

119TH CONGRESS
2D SESSION

H. R. 8355

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a model to reduce chronic diseases by using accountable produce is medicine.

IN THE HOUSE OF REPRESENTATIVES

APRIL 16, 2026

Mr. SMUCKER (for himself and Ms. DAVIDS of Kansas) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a model to reduce chronic diseases by using accountable produce is medicine.

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 “Accountable Produce
5 is Medicine Act of 2026”.

1 **SEC. 2. SENSE OF CONGRESS.**

2 It is the sense of Congress that—

3 (1) diet-related chronic diseases are a leading
4 driver of health care costs in the United States;

5 (2) evidence-based food is medicine interven-
6 tions, including medically tailored meals, medically
7 tailored groceries, produce prescriptions, and nutri-
8 tion counseling, have the potential to improve health
9 outcomes and reduce health care expenditures;

10 (3) the Center for Medicare and Medicaid Inno-
11 vation should, to the extent practicable, incorporate
12 such interventions, as appropriate, into models test-
13 ed under section 1115A of the Social Security Act
14 (42 U.S.C. 1315a); and

15 (4) incorporating food is medicine interventions
16 into Innovation Center models may improve quality
17 of care, reduce costs, and support the prevention
18 and management of chronic disease.

19 **SEC. 3. REQUIRING THE CENTER FOR MEDICARE AND MED-**
20 **ICAID INNOVATION TO TEST A MODEL TO IM-**
21 **PROVE OUTCOMES FOR PATIENTS WITH**
22 **CHRONIC DISEASES BY USING ACCOUNTABLE**
23 **PRODUCE IS MEDICINE.**

24 Section 1115A of the Social Security Act (42 U.S.C.
25 1315a) is amended—

1 (1) in subsection (b)(2)(A), by inserting “, and,
 2 beginning not later than the date that is 180 days
 3 after the enactment of the Accountable Produce is
 4 Medicine Act of 2026, shall include the Accountable
 5 Produce is Medicine Bundled Payment Model de-
 6 scribed in subsection (h)” before the period at the
 7 end; and

8 (2) by adding at the end the following new sub-
 9 section:

10 “(h) ACCOUNTABLE PRODUCE IS MEDICINE BUN-
 11 DLED PAYMENT MODEL.—

12 “(1) IN GENERAL.—For purposes of subsection
 13 (b)(2)(A), the Accountable Produce is Medicine
 14 Bundled Payment Model described in this subsection
 15 is a model under which bundled payment is made
 16 under title XVIII, title XIX, or title XXI, as appro-
 17 priate, for selected programs to furnish Accountable
 18 Produce is Medicine services to eligible individuals.

19 “(2) SELECTION OF PROGRAMS TO PARTICI-
 20 PATE.—

21 “(A) SELECTED PROGRAMS.—The Sec-
 22 retary shall select to participate in the model
 23 described under paragraph (1) at least 5 eligi-
 24 ble programs, each to participate for a period of
 25 not less than 2 years, that the Secretary deter-

1 mines have the capacity to satisfy the require-
2 ments described in paragraph (3). In this sub-
3 section, each such eligible program so selected
4 shall be referred to as a ‘selected program’.

5 “(B) PRIORITY.—In selecting eligible pro-
6 grams under subparagraph (A), the Secretary
7 shall give priority to any such program that
8 furnishes (including through an arrangement
9 with a provider of services or supplier or other
10 entity) fresh, frozen, or minimally processed
11 fruits and vegetables without added sugars, so-
12 dium, or saturated fats (except those occurring
13 naturally), and other plant-based, nutrient-
14 dense foods, including nuts, seeds, intact whole
15 grains, beans, and lentils.

16 “(3) MINIMUM PROGRAM REQUIREMENTS.—
17 Under the model under paragraph (1), a selected
18 program shall comply with each of the following re-
19 quirements:

20 “(A) SCREENING.—The selected program
21 shall screen individuals who are referred to the
22 program by a physician, hospital, or other
23 health care provider, to determine whether such
24 individuals are eligible individuals.

“(B) ACCOUNTABLE PRODUCE IS MEDICINE SERVICES.—In the case of an individual who is determined by the selected program under subparagraph (A) to be an eligible individual, the selected program shall, for the 1-year period following such determination (subject to subparagraph (D)), make available (including through an arrangement with a provider of services or supplier or other entity) to such individual the following services (in this subsection referred to as ‘Accountable Produce is Medicine services’ or ‘APIM services’):

“(i) A personalized health risk assessment and personalized prevention plan services.

“(ii) Care coordination services.

“(iii) Telehealth services related to chronic disease monitoring, education, and follow-up.

“(iv) Remote patient monitoring items and services that are clinically appropriate for chronic disease monitoring and facilitate a timely response from a provider in the case that significant changes in such data are detected.

1 “(v) Lifestyle modification programs,
2 including nutrition counseling provided by
3 a registered dietitian or other qualified
4 provider, exercise programs, and smoking
5 cessation counseling.

6 “(vi) Healthy, nutrient-dense foods
7 meeting such standards as the Secretary
8 shall determine, with preference given to
9 produce grown within 250 miles of the se-
10 lected program or through the use of re-
11 generative agriculture.

12 “(C) COLLECTION OF HEALTH DATA; RE-
13 ENROLLMENT ASSESSMENT.—In the case of an
14 individual who is determined by the selected
15 program under subparagraph (A) to be an eligi-
16 ble individual, the selected program shall—

17 “(i) track the APIM services that the
18 individual has received from the program
19 under the model;

20 “(ii) regularly evaluate the individ-
21 ual’s engagement with the program and
22 adherence to program requirements;

23 “(iii) on a quarterly basis collect from
24 such individual updated weight, blood pres-
25 sure, and blood glucose measurements, and

any other measurements determined appropriate by the Secretary; and

“(iv) at the end of the 1-year period described in subparagraph (B)—

“(I) evaluate the measurements collected under clause (iii);

“(II) submit to the Secretary such data as the Secretary determines necessary for purposes of evaluating the health care cost savings achieved for such individual during such period; and

“(III) provide for an additional determination under subparagraph (A) as to whether such individual remains an eligible individual.

“(D) DISENROLLMENT.—In the case of an individual who is determined by the selected program under subparagraph (A) to be an eligible individual, if the selected program determines (in accordance with standards established by the Secretary) before the end of the 1-year period described in subparagraph (B) that such individual is not adequately engaging with the program or is not adhering to program require-

ments, the selected program shall terminate the individual's participation in the program and may not furnish any additional APIM services to such individual under the model.

“(4) PAYMENT.—

“(A) IN GENERAL.—The Secretary shall determine the form, manner, and amount of bundled payment to be provided to selected programs under the model under paragraph (1) and, beginning in the third year in which such model is carried out, may require that selected programs assume financial risk for performance under the model.

“(B) COST SHARING.—APIM services furnished by a selected program to an eligible individual shall be provided without application of deductibles, copayments, coinsurance, or other cost-sharing under the applicable title.

“(5) DURATION.—The model described in paragraph (1) shall be carried out for a period of not less than 5 years.

“(6) DEFINITIONS.—In this subsection:

“(A) ELIGIBLE INDIVIDUAL.—The term ‘eligible individual’ means an individual—

“(i) who is—

1 “(I) entitled to benefits under
2 part A of title XVIII or enrolled
3 under part B of such title;

4 “(II) enrolled under a State plan
5 (or waiver of such plan) under title
6 XIX; or

7 “(III) enrolled under a State
8 child health plan (or waiver of such
9 plan) under title XXI;

10 “(ii) who resides in a medically under-
11 served area (as designated pursuant to sec-
12 tion 330(b)(3)(A) of the Public Health
13 Service Act), a rural area (as defined in
14 section 1886(d)(2)(D)), a health profes-
15 sional shortage area described in section
16 332(a)(1)(A) of the Public Health Service
17 Act, or another area determined appro-
18 priate by the Secretary;

19 “(iii) who has diabetes, obesity, car-
20 diovascular disease, hypertension, mal-
21 nutrition, or any other disease or chronic
22 condition that the Secretary determines
23 appropriate;

24 “(iv) in the clinical judgment of a
25 physician or other health care professional,

1 who would benefit from participation in the
2 model;

3 “(v) who the eligible program deter-
4 mines to be prepared to participate in the
5 model; and

6 “(vi) who is not already receiving
7 items or services that the Secretary deter-
8 mines are substantially similar (and dupli-
9 cative in purpose and clinical function) to
10 the APIM services described in clause (v)
11 of paragraph (3)(B).

12 “(B) ELIGIBLE PROGRAM.—The term ‘eli-
13 gible program’ means a provider of services or
14 supplier enrolled in the program under title
15 XVIII, title XIX, or title XXI.

16 “(C) REGENERATIVE AGRICULTURE.—The
17 term ‘regenerative agriculture’ means a con-
18 servation management approach that empha-
19 sizes natural resources through improved soil
20 health, water management, and natural vital-
21 ity.”.

○