







There are distinct approaches that are described broadly as Food is Medicine, including but not limited to:

**Medically Tailored Meals.** Medically tailored meals (MTM) are utilized to address diet-related diseases and food access among higher-risk individuals. MTM provide home delivery of fully prepared meals designed by a registered dietician to meet the specific dietary needs of an individual living with one or more chronic diseases. This intervention is ideal for patients living with chronic diseases who are unable to shop for or prepare meals for themselves, such as patients following a hospitalization for congestive heart failure who are frail and have difficulty ambulating.

**Healthy Food Prescription Programs.** Food prescription programs (also called produce prescription programs) incorporate food access directly into the patient-provider relationship which better enables patients to follow their providers' dietary advice. In these programs, providers "prescribe" fruits and vegetables, or other healthy foods, to at-risk patients in the form of coupons or vouchers for local farmers' markets, grocery stores, or mobile markets. These programs are also typically accompanied by nutrition education and/or counseling and can be paired with services provided by registered dietitians or community health workers. Food prescription programs are typically offered to people living with chronic diseases that are exacerbated by unhealthy food and who have nutrition and food insecurity. Some food prescription programs have been funded through the farm bill reauthorization process. The 2018 farm bill provided \$250 million of

The research suggests that produce prescription programs are effective at increasing fruit and vegetable consumption<sup>13,14</sup> and reducing household food insecurity.<sup>15</sup> The studies conducted on food prescription programs have found that some of these programs are associated with improved health outcomes and reduced health care burden including decreased hemoglobin A1C levels<sup>16</sup> and lower body mass index.<sup>17</sup> While modeling studies have suggested that food prescription programs may prevent cardiovascular

Several organizations, including the American Heart Association, have conducted comprehensive analyses of programs and efforts in the Food is Medicine space and have provided recommendations for programs, research, and policy solutions. A common challenge and barrier to system transformation has been that among the wide variety of programmatic interventions at the intersection of food and health, most exist on a small and siloed scale. Different hospitals, payers, and health care providers have approached these programs in various ways, without any clear or standardized set of implementation approaches likely to be capable of scaling nationally. To create more generalizable approaches, there would ideally be coordination between the Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) with support for research from the National Institutes of Health (NIH) and involvement of public-private partnerships both to facilitate the testing of scalable ideas and to provide financial support. Current Food is Medicine interventions do not consistently include the perspectives and voice of community beneficiaries, which has further limited engagement by those who are offered the programs and thereby diminished their impact. In all these studies, careful assessment of cost effectiveness, particularly in relation to already covered health care services, should be conducted as this will be important in informing decisions about public or private health insurance coverage.

In conjunction with the White House Conference on Hunger, Nutrition, and Health, which came to fruition thanks to the work of the Chair and Ranking Member of this subcommittee, The Rockefeller Foundation and the American Heart Association have committed to mobilize \$250 million to build a national Food is Medicine Research Initiative, which is planned to launch in Spring 2023. This transformative research initiative will generate evidence and tools to help the health sector design and scale programs that increase access to nutritious food, with the goal of generating evidence on what works for whom that can be used to convince public and private sector payors to cover different types of interventions that could vary based on the level of patient need and the likely cost of inaction. Working with patients and partners in government, academia, health care, industry, and community-based organizations, the Food is Medicine Research Initiative will accelerate the rate of innovation as we will build the public-private partnerships necessary to unlock solutions to some of our most complex challenges

As the pandemic has demonstrated, chronic diseases and unhealthy diets are inextricably linked, and health disparities remain all too pervasive. Continued federal support for nutrition research, including Food is Medicine programs, will be necessary to support efforts to prevent and treat chronic diseases, lower health care costs, and improve quality of life. I thank you for the opportunity to offer my perspective today and for your continued leadership to improve

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