

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Committee Substitute

for

Senate Bill 562

By Senators Chapman, Deeds, and Thorne

[Reported February 11, 2026, from the Committee on
Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding a new section,
2 designated §9-5-34, relating to establishing a Food Is Medicine Program; providing for the
3 program to be developed in accordance with the Rural Health Transformation Program;
4 authorizing coverage of nutrition supports; prioritizing local food producers when available;
5 providing for implementation; and setting an effective date.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. MISCELLANEOUS PROVISIONS.

§9-5-34. Food Is Medicine services under the Medicaid program.

1 (a) Legislative findings and purpose. – The Legislature finds that nutrition-related chronic
2 diseases are prevalent among Medicaid members in West Virginia and contribute to poor health
3 outcomes and increased health care costs. The purpose of this section is to authorize the use of
4 nutrition-based interventions, known as Food Is Medicine services, as a cost-effective strategy to
5 improve health outcomes and reduce avoidable medical utilization.

6 (b) Authority. – In accordance with the Rural Health Transformation Program, the
7 Department of Human Services, through the Bureau for Medical Services, shall permit and
8 encourage Medicaid managed care organizations to offer Food Is Medicine services within the
9 state Medicaid program.

10 (c) Program design. – Food Is Medicine services offered pursuant to this section shall be
11 designed to improve health outcomes for Medicaid members with nutrition related chronic
12 diseases through nutrition supports and related services that reduce the need for higher cost
13 medical care.

14 (d) Allowable services. – Food Is Medicine services include, but are not limited to:

- 15 (1) Nutrition-related case management;
16 (2) Nutrition counseling provided by qualified professionals;
17 (3) Medically tailored meals;
18 (4) Produce prescriptions; and

19 (5) Grocery provisions intended to support medically appropriate diets.

20 (e) *Prioritization of local food.* – Where feasible and consistent with Medicaid
21 requirements, the Bureau for Medical Services shall encourage managed care organizations and
22 their contracted entities to partner with community-based organizations and to prioritize the use of
23 food grown or produced by local farmers and food producers in West Virginia.

24 (f) *Oversight and implementation.* – The Bureau for Medical Services shall provide
25 guidance to managed care organizations regarding the implementation of Food Is Medicine
26 services under this section and may establish standards, reporting expectations, and quality
27 measures to ensure program integrity and effectiveness.

28 (g) *Effective date.* – This act shall be effective upon passage.

NOTE: The purpose of this bill is to establish the authorization for Food Is Medicine to be eligible under Medicaid.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.