



Date: January 28, 2026

To: Chair Ingalls and Senate Agriculture Committee Members

From: Tina Zuk, Government Relations Director, American Heart Association

Re: Testimony on Food is Medicine

Thank you so much for allowing us the opportunity today to tell you a little about what Food is Medicine is and the wonderful work being done on it in Vermont.

What is Food is Medicine?

Nutritious food is a foundation for good health, and it can also play a therapeutic role in diet-related diseases. Food is Medicine is when a physician or health care provider prescribes healthy food to help patients treat, manage and prevent chronic conditions such as cardiovascular disease in a way that is integrated with and paid for by the health care sector.

Food is Medicine Program Interventions include:

Produce prescriptions, also called healthy food prescriptions, which involve clinical teams prescribing fruits and vegetables or other healthy foods to at-risk patients in the form of coupons or vouchers for local farmers' markets, grocery stores, or mobile markets.

Medically tailored meals, which typically provide home delivery of fully prepared meals designed by a registered dietitian based on a patient's condition and health needs.

Medically tailored groceries, which provide unprepared foods from varied food groups, including vegetables, fruits, beans, grains, lean proteins and low-fat dairy, prescribed by a registered dietitian for patients with diet-related acute and chronic conditions.

Why is Food is Medicine needed?

An estimated 90% of the \$4.3 trillion annual cost of health care in the U.S. is spent on medical care for chronic diseases, and for many of these diseases, including cardiovascular disease, diet is a major risk factor.¹

Millions of people in the U.S. experience low diet quality due to barriers related to access, affordability, and knowledge of healthy foods. These challenges contribute to uneven diet quality and health outcomes, particularly among individuals with limited resources. Health care professionals can play an important role by prescribing nutritious food as part of a patient's care, helping to address their health and nutrition security.

Preliminary evidence suggests that food is medicine programs may lead to improved health outcomes, reduced healthcare utilization and costs, and increased nutrition security for patients living with acute or chronic conditions.

Improved Health Outcomes:

- Researchers from the Tufts Food is Medicine Institute estimated the potential impact to states of providing 10 medically tailored meals per week to patients for an average of 8 months. For Vermont, this would translate to **a net-savings of \$2,702 per patient.** ⁱⁱ
- Research by Shuyue Deng and colleagues calculated that scaling **medically tailored nutrition interventions could save Vermont \$53 million in net savings** (calculated as savings in annual health care expenditures minus program costs for eligible patients.)
- In Vermont, three Federally Qualified Health Centers -- Lamoille Health Partners, Little Rivers Health care and Northern Tier Center for Health – demonstrated that integrating heart-healthy food access into primary care can measurably improve patient health, strengthen community partnerships, and address the root causes of chronic disease. Their efforts improved cardiovascular outcomes and addressed food insecurity. The impacts included:
 - **Statistically significant decreases in blood pressure and cholesterol among enrolled patients with or at risk for cardiovascular disease (CVD)**
 - 205% increase in food insecurity screening rates (2022-2024)
 - 279 patients served in the food is medicine programs
 - 1,992 educational opportunities offered to patients
- The CSA (Community Supported Agriculture) and Community of Practiceⁱⁱⁱ was founded in Vermont in 2021. Realizing that CSAs have a unique role to play in the intersection of local food and health in Vermont, six separate Health Care CSA agriculture share programs now cover 8 of Vermont's counties. Working with medical providers to prescribe healthy food, the efforts impact diet-related illness, food insecurity and farm viability:
 - 50 community health partners involved
 - Cardiovascular risk factors were cited as the top conditions for program referral
 - 83% of participants screened positive for food insecurity
 - 56% of patients were insured by Medicare, Medicaid, or Dr. Dynasaur
 - Participants of all six programs reported increased fruit and vegetable consumption
 - 1,922 people reached
 - \$405,430 in produce purchased

- Support from 36 for-profit and 3 non-profit farms

Some of the Food is Medicine Health Care Share Programs in Vermont:

- **Farmacy Food is Medicine**
ACORN – Addison County Relocalization Network
- **Farm Shares for Health**
The University of Vermont Medical Center
- **Northwest Farmacy CSA**
Northwest VT Healthy Roots Collaborative
NOTCH Northern Tier Center for Health
- **VFFC's Farmacy Project**
Vermont Farmer's Food Center
- **The VYCC Health Care Share**
Vermont Youth Conservation Corps
- **Little Rivers Food Farmacy**
Little Rivers Health Care

34 Vermont farms and 48 community health partners work together to contribute to Vermont's Food is Medicine program success.

What's needed for long-term success?

An unmet need analysis was conducted of the clinical, community and food settings in Vermont's Food is Medicine efforts between 2024 and 2025. The Food Is Medicine Vermont Report by Culinary Rehab LLC, Aug. 11, 2025^{iv}, found that **sustained funding was among the items needed for long-term success.**

“The findings underscore a strong, cross-sector commitment to sharing Food is Medicine in Vermont – rooted in shared values of equity, prevention and community connection. However, the success of FIM programs statewide is currently limited by critical gaps in funding (most programs rely on a mix of non-government grants, private donations, community partnerships and government grants), research, infrastructure, collaboration, and capacity.”

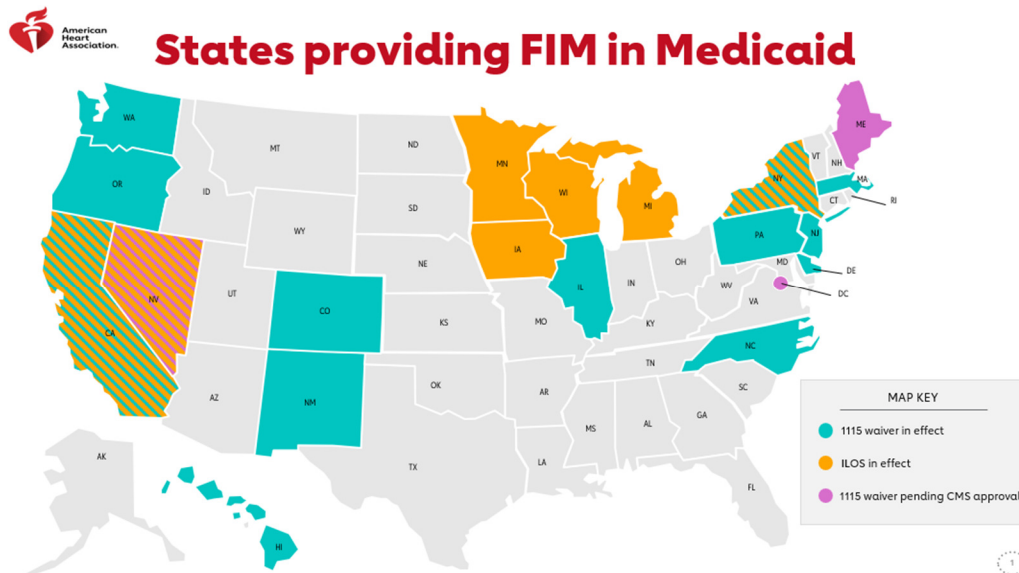
“A legislative and funding strategy that bridges health care and agriculture can position FIM as a core component of care, saving the state millions in health care savings.”

The report pointed to Medicaid reimbursement and funding via the 1115 waiver in Vermont as a priority. The federal funding match and state legislative commitment is the goal of the Vermont Food is Medicine Coalition. The American Heart Association supports an 1115 waiver and pilot project that would enable Vermont to treat patients and gather data on the effectiveness of such an effort.

Food is Medicine in Other States:

Oklahoma Governor Kevin Stitt recently signed the Food is Medicine Act to create Medicaid incentives and expand nutrition services. The state plans to leverage an 1115 waiver to pilot food is medicine services.

The map below also shows action by other states.



Contacts for more info:

American Heart Association, Tina Zuk, tina.zuk@heart.org

Bi-State Primary Care Association, Jamie Rainville, jrainville@bistatepca.org, Kristen Bigelow, kbigelow@bistatepca.org

Vermont Youth Conservation Corps, Christine Hadakel, christine.hadakel@vycc.org

ⁱ <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>

ⁱⁱ Researchers from the Tufts Food is Medicine Institute used a simulation model to estimate state-specific one-year and five-year changes in annual hospitalizations, healthcare spending, and cost-effectiveness of MTM for eligible patients. The model was drawn from the research, which is published as: Deng S, et al. Estimated Impact of Medically Tailored Meals on Health Care Use and Expenditures in 50 US States. Health Aff (Millwood). 2025 Apr;44(4):433-442. doi: 10.1377/hlthaff.2024.01307.

ⁱⁱⁱ [2024 Data Report: CSA & Healthcare Community of Practice | VT Farm to Plate](#)

^{iv} [FIM In Vermont An Unmet Needs Analysis 8_15_25.pdf](#)