

AMENDMENT TO RULES COMMITTEE PRINT 119-

22

OFFERED BY MR. RUIZ OF CALIFORNIA

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

1 **SEC. _____ . FOOD AS MEDICINE MEDICAID WAIVER**
2 **GRANT PROGRAM.**

3 (a) GRANT PROGRAM.—

4 (1) IN GENERAL.—The Secretary of Health and
5 Human Services (in this subsection referred to as
6 the “Secretary”) shall establish a program under
7 which the Secretary shall award grants to States to
8 plan, implement, expand, or evaluate Food as Medi-
9 cine programs.

10 (2) APPLICATION.—A State seeking a grant
11 under this subsection shall submit an application to
12 the Secretary at such time, in such manner, and
13 containing such information as the Secretary may
14 require.

15 (3) PRIORITY.—In awarding grants under this
16 subsection, the Secretary shall give priority to States
17 that have, as of the date of submission of the appli-

1 cation for a grant under this subsection, a partner-
2 ship with—

3 (A) a network of health care providers that
4 includes public, nonprofit, and community-
5 based organizations or entities, and community
6 health clinics, including Federally qualified
7 health centers (as defined in section 1861 of
8 the Social Security Act (42 U.S.C. 1395x)); or

9 (B) public, nonprofit, socially disadvan-
10 taged, and community-based organizations or
11 entities that provide locally-sourced (or region-
12 ally-sourced, if locally-sourced produce is not
13 available) agricultural products (as defined in
14 section 207 of the Agricultural Marketing Act
15 of 1946 (7 U.S.C. 1626)) grown, or working to
16 transition to, a covered method of production.

17 (4) USE OF FUNDS.—A State that receives a
18 grant under this subsection shall use funds received
19 through the grant to establish, implement, and ex-
20 pand Food as Medicine interventions to reduce nu-
21 trition-related chronic conditions, address food and
22 nutrition insecurity, and improve health through
23 providing locally-sourced (or regionally-sourced, if lo-
24 cally-sourced produce is not available) agricultural

1 products grown, or working to transition to, a cov-
2 ered method of production.

3 (5) REPORT TO THE SECRETARY.—Not less
4 than 3 years after the date on which a State receives
5 a grant under this subsection, such State shall pro-
6 vide to the Secretary a report that contains—

7 (A) an evaluation of the impact of the
8 Food as Medicine program established or ex-
9 panded in such State, including relevant data
10 collected under the Medicaid program under
11 title XIX of the Social Security Act (42 U.S.C.
12 1396 et seq.);

13 (B) the impact of the Food as Medicine
14 program on, with respect to individuals partici-
15 pating in such program, the appropriate health,
16 nutrition, and associated behavioral outcome
17 baseline information for such individuals that is
18 relevant to the stated goals and desired out-
19 comes of the pilot project;

20 (C) to the extent possible, the Food as
21 Medicine Program's impact on hospital admis-
22 sions and readmissions, admissions into long-
23 term care facilities, medication utilization,
24 emergency room utilization rates, primary care,
25 specialty care, primary care medical home en-

1 gagement, patient experience, and health care
2 team engagement;

3 (D) other relevant findings, including rec-
4 ommendations on strengthening the administra-
5 tion of the program and resources needed to
6 support and strengthen the Food as Medicine
7 program.

8 (6) DEFINITIONS.—In this subsection:

9 (A) The term “covered method of produc-
10 tion” means, with respect to an agricultural
11 product, that the product is—

- 12 (i) regeneratively produced;
13 (ii) organically produced; or
14 (iii) regeneratively and organically
15 produced.

16 (B) The term “Food as Medicine pro-
17 gram” means a program under which a State
18 pursuant to a waiver under section 1115 of the
19 Social Security Act (42 U.S.C. 1315) provides
20 to individuals eligible to receive medical assist-
21 ance under such waiver medically supportive
22 food and nutrition interventions.

23 (C) The term “food hub” means a business
24 or organization that actively manages the ag-
25 gregation, distribution, and marketing of

1 source-identified food products primarily from
2 local and regional producers to strengthen their
3 ability to satisfy wholesale, retail, and institu-
4 tional demand.

5 (D)(i) The term “medically supportive food
6 and nutrition interventions” means interven-
7 tions that provide culturally-appropriate, nutri-
8 ent-rich whole food (including any fresh vegeta-
9 bles and fruit, legume, nut, seed, whole grain,
10 low-mercury and high-omega-3 fatty acid sea-
11 food, or lean animal protein) prescribed by a
12 health care professional for the prevention, re-
13 versal, or treatment of certain health condi-
14 tions.

15 (ii) Such term includes the following inter-
16 ventions:

17 (I) Meals that are—

18 (aa) tailored to a recipient’s
19 health conditions by a registered dieti-
20 tian nutritionist and adhere to stand-
21 ards informed by available dietary rec-
22 ommendations for specific health con-
23 ditions or dietary therapies. based on
24 evidence-based nutritional practice
25 guidelines; and

1 (bb) consistent with the Dietary
2 Guidelines for Americans established
3 under section 301 of the National Nu-
4 trition Monitoring and Related Re-
5 search Act of 1990 (7 U.S.C. 5341).

6 (II) Produce (vegetables and fruit)
7 prescriptions, delivered or procured from in
8 a grocery store, farm, farmers' market, or
9 food hub, that are consistent with the Die-
10 tary Guidelines for Americans established
11 under section 301 of the National Nutri-
12 tion Monitoring and Related Research Act
13 of 1990 (7 U.S.C. 5341).

14 (III) Nutrition coaching or counseling,
15 group medical visits, cooking education
16 and tools, health coaching, and other be-
17 havioral supports based on a recipient's
18 medical conditions, when paired with the
19 interventions described in subclauses (I)
20 and (II).

21 (E) The term "organically produced"
22 means, with respect to an agricultural product,
23 that the product is—

1 (i) certified under the Organic Foods
2 Production Act of 1990 (7 U.S.C. 6501 et
3 seq.) as organically produced; or

4 (ii) verified through a community-
5 based, culturally-appropriate verification
6 program under the Organic Foods Produc-
7 tion Act of 1990 as organically produced.

8 (F) The term “regeneratively produced”
9 means, with respect to an agricultural product,
10 that the product is produced—

11 (i) using an integrated approach to
12 farming and ranching rooted in the prin-
13 ciples of soil health leading to improved
14 target outcomes, including—

15 (I) building soil health;

16 (II) restoring and maintaining
17 water resources;

18 (III) protecting air quality;

19 (IV) sequestering greenhouse gas
20 emissions;

21 (V) using sustainable and inte-
22 grated pest management to eliminate
23 reliance on pesticides;

24 (VI) improving nutrient cycling
25 to reduce use of external fertilizers;

1 (VII) supporting Native-led stew-
2 ardsip practices (as described in
3 Order No. 3403 entitled “Joint Secre-
4 tarial Order on Fulfilling the Trust
5 Responsibility to Indian Tribes in the
6 Stewardship of Federal Lands and
7 Waters” published jointly by the Sec-
8 retary of Agriculture and the Sec-
9 retary of the Interior on November
10 15, 2021); and

11 (VIII) fostering wildlife and ani-
12 mal welfare; and

13 (ii) in a manner that fosters commu-
14 nity and social wellness, including—

15 (I) improving human health in
16 rural and urban communities;

17 (II) creating supportive liveli-
18 hoods (worker conditions, safety) and
19 durable solutions for a healthy food
20 and agriculture workforce;

21 (III) creating economic vitality
22 for farmers, ranchers, and a healthy
23 food and agriculture workforce; and

24 (IV) optimizing the above target
25 outcomes to ensure that there is mini-

1 mal negative impact on other target
2 outcomes.

3 (G) The term “regeneratively-organically
4 produced” means, with respect to an agricul-
5 tural product, that the product is produced—

6 (i) using some organic methods, as de-
7 scribed in the Organic Foods Production
8 Act of 1990 (7 U.S.C. 6501 et seq.); and

9 (ii) using some methods included in
10 the integrated approach described in sub-
11 paragraph (F).

12 (H) The term “State” means each of the
13 several States and each territory and possession
14 of the United States.

15 (b) DEPARTMENT OF AGRICULTURE FOOD AS MEDI-
16 CINE TECHNICAL ASSISTANCE PROGRAM.—

17 (1) IN GENERAL.—The Secretary of Agriculture
18 (referred to in this subsection as the “Secretary”)
19 shall enter into cooperative agreements with eligible
20 entities to provide technical assistance and infra-
21 structure support to producers to enable such pro-
22 ducers to connect with local health care providers for
23 purposes of providing nutritious food under a Food
24 is Medicine program established or expanded pursu-
25 ant to subsection (a). An eligible entity may work in

1 collaboration with a Regional Food Business Center
2 of the Department of Agriculture to provide such
3 technical assistance under a cooperative agreement.

4 (2) APPLICATION.—An eligible entity seeking to
5 enter into a cooperative agreement under this sub-
6 section shall submit to the Secretary an application
7 at such time, in such manner, and containing such
8 information as the Secretary may require.

9 (3) PRIORITY.—In selecting eligible entities
10 with which to enter into cooperative agreements
11 under this subsection, the Secretary shall give pri-
12 ority to applications containing proposals—

13 (A) to provide technical assistance and in-
14 frastructure support to beginning farmers and
15 ranchers (as defined in section 343(a) of the
16 Consolidated Farm and Rural Development Act
17 (7 U.S.C. 1991(a))) and socially disadvantaged
18 farmers and ranchers (as defined in section
19 355(e) of the Consolidated Farm and Rural De-
20 velopment Act (7 U.S.C. 2003(e))); and

21 (B) to provide technical assistance and in-
22 frastructure support to producers that produce
23 agricultural products (as defined in section 207
24 of the Agricultural Marketing Act of 1946 (7
25 U.S.C. 1626)) that are produced using a cov-

1 ered method of production (as defined in sub-
2 section (a)) or verified through community-
3 based, culturally appropriate verification pro-
4 grams.

5 (4) DEFINITIONS.—In this subsection:

6 (A) The term “Food is Medicine program”
7 has the meaning given such term in subsection
8 (a).

9 (B) The term “eligible entity” means—

10 (i) a land-grant college or university;

11 (ii) a food hub (as defined in sub-
12 section (a)); or

13 (iii) a Regional Food Business Center
14 supported by the Department of Agri-
15 culture.

16 (C) The term “land-grant college or uni-
17 versity” has the meaning given the term “land-
18 grant colleges and universities” in section 1404
19 of the National Agricultural Research, Exten-
20 sion, and Teaching Policy Act of 1977 (7
21 U.S.C. 3103).

22 (c) REPORT TO CONGRESS.—Not later than 1 year
23 after the date on which the first grant is awarded under
24 subsection (a), the Secretary of Health and Human Serv-
25 ices, in consultation with the Secretary of Agriculture,

1 shall submit to Congress a report that includes the infor-
2 mation received from the States under subsection (a) and
3 the Secretary's recommendations with respect to best
4 practices for carrying out a Food is Medicine program.

5 (d) FOOD AS MEDICINE GUIDANCE.—

6 (1) IN GENERAL.—Not later than 1 year after
7 the date of the enactment of this Act, the Secretary
8 of Health and Human Services, in consultation with
9 the officials and stakeholders described in paragraph
10 (3), shall develop and issue—

11 (A) recommendations for States and coun-
12 ties to implement or expand a Food as Medicine
13 program (as defined in subsection (a)), clinical
14 nutrition training for health care providers, and
15 nutritional and behavioral support for patients
16 to integrate food interventions into daily habits;
17 and

18 (B) guidance related to—

19 (i) how a State may include food inse-
20 curity and or nutrition insecurity as condi-
21 tions making an individual eligible to par-
22 ticipate in Food as Medicine programs, in
23 addition to eligible populations with chron-
24 ic conditions;

1 (ii) eligible populations that address
2 food insecurity, nutrition insecurity, and
3 chronic conditions;

4 (iii) the duration and dosage of medi-
5 cally supportive food and nutrition inter-
6 vention plans;

7 (iv) the value-based procurement of
8 food through a managed care rate setting
9 process that includes minimum percentages
10 and tier-based incentives to increase the
11 procurement of products grown using cov-
12 ered methods of production (as defined in
13 subsection (a)) by socially disadvantaged
14 farmers and ranchers (as defined in section
15 2501 of the Food, Agriculture, Conserva-
16 tion, and Trade Act of 1990 (7 U.S.C.
17 2279));

18 (v) determination of providers per-
19 mitted to provide medically supportive food
20 and nutrition interventions (as defined in
21 subsection (a)); and

22 (vi) continuing education for health
23 care providers prescribing medically sup-
24 portive food and nutrition interventions.

1 (2) PUBLIC COMMENT PERIOD.—The Secretary
2 shall provide for 30-day public comment period with
3 respect to any proposed guidance issued under this
4 subsection. Such guidance shall not be finalized until
5 the date that is 60 days after the close of such pub-
6 lic comment period.

7 (3) OFFICIALS AND STAKEHOLDERS DE-
8 SCRIBED.—The officials and stakeholders described
9 in this paragraph include the following:

10 (A) The heads of appropriate Federal
11 agencies within the Department of Health and
12 Human Services.

13 (B) The Secretary of Agriculture.

14 (C) Diverse stakeholders from community-
15 based organizations, small- to medium-sized
16 farms operated by socially disadvantaged farm-
17 ers and ranchers, food hubs, health care pro-
18 viders, and Medicaid managed care organiza-
19 tions who have helped to implement Food as
20 Medicine programs.

