COUNTY COUNCIL OF PRINCE GEORGE'S COUNTY, MARYLAND

2025 Legislative Session

Bill No. CB-067-2025

Chapter No. 35

Proposed and Presented by Council Member Blegay

Introduced by Council Members Blegay, Burroughs, Oriadha, Harrison, Ivey, Adams-Stafford, Watson, Olson and Dernoga

Co-Sponsors Council Member Hawkins

Date of Introduction October 7, 2025

BILL

AN ACT concerning

Prince George's County Food as Medicine Health Program Act of 2025

For the purpose of establishing the Prince George's County Food as Medicine Health Program within the County Department of Health; providing for grant awards and partnerships to implement medically supportive food and nutrition interventions to improve health outcomes, reduce chronic disease, and address food insecurity; providing for certain partnerships and education; providing for a certain Workgroup; providing for the use of funds; providing for reporting requirements; providing for a technical assistance program; providing for guidance and recommendations; providing for implementation and funding; and generally relating to food as a component of healthcare delivery in Prince George's County.

BY adding:

SUBTITLE 12. HEALTH.

Sections 12-224, 12-225, 12-226, 12-227, 12-227.01,

12-228, 12-229, 12-230, 12-231, and 12-232,

The Prince George's County Code

(2023 Edition; 2024 Supplement).

SECTION 1. BE IT ENACTED by the County Council of Prince George's County, Maryland, that Sections 12-224, 12-225, 12-226, 12-227, 12-227.01, 12-228, 12-229, 12-230, 12-231, and 12-232 of the Prince George's County Code be and the same are hereby added:

SUBTITLE 12. HEALTH.

DIVISION 14. FOOD AS MEDICINE HEALTH PROGRAM.

Sec. 12-224. Short Title.

This Act shall be known and may be cited as the "Prince George's County Food as Medicine Health Program Act of 2025."

Sec. 12-225. Establishment of Program.

(a) The Prince George's County Department of Health ("Department") shall establish and administer a Food as Medicine Health Program ("Program") to plan, implement, expand, and evaluate medically supportive food and nutrition interventions to improve public health outcomes.

(b) The Program shall prioritize serving residents experiencing food or nutrition insecurity and those diagnosed with or at risk for diet-related chronic conditions, such as hypertension, diabetes, or cardiovascular disease [, or obesity] and shall develop and implement an educational component of the Food as Medicine Health Program to serve these residents.

Sec. 12-226. Partnerships.

(a) The Department may contract or partner with:

(1) public and nonprofit healthcare providers, including community health clinics and Federally Qualified Health Centers (FQHCs); and

(2) nonprofit groups, such as food banks, food pantries and meal delivery organizations; and

(3) grocery stores; and

(4) health insurers; and

[(3)] (5) local farms, food hubs, and agricultural cooperatives; and

[(4)] (6) socially disadvantaged, minority-owned, or community-based food producers; and

[(5)] (7) academic and research institutions for data collection and evaluation; and

(8) neighboring jurisdictions as a part of a collaboration seeking funding, in whole or in part, from the Washington Metropolitan Council of Governments.

(b) The Department shall encourage use of locally or regionally sourced foods grown using

organic, regenerative, or culturally appropriate sustainable practices.

Sec. 12-227. Eligible Interventions.

The Program may support the following interventions, as prescribed by healthcare professionals:

(1) medically tailored meals to meet individual needs aligned with evidence-based dietary guidelines; and

(2) produce prescriptions redeemable at grocery stores, food hubs, farms, farmers markets, or farm stands, prioritizing partnering with authorized farms that accept nutrition benefits such as Supplemental Nutrition Assistance Program (SNAP); and

(3) nutrition and health coaching, culinary education , including hands-on cooking or cook-along classes, or group medical visits; and

(4) food delivery or pick-up services tailored to health needs; and

(5) range of foods that are often included in [FIM] FAM programs, such as healthy shelf stable goods, fresh and frozen proteins, and minimally processed local produce, in addition to fresh produce.

Sec. 12-227.01. Food as Medicine Health Program Workgroup.

(a) Established. There shall be established a Food as Medicine Health Program Workgroup ("Workgroup").

(b) Powers and Duties of Workgroup. The Workgroup shall have the power and duty to:

(1) Advise the Prince George's County Department of Health, the County Executive and the County Council on issues and recommendations regarding the format and scope of the Program.

(2) Advise the Prince George's County Department of Health, the County Executive and the County Council on issues and recommendations regarding the Food as Medicine Health Program partnerships, education, eligible interventions, use of funds, Department reporting and implementation, technical assistance, and funding.

(3) The Workgroup can request assistance from other experts on an as needed basis to achieve its goals and objectives.

(c) Workgroup Composition; Term; Officers. The Workgroup shall be composed of [twenty-two members (22)] twenty-one members (21) nominated by the County Executive and confirmed by the County Council. The [twenty-two members (22)] twenty-one members (21)

shall represent each of the following:

(1) One member shall be the Council Member who sponsored this legislation, and shall serve as Chair.

(2) Two members from Federal Qualified Health Care Centers (FQHCs) based in the County.

(3) One member of a County-based nonprofit serving frequently underserved communities who utilize Federal Qualified Health Care Centers (FQHCs).

(4) One member from the County Health Department.

(5) One member from the Office of Food Security of the Department of Social Services.

(6) One member from the Department of Family Services.

(7) One member from the Office of Management and Budget.

(8) One member from the Prince George's County Public Schools.

(9) Two members from County-based hospitals and medical systems.

[(10) One member from the State Department of Health.]

[(11)](10) One member of the County's Soil Conservation District.

[(12)](11) One member who is an owner or operator of a County-based farm.

[(13)](12) One member who is a Community Health Program Manager or equivalent position from a grocery store chain operating within the County.

[(14)](13) One member who is a County-based registered dietitian.

[(15)](14) One member from the Prince George's Food Equity Council.

[(16)](15) One member from a health insurance provider that provides wellness incentives, such as lifestyle medicine programs, to their clientele.

[(17)](16) One member from the Health, Wellness and Hospitality Division of the Prince George's County Community College.

[(18)](17)One member who is a County-based chef or culinary instructor.

[(19)](18)One member who is a nutritionist.

[(20)](19)One member from the community.

(d) Meetings. The Workgroup shall meet in public session monthly and upon call of the Chair. The public meetings may be held in person or virtually.

(e) Reports. A first report containing the Workgroup's recommendations regarding the

format and scope of the Program shall be made to the Department, the County Executive and the County Council one year after the first meeting of the Workgroup. The report should also include any recommendations or requests it deems appropriate to further the public purpose of the Program. Twelve (12) months after the transmittal of the first report, the Workgroup shall submit to the Department, the County Executive and the County Council an annual report on its functions, activities, accomplishments, plans and objectives. The annual report should also include any recommendations or requests it deems appropriate to further the public purpose of the Workgroup.

Sec. 12-228. Use of Funds.

Program funds may be used to:

(1) develop and expand eligible interventions; and

(2) provide grants or reimbursements to community-based organizations and healthcare providers; and

(3) build infrastructure for food distribution and delivery; and

(4) support administrative functions, including staffing, reporting, and evaluation.

Sec. 12-229. Reporting Requirements.

(a) Within three years of the [initial implementation] actual start of the Program, the Department shall issue a public report evaluating:

(1) program impacts on health outcomes and healthcare utilization, including emergency room visits, hospital admissions, and medication adherence; and

(2) changes in participant food security and dietary behaviors; and

(3) community economic development, especially related to local food producers; and

(4) recommendations for future improvements and funding needs.

(b) Data, including qualitative data, shall be disaggregated by geography, race/ethnicity, age, and income, where feasible.

Sec. 12-230. Technical Assistance Program.

(a) The Department shall coordinate technical assistance for local food producers and distributors, prioritizing partnering with authorized farms that accept nutrition benefits such as Supplemental Nutrition Assistance Program (SNAP), seeking to participate in the Program.

(b) Priority shall be given to small, minority-owned, and socially disadvantaged producers implementing regenerative, organic, or culturally appropriate agricultural methods.

Sec. 12-231. Guidance and Recommendations.

The Department shall issue annual guidance regarding:

(1) eligible participant criteria and referral pathways; and

(2) nutrition intervention standards and dosage; and

(3) provider and vendor eligibility; and

(4) integration with existing Medicaid Managed Care Organizations and other County health initiatives.

Sec. 12-232. Implementation and Funding.

(a) The County shall seek federal, state, and philanthropic funding to support implementation and evaluation of the Program. The County shall encourage commitments to multi-year funding.

(b) The County Executive may include funds for the Program in the annual budget.

SECTION 2. BE IT FURTHER ENACTED that the provisions of this Act are hereby declared to be severable; and, in the event that any section, subsection, paragraph, subparagraph, sentence, clause, phrase, or word of this Act is declared invalid or unconstitutional by a court of competent jurisdiction, such invalidity or unconstitutionality shall not affect the remaining words, phrases, clauses, sentences, subparagraphs, paragraphs, subsections, or sections of this Act, since the same would have been enacted without the incorporation in this Act of any such invalid or unconstitutional word, phrase, clause, sentence, paragraph, subparagraph, subsection, or section.

SECTION 3. BE IT FURTHER ENACTED that this Act shall take effect forty-five (45) calendar days after it becomes law.

Adopted this 4th day of November, 2025.

COUNTY COUNCIL OF PRINCE GEORGE'S COUNTY, MARYLAND

BY: _____
Edward P. Burroughs III
Chair

ATTEST:

_____
Donna J. Brown
Clerk of the Council

APPROVED:

DATE: 11/25/2025 BY: _____
Aisha N. Braveboy
County Executive