

May 17, 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.

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 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 at Tufts University

[additional signatories]