

June 12, 2024

The Honorable Tammy Baldwin  
Chair, Senate Subcommittee on Labor, Health,  
and Human Services  
141 Hart Senate Office Building  
Washington, DC 20510

The Honorable Robert Aderholt  
Chair, House Subcommittee on Labor, Health,  
and Human Services  
266 Cannon House Office Building  
Washington, DC 20515

The Honorable Shelley Moore Capito  
Vice Chair, Senate Subcommittee on Labor,  
Health, and Human Services  
172 Russell Senate Office Building  
Washington, DC 20510

The Honorable Rosa DeLauro  
Ranking Member, House Subcommittee on  
Labor, Health, and Human Services  
2413 Rayburn House Office Building  
Washington, DC 20515

Dear Chairwoman Baldwin, Chairman Aderholt, Vice Chair Capito, and Ranking Member DeLauro:

As you work to complete the FY 2025 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, we write to respectfully request that the subcommittee provide robust funding and include language to better integrate nutrition into our health care system. This letter's 73 signatories represent organizations collectively employing more than 767,000 Americans and totaling more than \$320 billion in annual U.S. revenue and/or budgets.<sup>1</sup> The signatories reflect multiple sectors and types of organizations including academia, anti-hunger, consumer advocacy, health care, health care professional associations, food production and manufacturing, food retail, life insurance, meal providers, non-profit, pharmacies, public health, research, and technology, and come from at least 22 U.S. states<sup>2</sup> and Washington, DC (see appendix of signatories by state).

In the United States, [poor diets](#) are estimated to cause more than 500,000 deaths each year and are the top driver of poor health outcomes. Our country's rates of diet-related chronic diseases are high: for example, 7 in 10 adults have [overweight or obesity](#), 1 in 2 have [diabetes or prediabetes](#), and 14 in 15 have [suboptimal cardiometabolic health](#). Diet-related chronic diseases create enormous economic challenges for American businesses, families, and individuals through rising healthcare premiums, out-of-pocket-costs, missed work, and lower productivity. The yearly combined U.S. healthcare spending and lost productivity from poor diets is estimated at [\\$1.1 trillion each year](#). Diet-related illness is also a matter of national security: nearly 8 in 10 U.S. young adults aged 17-24 [do not qualify for military service](#), with excess weight as the leading medical disqualifier.

Congress has an opportunity to improve health and lower health care costs by directing federal resources to better integrate nutrition into our health care system; specifically, by advancing nutrition science as well as food is medicine efforts.

Food is medicine (FIM) interventions reflect the critical link between nutrition and health, integrated into health care delivery. These include programs that provide nutritionally tailored meals, groceries, and produce to support disease management, prevention, or optimal health and are linked to the health care system as part of a patient's treatment plan. Evidence suggests that medically tailored

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<sup>1</sup> Data reflecting number of employees and annual revenue and/or budget for listed signatories are not 100% complete as they reflect data retrieved from <https://www.guidestar.org/>, <https://pitchbook.com/>, and individual organizational websites, as available.

<sup>2</sup> AR, AZ, CA, CO, CT, DE, FL, ID, IL, MA, MD, MI, MN, MO, NJ, NY, OH, PA, SC, TX, VA, and WI

meals (MTMs) in high-risk, high health care-utilization patients may be [cost-saving](#), and produce prescriptions in more general patients with diet-related conditions may be highly [cost-effective](#) (or cost-saving from a societal perspective).

Congress should make the following targeted investments in food is medicine:

1. *Programmatic request for the National Institutes of Health, Office of the Director:*

**Meaningfully increase funding for the Office of Nutrition Research (ONR) at the National Institutes of Health (NIH) to support continued work on the 2020-2030 Strategic Plan for NIH Nutrition Research and the Food is Medicine Networks or Centers of Excellence.** A [2019 NIH analysis](#) compared the amount of dedicated NIH prevention research funding for risk factors of death and disability, and concluded that large gaps exist between the top causes of poor health and the research funding allocated to address them—with poor nutrition at the top. Despite this conclusion, and while rates of diet-related disease and associated health care spending continue to rise, funding levels for nutrition research and training (as a percentage of total NIH spending) have been flat at approximately [5% since FY 2015](#). Exciting scientific breakthroughs are on the horizon, but robust investment in federal nutrition research is critical to allow our nation to pursue exciting new fundamental, clinical, and translational discoveries to address these problems.

2. *Programmatic request for the Office of the Secretary, General Departmental Management:*

**Increase General Departmental Management by \$5 million** over the President's Budget Request to support the Department's ongoing Food is Medicine work.

3. *Report language for the Office of the Secretary, General Departmental Management:*

**The bill includes \$5 million within General Departmental Management** to maintain support for ongoing efforts in the Office of Assistant Secretary for Health for the *Food is Medicine: A Project to Unify and Advance Collective Action* project. This funding should be dedicated to continuing to implement a federal strategy to reduce nutrition-related chronic disease and food insecurity to equitably improve health. With this funding, the committee encourages the Assistant Secretary to work with federal partners and external organizations and communities nationwide to further develop and disseminate resources, guidance, and tools to advance Food is Medicine initiatives across the country, such as efforts to encourage screening for food and nutrition security across health care.

4. *Report language for Department of Health and Human Services, Office of the Secretary:*

**Medically Tailored Meals and Produce Prescriptions:** The Committee recognizes the importance of medically tailored meals (MTMs) and produce prescription programs. MTMs are home-delivered meals tailored for patients living with severe, complex, and chronic illnesses. Patients are identified by a medical professional or health care plan, and a Registered Dietitian Nutritionist customizes the meals to the patient's nutritional and medical needs. Produce prescriptions programs are a medical treatment or preventative service for individuals who have diet-related health risks or conditions, food insecurity, or other documented access challenges to nutritious foods, and are referred by a healthcare provider or health insurance plan. These prescriptions are fulfilled through food retail or home

delivery and enable patients to access healthy produce with no added fats, sugars, or salt, at low or no cost to the patient. The Committee directs the Secretary to look across the Department to identify programs that could allow coverage for MTMs and Produce Prescriptions. The Committee encourages the Department to expand access to coverage of MTMs and Produce Prescriptions in the identified programs.

5. *Report language for the Department of Health and Human Services, Office of the Secretary*

**Nutrition Education for Doctors:** The Committee is aware that in the United States today, poor diets are the leading cause of death and disability, as nutrition has strong ties to illnesses such as heart disease, stroke, cancer, and diabetes. Yet on average, medical schools provide only 19 hours of nutrition education throughout a student's four years of schooling, and nutrition-related competencies are limited or absent from most medical specialties in graduate medical education. Therefore, the Committee encourages the Department to pursue all opportunities to encourage medical accrediting bodies such as the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, the American Association of Continuing Medical Education (CME), and state CME organizations, to incorporate nutrition competencies into their training requirements and to report back to the Committees within 180 days on planned activities.

We appreciate your consideration of these requests to better integrate nutrition into health care. These sensible, evidence-based strategies can improve the health of the nation, making the country stronger and more competitive and reducing the human and economic burden of chronic disease for all Americans.

Sincerely,

Food is Medicine Institute, Tufts University  
Boston, MA

Azuluna  
Woodstock, CT

About Fresh, Inc.  
Boston, MA

Brightseed, Inc.  
South San Francisco, CA

Academy of Nutrition and Dietetics  
Chicago, IL

Center for Health Law and Policy Innovation  
of Harvard Law School  
Cambridge, MA

American College of Lifestyle Medicine  
Chesterfield, MO

Center for Science in the Public Interest  
Washington, DC

American Public Health Association  
Washington, DC

Ceres Community Project  
North San Francisco, CA

American Society for Nutrition  
Rockville, MD

Children's Hospital of Philadelphia  
Philadelphia, PA

Association of State Public Health  
Nutritionists  
Tucson, AZ

ChristianaCare  
Wilmington, DE

Community Servings  
Jamaica Plain, MA

DC Greens  
Washington, DC

Defeat Malnutrition Today  
Washington, DC

Devoted Health, Inc.  
Waltham, MA

EatWell  
Brookline, MA

Fair Food Network  
Detroit, MI

FARE (Food Allergy Research and Education)  
McLean, VA

First Focus on Children  
Washington, DC

Florida Health and Nutrition Coalition  
West Palm Beach, FL

FMI - The Food Industry Association  
Arlington, VA

Food is Medicine Coalition  
Nationwide

FoodMed Certified by Validation Institute  
Needham, MA

GA Foods  
St. Petersburg, FL

George Washington University Office of  
Integrative Medicine & Health  
Washington, DC

Global Salmon Initiative  
Global

Growers for Grace PBC  
Aiken, SC

Healthcare Nutrition Council  
Washington, DC

HumanCo  
New York, NY

Hunger Free America  
New York, NY

Hungry Harvest  
Baltimore, MD

Idaho Hunger Relief Task Force  
Boise, ID

Indian Society of Parenteral and Enteral  
Nutrition  
Chennai, India

Instacart  
San Francisco, CA

International Fresh Produce Association  
Newark, DE

January AI  
Menlo Park, CA

John Hancock  
Boston, MA

Lipton Teas and Infusions  
Englewood Cliffs, NJ

LiveWell Greenville  
Greenville, SC

Living Hungry, Inc.  
Delray Beach, FL

Lowcountry Street Grocery  
Charleston, SC

McCormick Science Institute  
Cockeysville, MD

Meals on Wheels California  
San Francisco, CA

Michigan Farmers Market Association  
East Lansing, MI

National Association of Chain Drug Stores  
(NACDS)  
Arlington, VA

National Association of Nutrition and Aging  
Services Programs (NANASP)  
Washington, DC

National Association of Pediatric Nurse  
Practitioners  
New York, NY

National Produce Prescription Collaborative  
Washington, DC

North American Blueberry Council  
Folsom, CA

Ocean Spray Cranberries, Inc.  
Lakeville-Middleboro, MA

PepsiCo  
Purchase, NY

Public Health Institute's Center for Wellness  
and Nutrition  
Sacramento, CA

San Diego State University  
San Diego, CA

Seafood Nutrition Partnership  
Arlington, VA

Season Health  
Austin, TX

Simply Good Foods  
Denver, CO

Society of Behavioral Medicine  
Milwaukee, WI

Spartanburg Regional Healthcare System  
Spartanburg, SC

Step One Foods  
Eden Prairie, MN

Teens for Food Justice  
New York, NY

Territory Foods  
Arlington, VA

The Alliance for a Hunger Free New York/The  
Food Pantries for the Capital District/NYS  
FAM Coalition  
Albany, NY

The Community Grocer (TCG Groceries)  
Philadelphia, PA

The Greater Boston Food Bank  
Boston, MA

The Kroger Co.  
Cincinnati, OH

Unilever United States  
Englewood Cliffs, NY

Union of Concerned Scientists  
Cambridge, MA

University of Florida Institute for Food and  
Agricultural Sciences  
Gainesville, FL

Well Fed  
Little Rock, AR

Wholesome Wave  
Bridgeport, CT

## **APPENDIX: SIGNATORIES BY STATE**

### Arkansas

- Well Fed

### Arizona

- Association of State Public Health Nutritionists

### California

- Brightseed, Inc.
- Ceres Community Project
- Instacart
- January AI
- Meals on Wheels California
- Public Health Institute's Center for Wellness and Nutrition
- San Diego State University

### Colorado

- North American Blueberry Council
- Simply Good Foods

### Connecticut

- Azuluna
- Wholesome Wave

### Delaware

- ChristianaCare
- International Fresh Produce Association

### Florida

- Florida Health and Nutrition Coalition
- GA Foods
- Living Hungry, Inc.
- University of Florida Institute for Food and Agricultural Sciences

### Idaho

- Idaho Hunger Relief Task Force

### Illinois

- Academy of Nutrition and Dietetics

### Massachusetts

- About Fresh, Inc.
- Center for Health Law and Policy Innovation of Harvard Law School
- Community Servings
- Devoted Health, Inc.
- EatWell
- Food is Medicine Institute, Tufts University
- FoodMed Certified by Validation Institute

## **APPENDIX: SIGNATORIES BY STATE**

- John Hancock
- Ocean Spray Cranberries, Inc.
- The Greater Boston Food Bank
- Union of Concerned Scientists

### Maryland

- American Society for Nutrition
- Hungry Harvest
- McCormick Science Institute

### Michigan

- Fair Food Network
- Michigan Farmers Market Association

### Minnesota

- Step One Foods

### Missouri

- American College of Lifestyle Medicine

### New Jersey

- Lipton Teas and Infusions
- Unilever United States

### New York

- HumanCo
- Hunger Free America
- National Association of Pediatric Nurse Practitioners
- PepsiCo
- Teens for Food Justice
- The Alliance for a Hunger Free New York/The Food Pantries for the Capital District/NYS FAM Coalition

### Ohio

- The Kroger Co.

### Pennsylvania

- Children's Hospital of Philadelphia
- The Community Grocer (TCG Groceries)

### South Carolina

- Growers for Grace PBC
- LiveWell Greenville
- Lowcountry Street Grocery
- Spartanburg Regional Healthcare System

## **APPENDIX: SIGNATORIES BY STATE**

### Texas

- Season Health

### Virginia

- FARE (Food Allergy Research and Education)
- FMI - The Food Industry Association
- National Association of Chain Drug Stores (NACDS)
- Seafood Nutrition Partnership
- Territory Foods

### Wisconsin

- Society of Behavioral Medicine

### Washington, DC

- American Public Health Association
- Center for Science in the Public Interest
- DC Greens
- Defeat Malnutrition Today
- First Focus on Children
- George Washington University Office of Integrative Medicine & Health
- Healthcare Nutrition Council
- National Association of Nutrition and Aging Services Programs (NANASP)
- National Produce Prescription Collaborative

### Global

- Global Salmon Initiative
- Indian Society of Parenteral and Enteral Nutrition

### Nationwide

- Food is Medicine Coalition