

October 28, 2024

The Honorable Patty Murray
Chairwoman
Committee on Appropriations
U.S. Senate

The Honorable Susan Collins
Vice Chair
Committee on Appropriations
U.S. Senate

The Honorable Tom Cole
Chairman
Committee on Appropriations
House of Representatives

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
House of Representatives

Dear Chairwoman Murray, Chairman Cole, Vice Chairwoman Collins, and Ranking Member DeLauro:

Thank you for your leadership on appropriations and your commitment to advancing research, supporting public health and improving patient care and outcomes. As you and your colleagues work to finalize appropriations for Fiscal Year (FY) 2025, we write to urge you to consider the highest possible allocations for crucial food is medicine (FIM) programs.

The connection between chronic diseases and nutrition is undeniable. One of the more promising, yet critically missing, interventions in our health care system is the provision of healthy food to prevent, manage and treat these diseases. A growing body of evidence demonstrates that “food is medicine” interventions such as medically-tailored meals (MTM), medically-tailored groceries (MTG), and produce prescriptions (PRx) can improve health outcomes and be cost-effective. As you work together to finalize FY 2025 appropriations, the undersigned organizations urge you to support the following FIM-related priorities.

For the FY 2025 Labor, Health, and Human Services (HHS), Education, and Related Agencies bill:

- Provide the largest possible increase in dedicated funding for National Institutes of Health (NIH) Office of the Director to specifically launch the Food is Medicine Networks or Centers of Excellence. This initiative will combine cutting-edge research with patient care, advancing FIM just as the NIH Cancer Centers of Excellence have advanced cancer treatment and control.
- Provide the largest possible funding increase for the NIH Office of Nutrition Research (ONR) to secure the leadership, organizational structure and resources to perform its work, such as coordinating and implementing the 2020-2030 Strategic Plan for NIH Nutrition Research. A robust investment in ONR would increase its capacity to pursue exciting fundamental, clinical, and translational discoveries for preventing and treating diet-related diseases. A 2019 NIH analysis compared the amount of dedicated NIH prevention research funding for risk factors of death and disability, and concluded that large gaps exist between the top causes of poor health and the research funding allocated to address them—with poor nutrition at the top. We must close this gap.

- Provide \$3 million to support the Department of Health and Human Services (HHS) and the interagency working group on food is medicine, consistent with the House FY 2025 Labor-HHS-Education bill. This funding will allow HHS to continue its important work in resource development and federal coordination of FIM. Further, we prefer the House committee report language over the Senate for HHS to identify programs that could allow coverage of MTMs and PRx.
- Provide at least \$1.5 billion in funding at the Advanced Research Projects Agency for Health (ARPA-H), an independent research funding agency that funds innovative and promising research areas, consistent with the Senate FY 2025 Labor-HHS appropriations bill.

For the FY 2025 Interior, Environment and Related Agencies appropriations bill:

- Provide \$7 million for a Produce Prescription Demonstration within the Indian Health Service (IHS), consistent with the House FY 2025 Interior, Environment and Related Agencies appropriations bill. This program, which launched in 2023, is helping to improve health care outcomes for American Indian/Alaska Native populations by reducing food insecurity and improving overall dietary health by increasing consumption of fruits, vegetables and other traditional food.

For the FY 2025 Military Construction, Veterans Affairs and Related Agencies appropriations bill:

- We note our support for providing \$2 million to fund the implementation and clinical workflow for use of Produce Prescriptions within the Department of Veterans Affairs (VA), in both the House and Senate FY 2025 Military Construction, Veterans Affairs appropriations bills. Studies have shown veterans experience obesity and chronic diet-related comorbidities at higher levels compared to the U.S. population. This program has the potential to play an important role in alleviating diet-related disease through Produce Prescriptions for the 9 million veterans enrolled in the Veterans Health Administration.

In the United States, poor diets are estimated to cause more than 500,000 deaths each year and are the top driver of poor health outcomes.¹ Our country's rates of diet-related chronic diseases are high; for example, 7 in 10 U.S. adults have overweight or obesity² and 1 in 2 have diabetes or prediabetes.³ Cardiovascular disease is the leading cause of death in the United States, and chronic diseases affected by nutrition including cardiovascular disease, stroke, and diabetes account for most of the nation's \$4.3 trillion in annual health care costs.⁴ Diet-related chronic diseases also create enormous economic challenges through rising health care premiums, out-of-pocket-costs, missed work, and lower productivity. In addition, diet-related illness is a matter of national security: nearly 8 in 10 young adults ages 17-24 do not qualify for military service, with excess weight as the leading medical disqualifier.⁵

What is Food is Medicine (FIM)?

FIM refers to a medical treatment or preventive intervention for patients with a diet-related health risk or condition and/or nutrition and food insecurity, to which they are referred by a health care provider, health care organization, or health insurance plan.⁶ FIM interventions are

often coupled with nutrition education and medical nutrition therapy and efforts to increase enrollment or participation in other federal and state safety net programs as well as programs that address other social determinants of health (e.g., housing, education, transportation, social services). FIM directly addresses nutrition insecurity and unhealthy diets, which significantly contribute to the chronic disease development.

The increasing health and fiscal burden of chronic disease in our country necessitates that the health care system explore all options to prevent, treat, and manage diet-related disease. Research to date on FIM shows tremendous promise,⁷ and more research is needed to understand what type of FIM interventions are most cost-effective for improving health outcomes, for what patient populations, for how long, with what “dose” of healthy food, and how the intervention is delivered through the health care system so that we can enable doctors to provide high value care through food is medicine interventions.

The following organizations support efforts to expand investments in FIM at NIH, HHS, ARPA-H, IHS, and the VA in the FY 2025 appropriations package.

Sincerely,

American Heart Association
Center for Health Law and Policy Innovation (CHLPI), Harvard University
Food is Medicine Coalition
Food is Medicine Institute, Tufts University
National Produce Prescription Collaborative

Cc

The Honorable Tammy Baldwin, Chair, Senate Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies
The Honorable Shelley Moore Capito, Vice Chair, Senate Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies
The Honorable Robert Aderholt, Chair, House Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies
The Honorable Jeff Merkley, Chair, Senate Appropriations Committee Interior, Environment and Related Agencies Subcommittee
The Honorable Lisa Murkowski, Ranking Member, Senate Appropriations Committee Interior, Environment and Related Agencies Subcommittee
The Honorable Mike Simpson, Chair, House Appropriations Committee Interior, Environment and Related Agencies Subcommittee
The Honorable Chellie Pingree, Ranking Member, House Appropriations Committee Interior, Environment and Related Agencies Subcommittee
The Honorable Kyrsten Sinema, Chairwoman, Senate Appropriations Committee Military Construction, Veterans Affairs and Related Agencies Subcommittee
The Honorable John Boozman, Ranking Member, Senate Appropriations Committee Military Construction, Veterans Affairs and Related Agencies Subcommittee
The Honorable John Carter, Chair, House Military Construction, Veterans Affairs and Related Agencies Subcommittee

The Honorable Debbie Wasserman Schultz, Ranking Member, House Military Construction, Veterans Affairs and Related Agencies Subcommittee

¹ The US Burden of Disease Collaborators. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. *JAMA*. 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158

² Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. NCHS Health E-Stats. 2020.

³ National Diabetes Statistics Report. Centers for Disease Control and Prevention. Accessed online October 4, 2024. <https://www.cdc.gov/diabetes/php/data-research/index.html>

⁴ Martin AB, et al. National Health Expenditure Accounts Team. National health care spending in 2021: decline in federal spending outweighs greater use of health care: study examines national health care expenditures in 2021. *Health Aff (Millwood)*. 2023; 42:6–17.

⁵ Mission: Readiness. Council for a Strong America. 77 Percent of American Youth Can't Qualify for Military Service. Accessed online October 4, 2024. <https://strongnation.s3.amazonaws.com/documents/1541/aab5fcd2-74e4-4b76-b260-010a5d9afcc9.pdf>

⁶ Harvard University Center for Health Law and Policy Innovation. Accessed online April 15, 2024. <https://chlpi.org/project/food-is-medicine/>.

⁷ Volpp KG, Berkowitz SA, Sharma SV, et al. Food Is Medicine: A Presidential Advisory From the American Heart Association. *Circulation*. 2023;148(18):1417-1439. doi:10.1161/CIR.0000000000001182