

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

Senate Bill 562

**FISCAL
NOTE**

By Senators Chapman and Deeds

[Introduced January 21, 2026; referred

to the Committee on Health and Human Resources;
and then to the Committee on Finance]

1 A BILL to amend and reenact the Code of West Virginia, 1931, as amended, by adding a new
2 section, designated §9-5-34, relating to establishing a Food Is Medicine Program under
3 Medicaid; authorizing coverage of nutrition supports through the state Medicaid program;
4 prioritizing local food producers when available; providing for implementation; and setting
5 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. – The Department of Human Services, through the Bureau for Medical
7 Services, shall permit and encourage Medicaid managed care organizations to offer Food Is
8 Medicine services within the state Medicaid program, as authorized under Medicaid regulations
9 with existing and future managed care contracts.

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) Nutrition 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.