Corporate Drive Complex
Frankfort, KY 40601

KENTUCKY
DEPARTMENT OF
AGRICULTURE
Jonathan Shell, Commissioner

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October 10, 2025

Dr. Steven Stack
Secretary
Cabinet for Health and Family Services
275 E. Main St. 5W-A
Frankfort, Ky. 40601

Dear Dr. Stack and the Rural Health Transformation Application Committee:

The Kentucky Department of Agriculture (KDA) and the Kentucky Hospital Association (KHA) have joined to develop a Food is Medicine (FIM) initiative focusing on advancing better nutrition, a stronger local food infrastructure, and ultimately better health outcomes for Kentuckians.

We're taking the FIM approach further in Kentucky by recognizing the influence of a healthy eating pattern on overall health and emphasizing the local food system that supports it. While our focus is on supporting local producers to create a direct impact on the agricultural community while improving health outcomes statewide, our shared FIM work also considers both the ability to access healthy and affordable food and the awareness, knowledge, and nutrition education needed to prepare wholesome, nutrient-dense meals. And, under Make America Healthy Again (MAHA), FIM is evolving into a national mandate—shifting our nation from treating symptoms with medications to preventing illness with nutrition and nutrition education.

At the healthcare level, Kentucky's approach is shaped by collaboration among KDA, KHA, and all hospitals across the state. These hospitals recognize the value of integrating FIM into care delivery. We also believe our model supports MAHA and will maximize the use of Rural Health Transformation funds—all while advancing the Commonwealth's goals of health improvement, sustainability, and innovation in rural care delivery.

Further, FIM programs—such as produce prescriptions, medically tailored meals, and nutrition education counseling—are evidence-based, measurable, and directly aligned with multiple CMS program priorities, including prevention, chronic disease management, rural health access, and health system transformation. Rural hospitals are uniquely positioned to deliver these services and benefit from associated improvements in patient outcomes and financial sustainability.

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Currently, more than 40 hospitals are designing and deploying FIM interventions. More join every month. By integrating local sourcing into these programs, Kentucky strengthens individual health outcomes, nutrition education, and the economic stability of farm communities.

We believe FIM can meet and exceed RHT's multiple requirements. Of the funding potentially available, we are seeking $10 million a year for a total of $50 million for the five-year period of the RHT. We recommend using transformation funds to support rural hospitals in launching or expanding:

1. **Produce and Grocery Prescription Programs**
    - Partner with local grocers and farmers
    - Track biometric and cost outcomes
2. **Medically Tailored Meal Delivery**
    - For CHF, diabetes, ESRD post-discharge
    - Reduce readmissions
    - Partner with local producers on meal ingredients
3. **Food Pharmacies On-Site**
    - Integrate into discharge planning
    - Address food insecurity and compliance barriers
    - Partner with local producers on "Farmacy" offerings
4. **Nutrition Education Counseling and Group Visits**
    - Deliver in-person or via telehealth
    - Use shared medical visit models to bill
5. **Technology Integration**
    - Support for tracking meals, patient adherence, and risk stratification

When agriculture and healthcare come together, we improve health outcomes, strengthen farm economies, and build a model other states want to follow. Kentucky is ready. We have a unified vision, willing hospitals, and engaged farmers. Now we need the investment and policy clarity to match that commitment. Through infrastructure investment, reimbursement reform, and a revolving loan structure, we can make FIM not just a pilot program, but a permanent pillar of Kentucky's healthcare and agricultural economy.

Sincerely,

Jonathan Shell