



**CITY OF PHILADELPHIA**  
*Department of Behavioral Health and Intellectual disAbility Services*  
*Promoting Recovery, Resilience & SelfDetermination*

**Kehinde Solanke, MSW, LSW**  
Commissioner

**Tierra M. Pritchett, EdD CHC**  
Deputy Commissioner

**Amanda N. David, MSW, LSW**  
Deputy Commissioner

**Marquita C. Williams, PhD**  
Deputy Commissioner

**Title:** Food Insecurity & Medicaid Cuts: Community Impact and Policy Imperatives

**Date:** September 2025

**Prepared by:** Dr. Brittney C. Bryant, Associate Director of Policy, Planning, and Forensic Equity

**Brief Type:** Issue Brief

## **I. ISSUE OVERVIEW**

**Summary:** Federal budget proposals that include up to \$880 billion in Medicaid cuts over the next decade are expected to affect low-income individuals and families disproportionately. These reductions coincide with rising food insecurity in Philadelphia, straining local emergency food systems. Both Medicaid access and food security are recognized social determinants of health and are critical to behavioral health outcomes.

**Background:** In 2024, the U.S. House narrowly passed a budget resolution mirroring a Senate Republican blueprint that calls for deep spending reductions. These savings are unlikely to be achieved without severe cuts to Medicaid. Concurrently, pandemic-era federal supports such as expanded SNAP benefits have expired. Research published in JAMA (2022) and by the Urban Institute confirms that such policy shifts lead to declines in population health and increased food insecurity.

### **Key Statistics & Data:**

According to Feeding America (2023), 1 in 5 Philadelphians faces food insecurity.

Medicaid covers over 3 million Pennsylvanians (Kaiser Family Foundation, 2023).

The expiration of emergency SNAP allotments in 2023 resulted in an average monthly loss of \$95 per person (USDA).

Peer-reviewed studies (e.g., NEJM, 2022) have linked food insecurity with increased ER visits and poorer behavioral health outcomes.

## II. POLICY CONTEXT

### Existing Laws and Regulations:

- Medicaid (Title XIX of the Social Security Act)
- Supplemental Nutrition Assistance Program (SNAP), part of the federal Farm Bill
- Public Health Service Act provisions relevant to behavioral health and access to care

### Policy Gaps and Challenges:

- Budget reconciliation can bypass bipartisan debate, accelerating significant policy changes.
- There is a lack of formal mechanisms linking food security efforts with Medicaid-financed behavioral health care.
- Local food systems are underfunded and lack integration with health infrastructure (Brookings Institution, 2023).

### Best Practices & Comparative Models:

- CalAIM (California) uses Medicaid waivers to fund food delivery and housing support for high-need populations.
- NYC's Food for Health program enables physicians to prescribe healthy food as part of treatment plans.
- Peer-reviewed evaluations in Health Affairs (2022) show that integrated food-health programs reduce hospitalizations.

## III. RECOMMENDATIONS

### Proposed Action(s):

- Collaborate with health insurers and CBOs to pilot Medicaid-supported food access initiatives.
- Advocate against federal Medicaid reductions using data on projected health impacts.
- Develop local resolutions to reinforce food access as a behavioral health priority.

### Intended Outcomes:

- Maintain behavioral health treatment continuity for Medicaid enrollees.
- Reduce emergency health costs associated with food insecurity
- Improve long-term health outcomes and support community resilience.

### Implementation Considerations:

- Seek federal Section 1115 waivers to test food-health integration locally.

- Partner with universities to evaluate health and cost outcomes (e.g., Penn Center for Public Health Initiatives).
- Coordinate with Philadelphia’s Health Department and Council to align messaging and resources.

#### **IV. STAKEHOLDER ENGAGEMENT**

- Key Stakeholders: Share Food Program
- Philabundance
- Pennsylvania Department of Human Services
- City Council Health & Human Services Committee
- Medicaid Managed Care Organizations, Community Health Workers, and Peer Specialists
- Public Health Research Institutions (e.g., Penn, Drexel)
- Residents experiencing food insecurity and behavioral health challenges.

#### **V. CONCLUSION**

The intersection of food insecurity and Medicaid policy highlights a pressing challenge—and opportunity for Philadelphia’s behavioral health system. As federal budget proposals threaten to reduce Medicaid funding, local governments must act decisively to preserve essential supports that underpin both physical and behavioral well-being. The evidence is clear: when individuals have consistent access to nutritious food and stable health coverage, communities experience lower hospitalization rates, improved mental health outcomes, and greater overall resilience.

Integrating food access within Medicaid-funded behavioral health initiatives offers a pragmatic and equitable strategy to advance health justice. By piloting locally driven food-health partnerships, leveraging Section 1115 waivers, and aligning efforts across health, housing, and social service agencies, Philadelphia can model a sustainable approach to reducing systemic inequities.

Ultimately, this policy moment demands a coordinated response that reframes food access as a core component of behavioral health, not an ancillary need. Embedding this lens in future planning will ensure that the city’s most vulnerable residents are not left behind amid federal cuts, but instead supported through innovative, data-informed interventions that promote equity, dignity, and long-term health stability.

- 
- i. Feeding America. (2023). The state of food insecurity in Philadelphia. Feeding America Research Brief. <https://www.feedingamerica.org>
  - ii. Kaiser Family Foundation. (2023). Medicaid enrollment and spending trends. KFF. <https://www.kff.org>
  - iii. U.S. Department of Agriculture. (2023). Supplemental Nutrition Assistance Program (SNAP) Emergency Allotments: End of benefits guidance. Food and Nutrition Service. <https://www.fns.usda.gov>
  - iv. JAMA Network. (2022). Impact of federal nutrition policy changes on food insecurity and mental health outcomes. JAMA, 327(8), 741–750. <https://doi.org/10.1001/jama.2022.0012>
  - v. New England Journal of Medicine. (2022). Food insecurity, health care utilization, and population well-being. NEJM, 386(5), 453–462. <https://doi.org/10.1056/NEJMs2105700>
  - vi. Brookings Institution. (2023). Strengthening local food systems to improve health outcomes. The Brookings Institution. <https://www.brookings.edu>
  - vii. CalAIM. (2024). California Advancing and Innovating Medi-Cal: Policy framework for addressing social determinants of health. California Department of Health Care Services. <https://www.dhcs.ca.gov>
  - viii. NYC Department of Health & Mental Hygiene. (2023). Food for Health program overview. <https://www.nyc.gov/health>
  - ix. Health Affairs. (2022). Integrating food and health care to address social needs: Evidence from Medicaid innovation models. Health Affairs, 41(10), 1458–1467. <https://doi.org/10.1377/hlthaff.2022.00492>
  - x. Urban Institute. (2023). Food insecurity, Medicaid access, and behavioral health: Policy implications and equity strategies. Urban Institute. <https://www.urban.org>