

Advances in the Food Is Medicine Field

Annual Update 2026

The Food Is Medicine (FIM) field continued to gain considerable momentum over the last year. Research became more rigorous, federal and state policy activity remained strong, and healthcare leaders increasingly focused on how to integrate FIM into care delivery and financing.

The 2026 Advances in the Field Report highlights new research, policy changes, and trends from July 2025 through June 2026.

This year's report includes **57 studies**, up from 34 last year, including **9** Health Care by Food (HCXF) papers. The studies examined medically tailored meals (MTMs), medically tailored groceries (MTGs), produce prescriptions (PRx), and comparisons among FIM models.



WHAT THE RESEARCH SHOWS



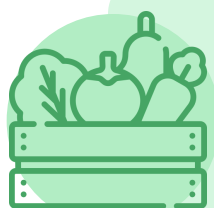
MTMs were associated with better clinical outcomes and reduced healthcare use among some high-risk populations, such as individuals with heart failure.

A peer-reviewed study of MTMs in Massachusetts' Medicaid program found 31% fewer hospitalizations, 20% fewer emergency department visits, and approximately \$3,400 in lower healthcare costs per participant.¹



MTGs showed promising improvements in blood pressure, blood sugar, and weight. Results were often stronger when groceries were paired with services such as dietitian counseling, diabetes education, community health worker support, or care coordination.

In a randomized clinical trial, home-delivered DASH-patterned groceries and dietitian support reduced systolic blood pressure by 5.7 mmHg at 12 weeks among Black adults with elevated blood pressure or hypertension.²



The number of PRx studies approximately doubled from the previous report. Clinical findings were mixed, although participants with greater health risks at the start of a program often experienced larger improvements. Consistent with previous work, programs improved produce access, diet quality, food security, and food-related skills.

Among adults with diabetes and food insecurity, produce prescriptions were projected to be cost-saving in 43 of 50 states and cost-effective in all 50 from a healthcare perspective.³

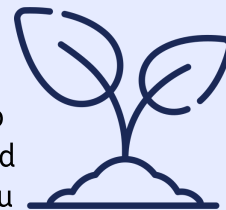


What Makes Programs Work

The evidence suggests that **FIM interventions are not interchangeable**. The best approach depends on a participant's health needs, food access and availability, preferences, and available resources.

- **MTMs** may be most appropriate for people with complex medical needs or limited ability to prepare food.
- **MTGs** may offer greater choice, flexibility, and cultural relevance.
- **PRx** can increase access to fruits and vegetables, but more rigorous research is needed to understand the impact on clinical outcomes.

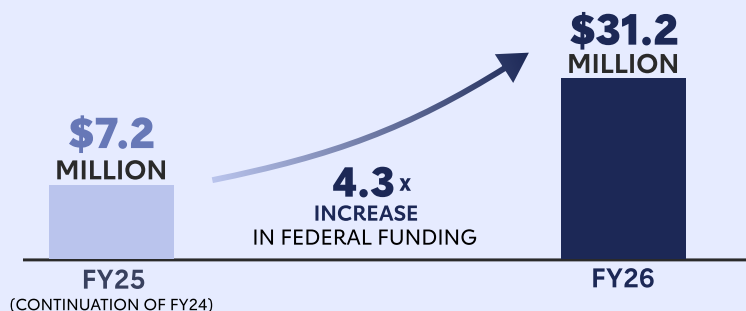
Policy and Implementation Continue to Advance



Federal funding increased for several FIM research and pilot programs in fiscal year 2026. Medicaid also remained a major platform for innovation. As of July 2026, 16 states have approved or pending Medicaid 1115 demonstration waivers covering FIM services and six states are using Medicaid managed care in lieu of services (ILOS) authority to provide FIM.

Early state evaluations reported encouraging reductions in hospitalizations, emergency department visits, and healthcare spending. However, tighter budgets and new federal requirements will increase the need for reliable evidence about program costs, health outcomes, and potential savings.

FEDERAL FUNDING FOR FIM MORE THAN QUADRUPLED⁴ FROM FY25 TO FY26



California's Year 3 Annual Report of their Medicaid ILOS program⁵ found that MTMs and medically supportive foods were associated with:

- 21.4% fewer inpatient services
- 6.7% fewer outpatient facility services
- 22% fewer emergency department services

What Comes Next

The field is moving beyond the question of whether FIM can work.

The next phase must:

- Design for Measurable Health Impact and Decision-Maker Needs
- Match FIM Models to Patient Needs
- Ensure Program Integrity
- Strengthen the Financial and Actuarial Case
- Build the Infrastructure for Sustainable Scale



¹Hager K, et al. Nature Medicine. 2026. doi:10.1038/s41591-026-04407-5.

²Juraschek SP, et al. JAMA. 2025. doi:10.1001/jama.2025.21112

³Wang L, et al. Diabetes Care. 2025. doi:10.2337/dc25-0144.

⁴Labor, Health and Human Services, Education, and Related Agencies Appropriations Act, 2026. 2026. https://www.appropriations.senate.gov/imo/media/doc/fy26_lhhs_jes.pdf

⁵Community Supports, or In Lieu of Services (ILOS), Annual Report, Calendar Year 2024. April 2025. <https://www.dhcs.ca.gov/wp-content/uploads/2025/10/DHCS-1915b-Annual-Report-on-ILOS-STC-B20-2025.pdf>