H.R. 8355 — Accountable Produce Is Medicine Act of 2026

H.R. 8355 would require the Center for Medicare and Medicaid Innovation to test a new health care payment model that uses healthy food, nutrition services, and ongoing patient support to help prevent and reverse chronic diseases. The bill is based on the principle that diet-related illnesses—such as diabetes, obesity, high blood pressure, and cardiovascular disease—are major drivers of health care spending and that providing healthier food and related services may improve patients' health while reducing costs.

Within 180 days after the bill becomes law, CMMI would be required to begin developing an Accountable Produce Is Medicine Bundled Payment Model. The Department of Health and Human Services would select at least five participating programs, each of which would operate for at least two years. The overall demonstration would continue for at least five years.

The model would serve eligible individuals covered by Medicare, Medicaid, or the Children's Health Insurance Program. Participants generally would need to live in a rural area, medically underserved area, health professional shortage area, or another area approved by the Secretary of Health and Human Services. They would also need to have a qualifying chronic condition, such as diabetes, obesity, hypertension, cardiovascular disease, or malnutrition, and be referred by a physician, hospital, or other health care provider.

Each participant would receive services for one year. These services could include a personalized health risk assessment and prevention plan; care coordination; telehealth visits and chronic disease education; remote monitoring of health measurements; nutrition counseling, exercise programs, and smoking cessation assistance; and healthy, nutrient-dense foods.

The bill gives preference to programs that provide fresh, frozen, or minimally processed fruits and vegetables without added sugar, sodium, or saturated fat. Programs may also provide nuts, seeds, whole grains, beans, lentils, and other plant-based foods. Preference would be given to food grown within 250 miles of the participating program or produced using regenerative agricultural practices.

Participating programs would be required to track the services each patient receives, measure patient participation, and collect health information—including weight, blood pressure, and blood glucose (A1c)—at least quarterly. At the end of the year, the program would evaluate the patient's progress, report information needed to determine health care savings, and decide whether the patient remains eligible for another year. Patients who repeatedly fail to participate or follow program requirements could be removed from the program.

CMMI would determine the amount and structure of a single bundled payment covering the food, clinical, monitoring, and support services provided to each participant. Patients could not be charged deductibles, copayments, coinsurance, or other cost-sharing for these services. Beginning in the third year, CMMI could require participating organizations to accept some financial risk based on their performance.

Overall, H.R. 8355 is intended to determine whether combining healthy food with medical care, nutrition education, monitoring, and patient accountability can improve chronic disease outcomes and reduce Medicare, Medicaid, and CHIP spending.