

Estimated Impact of Produce Prescriptions in 50 U.S. States

Tufts
UNIVERSITY

Gerald J. and Dorothy R. Friedman
School of Nutrition Science and Policy
FOOD IS MEDICINE INSTITUTE

Results from a simulation model¹ estimate that produce prescriptions could significantly improve health and be cost-saving in most states and cost-effective in all states.

About the Research

What was the intervention? Researchers estimated the impact of providing a produce prescription (PRx) to each eligible patient for at least 3 months; the mean value of the PRx was \$47/month. PRx provide free or discounted fruits, vegetables, and other produce alongside nutrition education to patients with diet-related conditions and unmet social needs. The intervention effects of PRx were estimated based on the average effects from 20 PRx programs, each with a duration of at least 3 months.

Who was eligible? U.S. adults ages 40-79 years with Medicare, Medicaid, or private insurance coverage who had both diabetes and food insecurity.

Key Findings

Nationwide Impact of Implementing Produce Prescriptions for Diabetes (Year 10)

6.4 M	\$29.2B	\$2.68B	121,000	122,000
eligible patients	healthcare cost savings	net cost savings ²	averted CVD events	QALYs ³ gained

State-Level Impact of Implementing Produce Prescriptions for Diabetes (Year 10)

The proportion of eligible patients ranged from ~2% (Vermont, Montana, Colorado) to ~5% (Mississippi, Alabama, Louisiana). The number of eligible patients ranged from 7,000 (Wyoming, Alaska, Vermont) to 693,000 (California).



Reduced Cardiovascular Disease (CVD) Events

The number of reductions in CVD events ranged from ~100 (Wyoming, Vermont, Alaska) to >9,000 (Texas, California).



Healthcare Cost Impact

From a healthcare perspective, the intervention was projected to be: net cost-saving in most states (43/50); highly cost-effective⁴ in all but one state (49/50); and cost-effective⁵ in all states (50/50). Projected net savings were highest for New York (\$297 million), Pennsylvania (\$236 million), and Texas (\$133 million), and exceeded \$100 million in 4 additional states (New Jersey, Illinois, Ohio, and Missouri; see map on page 2).

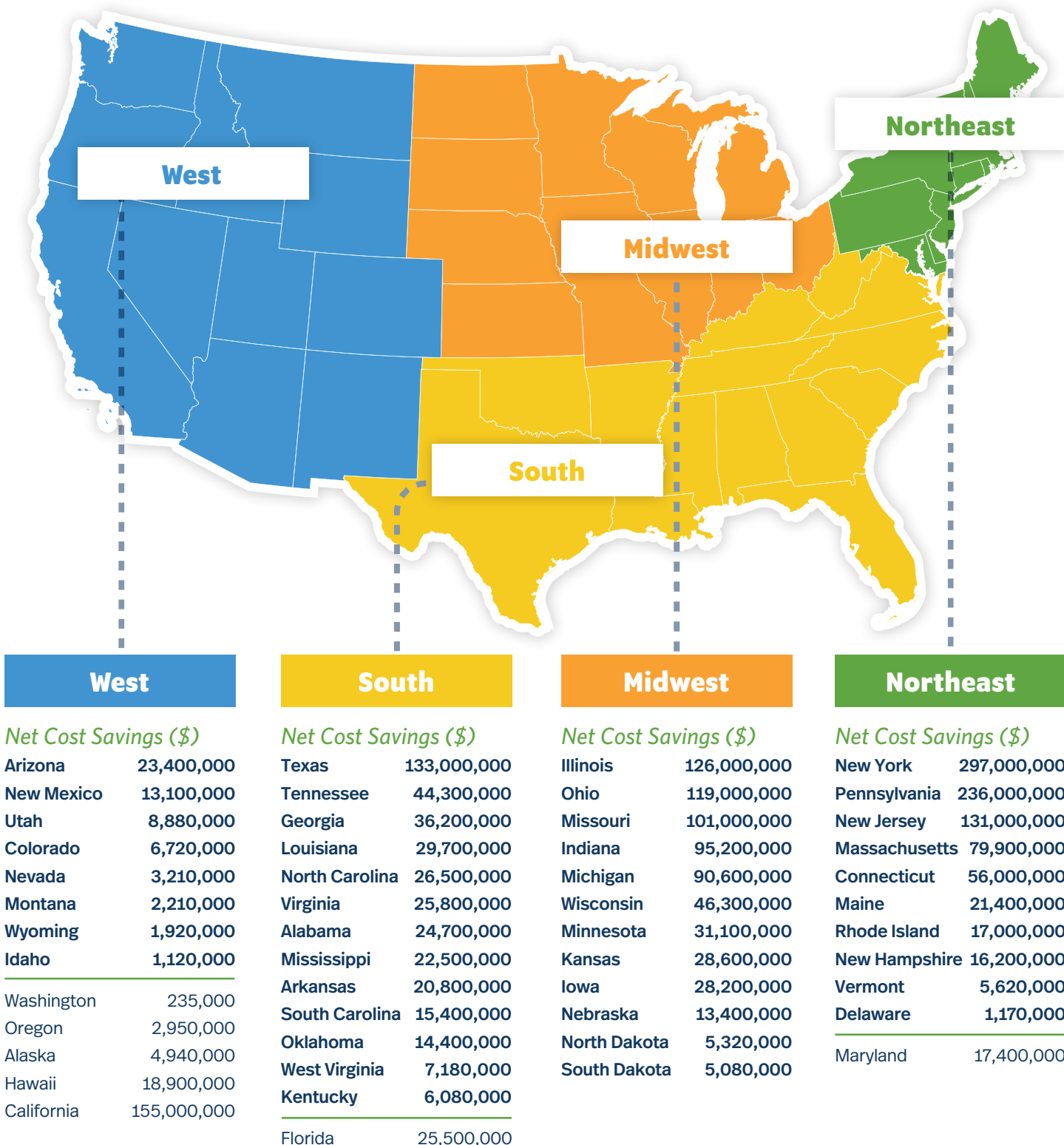
Payer-Level Impact of Implementing Produce Prescriptions for Diabetes (Year 10)

The intervention was projected to be net cost-saving in the greatest number of states for Medicare (48/50), followed by Medicaid (41/50) and private payers (29/50).

Bottom line: These results support the implementation and evaluation of produce prescriptions in public and private health systems at the state level and nationwide.

For more information, please visit [TUFTSFOODISMEDICINE.ORG](https://tuftsfoodismedicine.org)

Estimated 10-Year Impact of Produce Prescriptions for Diabetes on Healthcare Costs, by U.S. State*



* Produce prescriptions for diabetes were projected to be net cost-saving² in 43 states (net negative cost values shown in bold type) and cost-effective or highly cost-effective in 7 states (net positive cost values shown below the rule). Though not cost saving, the values in these 7 states are well below the commonly accepted threshold for healthcare cost-effectiveness, indicating that the intervention provides good value for its cost.

¹ Researchers from the Food is Medicine Institute at Tufts University used a validated microsimulation model to estimate the state-specific 5-year and 10-year health and economic impact of PRx for eligible patients. This fact sheet is drawn from the research, which is published as: Wang L, et al. Health and Economic Impact and Cost-Effectiveness of Produce Prescriptions for Diabetes in 50 US States: A Microsimulation Study. Diabetes Care 2025;48(10):1783-1793.

<https://diabetesjournals.org/care/article/48/10/1783/163117/Health-and-Economic-Impact-and-Cost-effectiveness>

² Cost savings indicate a net negative cost, which means that the costs of implementing the intervention (e.g., food costs and administrative and program delivery costs) are less than the healthcare costs averted.

³ A measure of how well a treatment lengthens or improves patient lives.

⁴ Incremental cost-effectiveness ratio (ICER) <\$50,000/QALY.

⁵ ICER <\$150,000/QALY.