

HOUSE No. 4278**The Commonwealth of Massachusetts**

PRESENTED BY:

Denise C. Garlick

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to establishing and implementing a Food and Health Pilot Program.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>	<i>10/21/2019</i>
<i>Julian Cyr</i>	<i>Cape and Islands</i>	<i>10/21/2019</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>10/25/2019</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>10/28/2019</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>10/28/2019</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>10/28/2019</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>10/28/2019</i>
<i>Natalie M. Blais</i>	<i>1st Franklin</i>	<i>10/28/2019</i>
<i>Andres X. Vargas</i>	<i>3rd Essex</i>	<i>10/29/2019</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>10/29/2019</i>
<i>Daniel M. Donahue</i>	<i>16th Worcester</i>	<i>10/29/2019</i>
<i>Alan Silvia</i>	<i>7th Bristol</i>	<i>10/29/2019</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>	<i>10/29/2019</i>
<i>Frank A. Moran</i>	<i>17th Essex</i>	<i>10/29/2019</i>
<i>Carlos González</i>	<i>10th Hampden</i>	<i>10/29/2019</i>
<i>Nika C. Elugardo</i>	<i>15th Suffolk</i>	<i>10/29/2019</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>	<i>10/29/2019</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>	<i>10/29/2019</i>

<i>Liz Miranda</i>	<i>5th Suffolk</i>	<i>10/29/2019</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>10/29/2019</i>
<i>Jon Santiago</i>	<i>9th Suffolk</i>	<i>10/29/2019</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>10/29/2019</i>

HOUSE No. 4278

By Ms. Garlick of Needham, a petition (subject to Joint Rule 12) of Denise C. Garlick and others relative to establishing and implementing a food and health pilot program for certain MassHealth enrollees diagnosed with diet-related health conditions. Health Care Financing.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

An Act relative to establishing and implementing a Food and Health Pilot Program.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. (a) The Executive Office of Health & Human Services (EOHHS) shall,
2 within one year of the effective date of this act, establish and implement a Food and Health Pilot
3 Program (the Pilot) to demonstrate the impact on health outcomes and cost effectiveness of
4 medically tailored nutrition services for MassHealth enrollees diagnosed with diet-related health
5 conditions. The medically tailored nutrition services are hereby defined as including the
6 following:

7 (i) Medically Tailored Meals: meals tailored to an individual's medical condition by
8 a Registered Dietitian Nutritionist. A medically tailored meal service consists of at least 10 meals
9 per week.

10 (ii) Medically Tailored Food: non-prepared grocery items selected by a Registered
11 Dietitian Nutritionist or other qualified nutrition professional as part of a treatment plan for an

individual with a defined medical diagnosis. A medically tailored food service consists of food and grocery ingredients sufficient to prepare 14 meals per week.

(iii) Nutritious Food Subsidies: subsidies for free or discounted nutrient dense food. A nutritious food subsidy is equivalent to \$20 or more per week.

(b) The Secretary of EOHHS and the Medicaid Director shall establish a Food and Health Pilot Research Commission, which will consist of experts in the need for, design, delivery, and evaluation of the medical nutrition services defined in 1(a)(i). Design and implementation of the Pilot shall be executed in consultation with the Food and Health Pilot Research Commission (the Commission).

(i) Members of the Commission shall include:

i. Representative from MassHealth

ii. Representative from the Department of Public Health

iii. Representative from the Health Policy Commission

iv. At least three academic researchers who have previously or are currently conducting research on the impact of nutrition interventions on health outcomes or utilization

v. Representative from the convening organizations of the Massachusetts Food is Medicine State Plan

vi. Representative from at least three community-based organizations experienced in delivering one or more of the medically-tailored nutrition interventions

- vii. At least two MassHealth members who have experience with or are knowledgeable about medically-tailored nutrition interventions
- viii. Representative from two health care organizations with experience in delivering or partnering to deliver a medically-tailored nutrition intervention
- ix. At least two representatives from organizations, agencies, or health-focused coalitions that have experience or expertise in nutrition and health
- (c) The Pilot will focus on participants with one or more of the following health conditions, with additional conditions or criteria established by the Massachusetts Medicaid Director:
- (i) For Medically Tailored Meals: congestive heart failure, type 2 diabetes, chronic obstructive pulmonary disease, or renal disease.
- (ii) For Medically Tailored Food: type 2 diabetes or obesity.
- (iii) For Nutritious Food Subsidy: Pre-diabetes, overweight, or hypertension.
- (d) The Pilot shall screen participants for food insecurity, assess acuity of need for medically tailored nutrition services, and direct participants to the appropriate level of service.
- (e) Each participant in the Pilot who qualifies based on screening and assessment shall receive one of the three medically tailored nutrition services for the duration of at least 16 weeks.
- (f) MassHealth shall determine the number of eligible participants and providers in the Pilot and may establish additional eligibility requirements.

(g) To leverage federal funds, MassHealth Accountable Care Organizations with active Flexible Services programs shall be eligible to participate in the Pilot by proposing enhancements to their current Flexible Services protocols.

(h) At the conclusion of the Pilot, EOHHS shall use MassHealth data on the Pilot participants to evaluate its impact, as compared to a matched-control group of similar MassHealth beneficiaries not receiving the nutrition service, on:

(i) Total health care costs

(ii) Emergency Department utilization

(iii) Hospital admissions and readmissions

(iv) Pharmacy costs

(v) Clinical outcomes selected by the Medicaid Director in consultation with the Pilot Commission, such as blood pressure, cholesterol, hemoglobin A1c, depression and other mental health indicators.

(i) MassHealth may add additional metrics to the evaluation and collaborate with other Massachusetts state agencies in the evaluation of the program.

(j) Not later than 12 months after the conclusion of the Pilot, the Commission and MassHealth shall file the evaluation of the Pilot to the clerks of the Senate and the House of Representatives, the Joint Committee on Public Health, and the Senate and House Committees on Ways and Means.

(k) MassHealth shall develop a methodology for reimbursing contractors, or other entities as applicable, for services or activities provided pursuant to this section based on, and not to exceed, the aggregate amount of funds allocated per year for purposes of the Pilot. Up to 20 percent of the funds allocated per year of Pilot operation may be used to support its administration and evaluation.

(l) EOHHS shall seek any federal approvals necessary to implement this section, including any waivers it deems necessary to obtain federal financial participation for the Pilot, and shall claim federal financial participation to the full extent permitted by law. In the event federal financial participation is not available, the department shall implement the program using available state-only funds, subject to appropriation by the Legislature.