118TH CONGRESS
2D SESSION

S. 5632

To direct the Secretary of Agriculture to establish and administer a pilot program to provide grants to support Food is Medicine programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 19 (legislative day, DECEMBER 16), 2024

Mr. HEINRICH (for himself and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Agriculture, Nutrition, and Forestry

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A BILL

To direct the Secretary of Agriculture to establish and administer a pilot program to provide grants to support Food is Medicine programs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Fueling Optimal Outcomes through Diet for Health Act of 2024'' or the ''FOOD for Health Act of 2024''.

SEC. 2. FOOD IS MEDICINE PILOT GRANT PROGRAM.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall establish

and administer a pilot program to award grants, on a competitive basis, to eligible entities described in subsection (b) to support Food is Medicine programs.

(b) APPLICATION.—To be eligible for a grant under this section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary determines is appropriate.

(c) USE OF FUNDS.—A grant awarded under this section may only be used to support the activities of a Food is Medicine program, including—

(1) operating an on-site emergency feeding operation;

(2) medically tailored packaging or delivery of groceries;

(3) medically tailored meals and produce prescriptions;

(4) providing individual or group-based evidence-based cooking skills (including through the use of digital technologies);

(5) promoting dietary intervention strategies or other health-related strategies; and

(6) transportation of program participants to and from the communities served by the program.

(d) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities described in subsection (b)—

(1) that will incorporate local and regional foods, as determined by the Secretary, into activities funded by the grant; or

(2) that will include registered dieticians or nutrition professionals in the activities funded by the grant.

(e) REGIONAL BALANCE; ADVANCING HEALTH EQUITY.—In awarding grants under this section, the Secretary shall, to the maximum extent practicable—

(1) ensure geographic diversity;

(2) ensure the equitable treatment of—

(A) urban, rural, and tribal communities; and

(B) communities in territories of the United States; and

(3) advance health equity.

(f) REPORTS.—

(1) IN GENERAL.—

(A) INITIAL REPORT.—Not later than 2 years after the date of the establishment of the pilot program referred to in subsection (a), the

Secretary shall submit to Congress a report that—

(i) analyzes the efficiency of such pilot program; and

(ii) assesses the impact of such pilot program on patient outcomes and system costs.

(B) FINAL REPORT.—Not later than 6 years after the date of the establishment of the pilot program referred to in subsection (a), the Secretary shall submit to Congress an updated version of the report referred to in subparagraph (A).

(2) ELEMENTS.—The reports described in paragraph (1) shall each contain descriptions of—

(A) the details and implementation of the pilot program referred to in subsection (a);

(B) the participant selection criteria used by Food is Medicine programs supported by grants awarded under this section;

(C) the diseases and other medical issues being addressed by grants awarded under this section;

(D) the strategies of such Food is Medicine programs in providing healthy, affordable food to program participants;

(E) the use and impact of medical nutrition therapy in coordination with the provision of food on the outcomes of participants treated by such Food is Medicine programs; and

(F) the impact of grants awarded under this section on the health (including behavioral health) of participants in such Food is Medicine programs.

(g) DEFINITIONS.—In this section:

(1) DIET-RELATED DISEASE.—The term ''diet-related disease'' means—

(A) diabetes and prediabetes;

(B) a renal disease;

(C) obesity (as defined by the Centers for Disease Control and Prevention or as otherwise defined by the Secretary);

(D) hypertension;

(E) dyslipidemia;

(F) malnutrition;

(G) an eating disorder;

(H) cancer;

(I) a gastrointestinal disease, including celiac disease;

(J) HIV/AIDS;

(K) cardiovascular disease;

(L) mental illness, including depression and anxiety; and

(M) any other disease as determined appropriate by the Secretary.

(2) FOOD IS MEDICINE PROGRAM.—The term ''Food is Medicine program'' means a program developed or operated by a community-based organization (such as an emergency feeding operation), in partnership with a health care provider (such as a community health clinic), to deploy the provision of food or medical nutrition therapy services to benefit participants experiencing, at risk of, or recovering from a diet-related disease.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Agriculture, in coordination with the Secretary of Health and Human Services.

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $20,000,000 for the period of fiscal years 2025 through 2029.

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