

SENATE No. 2453

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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:	
<i>Julian Cyr</i>	<i>Cape and Islands</i>	
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>	
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>12/18/2019</i>
<i>Natalie M. Blais</i>	<i>1st Franklin</i>	<i>12/19/2019</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>	<i>12/19/2019</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>12/19/2019</i>
<i>James T. Welch</i>	<i>Hampden</i>	<i>12/19/2019</i>
<i>Ann-Margaret Ferrante</i>	<i>5th Essex</i>	<i>12/19/2019</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>12/19/2019</i>
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>	<i>12/19/2019</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>12/20/2019</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>12/27/2019</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>1/14/2020</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>1/15/2020</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	<i>1/22/2020</i>

SENATE No. 2453

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 2453) (subject to Joint Rule 12) of Julian Cyr, Denise C. Garlick, Tram T. Nguyen, Natalie M. Blais and other members of the General Court for legislation relative to establishing and implementing a Food and Health Pilot Program. Public Health.

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 a
8 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

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

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

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

21 (i) Members of the Commission shall include:

22 i. Representative from MassHealth

23 ii. Representative from the Department of Public Health

24 iii. Representative from the Health Policy Commission

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

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

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

31 vii. At least two MassHealth members who have experience with or are knowledgeable
32 about medically-tailored nutrition interventions

33 viii. Representative from two health care organizations with experience in delivering or
34 partnering to deliver a medically-tailored nutrition intervention

35 ix. At least two representatives from organizations, agencies, or health-focused coalitions
36 that have experience or expertise in nutrition and health

37 (c) The Pilot will focus on participants with one or more of the following health
38 conditions, with additional conditions or criteria established by the Massachusetts Medicaid
39 Director:

40 (i) For Medically Tailored Meals: congestive heart failure, type 2 diabetes, chronic
41 obstructive pulmonary disease, or renal disease.

42 (ii) For Medically Tailored Food: type 2 diabetes or obesity.

43 (iii) For Nutritious Food Subsidy: Pre-diabetes, overweight, or hypertension.

44 (d) The Pilot shall screen participants for food insecurity, assess acuity of need for
45 medically tailored nutrition services, and direct participants to the appropriate level of service.

46 (e) Each participant in the Pilot who qualifies based on screening and assessment shall
47 receive one of the three medically tailored nutrition services for the duration of at least 16 weeks.

48 (f) MassHealth shall determine the number of eligible participants and providers in the
49 Pilot and may establish additional eligibility requirements.

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

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

56 (i) Total health care costs

57 (ii) Emergency Department utilization

58 (iii) Hospital admissions and readmissions

59 (iv) Pharmacy costs

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

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

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

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

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