

119TH CONGRESS
2D SESSION

H. R. 10274

To expand access to integrated, community-driven health and nutrition services for underserved populations with high chronic disease prevalence, through coordinated local partnerships, measurable outcomes, and sustainable delivery models, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 3, 2026

Mr. HARDER 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 expand access to integrated, community-driven health and nutrition services for underserved populations with high chronic disease prevalence, through coordinated local partnerships, measurable outcomes, and sustainable delivery models, 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 “Partnerships for Bet-
5 ter Health Act”.

1 **SEC. 2. COMMUNITY HEALTH PARTNERSHIP GRANTS.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services, in consultation with the Secretary of Ag-
4 riculture, shall establish a program under which the Sec-
5 retary concerned will award grants to lead eligible entities
6 to carry out activities that support integrated chronic dis-
7 ease prevention, management, and social support.

8 (b) APPLICATION.—A lead eligible entity seeking a
9 grant under this section shall submit an application at
10 such time and in such manner, as the Secretary concerned
11 may require. Such application shall include—

12 (1) a community needs assessment showing
13 high chronic disease prevalence;

14 (2) a care integration plan linking health and
15 nutrition;

16 (3) a measurable outcomes framework for each
17 year of the grant; and

18 (4) such other information as the Secretary
19 concerned may require.

20 (c) PRIORITY.—In awarding grants under this sec-
21 tion, the Secretary concerned shall give priority to appli-
22 cants serving communities (as determined by the Sec-
23 retary concerned) that—

24 (1) have a high prevalence of chronic disease;

25 (2) have high food insecurity;

1 (3) are located in a health professional shortage
2 area with a designation in effect under section 332
3 of the Public Health Service Act (42 U.S.C. 254e);

4 (4) are medically underserved communities (as
5 defined in section 799B of the Public Health Service
6 Act (42 U.S.C. 295p));

7 (5) are located in a rural area (as defined in
8 section 1886(d)(2)(D) of the Social Security Act (42
9 U.S.C. 1395ww)); or

10 (6) are located in an area of persistent poverty
11 (as defined in section 6702 of title 49, United States
12 Code).

13 (d) USE OF FUNDS.—A lead eligible entity that re-
14 ceives a grant under this section (and any member of a
15 local coalition on whose behalf the application under this
16 section is submitted) may use grant funds to—

17 (1) provide for integrated care delivery
18 through—

19 (A) the provision of care coordination
20 across clinical, nutrition, and social services;

21 (B) community health workers or patient
22 navigators;

23 (C) providing for referral systems between
24 programs; or

25 (D) transportation services;

1 (2) provide for nutrition and chronic disease
2 education and self-management support through—

3 (A) peer support and group education ses-
4 sions; or

5 (B) evidence-based, culturally and linguis-
6 tically appropriate education materials delivered
7 by a certified diabetes educator; community
8 health worker, or trained peer educators using
9 culturally appropriate printed and digital mate-
10 rial;

11 (3) establish or expand a Food Is Medicine pro-
12 gram;

13 (4) establish or upgrade data infrastructure and
14 conduct evaluations of outcomes, including
15 through—

16 (A) upgrades to data collection systems;

17 (B) outcomes tracking;

18 (C) coalition collaboration data; or

19 (D) program evaluation and reporting; and

20 (5) carry out outreach and enrollment efforts,
21 such as identifying eligible participants in services
22 provided through such a grant and increasing com-
23 munity engagement and trust building with the com-
24 munity to be served by the lead eligible entity.

1 (e) CONDITIONS.—As a condition on the receipt of
2 a grant under this section, the lead eligible entity shall
3 agree—

4 (1) to exclusively use evidence-based or evidence
5 informed models in providing services described in
6 subsection (d);

7 (2) to serve populations whose family income
8 does not exceed 200 percent of the poverty line (as
9 defined in section 673(2) of the Community Services
10 Block Grant Act (42 U.S.C. 9902(2))) for a family
11 of the size involved, or otherwise medically under-
12 served; and

13 (3) to ensure that each member of the local co-
14 alition involved—

15 (A) maintains partnership agreements
16 among the coalition for the duration of the pe-
17 riod of the grant; and

18 (B) participates in any Federal evaluations
19 related to grants made under this section.

20 (f) SUPPLEMENT, NOT SUPPLANT.—Funds made
21 available under this section shall be used to supplement,
22 and not supplant, non-Federal funds that would otherwise
23 be used for activities authorized under this section.

1 (g) TERM.—The term of a grant awarded under this
2 section shall not exceed 3 years. A grant may be renewed
3 for an additional 2-year period, based on performance.

4 (h) REPORTING.—

5 (1) IN GENERAL.—Beginning not later than 6
6 months after the date on which a lead eligible entity
7 receives a grant under this section, and every year
8 thereafter, a lead eligible entity that receives a grant
9 under this section shall submit to the Secretary con-
10 cerned a report on—

11 (A) the outcomes achieved by the program
12 under this section; and

13 (B) the progress made with respect to the
14 design and implementation of the program.

15 (2) CONTENTS.—The report under subsection
16 (a) shall include—

17 (A) the demographics of participants in
18 programs funded through the grant;

19 (B) the services delivered by such pro-
20 grams;

21 (C) the lessons learned from such pro-
22 grams and barriers to access to services pro-
23 vided by such programs; and

1 (D) the health, social and access, and utili-
2 zation outcomes of such programs specified in
3 paragraph (3).

4 (3) OUTCOMES DESCRIBED.—The outcomes de-
5 scribed in this paragraph are the following:

6 (A) With respect to health outcomes,
7 whether participants in programs funded
8 through the grant had experienced a reduction
9 in—

- 10 (i) HbA1c levels;
11 (ii) blood pressure; or
12 (iii) weight or body mass index
13 (BMI).

14 (B) With respect to social and access out-
15 comes, whether such participants experienced—

- 16 (i) a change in food security status;
17 (ii) continuity of care;
18 (iii) increased engagement and reten-
19 tion in programs funded through the
20 grant; or
21 (iv) a change in health behavior and
22 dietary habits.

23 (C) With respect to utilization outcomes,
24 whether within the area served by the entity re-
25 ceiving the grant—

- 1 (i) had fewer emergency department
2 visits related to chronic diseases; or
3 (ii) had fewer hospitalizations related
4 to chronic diseases.

5 (i) DEFINITIONS.—In this section:

6 (1) FOOD IS MEDICINE PROGRAM.—The term
7 “Food is Medicine program” means a structured
8 intervention in which a healthcare provider pre-
9 scribes or refers patients to receive, via home deliv-
10 ery, medically appropriate food, nutrition education,
11 and related support as part of a treatment or pre-
12 vention plan for diet-related disease.

13 (2) LEAD ELIGIBLE ENTITY.—The term “lead
14 eligible entity” means the nonprofit or public entity
15 submitting an application for a grant under this sec-
16 tion on behalf of a local coalition, that—

17 (A) has demonstrated—

18 (i) experience serving underserved or
19 high-risk populations; and

20 (ii) capacity to manage Federal grant
21 funds;

22 (B) has in effect on the date on which the
23 application is submitted, one or more formal
24 agreements with a coalition partner; and

25 (C) is one of the following:

1 (i) A Federally qualified health center
2 (as defined in section 1861(aa) of the So-
3 cial Security Act (42 U.S.C. 1395x(aa))).

4 (ii) A community health center receiv-
5 ing assistance under section 330 of the
6 Public Health Service Act (42 U.S.C.
7 254b).

8 (iii) A nonprofit hospital or health
9 system.

10 (iv) A nonprofit organization with
11 demonstrated healthcare expertise.

12 (v) A food bank.

13 (vi) A nonprofit organization with
14 demonstrated nutrition expertise.

15 (3) LOCAL COALITION.—The term “local coali-
16 tion” includes—

17 (A) A clinical partner, such as—

18 (i) a Federally qualified health center
19 or rural health clinic (as such terms are
20 defined in section 1861(aa) of the Social
21 Security Act (42 U.S.C. 1395x(aa)));

22 (ii) a community health center receiv-
23 ing assistance under section 330 of the
24 Public Health Service Act (42 U.S.C.
25 254b); or

1 (iii) a nonprofit hospital.

2 (B) A food and nutrition partner, such as
3 a food bank, food pantry network, or nonprofit
4 food provider with capacity to source and de-
5 liver medically tailored or disease appropriate
6 foods.

7 (C) A public health or government partner,
8 such as—

9 (i) a local or State public health de-
10 partment; or

11 (ii) Tribal health authority, where ap-
12 plicable.

13 (D) A community-based organization, in-
14 cluding—

15 (i) a faith-based organization;

16 (ii) a community action agency;

17 (iii) a social service nonprofit; and

18 (iv) an educational institution.

19 (4) SECRETARY CONCERNED.—The term “Sec-
20 retary concerned” means—

21 (A) the Secretary of Health and Human
22 Services in the case of grants awarded to an en-
23 tity specified in clauses (i) through (iv) of para-
24 graph (2)(C); and

1 (B) the Secretary of Agriculture in the
2 case of grants awarded to an entity specified in
3 clauses (v) and (vi) of paragraph (2)(C).

4 (j) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated \$15,000,000 for each
6 of fiscal years 2027 through 2031.

○