

119TH CONGRESS
2D SESSION

S. _____

To amend the Food, Conservation, and Energy Act of 2008 to expand the produce prescription program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. HEINRICH introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend the Food, Conservation, and Energy Act of 2008 to expand the produce prescription program, and for other purposes.

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 “Produce Prescription
5 Program Expansion Act of 2026”.

6 **SEC. 2. GUS SCHUMACHER NUTRITION INCENTIVE PRO-**
7 **GRAM.**

8 Section 4405 of the Food, Conservation, and Energy
9 Act of 2008 (7 U.S.C. 7517) is amended—

2

1 (1) in subsection (a), by redesignating para-
2 graphs (3), (4), and (5) as paragraphs (5), (3), and
3 (4), respectively, and reordering appropriately;

4 (2) in subsection (c)—

5 (A) by striking paragraphs (1) and (2) and
6 inserting the following:

7 “(1) DEFINITION OF PRODUCE PRESCRIPTION
8 PROJECT.—In this subsection, the term ‘produce
9 prescription project’ means a project under which an
10 eligible entity—

11 “(A) prescribes fruits and vegetables to
12 members to improve health outcomes; and

13 “(B) may—

14 “(i) provide financial or nonfinancial
15 incentives for members to purchase or pro-
16 cure fruits and vegetables;

17 “(ii) provide educational resources on
18 nutrition to members; and

19 “(iii) establish additional accessible lo-
20 cations for members to procure fruits and
21 vegetables.

22 “(2) GRANTS.—The Secretary shall establish a
23 grant program under which the Secretary shall
24 award grants to eligible entities to conduct produce
25 prescription projects and—

3

1 “(A) to demonstrate the impact of the
2 produce prescription project on—

3 “(i) the improvement of dietary health
4 through increased consumption of fruits
5 and vegetables;

6 “(ii) the reduction of individual and
7 household food insecurity; and

8 “(iii) the reduction in healthcare use
9 and associated costs; or

10 “(B) to demonstrate the feasibility and im-
11 pact of delivering produce prescriptions under
12 the produce prescription project within stand-
13 ard clinical practice, including by using re-
14 search and evaluation criteria similar to the cri-
15 teria used in clinical trials.”;

16 (B) in paragraph (3)—

17 (i) by striking subparagraph (A) and
18 inserting the following:

19 “(A) IN GENERAL.—An eligible entity
20 seeking a grant under paragraph (2) shall sub-
21 mit to the Secretary an application containing
22 such information as the Secretary may require,
23 including the information described in subpara-
24 graph (B).”;

25 (ii) in subparagraph (B)—

1 (I) in clause (i), by striking
2 “paragraph (2)” and inserting “para-
3 graph (7)(A)”; and

4 (II) in clause (ii)(I)(cc), by strik-
5 ing “subparagraphs (A) through (C)
6 of paragraph (1)” and inserting
7 “clauses (i) through (iii) of paragraph
8 (2)(A), if applicable”; and

9 (iii) by adding at the end the fol-
10 lowing:

11 “(C) PRIORITY FOR LOCAL FOOD AND
12 INDEPENDENT RETAIL OUTLETS.—In awarding
13 grants under paragraph (2)(A), the Secretary
14 shall give priority to produce prescription
15 projects that—

16 “(i) prescribe locally grown produce;
17 or

18 “(ii) establish infrastructure that
19 aides independent produce retail outlets.

20 “(D) REVIEW PANEL.—Not later than 1
21 year after the date of enactment of the Produce
22 Prescription Program Expansion Act of 2026,
23 the Secretary shall establish a review panel,
24 which shall include at least 1 representative of

1 the healthcare industry, to review applications
2 under this paragraph.”;

3 (C) by redesignating paragraphs (4) and
4 (5) as paragraphs (6) and (7), respectively;

5 (D) by inserting after paragraph (3) the
6 following:

7 “(4) PROJECT REQUIREMENTS.—

8 “(A) IN GENERAL.—A project described in
9 paragraph (2)(A) shall—

10 “(i) examine how program design, de-
11 livery mechanisms, and participant experi-
12 ence affect program uptake, usability, and
13 outcomes;

14 “(ii) establish or validate best prac-
15 tices; or

16 “(iii) establish infrastructure that aids
17 community health centers, rural health
18 clinics, and critical access hospitals.

19 “(B) CLINICAL PRACTICE.—A project de-
20 scribed in paragraph (2)(B) shall have—

21 “(i) a minimum intervention cohort of
22 300 patients;

23 “(ii) a matched control comparison
24 group, or have demonstrated the ability to

1 scale when delivered through clinical prac-
2 tice; and

3 “(iii) an intervention duration of 8
4 months or longer.

5 “(5) AWARD AMOUNTS.—The amount of a
6 grant to conduct a produce prescription project—

7 “(A) with the demonstration described in
8 paragraph (1)(A) shall be \$250,000 or less; and

9 “(B) with the demonstration described in
10 paragraph (1)(B) shall be not less than
11 \$1,000,000 and not more than \$2,500,000.”;

12 (E) in paragraph (6) (as so redesignated),
13 by striking “paragraph (1)” and inserting
14 “paragraph (2)”;

15 (F) in paragraph (7) (as so redesign-
16 ated)—

17 (i) by redesignating subparagraph (B)
18 as subparagraph (C);

19 (ii) in subparagraph (A), by striking
20 the subparagraph designation and heading
21 and all that follows through “In carrying
22 out the grant program under paragraph
23 (1)” and inserting the following:

24 “(A) HEALTHCARE PARTNERS FOR ELIGI-
25 BLE ENTITIES.—In carrying out a project using

1 a grant received under paragraph (2), an eligi-
2 ble entity shall partner with 1 or more
3 healthcare partners.

4 “(B) PARTNERSHIPS WITH SECRETARY.—
5 In carrying out the grant program under para-
6 graph (2)”; and

7 (iii) in subparagraph (C) (as so redes-
8 ignated), in the matter preceding clause
9 (i), by striking “subparagraph (A)” and
10 inserting “subparagraph (B)”; and

11 (G) by adding at the end the following:

12 “(8) REPORT.—Not later than 3 years after the
13 date of enactment of the Produce Prescription Pro-
14 gram Expansion Act of 2026, the Secretary, in con-
15 sultation with the Comptroller General of the United
16 States, the Secretary of Health and Human Serv-
17 ices, the Administrator of the Centers for Medicare
18 and Medicaid Services, and any other relevant agen-
19 cy head shall conduct a study and issue rec-
20 ommendations on how to transition payment for the
21 produce prescription program under this subsection
22 to health insurance programs not later than 10
23 years after that date of enactment.”; and

24 (3) in subsection (f)—

1 (A) in paragraph (1), by striking “2023”
2 and inserting “2031”;

3 (B) in paragraph (2)—

4 (i) by redesignating subparagraphs
5 (D) through (G) as subparagraphs (E)
6 through (H), respectively;

7 (ii) by redesignating the second sub-
8 paragraph (C) (relating to fiscal year
9 2019) as subparagraph (D);

10 (iii) in subparagraph (G) (as so redес-
11 ignated), by striking “and” at the end;

12 (iv) in subparagraph (H) (as so redес-
13 ignated), by striking “and each fiscal year
14 thereafter.” and inserting “; and”; and

15 (v) by adding at the end the following:

16 “(I) \$57,500,000 for each of fiscal years
17 2027 through 2031; and

18 “(J) \$56,000,000 for fiscal year 2032 and
19 each fiscal year thereafter.”; and

20 (C) in paragraph (3)—

21 (i) in the matter preceding subpara-
22 graph (A), by striking “2023” and insert-
23 ing “2031”; and

1 (ii) in subparagraph (A), by striking
2 “subsection (c);” and inserting the fol-
3 lowing: “subsection (c), of which—
4 “(i) 50 percent shall be used for
5 grants described in paragraph (2)(A) of
6 that subsection; and
7 “(ii) 50 percent shall be used for
8 grants described in paragraph (2)(B) of
9 that subsection;”.