

# Summary: “Accountable Produce is Medicine Act of 2026”

March 24, 2026

## Overview and Purpose

The *Accountable Produce is Medicine Act of 2026* seeks to integrate nutrition—specifically access to healthy, medically appropriate food—into federal healthcare delivery and payment systems. The bill amends Section 1115A of the Social Security Act, which governs the Center for Medicare and Medicaid Innovation (CMMI), and directs the agency to test a new bundled payment and care delivery model.

The central goal is to reduce chronic disease and associated healthcare costs by treating access to nutritious food as a reimbursable medical intervention. The legislation formalizes a structured “produce is medicine” model within Medicare, Medicaid, and CHIP.

## Creation of a New CMMI Model

The bill requires the Secretary of Health and Human Services to implement an “Accountable Produce is Medicine Bundled Payment Model.” This model introduces bundled payments to participating providers or programs for delivering a defined set of nutrition-related services to eligible patients. Within 180 days of enactment, CMMI must begin implementing this model.

Under the model:

- Payments may be made under Medicare (Title XVIII), Medicaid (Title XIX), or CHIP (Title XXI).
- Participating entities (“selected programs”) will receive bundled payments covering both clinical and nutrition-related interventions.
- Over time, these programs may be required to assume financial risk, aligning with broader value-based care principles.

## Participating Programs and Selection Criteria

The Secretary must select at least five eligible programs to participate, each for a minimum duration of two years.

- Priority is given to programs that:
  - Provide food and nutrition services aligned with the Dietary Guidelines for Americans
- Demonstrate the capacity to deliver comprehensive services
- Can integrate clinical care with nutrition support effectively

Selected programs may include healthcare providers, suppliers, or organizations capable of coordinating medical and food-based interventions.

## Eligible Individuals

The model targets individuals who:

- Are enrolled in Medicare, Medicaid, or CHIP

- Live in medically underserved areas, rural areas, or health professional shortage areas
- Are identified by a clinician as likely to benefit from participation
- Are not already receiving duplicative federally funded services

This structure prioritizes high-need populations with elevated chronic disease burden and limited access to healthy food.

### **Core Services Provided**

Participating programs must deliver a comprehensive set of services—collectively referred to as “Accountable Produce is Medicine (APIM) services.” These include:

1. **Personalized Health Assessment and Prevention Planning**  
Patients receive individualized evaluations and care plans tailored to their health risks and conditions.
2. **Care Coordination**  
Programs must coordinate across providers and services to ensure continuity of care.
3. **Telehealth Services**  
Includes chronic disease monitoring, patient education, and follow-up care delivered remotely.
4. **Remote Monitoring and Response Systems**  
Patients’ health data (e.g., glucose, blood pressure) are monitored, with systems in place for timely clinical intervention.
5. **Lifestyle Modification Programs**  
Includes nutrition counseling, exercise support, and smoking cessation services.
6. **Provision of Healthy Foods**  
Participants receive nutrient-dense foods, with preference for:
  - Locally sourced produce (within 250 miles where feasible)
  - Food grown using regenerative agriculture practices

### **Data Collection and Evaluation Requirements**

The model includes robust evaluation and accountability mechanisms:

- Programs must track patient engagement and adherence
- Clinical data (e.g., weight, blood pressure, glucose levels) must be collected quarterly
- After one year, programs must:
  - Evaluate health outcomes
  - Assess healthcare cost savings
  - Determine continued patient eligibility

This structure ensures the model generates measurable evidence on both clinical and financial performance.

### **Patient Participation and Disenrollment**

Patients remain eligible for services for a **one-year period**, subject to ongoing evaluation. However, participation may be terminated if:

- The patient is not adequately engaging with the program
- The patient fails to adhere to program requirements

This introduces accountability at the patient level, aligning with the broader “accountable care” framework.

### **Payment Structure and Cost Sharing**

The Secretary determines:

- The amount and structure of bundled payments
- Whether providers must assume financial risk (starting in later years)

Importantly, the bill eliminates financial barriers for patients:

- No deductibles, copayments, or coinsurance apply to APIM services

This provision is intended to maximize participation and remove cost-related barriers to preventive care.

### **Key Definitions**

The bill defines several important terms:

- **Eligible Individual:** A beneficiary of Medicare, Medicaid, or CHIP meeting geographic and clinical criteria
- **Eligible Program:** A participating provider or supplier delivering services under the model
- **Regenerative Agriculture:** Farming practices that improve soil health and conserve natural resources