

Durbin, Pingree Send Letter to VA Requesting Details on Produce Prescription Programs

by Theresa Bordenave
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WASHINGTON – U.S. Senate Majority Whip Dick Durbin (D-IL) and Rep. Chellie Pingree (D-ME-01) today sent a letter to the Secretary of Veterans Affairs Denis McDonough requesting information about the implementation of “produce prescription” initiatives at the Veterans Health Administration (VHA). In 2022, President Biden called on VHA to begin the implementation of “produce prescriptions,” which allow patients who have diet-related chronic health conditions to be “prescribed” vouchers to purchase free or discounted fruits and vegetables. While the program is being piloted at VHA facilities in Houston and Salt Lake City, Congress needs more information about the program in order to understand how to best support the health and well-being of veterans across the United States, and potentially expand the program to more patients.

In their letter, the lawmakers requested an update on the produce prescription programming, noting that veterans have higher rates of illness as compared to other Americans. According to the Centers for Disease Control and Prevention (CDC), 19 percent of veterans have diabetes and 12 percent of veterans have heart disease compared to 16 percent and 12 percent of all Americans, respectively.

“We are writing to request an update on the Department of Veterans Affairs’ (VA) efforts to implement ‘produce prescription’ initiatives within the Veterans Health Administration (VHA),” the lawmakers wrote.

“Veterans often suffer from higher rates of illness compared to the general population, in part because of the stress and trauma that veterans too often have experienced,” the lawmakers wrote. “VA research has found that there is a need for dietary interventions for the health management of veterans with chronic conditions. At the same time, veterans are at a higher risk for food insecurity than the general population, but are less likely to be enrolled in SNAP benefits. As such, it is essential to ensure that veterans have the support needed to address their chronic health conditions, including strategies to address access to healthy, affordable food.”

The lawmakers noted that Congress approved \$2 million in federal funding for the U.S. Department of Veterans Affairs (VA) to implement prescription produce initiatives within VHA.

In closing their letter, the lawmakers asked for additional information about how VHA has utilized the \$2 million that Congress appropriated and about how it plans to scale the current produce prescription initiatives using the funds that Congress appropriated to serve more veterans across the nation.

“There are now two ‘produce prescription’ initiatives at VHA facilities in Houston, Texas, and Salt Lake City, Utah. Does VA plan to expand ‘produce prescriptions’ initiatives to other VHA facilities across the United States?” the lawmakers asked in their letter.

“Please explain in detail the resources, funding, or legislative authorities that the VA would require to expand ‘produce prescription’ initiatives to other VHA facilities across the United States, including any barriers to doing so,” the lawmakers requested as they concluded the letter.

Low fruit and vegetable consumption contributes to the fact that more than 50 percent of Americans have a diet-related chronic condition, such as heart disease, kidney disease, diabetes, and certain cancers. Veterans experience disproportionately higher rates of chronic disease compared to non-veterans, and 24 percent of veterans report being food insecure, which harms the ability to control their chronic diseases.

Initiatives that support veterans in obtaining fresh produce can improve health outcomes. According to the American Heart Association (AHA), adults who participate in produce prescription programs consume 30 percent more fruits and vegetables a day. In this research, AHA found that all participants in produce prescription programs experienced a measurable decrease in blood pressure and blood sugar.

A copy of the letter is available [here](#) and below:

April 15, 2024

Dear Secretary McDonough,

We are writing to request an update on the Department of Veterans Affairs’ (VA) efforts to implement “produce prescription” initiatives within the Veterans Health Administration (VHA).

Nearly 60 percent of Americans have a diet-related chronic health condition, such as heart disease and type 2 diabetes. These conditions claim the lives of more than half a million Americans on an annual basis. In addition, these conditions take a significant economic toll. Diabetes alone accounts for \$327 billion in annual health care expenditures in the United States. Veterans often suffer from higher rates of illness compared to the general population, in part because of the stress and trauma that veterans too often have experienced.

According to the Centers for Disease Control and Prevention (CDC), more than 70 percent of veterans are obese compared to 60 percent of all Americans, 19 percent of veterans have diabetes compared to 16 percent of all Americans, and 12 percent of veterans have heart disease compared to seven percent of all Americans. VA research has found that there is a need for dietary interventions for the health management of veterans with chronic conditions. At the same time, veterans are at a higher risk for food insecurity than the general population, but are less likely to be enrolled in SNAP benefits. As such, it is essential to ensure that veterans have the support needed to address their chronic health conditions, including strategies to address access to healthy, affordable food.

As part of the White House Conference on Hunger, Nutrition, and Health, President Biden called for “prescription produce” initiatives to be implemented within the VHA. Congress provided \$2 million for the VA to do through the *Consolidated Appropriations Act, 2023* (P.L. 117-328). We appreciate that the VHA has worked with the Rockefeller Foundation to establish two “produce prescription” initiatives within VHA facilities in Houston, Texas, and Salt Lake City, Utah. However, we want to understand how the VHA plans to scale such “produce prescription” initiatives across the United States to reach the millions of other veterans who could benefit from these initiatives.

We support the VA’s work to improve the health and well-being of veterans and believe that “produce prescription” initiatives may have the potential to support veterans while reducing health care expenditures through the VHA. To help us better understand how Congress can support these efforts, we request that you respond to the following questions by May 13, 2024.

1. As part of the *Consolidated Appropriations Act, 2023* (P.L. 117-328), Congress provided \$2 million for VA “to provide guidance and resources for VA facilities to develop local program and pursue strategies for patient education and outreach.” On April 25, 2023, VA announced that it would partner with the Rockefeller Foundation to expand access to “produce prescription” initiatives within the VHA. How has the VA used the \$2 million appropriated by Congress in FY23?
 1. If the VA has not used the \$2 million for this MOU with the Rockefeller Foundation, how has the VA used these funds?
 2. If the VA has not used the \$2 million for this MOU with the Rockefeller Foundation, with what funds, if any, did the VA use for this initiative?
2. There are now two “produce prescription” initiatives at VHA facilities in Houston, Texas, and Salt Lake City, Utah. Does VA plan to expand “produce prescriptions” initiatives to other VHA facilities across the United States using the funds that Congress appropriated?

1. If so, when?
2. If not, why?
3. Please explain in detail the resources, funding, or legislative authorities that the VA would require to expand “produce prescription” initiatives to other VHA facilities across the United States using the funds that Congress appropriated, including any barriers to doing so.
 1. We understand that the VA’s financial policies state that the VHA can purchase food or refreshments when part of “the provision of medical treatment to VA beneficiaries under 38 U.S.C. § 7301(b), *e.g.*, in-patient meals.” Please explain in detail the VA’s interpretation of this rule as it relates to “produce prescriptions,” including whether or not it must be amended in order to expand “produce prescriptions” to reach other veterans across the United States.