

118TH CONGRESS
2D SESSION

H. R. 9631

To provide for the establishment or expansion of Food as Medicine programs,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 17, 2024

Ms. LEE of California introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for the establishment or expansion of Food as
Medicine programs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “National Food as Med-
5 icine Program Act of 2024”.

6 **SEC. 2. FOOD AS MEDICINE MEDICAID WAIVER GRANT PRO-**
7 **GRAM.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (in this section referred to as the “Sec-

1 retary”) shall establish a program under which the Sec-
2 retary shall award grants to States to plan, implement,
3 expand, or evaluate Food as Medicine programs.

4 (b) APPLICATION.—A State seeking a grant under
5 this section shall submit an application to the Secretary
6 at such time, in such manner, and containing such infor-
7 mation as the Secretary may require.

8 (c) PRIORITY.—In awarding grants under this sec-
9 tion, the Secretary shall give priority to States that have,
10 as of the date of submission of the application for a grant
11 under this section, a partnership with—

12 (1) a network of health care providers that in-
13 cludes public, nonprofit, and community-based orga-
14 nizations or entities, and community health clinics,
15 including Federally qualified health centers (as de-
16 fined in section 1861 of the Social Security Act (42
17 U.S.C. 1395x)); or

18 (2) public, nonprofit, socially disadvantaged,
19 and community-based organizations or entities that
20 provide locally-sourced (or regionally-sourced, if lo-
21 cally-sourced produce is not available) agricultural
22 products (as defined in section 207 of the Agricul-
23 tural Marketing Act of 1946 (7 U.S.C. 1626))
24 grown, or working to transition to, a covered method
25 of production.

1 (d) USE OF FUNDS.—A State that receives a grant
2 under this section shall use funds received through the
3 grant to establish, implement, and expand Food as Medi-
4 cine interventions to reduce nutrition-related chronic con-
5 ditions, address food and nutrition insecurity, and improve
6 health through providing locally-sourced (or regionally-
7 sourced, if locally-sourced produce is not available) agri-
8 cultural products grown, or working to transition to, a cov-
9 ered method of production.

10 (e) REPORT TO THE SECRETARY.—Not less than 3
11 years after the date on which a State receives a grant
12 under this section, such State shall provide to the Sec-
13 retary a report that contains—

14 (1) an evaluation of the impact of the Food as
15 Medicine program established or expanded in such
16 State, including relevant data collected under the
17 Medicaid program under title XIX of the Social Se-
18 curity Act (42 U.S.C. 1396 et seq.);

19 (2) the impact of the Food as Medicine pro-
20 gram on, with respect to individuals participating in
21 such program, the appropriate health, nutrition, and
22 associated behavioral outcome baseline information
23 for such individuals that is relevant to the stated
24 goals and desired outcomes of the pilot project;

1 (3) to the extent possible, the Food as Medicine
2 Program’s impact on hospital admissions and re-
3 admissions, admissions into long-term care facilities,
4 medication utilization, emergency room utilization
5 rates, primary care, specialty care, primary care
6 medical home engagement, patient experience, and
7 health care team engagement;

8 (4) other relevant findings, including rec-
9 ommendations on strengthening the administration
10 of the program and resources needed to support and
11 strengthen the Food as Medicine program.

12 (f) DEFINITIONS.—In this section:

13 (1) The term “covered method of production”
14 means, with respect to an agricultural product, that
15 the product is—

16 (A) regeneratively produced;

17 (B) organically produced; or

18 (C) regeneratively and organically pro-
19 duced.

20 (2) The term “Food as Medicine program”
21 means a program under which a State pursuant to
22 a waiver under section 1115 of the Social Security
23 Act (42 U.S.C. 1315) provides to individuals eligible
24 to receive medical assistance under such waiver

1 medically supportive food and nutrition interven-
2 tions.

3 (3) The term “food hub” means a business or
4 organization that actively manages the aggregation,
5 distribution, and marketing of source-identified food
6 products primarily from local and regional producers
7 to strengthen their ability to satisfy wholesale, retail,
8 and institutional demand.

9 (4)(A) The term “medically supportive food and
10 nutrition interventions” means interventions that
11 provide culturally-appropriate, nutrient-rich whole
12 food (including any fresh vegetables and fruit, leg-
13 ume, nut, seed, whole grain, low-mercury and high-
14 omega-3 fatty acid seafood, or lean animal protein)
15 prescribed by a health care professional for the pre-
16 vention, reversal, or treatment of certain health con-
17 ditions.

18 (B) Such term includes the following interven-
19 tions:

20 (i) Meals that are—

21 (I) tailored to a recipient’s health con-
22 ditions by a registered dietitian nutritionist
23 and adhere to standards informed by avail-
24 able dietary recommendations for specific
25 health conditions or dietary therapies.

1 based on evidence-based nutritional prac-
2 tice guidelines; and

3 (II) consistent with the Dietary
4 Guidelines for Americans established under
5 section 301 of the National Nutrition Mon-
6 itoring and Related Research Act of 1990
7 (7 U.S.C. 5341).

8 (ii) Produce (vegetables and fruit) pre-
9 scriptions, delivered or procured from in a gro-
10 cery store, farm, farmers' market, or food hub,
11 that are consistent with the Dietary Guidelines
12 for Americans established under section 301 of
13 the National Nutrition Monitoring and Related
14 Research Act of 1990 (7 U.S.C. 5341).

15 (iii) Nutrition coaching or counseling,
16 group medical visits, cooking education and
17 tools, health coaching, and other behavioral
18 supports based on a recipient's medical condi-
19 tions, when paired with the interventions de-
20 scribed in subparagraphs (A) and (B).

21 (5) The term “organically produced” means,
22 with respect to an agricultural product, that the
23 product is—

1 (A) certified under the Organic Foods Pro-
2 duction Act of 1990 (7 U.S.C. 6501 et seq.) as
3 organically produced; or

4 (B) verified through a community-based,
5 culturally-appropriate verification program
6 under the Organic Foods Production Act of
7 1990 as organically produced.

8 (6) The term “regeneratively produced” means,
9 with respect to an agricultural product, that the
10 product is produced—

11 (A) using an integrated approach to farm-
12 ing and ranching rooted in the principles of soil
13 health leading to improved target outcomes, in-
14 cluding—

15 (i) building soil health;

16 (ii) restoring and maintaining water
17 resources;

18 (iii) protecting air quality;

19 (iv) sequestering greenhouse gas emis-
20 sions;

21 (v) using sustainable and integrated
22 pest management to eliminate reliance on
23 pesticides;

24 (vi) improving nutrient cycling to re-
25 duce use of external fertilizers;

1 (vii) supporting Native-led steward-
2 ship practices (as described in Order No.
3 3403 entitled “Joint Secretarial Order on
4 Fulfilling the Trust Responsibility to In-
5 dian Tribes in the Stewardship of Federal
6 Lands and Waters” published jointly by
7 the Secretary of Agriculture and the Sec-
8 retary of the Interior on November 15,
9 2021); and

10 (viii) fostering wildlife and animal
11 welfare; and

12 (B) in a manner that fosters community
13 and social wellness, including—

14 (i) improving human health in rural
15 and urban communities;

16 (ii) creating supportive livelihoods
17 (worker conditions, safety) and durable so-
18 lutions for a healthy food and agriculture
19 workforce;

20 (iii) creating economic vitality for
21 farmers, ranchers, and a healthy food and
22 agriculture workforce; and

23 (iv) optimizing the above target out-
24 comes to ensure that there is minimal neg-
25 ative impact on other target outcomes.

1 (7) The term “regeneratively-organically pro-
2 duced” means, with respect to an agricultural prod-
3 uct, that the product is produced—

4 (A) using some organic methods, as de-
5 scribed in the Organic Foods Production Act of
6 1990 (7 U.S.C. 6501 et seq.); and

7 (B) using some methods included in the in-
8 tegrated approach described in paragraph (5).

9 (8) The term “State” each of the several States
10 and each territory and possession of the United
11 States.

12 **SEC. 3. DEPARTMENT OF AGRICULTURE FOOD AS MEDI-**
13 **CINE TECHNICAL ASSISTANCE PROGRAM.**

14 (a) IN GENERAL.—The Secretary of Agriculture (re-
15 ferred to in this section as the “Secretary”) shall enter
16 into cooperative agreements with eligible entities to pro-
17 vide technical assistance and infrastructure support to
18 producers to enable such producers to connect with local
19 health care providers for purposes of providing nutritious
20 food under a Food is Medicine program established or ex-
21 panded pursuant to section 2. An eligible entity may work
22 in collaboration with a Regional Food Business Center of
23 the Department of Agriculture to provide such technical
24 assistance under a cooperative agreement.

1 (b) APPLICATION.—An eligible entity seeking to enter
2 into a cooperative agreement under this section shall sub-
3 mit to the Secretary an application at such time, in such
4 manner, and containing such information as the Secretary
5 may require.

6 (c) PRIORITY.—In selecting eligible entities with
7 which to enter into cooperative agreements under this sec-
8 tion, the Secretary shall give priority to applications con-
9 taining proposals—

10 (1) to provide technical assistance and infra-
11 structure support to beginning farmers and ranchers
12 (as defined in section 343(a) of the Consolidated
13 Farm and Rural Development Act (7 U.S.C.
14 1991(a))) and socially disadvantaged farmers and
15 ranchers (as defined in section 355(e) of the Con-
16 solidated Farm and Rural Development Act (7
17 U.S.C. 2003(e))); and

18 (2) to provide technical assistance and infra-
19 structure support to producers that produce agricul-
20 tural products (as defined in section 207 of the Ag-
21 ricultural Marketing Act of 1946 (7 U.S.C. 1626))
22 that are produced using a covered method of produc-
23 tion (as defined in section 2) or verified through
24 community-based, culturally appropriate verification
25 programs.

1 (d) DEFINITIONS.—In this section:

2 (1) The term “Food is Medicine program” has
3 the meaning given such term in section 2.

4 (2) The term “eligible entity” means—

5 (A) a land-grant college or university;

6 (B) a food hub (as defined in section 2);

7 or

8 (C) a Regional Food Business Center sup-
9 ported by the Department of Agriculture.

10 (3) The term “land-grant college or university”
11 has the meaning given the term “land-grant colleges
12 and universities” in section 1404 of the National
13 Agricultural Research, Extension, and Teaching Pol-
14 icy Act of 1977 (7 U.S.C. 3103).

15 **SEC. 4. REPORT TO CONGRESS.**

16 Not later than one year after the date on which the
17 first grant is awarded under section 2, the Secretary of
18 Health and Human Services, in consultation with the Sec-
19 retary of Agriculture, shall submit to Congress a report
20 that includes the information received from the States
21 under section 2 and the Secretary’s recommendations with
22 respect to best practices for carrying out a Food is Medi-
23 cine program.

1 **SEC. 5. FOOD AS MEDICINE GUIDANCE.**

2 (a) IN GENERAL.—Not later than one year after the
3 date of the enactment of this Act, the Secretary of Health
4 and Human Services, in consultation with the officials and
5 stakeholders described in subsection (c), shall develop and
6 issue—

7 (1) recommendations for States and counties to
8 implement or expand a Food as Medicine program
9 (as defined in section 2), clinical nutrition training
10 for health care providers, and nutritional and behav-
11 ioral support for patients to integrate food interven-
12 tions into daily habits; and

13 (2) guidance related to—

14 (A) how a State may include food insecu-
15 rity and or nutrition insecurity as conditions
16 making an individual eligible to participate in
17 Food as Medicine programs, in addition to eligi-
18 ble populations with chronic conditions;

19 (B) eligible populations that address food
20 insecurity, nutrition insecurity, and chronic con-
21 ditions;

22 (C) the duration and dosage of medically
23 supportive food and nutrition intervention
24 plans;

25 (D) the value-based procurement of food
26 through a managed care rate setting process

1 that includes minimum percentages and tier-
2 based incentives to increase the procurement of
3 products grown using covered methods of pro-
4 duction (as defined in section 2) by socially dis-
5 advantaged farmers and ranchers (as defined in
6 section 2501 of the Food, Agriculture, Con-
7 servation, and Trade Act of 1990 (7 U.S.C.
8 2279));

9 (E) determination of providers permitted
10 to provide medically supportive food and nutri-
11 tion interventions (as defined in section 2); and

12 (F) continuing education for health care
13 providers prescribing medically supportive food
14 and nutrition interventions.

15 (b) PUBLIC COMMENT PERIOD.—The Secretary shall
16 provide for 30-day public comment period with respect to
17 any proposed guidance issued under this section. Such
18 guidance shall not be finalized until the date that is 60
19 days after the close of such public comment period.

20 (c) OFFICIALS AND STAKEHOLDERS DESCRIBED.—
21 The officials and stakeholders described in this subsection
22 include the following:

23 (1) The heads of appropriate Federal agencies
24 within the Department of Health and Human Serv-
25 ices.

1 (2) The Secretary of Agriculture.

2 (3) Diverse stakeholders from community-based
3 organizations, small- to medium-sized farms oper-
4 ated by socially disadvantaged farmers and ranchers,
5 food hubs, health care providers, and Medicaid man-
6 aged care organizations who have helped to imple-
7 ment Food as Medicine programs.

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