The coronavirus disease 2019 pandemic and the economic devastation it has caused have made vehicular breadlines a familiar image in the news media: cars lining up for miles as people seek assistance from food banks to feed themselves and their families. With the expiration in late July of the $600 weekly federal supplement to unemployment benefits—and efforts for further relief stalled in Congress—the problem may well get worse.

Survey data from the US Census Bureau reveals that during the week ending July 21, 12.1% of adults reported that their households sometimes or often experienced food insufficiency in the previous week, up from 9.8% in early May 2020. Those figures are considerably higher in lower-income households, with 21% of those earning less than $50 000 per year and 29% of those earning less than $25 000 going hungry at times.

Although food banks and food pantries have scrambled to meet this growing need, 1 program that appears to be well positioned to help families with low incomes is Medicaid, according to an analysis from the Kaiser Family Foundation (KFF). The KFF analysis is based on data from the 2018 National Health Interview Survey, as well as data from the US Census Bureau’s Household Pulse Survey. “As the health insurance program for low-income children and many adults, Medicaid reaches many people who may be facing food insecurity and could be a potential vehicle to address this growing problem, especially because of the strong association between food security and health,” the authors noted.

Studies have found that people with food insecurity are more likely to have multiple chronic conditions and report poor health, and the problem is linked with greater use of health care services and higher health care costs. Children in households that are food insecure are particularly vulnerable. Going hungry early in life is associated with long-term adverse health outcomes, and children from families with food insecurity are more likely than their counterparts who are well nourished to have birth defects, asthma, anemia, cognitive difficulties, and behavioral problems.

In the Census Bureau survey, approximately 23% of adults enrolled in Medicaid reported that their household faced food insufficiency in the week ending July 21, up from 20% in the week ending March 13. Black and Hispanic Medicaid enrollees had higher rates of food insufficiency (25% and 27%, respectively) compared with White Medicaid enrollees (21%). In addition, difficulty accessing food has persisted for many, with 65% of Medicaid recipients who reported food insufficiency in March doing so in July as well.

There is considerable evidence that for individuals who qualify, participation in federal programs that provide financial assistance for food or meals—such as the Supplemental Nutrition Assistance Program (SNAP; popularly known as food stamps), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch and Breakfast Programs—reduces food insecurity and is associated with improvements in health. Studies also show that being enrolled in Medicaid is associated with increased food security. However, the KFF authors noted that less than half of the people enrolled in Medicaid were enrolled in SNAP in 2018, even though program eligibility requirements of the 2 programs overlap considerably, and only about half of children younger than 5 years who were enrolled in Medicaid were also enrolled in WIC. Moreover, Medicaid enrollees who are food insecure are 30% less likely than their counterparts who are food secure to be enrolled in SNAP and 23% less likely to be enrolled in WIC.
To help address these unmet food needs, some Medicaid programs are helping to coordinate their eligibility and enrollment systems and processes with those of food assistance programs. In some states, for example, people can apply for Medicaid and SNAP through a single online application process.

Some Medicaid programs are also building on established programs to screen enrollees for food insecurity and refer them to resources in the community. For example, some states have used Medicaid managed care organizations to work with community-based groups to link enrollees with social services.

In addition, some states have waivers that allow them to address nonmedical health needs, including providing meal assistance to certain populations. In late March, for example, North Carolina governor Roy Cooper requested Medicaid waivers for food benefits, such as allowing people to buy hot, ready-to-eat meals with their SNAP benefits.

"Given the strong association between food security and health, Medicaid can play a role in helping to connect people to food assistance during this time of growing need by building on initiatives that were in place prior to the pandemic," the KFF authors said. However, they noted, although such efforts may help address the problem, the need may outstrip current resources, and some families with low incomes are not covered by Medicaid. For example, in the 12 states that have not adopted the Medicaid expansion, many families with low income remain shut out of the program. Some immigrants are ineligible for nutrition assistance programs and Medicaid.

"Moreover," the KFF authors added, "many recent federal and state actions are temporary and tied to the public health emergency period, while the economic effects of the pandemic could last far longer than the health crisis itself."

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