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(Original Signature of Member)

119TH CONGRESS
2D 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”.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

1 (1) diet-related chronic diseases are a leading
2 driver of health care costs in the United States;

3 (2) evidence-based food is medicine interven-
4 tions, including medically tailored meals, medically
5 tailored groceries, produce prescriptions, and nutri-
6 tion counseling, have the potential to improve health
7 outcomes and reduce health care expenditures;

8 (3) the Center for Medicare and Medicaid Inno-
9 vation should, to the extent practicable, incorporate
10 such interventions, as appropriate, into models test-
11 ed under section 1115A of the Social Security Act
12 (42 U.S.C. 1315a); and

13 (4) incorporating food is medicine interventions
14 into Innovation Center models may improve quality
15 of care, reduce costs, and support the prevention
16 and management of chronic disease.

17 **SEC. 3. REQUIRING THE CENTER FOR MEDICARE AND MED-**
18 **ICAID INNOVATION TO TEST A MODEL TO IM-**
19 **PROVE OUTCOMES FOR PATIENTS WITH**
20 **CHRONIC DISEASES BY USING ACCOUNTABLE**
21 **PRODUCE IS MEDICINE.**

22 Section 1115A of the Social Security Act (42 U.S.C.
23 1315a) is amended—

24 (1) in subsection (b)(2)(A), by inserting “, and,
25 beginning not later than the date that is 180 days

1 after the enactment of the Accountable Produce is
2 Medicine Act of 2026, shall include the Accountable
3 Produce is Medicine Bundled Payment Model de-
4 scribed in subsection (h)” before the period at the
5 end; and

6 (2) by adding at the end the following new sub-
7 section:

8 “(h) ACCOUNTABLE PRODUCE IS MEDICINE BUN-
9 DLED PAYMENT MODEL.—

10 “(1) IN GENERAL.—For purposes of subsection
11 (b)(2)(A), the Accountable Produce is Medicine
12 Bundled Payment Model described in this subsection
13 is a model under which bundled payment is made
14 under title XVIII, title XIX, or title XXI, as appro-
15 priate, for selected programs to furnish Accountable
16 Produce is Medicine services to eligible individuals.

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

19 “(A) SELECTED PROGRAMS.—The Sec-
20 retary shall select to participate in the model
21 described under paragraph (1) at least 5 eligi-
22 ble programs, each to participate for a period of
23 not less than 2 years, that the Secretary deter-
24 mines have the capacity to satisfy the require-
25 ments described in paragraph (3). In this sub-

1 section, each such eligible program so selected
2 shall be referred to as a ‘selected program’.

3 “(B) PRIORITY.—In selecting eligible pro-
4 grams under subparagraph (A), the Secretary
5 shall give priority to any such program that
6 furnishes (including through an arrangement
7 with a provider of services or supplier or other
8 entity) fresh, frozen, or minimally processed
9 fruits and vegetables without added sugars, so-
10 dium, or saturated fats (except those occurring
11 naturally), and other plant-based, nutrient-
12 dense foods, including nuts, seeds, intact whole
13 grains, beans, and lentils.

14 “(3) MINIMUM PROGRAM REQUIREMENTS.—
15 Under the model under paragraph (1), a selected
16 program shall comply with each of the following re-
17 quirements:

18 “(A) SCREENING.—The selected program
19 shall screen individuals who are referred to the
20 program by a physician, hospital, or other
21 health care provider, to determine whether such
22 individuals are eligible individuals.

23 “(B) ACCOUNTABLE PRODUCE IS MEDI-
24 CINE SERVICES.—In the case of an individual
25 who is determined by the selected program

1 under subparagraph (A) to be an eligible indi-
2 vidual, the selected program shall, for the 1-
3 year period following such determination (sub-
4 ject to subparagraph (D)), make available (in-
5 cluding through an arrangement with a pro-
6 vider of services or supplier or other entity) to
7 such individual the following services (in this
8 subsection referred to as ‘Accountable Produce
9 is Medicine services’ or ‘APIM services’):

10 “(i) A personalized health risk assess-
11 ment and personalized prevention plan
12 services.

13 “(ii) Care coordination services.

14 “(iii) Telehealth services related to
15 chronic disease monitoring, education, and
16 follow-up.

17 “(iv) Remote patient monitoring items
18 and services that are clinically appropriate
19 for chronic disease monitoring and facili-
20 tate a timely response from a provider in
21 the case that significant changes in such
22 data are detected.

23 “(v) Lifestyle modification programs,
24 including nutrition counseling provided by
25 a registered dietician or other qualified

1 provider, exercise programs, and smoking
2 cessation counseling.

3 “(vi) Healthy, nutrient-dense foods
4 meeting such standards as the Secretary
5 shall determine, with preference given to
6 produce grown within 250 miles of the se-
7 lected program or through the use of re-
8 generative agriculture.

9 “(C) COLLECTION OF HEALTH DATA; RE-
10 ENROLLMENT ASSESSMENT.—In the case of an
11 individual who is determined by the selected
12 program under subparagraph (A) to be an eligi-
13 ble individual, the selected program shall—

14 “(i) track the APIM services that the
15 individual has received from the program
16 under the model;

17 “(ii) regularly evaluate the individ-
18 ual’s engagement with the program and
19 adherence to program requirements;

20 “(iii) on a quarterly basis collect from
21 such individual updated weight, blood pres-
22 sure, and blood glucose measurements, and
23 any other measurements determined appro-
24 priate by the Secretary; and

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

3 “(I) evaluate the measurements
4 collected under clause (iii);

5 “(II) submit to the Secretary
6 such data as the Secretary determines
7 necessary for purposes of evaluating
8 the health care cost savings achieved
9 for such individual during such pe-
10 riod; and

11 “(III) provide for an additional
12 determination under subparagraph
13 (A) as to whether such individual re-
14 mains an eligible individual.

15 “(D) DISENROLLMENT.—In the case of an
16 individual who is determined by the selected
17 program under subparagraph (A) to be an eligi-
18 ble individual, if the selected program deter-
19 mines (in accordance with standards established
20 by the Secretary) before the end of the 1-year
21 period described in subparagraph (B) that such
22 individual is not adequately engaging with the
23 program or is not adhering to program require-
24 ments, the selected program shall terminate the
25 individual’s participation in the program and

1 may not furnish any additional APIM services
2 to such individual under the model.

3 “(4) PAYMENT.—

4 “(A) IN GENERAL.—The Secretary shall
5 determine the form, manner, and amount of
6 bundled payment to be provided to selected pro-
7 grams under the model under paragraph (1)
8 and, beginning in the third year in which such
9 model is carried out, may require that selected
10 programs assume financial risk for performance
11 under the model.

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

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

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

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

23 “(i) who is—

1 “(I) entitled to benefits under
2 part A of title XVIII or enrolled
3 under part B of such title;

4 “(II) enrolled under a State plan
5 (or waiver of such plan) under title
6 XIX; or

7 “(III) enrolled under a State
8 child health plan (or waiver of such
9 plan) under title XXI;

10 “(ii) who resides in a medically under-
11 served area (as designated pursuant to sec-
12 tion 330(b)(3)(A) of the Public Health
13 Service Act), a rural area (as defined in
14 section 1886(d)(2)(D)), a health profes-
15 sional shortage area described in section
16 332(a)(1)(A) of the Public Health Service
17 Act, or another area determined appro-
18 priate by the Secretary;

19 “(iii) who has diabetes, obesity, car-
20 diovascular disease, hypertension, mal-
21 nutrition, or any other disease or chronic
22 condition that the Secretary determines
23 appropriate;

24 “(iv) in the clinical judgment of a
25 physician or other health care professional,

1 who would benefit from participation in the
2 model;

3 “(v) who the eligible program deter-
4 mines to be prepared to participate in the
5 model; and

6 “(vi) who is not already receiving
7 items or services that the Secretary deter-
8 mines are substantially similar (and dupli-
9 cative in purpose and clinical function) to
10 the APIM services described in clause (v)
11 of paragraph (3)(B).

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

16 “(C) REGENERATIVE AGRICULTURE.—The
17 term ‘regenerative agriculture’ means a con-
18 servation management approach that empha-
19 sizes natural resources through improved soil
20 health, water management, and natural vital-
21 ity.”.