

**SEC. 2. Requiring the Center for Medicare and Medicaid Innovation to test a model to reduce chronic diseases by using Accountable Food Is Medicine as a clinical intervention for certain Medicare and Medicaid beneficiaries.**

(a) In general.—Section 1115A of the Social Security Act ([42 U.S.C. 1315a](#)) is amended—

(1) in subsection (b)(2)—

(A) in subparagraph (A), in the third sentence, by inserting “, and shall include the model described in subparagraph (B)(xxviii)” before the period at the end; and

(B) in subparagraph (B), by adding at the end the following new clause:

“(xxviii) The Accountable Food is Medicine Bundled Payment Model described in subsection (h).”; and

(2) by adding at the end the following new subsection:

“(h) Accountable Food is Medicine Bundled Payment Model.—

“(1) IN GENERAL.—For purposes of subsection (b)(2)(B)(xxviii), the Accountable Food Is Medicine (AFIM) Bundled Payment Model described in this subsection aligns financial incentives to prevent and reverse diabetes, cardiovascular disease, hypertension, and other nutrition-related chronic diseases model under which the Secretary enters into an agreement with five or more AFIM programs to integrate covered services selected in accordance with paragraph (2) for purposes of furnishing AFIM services (as specified by the Secretary) to eligible individuals with nutrition-related chronic conditions. The AFIM Bundled Payment Model shall be explicitly protected under Anti-Kickback and Stark Law safe harbors.

“(2) ACCOUNTABLE FOOD IS MEDICINE SERVICES.—The Secretary shall select one or more services under the model described in paragraph (1). Any such AFIM selected program shall include but are not limited to—

“(A)” Enhanced patient visits (longer duration, more comprehensive screenings);

“(B)” Personalized health risk assessments and prevention plan development;

“(C)” Care coordination services (e.g., patient navigators, community health workers);

“(D)” Telehealth/remote patient monitoring for chronic disease monitoring, education and follow-up;

“(E)” Access to lifestyle modification programs (e.g., nutrition counseling, exercise programs, smoking cessation);

“(F)” Access to healthy, nutrient-dense produce, medically tailored groceries/meals, produce prescriptions. Preference given to produce grown within 200 miles of an AFIM program, use of regenerative agriculture methods; and

“(G)” Medication management and adherence, including medication de-prescribing support.

“(3) ELIGIBLE INDIVIDUAL DEFINED.—For purposes of this subsection, the term ‘eligible individual’ means an individual—

“(A) who—

“(i) is entitled to, or enrolled in, benefits under part A or part B of title XVIII (Medicare); or

“(ii) is enrolled in Medicaid under title XIX, CHIP under title XXI, or another applicable federal health program; and

“(B) who resides in a rural or medically underserved area, as determined by the Secretary.”

(b) Limitation.—Any amounts appropriated or allocated to carry out the amendments made by this section shall be subject to the applicable requirements under Public Law 117–328 governing appropriations for programs authorized under sections 330 through 340A of the Public Health Service Act (42 U.S.C. 254b–256a).