

Agricultural policy for healthy people and environments



Health Care Without Harm's 2023 Farm Bill priorities

Overview

The Farm Bill is the single largest piece of legislation that shapes the U.S. food system. The 2018 Farm Bill allocated \$1.4 trillion across a wide range of programs, and is instrumental in determining who grows food, what food is grown, and how it is grown. The Farm Bill is both a health and a climate change bill because it shapes what Americans eat and the environmental impact of our diets. [Health Care Without Harm's Farm Bill primer](#) illustrates the intersections between federal farm and food policy and health care's interests in healthy food promotion and climate change mitigation.

The Farm Bill is uniquely suited to address issues that threaten health care's mission of healing:

- Social and economic inequality threatens health care's ability to provide adequate care for all, causing ballooning health care costs and inequitable access to resources
- Climate change and corporate consolidation decrease the resilience of the U.S. food supply chain, causing market volatility and jeopardizing hospital food service's ability to adequately care for patients, staff, and visitors
- Underinvestment in nutrition-focused preventative care, including "food is medicine," challenges health care to offer health-promoting foods and support behavior change across the population, which has the potential to decrease health care spending on preventable chronic conditions.

To address these threats to health care and the communities it supports, Health Care Without Harm offers the following priorities for inclusion in the 2023 Farm Bill. These three priority areas are deeply interdependent and their order does not signal their relative importance to one another. Health Care Without Harm believes that each must be achieved to realize a just food system for all.

Farm Bill Priorities

Priority 1: Ensure equitable access to USDA resources to build thriving communities and regional food systems.

All people have the right to live healthy, productive lives. Decades of federal policy and USDA programming, discriminated against historically marginalized groups, especially Black farmers, deepening entrenched health disparities along racial lines. The 2023 Farm Bill can address the effects of previous discriminatory practices by creating equitable access to USDA resources, including those to rebuild local and regional food economies. As

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advocates for equitable food systems, health care can work directly with communities on strategies that promote food justice and health equity.

1A. Prioritize support for historically marginalized farmers through modification of USDA programs and technical assistance in accessing USDA programs. (All Titles)

- Offer translated materials, including applications and guidance documents, for grants, cost-shares, and other farmer support programs
- Increase the number of bilingual staff at field offices and install staff at the newly authorized Regional Food Business Centers to orally translate materials and answer questions
- Provide technical assistance (in languages other than English as needed) in preparing applications to agricultural programs
- Require USDA divisions and programs to evaluate and eliminate potential inequities in application processes, evaluation criteria, and payment rate-setting processes
- Reduce or eliminate matching fund requirements for USDA grant programs
- Make funds available to farmers under a certain size for direct expenditure under grant or cost-share agreements, rather than reimbursement

1B. Increase funding and remove barriers to Local Agriculture Market Program (LAMP) grants, designed to rebuild regional food systems: Farmers Market Promotion Program (FMPP), the Local Food Promotion Program (LFPP), the Value Added Producer Grant Program (VAPG), and the Regional Food System Partnership Program (RFSP). (Title X; 7 U.S.C. § 1627c)

- Replicating the success of USDA Farm to School turnkey grants, develop "turnkey" grants for FMLFPP, including simplified application and reporting requirements, and no matching requirement
- Reduce FMLFPP matching fund requirements from 25% to 10%, enabling low-budget organizations to compete for high-impact grants
- Allow a limited amount of funding to support physical infrastructure, equipment purchases, and food purchases for the purposes of sampling or product testing as part of larger projects
- Recalibrate evaluation requirements to avoid overburdening low-budget organizations or those serving under-resourced producers and communities
- Include durable relationship development as an evaluation criterion to more accurately reflect the value of building relationships and projects that will sustain beyond the grant period
- Direct USDA to specifically authorize value chain coordination and outreach and technical assistance projects as eligible RFSP and LFPP projects

1C. Act aggressively on anti-competitive practices in food and agriculture that further disadvantages small and diverse producers. (15 U.S.C. §§ 1-38)

- Ban and reverse anticompetitive mergers in the food and agriculture industry that further consolidate and destabilize the food system while putting small and diverse producers at risk.
- Call on Congress to empower the Department of Justice and the Federal Trade Commission with stronger tools to break up mergers and monopolies
- Call on Congress to place an indefinite moratorium on acquisitions and mergers in the food and agriculture industry.

Priority 2: Invest in agriculture's ability to mitigate climate change and increase resiliency in a changing climate

All sectors of the economy, from health care to agriculture, must decrease their carbon footprint to mitigate climate change's most devastating impacts. Health care can better adapt to climate change by ensuring that its supply chains are actively addressing the climate crisis. The health sector can also decrease its own carbon footprint, specifically Scope 3 emissions, by working with suppliers who are also taking steps to reduce their climate impact. Health care can advocate for more federal funding to support farming practices that sequester carbon, improve soil and water health, and support farmers to grow health-promoting foods. In doing so, health care can assure its own access to a resilient supply chain that supports the health of people and the environment.

2A. Reform commodity programs, cost-share programs, and crop insurance to promote the health of people, soil, water, and the environment, while drawing down support for agriculture that results in harm to the environment and human health.

- Require a minimum standard of conservation practice implementation for participation in federal crop insurance (Title XI; 7 U.S.C. § 1508), commodity/price support (Title I; 7 U.S.C. §§ 9011-9019), and disaster payment (Title I § 1501; 7 U.S.C. § 9081) programs
- Increase funding for NRCS to hire staff. There is a backlog of unspent conservation funds that require NRCS participation in order for growers to adopt conservation and de-risking practices; more funds already allocated to conservation will be utilized by increasing staff capacity
- Revise conservation programs to eliminate subsidy or reimbursement for practices known to be detrimental to water quality, air quality, and [erosion prevention](#) (Title II; 16 U.S.C. §§ 3821-3839bb-6)
- Revise crop insurance programs to eliminate barriers to farmers who grow a diverse array of fruits and vegetables (also known as "specialty crops"), whose mixed cropping systems are more environmentally beneficial than growers of mono-crops like corn and soy (Title XI; 7 U.S. Code § 1508)
- Continue offering crop insurance premiums to farmers planting cover crops and offer new options for risk-mitigating practices (Title XI; 7 U.S.C. § 1508)
- Increase financial and technical resources for farmers transitioning from industrial agriculture to conservation and regenerative practices (Title II; 16 U.S.C. § 3839)

2B. Increase funding for research on regenerative growing practices and prioritize climate adaptation and mitigation across all research platforms.

- Make climate change mitigation and adaptation a priority area across USDA-funded research programs including the Agricultural Research Service, National Institute for Food and Agriculture, and Sustainable Agriculture Research and Education (Title II, Title VII)
- Re-evaluate criteria for the Partnership for Climate-Smart Commodities program to ensure that the program, if it becomes permanent, does not fund "status quo" projects, and prioritizes projects that will do the most to reduce emissions, pollution, and other climate change-contributing outputs

2C. Increase funding for transdisciplinary research on environmental nutrition or sustainable nutrition science.

- Increase funding for the Agriculture and Food Research Initiative (AFRI), and bolster research funding for the Sustainable Agriculture Systems Program to support climate change adaptation and mitigation research. Include environmental nutrition, or sustainable nutrition science, as a new research priority area under AFRI to support transdisciplinary research that can promote climate-adaptive farming systems and nutrition strategies. (Title VII; 7 U.S.C. 3157(b))

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- Drawing on the Biden-Harris administration’s whole-of-government approach to environmental justice and climate change, share findings of environmental nutrition science across federal food programs for consideration and further modification in support of climate change mitigation goals. (Title VII; 7 U.S.C. 3157(b))

Priority 3: Restructure programs and foster collaboration to promote healthy people, healthy environments, and healthy food economies.

Health care has proven that anchor institutions can use their purchasing power to influence the market to adopt more sustainable practices. As the nation’s largest anchor institution, the federal government can use its purchasing power to increase food production that is sustainable, fair, and supportive of local food economies. Health care advocates can share their successes with values-based food purchasing to encourage wider adoption of values-based food purchasing policies, which will further grow demand for values-oriented food from U.S. farms.

Values-based food procurement prioritizes a defined set of values, other than lowest cost, when determining food purchasing goals. These values include: local economies; environmental sustainability; valued workforce; animal welfare; and community health and nutrition.

3A. Restructure the commodity food programs to prioritize federal purchase of values-based foods, and reduce or eliminate purchases from large food corporations that violate environmental, labor, and animal welfare laws.

- Programs include the Purchase of Specialty Crops for distribution in schools and service institutions (Title IV; 7 U.S. Code § 612c–4(b)), Food Distribution Program on Indian Reservations (Title IV; 7 U.S.C. 2013(b)), the Emergency Food Assistance Program (Title IV; 7 U.S.C. 2036(a)), the Commodity Supplemental Food Program (7 U.S.C. 612c note; 7 CFR § 247)
- Require that food purchased by the federal government for federal foodservice operations (i.e. federal medical facilities, prisons, and agency/department cafeterias) adhere to the Food Service Guidelines for Federal Facilities, revised to mandate government-wide values-aligned food procurement and food service policy. (48 CFR)

3B. Invest in “food is medicine” programs that tie healthy food access to values-based purchasing

- Increase funding for the Gus Schumacher Nutrition Incentive Program (GusNIP), including the Produce Prescription Program (7 U.S.C. 7517)
- In collaboration with the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS), authorize funding to pilot Food is Medicine programs, including medically tailored meals, that include values-based food purchasing.

Food Is Medicine approaches consider how food and nutrition play a role in diagnosis, treatment, and prevention of disease. In recent decades, “food is medicine” approaches have grown as a complement to clinical care. Medically-tailored meals and produce prescriptions are two examples of food is medicine approaches.
