

Produce Prescription Programs in Select States

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Issue

This report discusses state actions related to produce prescription programs in Maine, New York, and Washington, and examples of local programs in each state.

Summary

Produce prescription programs generally provide fruit and vegetables at low or no cost to people living with certain health conditions or food insecurity who are referred to the program by a health care provider or health insurance plan (see, e.g., the [National Produce Prescription Collaborative's definition](#)). As a type of medically supportive food and nutrition service (also described as “Food is Medicine” interventions), these programs seek to prevent, manage, or reverse diet-related disease. As described in [a 2021 report](#) by the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI), community-based organizations or local health departments often act as facilitators for produce prescription programs by (1) ensuring adequate funding; (2) managing administrative duties; (3) overseeing technological infrastructure; and (4) coordinating health care provider, retail partner, and patient relationships. Funding traditionally comes on a limited or pilot basis from community-based organizations themselves or research institutions, and through private, local, or state grants, or federal grants through the United States Department of Agriculture’s (USDA) Gus Schumacher Food Insecurity Nutrition Incentive Program (GusNIP, see Background). (CHLPI advocates for policies to support low-income people living with chronic illnesses.)

Maine, New York, and Washington have taken recent state legislative or administrative actions to fund or administer produce prescription programs. In Maine, a 2021 law established the Fund to

Address Food Insecurity and Provide Nutrition Incentives within the state’s Department of Agriculture, Conservation and Forestry to help food assistance participants purchase locally grown fruits and vegetables. According to staff, the fund may support produce prescription programs that meet other requirements. In New York, several organizations operate fruit and vegetable prescription programs under the state’s 2022 Supplemental Nutrition Assistance Program’s Nutrition Education and Obesity Prevention Program (SNAP-Ed) plan. In Washington, a 2019 law formally established a fruit and vegetable prescription subprogram under a broader fruit and vegetable incentives program within the state’s Department of Health. State law establishes definitions and eligibility, and the legislature has appropriated state funds towards the program.

Separately from actions at the state level, local programs have also operated in these states. Table 1 provides examples of local programs in the selected states, details the lead organizations and service areas involved, and briefly describes the structure of each program.

Table 1: Examples of Produce Prescription Programs in Maine, New York, and Washington

<i>Lead Organization(s)</i>	<i>Service Area</i>	<i>Description</i>
St. Joseph Healthcare and Maine Federation of Farmers’ Markets	Bangor, ME	Health care providers give produce prescriptions for food insecure patients diagnosed with a chronic disease. Patients with the prescriptions receive vouchers to purchase produce at markets through Maine Harvest Bucks, a statewide USDA-funded program available to SNAP recipients.
The Corbin Hill Food Project, Inc., Icahn School of Medicine at Mt. Sinai Hospital, and the Institute for Family Health	New York City, NY (Harlem and the Bronx)	This program serves 251 people and provides food boxes biweekly over a 12-month period. Participants pay \$2.50 in SNAP benefits or cash for a food box that otherwise costs \$35.
New York City Department of Health and Mental Hygiene	New York City, NY (Brooklyn, Manhattan, and Queens)	This program enabled pharmacies to issue \$30 per month in \$2 coupons for produce at farmers markets to low-income residents with prescriptions for high blood pressure. The program began as a pilot at three pharmacies in 2017 and eventually grew to 15 drug stores before ending in early 2021.
United General District 304	Skagit County, WA	This year-long program provides \$30 per month per household member, up to \$150 per month, in “FVRx Bucks” for Medicaid and SNAP enrollees with diet-related health conditions.

Maine

State Government Action

Maine recently enacted legislation to establish the Fund to Address Food Insecurity and Provide Nutrition Incentives within the state’s Department of Agriculture, Conservation and Forestry (DACF) ([Public Law 2021, chapter 468](#); codified as [Me. Rev. Stat. tit. 7, § 219-B](#)). The law requires the fund to assist federal food and nutrition assistance program participants (e.g., SNAP participants) by

specifically (1) providing incentives to them to purchase locally grown fruits and vegetables and (2) supporting outreach and administration for programs offering nutrition incentives to them. The law provides \$25,000 in one-time funding for state fiscal year 2021 to 2022 to match contributions from private and public sources of up to \$50,000 annually.

Eligible fund recipients are state-based organizations that support local food producers, local food production, or low-income food and nutrition assistance recipients. The law requires the department to give priority to organizations that (1) have a demonstrated history of incentivizing people to use federal food and nutrition assistance program benefits to buy locally grown fruits and vegetables or (2) demonstrate the ability to leverage fund proceeds to match or receive additional local, state, federal, or private funds.

DACF issued [a request for proposals](#) in May 2022 and subsequently awarded a grant to [the Maine Federation of Farmers' Markets](#) in August. The state's Department of Administrative and Financial Services has posted the RFP and related information on [its website](#) (see RFP# 202204065). Though this project does not include a produce prescription program, DACF staff stated that produce prescription projects are eligible for grants as long as they meet other requirements (e.g., that people receiving produce prescriptions were also receiving federal nutrition assistance and the prescriptions were specifically for local produce).

Local Example

[According to local reporting](#) in 2019, the Maine Federation of Farmers' Markets helped with implementing a produce prescription program administered at St. Joseph Healthcare primary care practices. Under the program, health care providers give produce prescriptions to food insecure patients diagnosed with a chronic disease (e.g., diabetes). Patients with the prescriptions receive vouchers to purchase produce at farmers markets in the Bangor area through [Maine Harvest Bucks](#), a statewide program available to SNAP recipients and funded by USDA. The voucher size is based on the patients' family size.

New York

State Government Action

The state's SNAP-Ed plan for the federal fiscal year (FFY) 2022 (copy attached) includes fruit and vegetable prescription programs as policy, systems, and environmental change (PSE) activities within funded projects (see Background). The programs are specifically included in four projects through different [Cornell Cooperative Extension](#) (CCE) agencies that each cover different regions in the state.

According to [this CCE webpage](#), as of 2021, the program in Wayne County serves people enrolled in Medicaid or eligible under SNAP or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). CCE’s healthcare partners refer eligible participants to the program to treat diet-related illnesses including diabetes, pre-diabetes, and hypertension. Patients receive fresh organic farm food every week from June through the middle of November and participate in nutritional education activities (e.g., cooking classes).

Other CCE fruit and vegetable prescription programs may be structured differently. For example, [this article](#) notes that the Jefferson County program in 2021 provided patients with a \$20 voucher each week for six weeks for fruits and vegetables at a specific family farm.

Local Examples

The [Corbin Hill Food Project, Inc.](#), a nonprofit organization based in Harlem, received a \$466,500 GusNIP grant for a produce prescription program from 2021 to 2023. According to [the grant summary](#), the program serves 251 people and provides food boxes biweekly over a 12-month period. Participants pay \$2.50 in SNAP benefits or cash for a food box that otherwise costs \$35. While healthcare providers may refer participants to the program, it does not appear that participants need to be diagnosed with a medical condition to be eligible. Instead, providers refer participants they determine to be food insecure. According to the program summary, the overarching goal of the project is “to develop an effective model for increasing access to affordable fruits and vegetables for low-income African American and Latinx communities that will reduce food insecurity and improve health.”

The New York City Department of Health and Mental Hygiene administered [the Pharmacy to Farm Prescriptions](#) program for low-income residents with a doctor’s prescription to treat high blood pressure. Under the program, pharmacies issued \$30 per month in \$2 coupons for produce at farmers markets. This program began as a pilot at three pharmacies in 2017 and eventually grew to 15 drugstores. According to department staff, the program ended in early 2021 when funding ended. According to a summary poster of the program (copy attached), funding was provided by federal, municipal, and private sources.

Washington

State Government Action

In 2019, Washington passed a law creating a fruit and vegetable incentives program (FVIP) within the state’s Department of Health with a stated legislative purpose of benefitting people who are

food insecure, the state’s agricultural industry, and retailers in the state ([sHB 1597, Chapter 168, Laws of 2019](#); codified as [Wash. Rev. Code § 43.70.780](#)).

Among two other subprograms, FVIP includes a fruit and vegetable prescription subprogram through which health professionals (e.g., health care providers, health educators, or community health workers) provide cash-value fruit and vegetable vouchers to eligible participants to use at authorized farmers markets or grocery stores. Program participation is generally limited to patients who are (1) eligible for basic food assistance (i.e., [SNAP assistance](#)) and have a qualifying health condition, as defined by the Department of Health or (2) food insecure, as determined by the health care provider. The law defines “food insecure” as a state in which consistent access to adequate food is limited by a lack of money and other resources at times during the year.

The law requires the department to approve participating health care systems and allows it to give preference to systems that (1) have operated fruit and vegetable prescription programs, (2) routinely screen patients for food insecurity, (3) have a high percentage of Medicaid enrollees as patients, or (4) are located in a county with a high level of food insecurity. It also required the department to submit a progress report by January 1, 2021, to the governor and the legislature that describes program results and recommends legislative or programmatic changes to improve the program’s effectiveness. The report is available on the [Department of Health’s website](#) and summarized, in part, below.

Department of Health Program Implementation

Program Structure. Each subprogram under FVIP was previously piloted by the department using USDA grants that began in April 2015 and ran through March 2020. In 2019, before the passage of sHB 1597, eligibility in the fruit and vegetable prescription subprogram was restricted to only SNAP participants due to federal funding restrictions. After the act was passed, the department changed the program by (1) expanding eligibility to patients who experience food insecurity but may not receive SNAP benefits and (2) standardizing the benefit amount to \$250 over a six-month period. Table 2 shows information on both versions of the subprogram.

Table 2: Washington’s Fruit and Vegetable Prescription Subprogram

	<i>July to December 2019</i>	<i>January to December 2020</i>
Participants	3,519	2,000 (estimated)
Prescriptions Redeemed (%)	92%	71%
Value of Redeemed Prescriptions	\$220,548	\$333,006

Stakeholders. For the fruit and vegetable prescription subprogram, the state partnered with at least 12 organizations at the time of the progress report, including tribal health organizations, clinics, hospitals, and medical centers. An Advisory Network of statewide organizations advises the department on program administration, including the American Heart Association, the Anti-Hunger and Nutrition Coalition, and the Washington State Department of Social and Health Services. Additionally, Northwest Harvest, a hunger relief agency, convenes a Community Advisory Network where people who use FVIP programs may advise the department on programming, outreach, evaluation, and sustainability.

Recommendations. The department noted that unstable funding for the fruit and vegetable prescription subprogram leaves participating healthcare systems and public health agencies with uncertainty and may negatively impact the program’s integrity. It recommended that the legislature provide ongoing, reliable funding for FVIP. Additionally, recommendations included the following:

1. integrate fruit and vegetable prescriptions into the health care payment system by engaging with health insurers to explore offering the prescriptions to food insecure patients to improve health outcomes and lower health care costs;
2. collaborate with food retailers to improve online ordering and delivery systems;
3. identify and implement promotion strategies to reach underserved communities (e.g., texting or phone-based applications); and
4. improve data collection.

Current Status. [According to a 2022 department factsheet](#), 11 partner organizations currently offer fruit and vegetable prescription vouchers. As an example, [Coordinated Care](#), a managed care organization serving over 200,000 people in Washington, participates in the program by offering [Coordinated Care Harvest Bucks](#). Under its program, participating providers (e.g., health clinics) prescribe these vouchers and may also provide nutrition education, recipes, and social support through classes and visits with nutritionists, social workers, health educators, and community health workers at the participating clinic. The vouchers are redeemable for \$10 to purchase fruits and vegetables at any Safeway store in the state. Food may be (1) fresh, (2) canned with no added sugar or salt, or (3) frozen with no added sauces or fried potatoes.

Local Example

[United General District 304](#), a community-based organization associated with Skagit County Public Hospital District 304, received [GusNIP funding](#) in [2020](#) and [2021](#) for a produce prescription program. Called [Skagit FVRx](#), the year-long program provides \$30 per month per household member, up to \$150 per month, in “FVRx Bucks” that participants may use to purchase vegetables, fruits, and herbs at select stores, farmers markets, and one community supported agriculture

program. SNAP and Medicaid enrollees with diet-related health conditions are eligible for the program.

Background

USDA Nutrition Incentive Grants

USDA's Food Insecurity Nutrition Incentive (FINI) program provides grants to governmental agencies and nonprofit organizations for projects that increased fruits and vegetables purchases by low-income SNAP participants by providing incentives at the point of purchase. The 2018 Farm Bill ([P.L. 115-334, § 4205](#)) renamed FINI as [the Gus Schumacher Food Insecurity Nutrition Incentive Program \(GusNIP\)](#) and established within it a produce prescription program. It increased the program's funding from \$45 million in FFY 2019 to \$53 million for FFY 23, but limited the amount USDA may spend on produce prescription programs to 10% of each year's funds ([7 U.S.C. § 7517](#)).

[According to the USDA](#), GusNIP provides grants of up to \$500,000 to government agencies or nonprofit organizations, including higher education institutions if they provide certain documentation. Grantees must partner with a healthcare organization (e.g., a hospital, federally qualified health center, Veterans Affairs hospital, or healthcare provider group). Eligible participants for funded projects are (1) eligible for federal nutrition benefits (e.g., SNAP) or enrolled in Medicaid and (2) a member of a low-income household who suffers from, or is at risk of developing, a diet-related health condition. Among other things, grantees must evaluate project participants to assess the project's impact on (1) dietary health through increased fruit and vegetable consumption, (2) individual and household food insecurity, and (3) healthcare use and associated costs.

Anticipated funds are approximately \$4.9 million in FFY 2022 and \$5.2 million in FFY 2023. GusNIP has funded [at least 29 produce prescription projects](#) since 2019, including one in Connecticut ("[Fidelity, Equity, and Dignity \(FED\) in Produce Prescriptions](#)").

USDA SNAP-ED Grants

The USDA administers [the Supplemental Nutrition Assistance Program Education \(SNAP-Ed\)](#) as a federally funded program to provide grants to state and local organizations for nutrition education and obesity prevention programs that promote healthy food choices and physical activities consistent with the most recent Dietary Guidelines for Americans ([7 CFR 272.2\(d\)\(2\)](#)). SNAP-Ed funds three types of projects: (1) nutrition education, (2) social marketing, and (3) policy, systems, and environmental change (PSE).

PSE projects include (1) policies (e.g., laws, ordinances, regulations, and rules), (2) systems interventions that impact all areas of an organization, institution, or community, and (3) environmental interventions that change the economic, social, or physical environment. [According to the USDA](#), PSE projects “have a great potential to improve a community’s health by addressing socioeconomic factors and by making healthy choices more accessible, easier, and the default choice through changing all three of the elements described above.” (Connecticut plans to use SNAP-ED funding for the FED in Produce Prescription project, see [State of Connecticut SNAP Ed Plan-Amended FFY 2022-FFY 2024, p. 200.](#))

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