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Action Guide: Aligning Criteria for Nourishing Food Across SNAP and Medicare Advantage

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Nourishing food is increasingly serving as a lever for both the government and the health-care system to improve outcomes for the people they serve. A growing number of public and private nutrition programs, health plan benefits, and state initiatives are now offering food as part of their programs to address food access and shape health outcomes.

However, each is independently defining eligibility criteria for which products are in or out, with no shared standard connecting them. The result is a patchwork that weakens the link between what gets restricted and what the evidence actually supports, limits consistent evaluation since no two states or plans are testing the same definition, and creates operational strain for the retailers and administrators who have to enforce inconsistent rules.

Two federal programs are navigating this issue at the same time, often for the same population. The Supplemental Nutrition Assistance Program (SNAP) is undergoing a rapid expansion of state restriction waivers limiting the purchase of "non-nutritious items," with almost half of all states having approved waivers by June 2026. This is a sharp shift after six decades in which eligible foods were set at the federal level. Meanwhile, Medicare Advantage Special Supplemental Benefits for the Chronically Ill (SSBCI) is operating under a 2025 Centers for Medicare & Medicaid Services (CMS) rule that excludes "non-healthy food" from grocery allowances without defining what that means at the product level.

In both programs, the same product can be eligible under one state's waiver or one plan's benefit and excluded under another's, leaving retailers and participants to navigate a patchwork neither had a hand in creating.

To close that gap, the Milken Institute's Feeding Change convened a panel of 55 experts across food retail, health care, research, technology, advocacy, and government through a structured, multiround consensus process that included three survey rounds paired with sector-specific working sessions and an in-person roundtable. The result of this process is standardized eligibility criteria for SNAP and SSBCI—built to be revised as the evidence base, data infrastructure, and political landscape evolve—alongside recommendations for putting them into practice.

This action guide is a companion to the Milken Institute's full report, *Aligning Criteria for Nourishing Food Across SNAP and Medicare Advantage*, which lays out the evidence, process, and full panel discussion behind this framework. The guide pulls out the criteria and recommendations most useful for the leaders who must act on these findings directly. It first outlines the criteria, covering both foundational principles and category-specific criteria for sweetened beverages and candy. Next, it offers implementation recommendations tailored to each sector responsible for putting the criteria into practice, including federal and state agencies, health plans, retailers, technology platforms, and researchers and advocacy organizations.

The Criteria

Foundational Criteria

Table 1 outlines foundational elements shared by every program that adopts these criteria.

Table 1: Foundational Criteria (Apply to Both Programs)

Criteria should ...	What it means
Apply to all items	Criteria should include packaged, unpackaged, and prepared or ready-to-eat items. *A rotisserie chicken or bakery-case muffin is evaluated in the same way as a packaged product, using whatever nutrition information is available for that format.*
Apply at the individual level	Each product is evaluated on its own against the relevant nutrient and ingredient criteria, not as part of a broader category. *Two products in the same category, such as two cereals, can land on opposite sides of eligibility depending on their own nutrition facts and ingredients. This also means a shopper buying one ineligible item alongside nine eligible ones has only that one item excluded, not their full basket.*
Rely only on nutrition information available to the consumer	Criteria should rely on data a shopper or cashier can see, like the Nutrition Facts panel and ingredient list. *Degree of processing, sourcing details, and proprietary scores are examples of information that make criteria difficult to implement, since none of them appear on the label or anywhere else available to a consumer at all points of purchase.*
Prioritize ease of implementation and consumer usability over scientific granularity	Criteria should opt for a simple rule over a more complex one when both produce similar results. *For example, an absolute nutrient limit is something a cashier can check at the register, whereas a score that weighs nutrients against each other is not.*
Use a common reference unit	For example, the Reference Amount Customarily Consumed can be used for food, and serving size can be used for beverages (generally corresponds to 12 ounces).

Source: Milken Institute (2026)

When considering the more nuanced criteria layered on top of these shared baseline criteria, SSBCI's criteria may be stricter than SNAP's. SSBCI operates under an explicit health mandate, while SNAP's purpose includes both nutrition promotion and food security, and for many households, SNAP benefits make up a large proportion of the primary food budget.

Criteria for Sweetened Beverages

Sweetened beverages have the strongest case for restriction of any category in this framework, backed by well-established evidence linking them to weight gain, type 2 diabetes, and cardiovascular disease. Every state with approved SNAP waivers restricts some version of sweetened beverages, more states than in any other category, but most define them differently, even when they share similar language.

- **Apply a 5-gram added-sugar threshold per labeled serving size as the default for both programs.** This leaves most zero- and low-sugar beverages eligible and excludes most full-sugar beverages, with a narrow middle ground in between. SSBCI may adopt a stricter 0-gram standard (per labeled serving size) given its clinical mandate.
- **Non-nutritive sweeteners (NNS) should remain unrestricted for now, but the evidence on potential health harms should be monitored.** An added-sugar-only threshold leaves a meaningful share of diet-formulated products eligible, many of which contain NNS.
- **Unsweetened carbonated water, juice drinks, energy drinks, sports drinks, and powdered mixes should be evaluated under the same added-sugar threshold as any other beverage.**
- **Medical and clinical nutrition beverages (e.g., Ensure, Boost) should not be evaluated under the same threshold as other beverages.** This could look like full exemption or a modified threshold.
- **Dairy milk and nondairy milk substitutes should not be fully exempted from an added-sugar threshold, but no milk-specific threshold is set.** Dairy milk and fortified nondairy milk substitutes serve a unique nutritional purpose that may allow for a more lenient added-sugar threshold. This framework recommends using either the same added-sugar threshold as other beverages or a modified threshold.

Criteria for Candy

Candy has an intuitive case for restriction, but it is harder to define than beverages, since it is difficult to separate cleanly from adjacent categories like prepared desserts and high-sugar energy bars. At the same time, candy is often eaten in small amounts, and typical consumption has not been tied to the same negative health outcomes as sweetened beverages. While the panel did not reach agreement on whether candy should be restricted, it focused on how to define "candy" consistently, since more than half of states with SNAP waivers restrict it. Many use some version of a base confectionery definition that is sometimes narrowed by exclusions for flour or refrigeration, but every approach so far captures some products that are not candy, like sweetened cereal or granola bars.

- **Exclude candy under both SNAP and SSBCI.** SSBCI may adopt stricter criteria given its clinical mandate. SNAP should proceed with more caution given its food-access mandate.
- **Exclude items for which sugar, NNS, or chocolate (excluding cocoa powder) appear in the top three ingredients, and combine that with a 5-gram or 10-gram added-sugar threshold.** Neither element should be used alone. Relying solely on the ingredient test could misclassify low-sugar products as candy just because sugar was listed early (e.g., trail mix), and the sugar threshold alone could misclassify high-sugar products no one considers candy (e.g., cereal).
- **Use a 5-gram added-sugar threshold for SSBCI.** For SNAP, no single value is fully settled, but a 10-gram added-sugar threshold may be preferable given its food-access context. Either value should be treated as a starting point rather than a fixed standard.
- **Carve out condiments, sauces, jams, baking ingredients, and sweetened condensed milk from exclusion,** even when they technically meet the candy definition.
- **Prepared desserts remain a separate, open consideration.** Nutrition profiles do not always allow a clean line between candy and desserts, and dignity- or occasion-based concerns further complicate applying candy criteria to this category.
- **Beyond prepared desserts, other grain-based sweetened foods, such as cereal or bars, may be captured by the current candy criteria.** SSBCI may consider broader exclusion of these foods, while SNAP requires further research to minimize over-capture. A grain ingredient modifier shows promise but does not reliably separate the two categories.

Lessons from a Snack Approach

No state has an approved SNAP waiver restricting "snack foods" by that name. Some states have considered restricting processed foods for which sugar, cane sugar, corn syrup, or high-fructose corn syrup is the first ingredient listed. However, many foods are categorized as a snack based on when and how they are eaten, not what they contain. The more useful question isn't what counts as a snack but what nutrient profile the criteria are actually trying to target.

- **Avoid building snack criteria around a category label.** Retailers already define "snack" inconsistently (packaging cues, internal taxonomy, tax code), so a category-based rule produces different eligibility outcomes for the same product depending on where it is purchased.
- **A federal front-of-package (FOP) label could offer one mechanism for defining "snack."** The US Food and Drug Administration's (FDA) proposed FOP rule could give a checkable, product-level signal for saturated fat, sodium, and added sugar, letting criteria target the nutrients directly rather than relying on a category name.
- **A federal ultra-processed food (UPF) definition could offer a second mechanism** if it carries regulatory force and is visible to consumers, rather than remaining a research classification. A UPF-based rule could target degree of processing rather than any single nutrient, giving snack foods the kind of stable, product-level anchor this framework relies on elsewhere.

Implementation Recommendations

Strong criteria still fail at the point of purchase if the rule does not hold up against real products, the retailers enforcing it are not equipped to apply it, or the underlying data do not exist in usable form. The recommendations that follow address those barriers: getting the rule right before it becomes policy, making it workable for the retailers and cashiers who have to apply it, and closing the data gap that limits what either of the first two can accomplish on their own.

For US Department of Agriculture, FDA, and CMS

Federal agencies are well positioned to address the implementation patchwork upstream rather than leaving each state or plan to solve it independently.

Recommendation	Timing
Validate proposed criteria against the products most likely to be misclassified before they enter policy language. Name unresolved edge cases explicitly in a carve-out list.	Short term
Centralize responsibility for tracking variation in criteria and providing technical assistance to state agencies, health plans, and retailers.	Short term
Clarify eligibility before checkout through shelf tags, e-commerce flags, and scannable consumer tools.	Short term
Monitor FDA's forthcoming FOP labeling rule as a potential source of standardized, product-level data that could reduce infrastructure burden.	Long term
Explore the feasibility of releasing manufacturer-submitted nutrition facts data in a standardized, publicly accessible format.	Long term
As implementation matures, form a multistate cohort to align on impact evaluation methods. This could result in common outcome measures and data collected.	Long term
Use SSBCI pilot results to build the implementation evidence base (cost, uptake, administrative burden, health outcome signal) needed to inform any broader incentive-based policy shift, including eventual application to SNAP.	Long term
Provide policy support to offset the cost of retailer-facing choice architecture, such as tax credits for qualifying shelf-tag programs, grants for digital nutrition nudges, incentives for healthy checkout conversions, and funding for nutrition data infrastructure.	Long term

For State Agencies Designing or Revising SNAP Waivers

States write the definitions retailers and participants operate under directly, and each waiver renewal or amendment is an opportunity to align with a shared standard rather than add to the existing patchwork.

Recommendation	Timing
Validate proposed criteria against the products most likely to be misclassified before they enter policy language. Name unresolved edge cases explicitly in a carve-out list.	Short term
Produce compliant product lists rather than leaving each retailer to interpret criteria independently.	Short term
Consult retailers (including independent and regional retailers) during the waiver design phase, before restriction lists are finalized, during initial design or at an amendment, so operational constraints like item-file lead time and UPC-level onboarding inform the rule.	Short term
Build extended or phased compliance timelines for retailers, especially independent and regional retailers with less infrastructure to absorb a new standard quickly.	Short term
Clarify eligibility before checkout through shelf tags, e-commerce flags, and scannable consumer tools.	Short term
Align to a common baseline (such as this framework) at the next renewal or amendment rather than defining criteria in isolation.	Short term
Publicly release evaluation plans for existing waivers to illuminate what is currently being measured and allow for cross-state comparison.	Short term
Evaluation plans should assess behavior change in addition to program efficacy. Measurement could include excluded product volume, participant appeal rates, retailer compliance burden, and purchasing-pattern shifts while accounting for substitution effects through cash purchases or cross-state shopping.	Short term
Communicate the rationale for new restrictions to participants before enforcement. Point-of-sale (POS) signage and electronic benefit transfer (EBT) app notifications may be more realistic in the near term than a dedicated education campaign.	Short term
As implementation matures, form a multistate cohort to align on impact evaluation methods. This could result in common outcome measures and data collected.	Long term

For Health Plans Administering SSBCI

Because SSBCI serves a smaller population and plans have direct access to member-level data, it is well suited to piloting incentive-based benefit design, building on the previously mentioned exclusion criteria.

Recommendation	Timing
Communicate the rationale for new restrictions to participants before enforcement. POS signage and EBT app notifications may be more realistic in the near term than a dedicated education campaign.	Short term
Pilot incentive-based supplemental benefit designs for SSBCI, starting with economic incentives (price discounts, bonus benefits) that require less new infrastructure than structural eligibility approaches before extending any incentive model to SNAP at scale.	Short term
Use SSBCI pilot results to build the implementation evidence base (cost, uptake, administrative burden, health outcome signal) needed to inform any broader incentive-based policy shift, including eventual application to SNAP.	Long term

For Retailers, Especially Those Operating Across State Lines

Retailers apply every upstream decision (federal rule, state waiver, health plan design) at the register and carry the operational cost of doing so consistently across a growing patchwork of definitions.

Recommendation	Timing
When staff training is feasible, include the rationale for restrictions alongside enforcement mechanics. Given high cashier turnover, a standardized explanation printed on the shelf tag or register prompt itself ("Excluded: [reason]") may be more implementable.	Short term
Design decline messaging that not only identifies ineligible items but also identifies an eligible alternative product at the point of decline.	Short term

For Technology Platforms

Technology platforms or data providers (e.g., product databases, classification tools, third-party data intermediaries) operationalize criteria, translating inclusion and exclusion definitions for retailers' internal rules.

Recommendation	Timing
Design decline messaging that not only identifies ineligible items but also identifies an eligible alternative product at the point of decline.	Short term
Invest in solving the upstream data-quality problem (structuring manufacturer nutrition data into a form retailers can use) rather than layering classification tools on top of data that are inconsistently structured.	Long term

For Research and Advocacy Organizations

Research and advocacy organizations are well positioned to build on the evidence base in real time as criteria move from adoption to practice.

Recommendation	Stakeholder(s)	Timing
Pursue direct research with SNAP and SSBCI participants on their experience of restriction implementation to inform future iterations of criteria.	Researchers and advocacy organizations	Short term
As implementation matures, form a multistate cohort to align on impact evaluation methods. This could result in common outcome measures and data collected.	Research institutions	Long term
Track manufacturer reformulation patterns in response to adopted criteria over a multiyear horizon, to assess whether supply-side responses to eligibility criteria are generating health benefits beyond what direct purchase-restriction effects alone would predict.	Researchers and a dvocacy organizations	Long term

For Food-Related Programs Beyond SNAP and SSBCI

The criteria in this guide were not built only for SNAP and SSBCI; Medicaid managed care, employer-sponsored plans, and commercial health plans can adapt them for their own programs.

Recommendation	Stakeholder(s)	Timing
Pilot the SSBCI criteria within one Medicaid managed care supplemental benefit design, given the population and administrative overlap with SSBCI.	State Medicaid agencies and managed care organizations	Short term
Adopt this framework as a ready-made standard for new or existing grocery and food benefit programs rather than building a bespoke definition from scratch.	Employers and benefits consultants	Short term
Evaluate the adoption of consistent nutrition criteria across Medicare Advantage, Medicaid, and commercial lines of business, building on the panel's own preference for cross-program consistency.	Commercial health plans	Medium term

Moving Forward

This framework is a starting point rather than an endpoint. The panel's strong support for pairing exclusion criteria with incentives and behavioral nudges points toward a more affirmative, promotion-based model as the eventual destination. Getting there requires building the infrastructure described in the implementation recommendations in this guide, particularly data standardization, which no single retailer, state, or health plan can do alone.

Neither SNAP nor SSBCI is unique in facing this problem. Medicaid managed care, employer-sponsored plans, and commercial health plans are asking the same question with no shared answer, and each has a role in the framework presented here.

This work lands at a moment when states are already writing waivers and health plans are already making SSBCI eligibility determinations, with or without a shared standard behind them. This framework replaces guesswork with expert, cross-sector insight and provides a foundation that the people implementing these programs can act on now.

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