

**AMENDMENT TO RULES COMMITTEE PRINT**

**119–22**

**OFFERED BY MS. KELLY OF ILLINOIS**

At the end of subtitle C of title IV, add the following:

1 **SEC. \_\_\_\_ . 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;

1           (3) medically tailored meals and produce pre-  
2           scriptions;

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

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

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

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

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

16           (2) that will include registered dietitians or nu-  
17           trition professionals in the activities funded by the  
18           grant.

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

22           (1) ensure geographic diversity;

23           (2) ensure the equitable treatment of—

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

25           and

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

3 (3) advance health outcomes.

4 (f) REPORTS.—

5 (1) IN GENERAL.—

6 (A) INITIAL REPORT.—Not later than 2  
7 years after the date of the establishment of the  
8 pilot program referred to in subsection (a), the  
9 Secretary shall submit to Congress a report  
10 that—

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

13 (ii) assesses the effect of such pilot  
14 program on patient outcomes and system  
15 costs.

16 (B) FINAL REPORT.—Not later than 6  
17 years after the date of the establishment of the  
18 pilot program referred to in subsection (a), the  
19 Secretary shall submit to Congress an updated  
20 version of the report referred to in subpara-  
21 graph (A).

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

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

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

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

7 (D) the strategies of such Food is Medi-  
8 cine programs in providing healthy, affordable  
9 food to program participants;

10 (E) the use and impact of medical nutri-  
11 tion therapy in coordination with the provision  
12 of food on the outcomes of participants treated  
13 by such Food is Medicine programs; and

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

18 (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
19 authorized to be appropriated to carry out this section  
20 \$20,000,000 for the period of fiscal years 2027 through  
21 2031.

22 (h) DEFINITIONS.—In this section:

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

24 (A) diabetes and prediabetes;

25 (B) a renal disease;

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

4 (D) hypertension;

5 (E) dyslipidemia;

6 (F) malnutrition;

7 (G) an eating disorder;

8 (H) cancer;

9 (I) a gastrointestinal disease, including ce-  
10 liac disease;

11 (J) HIV/AIDS;

12 (K) cardiovascular disease;

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

15 (M) any other disease as determined ap-  
16 propriate by the Secretary.

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

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

