nutrition Advisory Committee of Tufts University Friedman School of Nutrition Science and Policy urges the Section 1115 Working Group to protect and enhance the Flexible Services Program within the MassHealth Section 1115 Demonstration Waiver Renewal application. The need across our state is too high to disregard and the opportunities for improved health outcomes are too large to ignore.

Sincerely,



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*These comments represent the recommendations of individual Tufts faculty members, compiled with staff support. The opinions expressed in this document do not necessarily represent the views or opinions of the Friedman School of Nutrition Science and Policy, Tufts University, or its affiliates.*

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