The United States is facing an ongoing – and worsening – obesity crisis. According to data from the Centers for Disease Control and Prevention, as of March 2020, nearly 42 percent of American adults were obese, meaning they had a body mass index greater than 30. In a nation with ever-growing health care expenditures, obesity’s annual estimated cost of $173 billion presents a strong incentive for federal health programs to focus seriously on the issue. In that vein, Senator Cory Booker’s (D-NJ) latest proposal for “food as medicine” (FAM) is the most radical to date.

The idea of FAM is not new, but it has gained ground in recent years as the nation has struggled to get a handle on its obesity crisis and the related growth in chronic conditions. Broadly speaking, the FAM movement looks to integrate nutrition much more deeply into medical care. This may include better educating physicians about nutrition, encouraging patients to work with a nutritionist, and even prescribing medically tailored meals that hit certain nutrition and caloric profiles. That latter component is where Sen. Booker’s plan differs from most: He would have Medicare, Medicaid, and the Veterans Administration cover these meals and “produce prescriptions.”

As Sen. Booker has noted, our terrible diets aren’t an accident. The American Action Forum has covered the strong correlation between federal agricultural subsidies and the foods in our diet. Simply put: There are heavy federal subsidies for corn, which is in part why there’s corn syrup in seemingly every boxed product in the supermarket. Combine that with a culture of mass consumption in the United States and you have the basics of the American obesity problem. Sen. Booker proposes to fix an error in government policy with more government policy, and if the 340B Drug Pricing Program is any indication, that is usually a recipe for disaster. Additionally, introducing the federal government’s byzantine health payment systems into the food supply should make one very nervous. Looming over all of this is the tough reality that, unless these meals are going to be lifelong prescriptions to which the patient strictly adheres, short-term diets absent any behavior change would routinely result in the patient eventually regaining any weight lost.

Sen. Booker’s proposal offers a big-government solution to a problem that is at least partly cultural in nature. We have an abundance of cheap, tasty calories and a culture that supports its mass consumption. Until we figure out how to change that, we should probably avoid further burdening the dwindling Medicare trust funds.