

118TH CONGRESS
2D SESSION

H. R. 10124

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 HOUSE OF REPRESENTATIVES

NOVEMBER 14, 2024

Ms. KELLY of Illinois (for herself, Ms. LEE of California, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Agriculture, and in addition to the Committee on Energy and Commerce, 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 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.

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. FOOD IS MEDICINE PILOT GRANT PROGRAM.**

4 (a) IN GENERAL.—Not later than 2 years after the
5 date of enactment of this Act, the Secretary shall establish
6 and administer a pilot program to award grants, on a com-

1 petitive basis, to eligible entities described in subsection
2 (b) to support Food is Medicine programs.

3 (b) APPLICATION.—To be eligible for a grant under
4 this section, an entity shall submit to the Secretary an
5 application at such time, in such manner, and containing
6 such information as the Secretary determines is appro-
7 priate.

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

11 (1) operating an on-site emergency feeding op-
12 eration;

13 (2) medically tailored packaging or delivery of
14 groceries;

15 (3) medically tailored meals and produce pre-
16 scriptions;

17 (4) providing individual or group-based evi-
18 dence-based cooking skills (including through the
19 use of digital technologies);

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

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

1 (d) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall give priority to eligible entities
3 described in subsection (b)—

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

7 (2) that will include registered dietitians or nu-
8 trition professionals in the activities funded by the
9 grant.

10 (e) REGIONAL BALANCE; ADVANCING HEALTH EQ-
11 UITY.—In awarding grants under this section, the Sec-
12 retary shall, to the maximum extent practicable—

13 (1) ensure geographic diversity;

14 (2) ensure the equitable treatment of—

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

16 and

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

19 (3) advance health equity.

20 (f) REPORTS.—

21 (1) IN GENERAL.—

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

1 Secretary shall submit to Congress a report
2 that—

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

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

8 (B) FINAL REPORT.—Not later than 6
9 years after the date of the establishment of the
10 pilot program referred to in subsection (a), the
11 Secretary shall submit to Congress an updated
12 version of the report referred to in subpara-
13 graph (A).

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

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

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

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

1 (D) the strategies of such Food is Medi-
2 cine programs in providing healthy, affordable
3 food to program participants;

4 (E) the use and impact of medical nutri-
5 tion therapy in coordination with the provision
6 of food on the outcomes of participants treated
7 by such Food is Medicine programs; and

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

12 (g) DEFINITIONS.—In this section:

13 (1) DIET-RELATED DISEASE.—The term “diet-
14 related disease” means—

15 (A) diabetes and prediabetes;

16 (B) a renal disease;

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

20 (D) hypertension;

21 (E) dyslipidemia;

22 (F) malnutrition;

23 (G) an eating disorder;

24 (H) cancer;

1 (I) a gastrointestinal disease, including ce-
2 liac disease;

3 (J) HIV/AIDS;

4 (K) cardiovascular disease;

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

7 (M) any other disease as determined ap-
8 propriate by the Secretary.

9 (2) FOOD IS MEDICINE PROGRAM.—The term
10 “Food is Medicine program” means a program de-
11 veloped or operated by a community-based organiza-
12 tion (such as an emergency feeding operation), in
13 partnership with a health care provider (such as a
14 community health clinic), to deploy the provision of
15 food or medical nutrition therapy services to benefit
16 participants experiencing, at risk of, or recovering
17 from a diet-related disease.

18 (3) SECRETARY.—The term “Secretary” means
19 the Secretary of Agriculture, in coordination with
20 the Secretary of Health and Human Services.

21 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
22 authorized to be appropriated to carry out this section
23 \$20,000,000 for the period of fiscal years 2025 through
24 2029.

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