

Congress of the United States

Washington, DC 20510

May 1, 2024

Dear Chairman Aderholt and Ranking Member DeLauro:

As you work to complete the FY 2025 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, we write to respectfully request that the subcommittee provide robust funding and include language to better integrate nutrition into our health care system.

A key pillar of the 2022 National Strategy coming out of the White House Conference on Hunger, Nutrition, and Health called upon all of us to prioritize the role of nutrition and food security in overall health, ensuring that our health care system addresses the nutrition needs of all people.¹ Healthy diets lower the risk of obesity, heart disease, type 2 diabetes, and certain cancers. They also help people live longer and help people who have chronic diseases better manage their conditions.²

In the United States, poor diet is the leading cause of illness, causing 500,000 deaths per year. An astounding 75% of all health care spending is related to the management of diet-related chronic disease.³ We have it in our power to save lives, improve nutrition, and lower health care costs by directing more federal resources toward better integrating nutrition into our health care system. As both public and private stakeholders continue to implement the National Strategy, Congress should do its part by making the following targeted investments in food is medicine:

- 1) *Programmatic request for the National Institutes of Health, Office of the Director*
⇒ **Meaningfully increase funding for the Office of Nutrition Research (ONR) at the National Institutes of Health (NIH) to support continued work on the 2020-2030 Strategic Plan for NIH Nutrition Research and the Food is Medicine Centers of Excellence.**
- 2) *Programmatic request for the Office of the Secretary, General Departmental Management*
⇒ **Increase General Departmental Management by \$5 million** over the President's Budget Request to support the Department's ongoing Food is Medicine work.
- 3) *Report language for the Office of the Secretary, General Departmental Management*
⇒ **The bill includes \$5 million within General Departmental Management** to maintain support for ongoing efforts in the Office of Assistant Secretary for

¹ White House National Strategy on Hunger, Nutrition, and Health <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>

² Centers for Disease Control and Prevention <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>

³ Federal Nutrition Research Advisory Group <file:///Users/caitlin.hodgkins/Downloads/Strengthening-National-Nutrition-FINAL-June-15-2021.pdf>

Health for the *Food is Medicine: A Project to Unify and Advance Collective Action* project. This funding should be dedicated to continuing to implement a federal strategy to reduce nutrition-related chronic disease, address food insecurity, and improve health. With this funding, the committee encourages the Assistant Secretary to establish a knowledge hub and to work with other federal partners to collaborate on best practices, tools, and guidance related to food is medicine interventions, including efforts to encourage screening for food and nutrition security across health care and implement a Food is Medicine Pilot Program, an integrative model of healthcare that uses healthy, nutritious, and affordable foods to treat, prevent, and manage chronic conditions and address food/nutrition insecurity to advance health, in partnership with USDA. The Committee expects the Secretary of HHS will coordinate and consult with other federal departments with expertise in nutrition such as the Department of Agriculture, Department of Veteran's Affairs, and Indian Health Service to continue to look towards innovative approaches to improve access to Food is Medicine.

4) *Report language for Department of Health and Human Services, Office of the Secretary*
⇒ **Medically Tailored Meals and Produce Prescriptions**

The Committee recognizes the importance of Medically Tailored Meals (MTMs) and Produce Prescription Programs. MTMs are home-delivered meals tailored to the nutrition needs of individuals living with severe, complex, and chronic illness by a Registered Dietician Nutritionist through a referral from a medical professional or health care plan, and directs the Secretary to look across the Department to identify programs that could allow coverage for MTMs. Produce prescriptions programs are a medical treatment or preventative service for diet-related health risks or conditions, food insecurity, or other documented challenges in access to nutritious foods, and are referred by a healthcare provider or health insurance plan. These produce prescriptions are fulfilled through food retail or delivery and enable patients to access healthy produce with no added fats, sugars, or salt, at low or no cost to the patient. The Committee directs the Secretary to look across the Department to identify programs that could allow coverage for MTMs and Produce Prescriptions. The Committee encourages the Department to expand access to coverage of MTMs and Produce Prescriptions in the identified programs.

5) *Report language for the Department of Health and Human Services, Office of the Secretary*
⇒ **Nutrition Education for Doctors**

The Committee is aware that in the United States today, 42% of adults are living with obesity, and 1.5 million Americans die annually from diet-related diseases such as cardiovascular disease, cancer, and diabetes. Despite this, the average medical school provides only 19 hours of nutrition education throughout a student's four years in medical school, and nutrition-related competencies are

limited or absent from most medical specialties in graduate medical education. Therefore, the Committee encourages the Department to pursue all opportunities to encourage medical accrediting bodies such as the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges, the American Association of Continuing Medical Education (CME), and state CME organizations, to incorporate nutrition competencies into their training requirements and to report back to the Committees within 180 days on planned activities.

6) *Report Language for Health Resources and Services Administration (HRSA)*

⇒ **Maternal Produce Prescriptions**

The United States continues to experience higher rates of maternal morbidity and mortality relative to other nations. Nutritional insecurity combined with chronic health conditions threatens the health and wellbeing of mothers and infants alike. Of the funding provided, the Committee directs HRSA to make \$10M available in grants to community-based organizations to develop produce prescription interventions for maternal populations at risk of poor health outcomes due to nutrition insecurity and other health related risk factors. These innovative models should serve maternal populations in low income and underserved urban and rural areas and demonstrate improvements in fruit and vegetable intake; household food security; and health outcomes, such as gestational weight gain, overall physical and mental health, and wellbeing for a cohort of pregnant participants, as well as positive birth outcomes.

Thank you for your consideration of our request to better integrate nutrition into our health care programs and system to save lives and reduce health care costs.

Sincerely,



James P. McGovern
Member of Congress



Vern Buchanan
Member of Congress



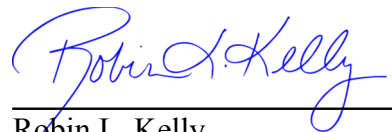
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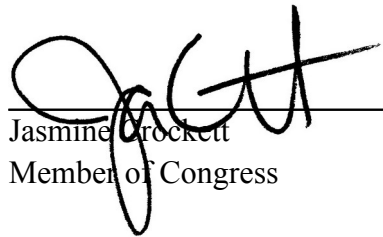
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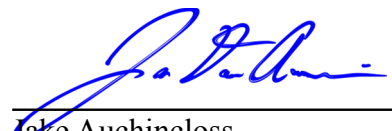
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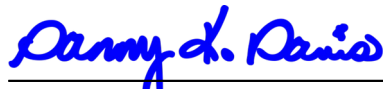
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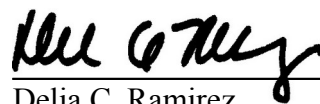
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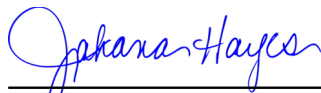
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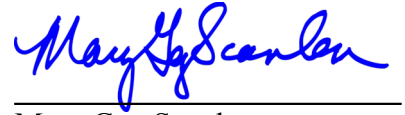
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