

119TH CONGRESS
2^D SESSION

H. R. 7906

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

MARCH 12, 2026

Ms. KELLY of Illinois (for herself, Mrs. KIGGANS of Virginia, Ms. NORTON, Ms. SEWELL, Mr. DAVIS of Illinois, Mr. FIGURES, and Ms. BYNUM) 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. SHORT TITLE.**

4 This Act may be cited as the “Fueling Optimal Out-
5 comes through Diet for Health Act” or the “FOOD for
6 Health Act”.

1 **SEC. 2. FOOD IS MEDICINE PILOT GRANT PROGRAM.**

2 (a) IN GENERAL.—Not later than 2 years after the
3 date of enactment of this Act, the Secretary shall establish
4 and administer a pilot program to award grants, on a com-
5 petitive basis, to eligible entities described in subsection
6 (b) to support Food is Medicine programs.

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

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

15 (1) operating an on-site emergency feeding op-
16 eration;

17 (2) medically tailored packaging or delivery of
18 groceries;

19 (3) medically tailored meals and produce pre-
20 scriptions;

21 (4) providing individual or group-based evi-
22 dence-based cooking skills (including through the
23 use of digital technologies);

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

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

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

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

9 (2) that will include registered dieticians or nu-
10 trition professionals in the activities funded by the
11 grant.

12 (e) REGIONAL BALANCE; ADVANCING HEALTH OUT-
13 COMES.—In awarding grants under this section, the Sec-
14 retary shall, to the maximum extent practicable—

15 (1) ensure geographic diversity;

16 (2) ensure the equitable treatment of—

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

18 and

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

21 (3) advance health outcomes.

22 (f) REPORTS.—

23 (1) IN GENERAL.—

24 (A) INITIAL REPORT.—Not later than 2
25 years after the date of the establishment of the

1 pilot program referred to in subsection (a), the
2 Secretary shall submit to Congress a report
3 that—

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

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

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

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

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

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

22 (C) the diseases and other medical issues
23 being addressed by grants awarded under this
24 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) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated to carry out this section
14 \$20,000,000 for the period of fiscal years 2027 through
15 2031.

16 (h) DEFINITIONS.—In this section:

17 (1) The term “diet-related disease” means—

18 (A) diabetes and prediabetes;

19 (B) a renal disease;

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

23 (D) hypertension;

24 (E) dyslipidemia;

25 (F) malnutrition;

- 1 (G) an eating disorder;
- 2 (H) cancer;
- 3 (I) a gastrointestinal disease, including ce-
4 liac disease;
- 5 (J) HIV/AIDS;
- 6 (K) cardiovascular disease;
- 7 (L) mental illness, including depression
8 and anxiety; and
- 9 (M) any other disease as determined ap-
10 propriate by the Secretary.

11 (2) The term “Food is Medicine program”
12 means a program developed or operated by a com-
13 munity-based organization (such as an emergency
14 feeding operation), in partnership with a health care
15 provider (such as a community health clinic), to de-
16 ploy the provision of food or medical nutrition ther-
17 apy services to benefit participants experiencing, at
18 risk of, or recovering from a diet-related disease.

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

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