

Dear Center for Health Care Strategies:

Please consider this Letter-of-Intent for the Food is Medicine State Officer Program. The letter is signed by Governor Tony Evers; I will act as the primary point of contact. We look forward to the invitation to apply via request for proposal.

Sincerely,

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Tony Evers

Office of the Governor | State of Wisconsin

February 27, 2026

VIA ELECTRONIC DELIVERY

Dear Center for Health Care Strategies,

Wisconsinites are helpers by nature; it's in our DNA, and in 2026, we're celebrating the Year of the Neighbor in Wisconsin to highlight the neighbors who make our state the great place it is to call home. Whether it's the farmer who feeds our families, the volunteer at the local food pantry who helps those in need, or the lunch staff who feed our kids at school, Wisconsinites know that food builds community. That's why when things get tough, we deliver casseroles to neighbors, we bring a dish to pass to the potluck, and we share meals with our friends and neighbors—new and old.

It is with that mindset of *food as an avenue of healing* that I submit this letter of intent for the Center for Health Care Strategies (CHCS) Food is Medicine (FIM) State Officer Program. Wisconsin has laid a strong groundwork in this field, and we're ready to expand both FIM benefits and the populations we serve, with the intent to grow sustainable and healthy food access in our state and improve health outcomes. We understand the growing clinical, public health, and policy evidence base for integrating food and nutrition into healthcare settings. But more importantly, we understand the power of food to help us live our healthiest lives. The content below will show our commitment and readiness to push this work forward.

State Leadership Commitment. My administration has a long-established commitment to promoting health and wellness for all Wisconsinites through food and nutrition security. In my most recent 2025-27 Executive Budget, I proposed multiple initiatives to improve access to healthy, local food. This included:

- Major investment in a Food Security Grant Program and Tribal Food Security Program;
- Establishment of a “Farm-to-Fork” program, and state matching funds for Farm-to-School Programs;
- Increased funding for the Senior Farmers Market Program;
- Universal school breakfast and lunch for our K-12 kids and schools through my Healthy Meals, Healthy Kids proposal;

- Increased Medicaid payment for medically necessary enteral nutrition products; and
- A Healthy Food Incentive through our Supplemental Nutrition Assistance Program.

While the final 2025-27 Biennial Budget I signed included critical investments to continue the popular programs to connect farmers with food pantries and provide culturally relevant food for Tribal elders, lawmakers ultimately removed the majority of my budget proposals that would have provided transformative investments to promote wellness and food security in Wisconsin.

Despite this, our Wisconsin Department of Health Services (WI DHS) has long been a leader in addressing diet-related health conditions. Both the Division of Medicaid Services (DMS) and the Division of Public Health (DPH) within WI DHS are committed to expanding FIM approaches to improve health outcomes, specifically for obesity, diabetes, and hypertension. The Department's priorities include expanding access to healthy foods for the Medicaid population, especially Tribal citizens. They seek to increase the types of FIM interventions available to Medicaid members, while also expanding access to more clinically appropriate populations and those facing food insecurity.

Current Efforts and Readiness. I am designating WI DHS as the home agency for this new FIM state officer and will direct the department to work closely with the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP). Current WI DHS efforts to help improve health outcomes include the following:

- *Medically-Tailored Meals.* After participating in CHCS' Health-Related Social Needs (HRSN) Learning Collaborative, our Medicaid program launched a medically tailored meals (MTMs) benefit in 2025 using the in-lieu-of-services (ILOS) policy lever through our managed care plans. Thus far, four of our health plans are offering this benefit to their members. The target areas for this benefit include pregnancy and postpartum, recent hospitalizations for people with diabetes, and recent hospitalizations for people with cardiovascular conditions. The Department is monitoring reduced emergency department visits and hospitalizations, and would also like to connect this to improved health outcomes measurement.

In developing this benefit, the Department considered evidence for both larger populations and a larger basket of FIM benefits. They hope to grow those benefits in a fiscally sustainable manner in the future. A potential 1115 waiver would be a massive boost to expanding the reach of our FIM benefits, as well as enhanced participation by our managed care partners. Several plans not currently participating in our ILOS also have their own value-added benefits FIM pilots.

- *DMS Quality Strategy.* The most recent DMS Quality Strategy highlights priorities of prevention, chronic disease, and maternal health outcomes, all of which could be advanced by FIM approaches and

benefits. DMS currently incentivizes health plan performance on a body-mass-index quality measure, and plans to focus that program more on outcomes in the future.

- *Chronic Disease Prevention Unit.* DPH is in the third year of a five-year cooperative agreement between our Chronic Disease Prevention Unit (CDPU) and the Centers for Disease Control and Prevention’s State Physical Activity and Nutrition Program (SPAN). SPAN aims to reduce the prevalence of chronic diseases by increasing access to nutritious foods and specifically focuses on nutrition incentive programs and produce prescriptions.

CDPU has collaborated with a wide range of partners to launch a statewide “Double Up Food Bucks” program, implement three produce prescription programs serving over 100 participants across two Tribal Nations and four counties, and facilitate a produce prescription community of practice. This community of practice involved eight produce prescription programs housed at community-based organizations, health clinics, and local food producers that cover nearly half of Wisconsin’s counties.

- *Maternal and Child Health.* Using Title V Maternal and Child Health Services Block Grant funds, DPH completed a comprehensive, statewide needs assessment in 2025. One priority that emerged from this assessment was that all Wisconsin families should have enough food and nutrition to live and thrive. To address this priority, Title V identified a five-year goal of supporting the FIM movement in Wisconsin.

Title V is currently funding three projects to address nutrition security and is planning for additional funding opportunities. The current projects include:

- o Strengthening Wisconsin’s statewide infrastructure that supports FIM coordination and implementation;
 - o Improving nutrition security for women, infants, children, and families by increasing access to nutritious foods; and
 - o Strengthening Wisconsin’s Tribal Nations’ food sovereignty and traditional food practices, led by the Great Lakes Intertribal Food Coalition.
- *FIM Coalition and Partners.* The Wisconsin FIM Coalition was officially formed in 2023. It currently has over 170 members, including health clinics and providers, payers and insurance companies, community-based organizations, local food producers and food system partners, academic institutions, public health departments, and WI DHS and DATCP. The Wisconsin FIM Coalition is supported by multiple funding sources, including Title V, SPAN, and the Builders Vision Foundation.

In addition, WI DHS has connected with other groups working on FIM initiatives, such as Medicaid managed care plans, healthcare providers, universities, and other community-based organizations. This broader group is excited to see Wisconsin pursue this funding opportunity. After completing the CHCS HRSN Learning Collaborative, Wisconsin has also stayed connected with other states working on FIM

and with other leaders in this field, such as the American Health Association's Health Care by Food initiative.

- *Rural Health Transformation Project.* Finally, we anticipate additional connections for our FIM work with the Wisconsin Rural Health Transformation Program (RHTP). RHTP funding plans include a pilot for community health workers, and more funding to support technology and care coordination for social risk screenings and interventions. Developing enhanced FIM benefits will be crucial to serving those facing food insecurity and managing diet-sensitive health conditions.

Capacity to Hire. We affirm our state's ability to hire or contract for a FIM state officer within six months of program launch. The position will be housed in DMS, reporting to Assistant Administrator Nicole Schneider, PhD. The role will also have regular support from DMS Chief Medical Officer Jeff Huebner, MD, who helped develop the current ILOS benefit. Dr. Huebner and Dr. Schneider have cultivated a strong partnership with DPH and community partners across the state. No legislative or state-specific hiring requirements should impact this timeline.

Proposed Role of the FIM State Officer. Our FIM State Officer would become the subject matter expert, policy analyst, and convener for DMS collaboration with partners to expand FIM benefits for Medicaid members. They will expand bandwidth within Medicaid by providing full-time attention from a staff member to FIM, while gaining national network support, allowing them to grow our strategy, expertise, and communications in this field. They will be a critical internal bridge between DMS and DPH, and an important liaison with external partners.

The officer will align with other WI DHS plans to enhance social risk screenings and interventions, improve chronic disease health outcomes, and utilize expansions in the workforce, such as community health workers. A particular focus would be on maternal health outcomes, as we are one of 15 states awarded the CMS Transforming Maternal Health (TMaH) funding. The state officer will help advance our goals to improve maternal health outcomes, especially for pregnancy-related hypertension and diabetes.

They will lead our efforts to expand FIM benefits and populations served via any policy levers, including a potential 1115 waiver in the future to address access to healthy foods. They will help keep my team focused on the north star of improved health outcomes for those with diet-sensitive conditions, especially chronic diseases such as diabetes and hypertension.

While specific activities with internal and external partners are still under discussion, we foresee the following broad goals for the FIM State Officer:

1. Expand FIM benefits for Wisconsin Medicaid, with the goal of improving chronic disease health outcomes and access to healthy foods and nutrition education.
2. Develop outreach and communication strategies with Medicaid members, healthcare providers, community-based food providers, and the statewide FIM coalition.
3. Build sustainable FIM Medicaid benefits that specifically include Tribal Nations and their efforts to improve members' health and access to Tribal food sources.
4. Maximize managed care and healthcare provider participation in FIM initiatives.
5. Partner with the state's other efforts to increase social risk/food insecurity screening and navigation to new FIM benefits.
6. Find opportunities to align with our food security programs, such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants & Children (WIC) program.
7. Help create appropriate evaluation frameworks for our FIM initiatives.

Participation in Program Activities. I confirm our state's willingness to participate in this three-year program. We would be grateful for the opportunities provided to a Wisconsin FIM state officer to grow their knowledge and leadership experience by participating in the required monthly one-on-one technical assistance and bi-monthly virtual trainings and working with a leadership coach. We understand the requirement to host an in-person site visit with CHCS staff and attend three in-person meetings.

With the leadership of CHCS and the potential for adding an FIM state officer, my team stands ready to show up for our kids, families, and neighbors in new and exciting ways in the 2026 Year of the Neighbor, and we look forward to moving this work forward in cooperation and collaboration with CHCS and partners in our communities.

Sincerely,



Tony Evers
Governor