

COUNTY COUNCIL OF PRINCE GEORGE'S COUNTY, MARYLAND
2025 Legislative Session

Bill No. CB-067-2025

Chapter No. 43

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

1 AN ACT concerning

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

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

11 BY adding:

12 SUBTITLE 12. HEALTH.

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

14 12-228, 12-229, 12-230, 12-231, and 12-232,

15 The Prince George's County Code

16 (2023 Edition; 2024 Supplement).

17 SECTION 1. BE IT ENACTED by the County Council of Prince George's County,
18 Maryland, that Sections 12-224, 12-225, 12-226, 12-227, 12-227.01, 12-228, 12-229, 12-230,
19 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

1 organic, regenerative, or culturally appropriate sustainable practices.

2 **Sec. 12-227. Eligible Interventions.**

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

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

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

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

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

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

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

17 (a) Established. There shall be established a Food as Medicine Health Program Workgroup
18 (“Workgroup”).

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

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

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

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

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

1 | shall represent each of the following:

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

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

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

8 | (4) One member from the County Health Department.

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

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

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

13 | (8) One member from the Prince George’s County Public Schools.

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

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

16 | ~~[(11)](10) One member of the County’s Soil Conservation District.~~

17 | ~~[(12)](11) One member who is an owner or operator of a County-based farm.~~

18 | ~~[(13)](12) One member who is a Community Health Program Manager or equivalent~~
 19 | position from a grocery store chain operating within the County.

20 | ~~[(14)](13) One member who is a County-based registered dietitian.~~

21 | ~~[(15)](14) One member from the Prince George’s Food Equity Council.~~

22 | ~~[(16)](15) One member from a health insurance provider that provides wellness~~
 23 | incentives, such as lifestyle medicine programs, to their clientele.

24 | ~~[(17)](16) One member from the Health, Wellness and Hospitality Division of the~~
 25 | Prince George’s County Community College.

26 | ~~[(18)](17) One member who is a County-based chef or culinary instructor.~~

27 | ~~[(19)](18) One member who is a nutritionist.~~

28 | ~~[(20)](19) One member from the community.~~

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

31 | (e) Reports. A first report containing the Workgroup’s recommendations regarding the

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

9 **Sec. 12-228. Use of Funds.**

10 Program funds may be used to:

- 11 (1) develop and expand eligible interventions; and
- 12 (2) provide grants or reimbursements to community-based organizations and healthcare
13 providers; and
- 14 (3) build infrastructure for food distribution and delivery; and
- 15 (4) support administrative functions, including staffing, reporting, and evaluation.

16 **Sec. 12-229. Reporting Requirements.**

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

- 19 (1) program impacts on health outcomes and healthcare utilization, including
20 emergency room visits, hospital admissions, and medication adherence; and
- 21 (2) changes in participant food security and dietary behaviors; and
- 22 (3) community economic development, especially related to local food producers; and
- 23 (4) recommendations for future improvements and funding needs.

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

26 **Sec. 12-230. Technical Assistance Program.**

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

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

1 **Sec. 12-231. Guidance and Recommendations.**

2 The Department shall issue annual guidance regarding:

- 3 (1) eligible participant criteria and referral pathways; and
4 (2) nutrition intervention standards and dosage; and
5 (3) provider and vendor eligibility; and
6 (4) integration with existing Medicaid Managed Care Organizations and other County
7 health initiatives.

8 **Sec. 12-232. Implementation and Funding.**

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

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

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

21 SECTION 3. BE IT FURTHER ENACTED that this Act shall take effect forty-five (45)
22 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: _____

BY: _____
Aisha N. Braveboy
County Executive