

.....  
(Original Signature of Member)

119TH CONGRESS  
2D SESSION

# H. R. 9389

To amend the Public Health Service Act to authorize funding for nutrition education and chronic disease prevention at federally qualified health centers, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

M. \_\_\_\_\_ introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

---

## A BILL

To amend the Public Health Service Act to authorize funding for nutrition education and chronic disease prevention at federally qualified health centers, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Nutrition Education  
5 and Chronic Disease Prevention in Community Health  
6 Centers Act of 2026”.

1 **SEC. 2. NUTRITION EDUCATION AND CHRONIC DISEASE**  
2 **PREVENTION AT FEDERALLY QUALIFIED**  
3 **HEALTH CENTERS.**

4 Section 330 of the Public Health Service Act (42  
5 U.S.C. 254b) is amended—

6 (1) by redesignating subsection (r) as sub-  
7 section (s); and

8 (2) by inserting after subsection (q) the fol-  
9 lowing:

10 “(r) NUTRITION EDUCATION AND CHRONIC DISEASE  
11 PREVENTION INITIATIVE.—

12 “(1) IN GENERAL.—The Secretary, acting  
13 through the Administrator of the Health Resources  
14 and Services Administration, (in this subsection re-  
15 ferred to as the ‘Secretary’) shall support health  
16 centers in integrating and expanding evidence-based  
17 nutrition education and counseling into primary care  
18 delivery and workforce training.

19 “(2) USE OF FUNDS.—In carrying out para-  
20 graph (1), the Secretary may utilize existing fund-  
21 ing, made available under section 10503(a)(1) of the  
22 Patient Protection and Affordable Care Act, to  
23 award a grant, contract, or cooperative agreement,  
24 and may provide technical assistance, to a health  
25 center for—

1           “(A) patient-centered nutrition education  
2           and counseling services;

3           “(B) integration of nutrition assessment  
4           and dietary counseling into chronic disease  
5           management;

6           “(C) training and continuing education in  
7           nutrition science and dietary counseling for  
8           health center providers in health centers;

9           “(D) establishing and maintaining inter-  
10          disciplinary models of care that incorporate reg-  
11          istered dietitians, community health workers,  
12          and other appropriate professionals;

13          “(E) developing culturally and linguis-  
14          tically appropriate nutrition education mate-  
15          rials; and

16          “(F) evaluating clinical and cost outcomes  
17          associated with nutrition interventions.

18          “(3) PARTICIPATION OF AFFILIATED ENTI-  
19          TIES.—A health center may affiliate with an aca-  
20          demic medical center or medical school in carrying  
21          out activities receiving assistance under this sub-  
22          section.

23          “(4) PRIORITY.—In making awards under this  
24          subsection, the Secretary shall prioritize health cen-  
25          ters serving populations with high rates of diet-re-

1       lated chronic disease, food insecurity, or other nutri-  
2       tion-related health disparities.

3           “(5) SUPPLEMENT, NOT SUPPLANT.—Funds  
4       made available to carry out this subsection shall  
5       supplement, and not supplant, other Federal, State,  
6       local, or private funding used for similar purposes.

7           “(6) ANNUAL REPORTS TO CONGRESS.—Not  
8       later than 3 years after the date of enactment of the  
9       Nutrition Education and Chronic Disease Prevention  
10      in Community Health Centers Act of 2026, and an-  
11      nually thereafter through fiscal year 2031, the Sec-  
12      retary shall submit to Congress a report that—

13           “(A) describes the use of funds under this  
14      subsection;

15           “(B) evaluates improvements in patient  
16      outcomes related to chronic disease indicators  
17      attributable to activities receiving assistance  
18      under this subsection;

19           “(C) assesses improvements in workforce  
20      training participation and competency develop-  
21      ment attributable to activities receiving assist-  
22      ance under this subsection; and

23           “(D) estimates potential cost savings to  
24      Federal health care programs attributable to

1 nutrition interventions receiving assistance  
2 under this subsection.”.