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(Original Signature of Member)

119TH CONGRESS
2^D SESSION

H. R. _____

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a model to reduce chronic diseases by using accountable produce is medicine.

IN THE HOUSE OF REPRESENTATIVES

Mr. SMUCKER introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend title XI of the Social Security Act to require the Center for Medicare and Medicaid Innovation to test a model to reduce chronic diseases by using accountable produce is medicine.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Accountable Produce
5 is Medicine Act of 2026”.

1 **SEC. 2. REQUIRING THE CENTER FOR MEDICARE AND MED-**
2 **ICAID INNOVATION TO TEST A MODEL TO IM-**
3 **PROVE OUTCOMES FOR PATIENTS WITH**
4 **CHRONIC DISEASES BY USING ACCOUNTABLE**
5 **PRODUCE IS MEDICINE.**

6 Section 1115A of the Social Security Act (42 U.S.C.
7 1315a) is amended—

8 (1) in subsection (b)(2)(A), by inserting “, and,
9 beginning not later than the date that is 180 days
10 after the enactment of the Accountable Produce is
11 Medicine Act of 2026, shall include the Accountable
12 Produce is Medicine Bundled Payment Model de-
13 scribed in subsection (h)” before the period at the
14 end; and

15 (2) by adding at the end the following new sub-
16 section:

17 “(h) ACCOUNTABLE PRODUCE IS MEDICINE BUN-
18 DLED PAYMENT MODEL.—

19 “(1) IN GENERAL.—For purposes of subsection
20 (b)(2)(A), the Accountable Produce is Medicine
21 Bundled Payment Model described in this subsection
22 is a model under which bundled payment is made
23 under title XVIII, title XIX, or title XXI, as appro-
24 priate, for selected programs to furnish Accountable
25 Produce is Medicine services to eligible individuals.

1 “(2) SELECTION OF PROGRAMS TO PARTICI-
2 PATE.—

3 “(A) SELECTED PROGRAMS.—The Sec-
4 retary shall select to participate in the model
5 described under paragraph (1) at least 5 eligi-
6 ble programs, each to participate for a period of
7 not less than 2 years, that the Secretary deter-
8 mines have the capacity to satisfy the require-
9 ments described in paragraph (3). In this sub-
10 section, each such eligible program so selected
11 shall be referred to as a ‘selected program’.

12 “(B) PRIORITY.—In selecting eligible pro-
13 grams under subparagraph (A), the Secretary
14 shall give priority to any such program that
15 furnishes (including through an arrangement
16 with a provider of services or supplier or other
17 entity) food and nutrition services that are con-
18 sistent with the most recent Dietary Guidelines
19 for Americans published under section 301 of
20 the National Nutrition Monitoring and Related
21 Research Act of 1990.

22 “(3) MINIMUM PROGRAM REQUIREMENTS.—
23 Under the model under paragraph (1), a selected
24 program shall comply with each of the following re-
25 quirements:

1 “(A) SCREENING.—The selected program
2 shall screen individuals who are referred to the
3 program by a physician, hospital, or other
4 health care provider, to determine whether such
5 individuals are eligible individuals.

6 “(B) ACCOUNTABLE PRODUCE IS MEDI-
7 CINE SERVICES.—In the case of an individual
8 who is determined by the selected program
9 under subparagraph (A) to be an eligible indi-
10 vidual, the selected program shall, for the 1-
11 year period following such determination (sub-
12 ject to subparagraph (D)), make available (in-
13 cluding through an arrangement with a pro-
14 vider of services or supplier or other entity) to
15 such individual the following services (in this
16 subsection referred to as ‘Accountable Produce
17 is Medicine services’ or ‘APIM services’):

18 “(i) A personalized health risk assess-
19 ment and personalized prevention plan
20 services.

21 “(ii) Care coordination services.

22 “(iii) Telehealth services related to
23 chronic disease monitoring, education, and
24 follow-up.

1 “(iv) Remote patient monitoring items
2 and services, including wearable devices
3 that collect and analyze physiological data,
4 that are clinically appropriate for chronic
5 disease monitoring and facilitate a timely
6 response from a provider in the case that
7 significant changes in such data are de-
8 tected.

9 “(v) Lifestyle modification programs,
10 including nutrition counseling, exercise
11 programs, and smoking cessation coun-
12 seling.

13 “(vi) Healthy, nutrient-dense foods
14 meeting such standards as the Secretary
15 shall determine, with preference given to
16 produce grown within 250 miles of the se-
17 lected program ^{LOB} through the use of regen-
18 erative agriculture.

19 “(C) COLLECTION OF HEALTH DATA; RE-
20 ENROLLMENT ASSESSMENT.—In the case of an
21 individual who is determined by the selected
22 program under subparagraph (A) to be an eligi-
23 ble individual, the selected program shall—

1 “(i) track the APIM services that the
2 individual has received from the program
3 under the model;

4 “(ii) regularly evaluate the individ-
5 ual’s engagement with the program and
6 adherence to program requirements;

7 “(iii) on a quarterly basis collect from
8 such individual updated weight, blood pres-
9 sure, and blood glucose measurements, and
10 any other measurements determined appro-
11 priate by the Secretary; and

12 “(iv) at the end of the 1-year period
13 described in subparagraph (B)—

14 “(I) evaluate the measurements
15 collected under clause (iii);

16 “(II) evaluate the health care
17 cost savings achieved for such indi-
18 vidual during such period; and

19 “(III) provide for an additional
20 determination under subparagraph
21 (A) as to whether such individual re-
22 mains an eligible individual.

23 “(D) DISENROLLMENT.—In the case of an
24 individual who is determined by the selected
25 program under subparagraph (A) to be an eligi-

1 ble individual, if the selected program deter-
2 mines (in accordance with standards established
3 by the Secretary) before the end of the 1-year
4 period described in subparagraph (B) that such
5 individual is not adequately engaging with the
6 program or is not adhering to program require-
7 ments, the selected program shall terminate the
8 individual's participation in the program and
9 may not furnish any additional APIM services
10 to such individual under the model.

11 “(4) PAYMENT.—

12 “(A) IN GENERAL.—The Secretary shall
13 determine the form, manner, and amount of
14 bundled payment to be provided to selected pro-
15 grams under the model under paragraph (1)
16 and, beginning in the third year in which such
17 model is carried out, may require that selected
18 programs assume financial risk for performance
19 under the model.

20 “(B) COST SHARING.—APIM services fur-
21 nished by a selected program to an eligible indi-
22 vidual shall be provided without application of
23 deductibles, copayments, coinsurance, or other
24 cost-sharing under the applicable title.

1 “(5) DURATION.—The model described in para-
2 graph (1) shall be carried out for a period of not
3 less than 5 years.

4 “(6) DEFINITIONS.—In this subsection:

5 “(A) ELIGIBLE INDIVIDUAL.—The term
6 ‘eligible individual’ means an individual—

7 “(i) who is—

8 “(I) entitled to benefits under
9 part A of title XVIII or enrolled
10 under part B of such title;

11 “(II) enrolled under a State plan
12 (or waiver of such plan) under title
13 XIX; or

14 “(III) enrolled under a State
15 child health plan (or waiver of such
16 plan) under title XXI;

17 “(ii) who resides in a medically under-
18 served area (as designated pursuant to sec-
19 tion 330(b)(3)(A) of the Public Health
20 Service Act), a rural area (as defined in
21 section 1886(d)(2)(D)), a health profes-
22 sional shortage area described in section
23 332(a)(1)(A) of the Public Health Service
24 Act, or another area determined appro-
25 priate by the Secretary;

1 “(iii) who has diabetes, obesity, car-
2 diovascular disease, hypertension, or any
3 other disease or chronic condition that the
4 Secretary determines appropriate;

5 “(iv) in the clinical judgment of a
6 physician or other health care professional,
7 who would benefit from participation in the
8 model;

9 “(v) who the eligible program deter-
10 mines to be prepared to participate in the
11 model; and

12 “(vi) who is not already receiving,
13 through another program for which Fed-
14 eral or State funds are expended, items or
15 services that are substantially similar to
16 the APIM services described in clause (v)
17 of paragraph (3)(B).

18 “(B) ELIGIBLE PROGRAM.—The term ‘eli-
19 gible program’ means a provider of services or
20 supplier enrolled in the program under title
21 XVIII, title XIX, or title XXI.

22 “(C) REGENERATIVE AGRICULTURE.—The
23 term ‘regenerative agriculture’ means a con-
24 servation management approach that empha-
25 sizes natural resources through improved soil

1 health, water management, and natural vital-
2 ity.”.