

SENATE No. 2772

The Commonwealth of Massachusetts

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

SENATE, June 22, 2020.

The committee on Public Health to whom was referred the 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, reports recommending that the accompanying bill (Senate, No. 2772) ought to pass.

For the committee,
Joanne M. Comerford

SENATE No. 2772

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 (a) The executive office of health & human services shall, within one year of the effective
2 date of this act, establish and implement a Food and Health Pilot Program to demonstrate the
3 impact on health outcomes and cost effectiveness of medically tailored nutrition services for
4 MassHealth enrollees diagnosed with health conditions that may be improved through a more
5 nutritious diet. The medically tailored nutrition services shall include:

6 (i) medically tailored meals tailored to an individual’s medical condition by a Registered
7 Dietitian Nutritionist or other qualified nutrition professional as determined by the executive
8 office. A medically tailored meal service shall consist of at least 10 meals per week.

9 (ii) medically tailored food consisting of partially prepared or non-prepared food items,
10 or both, selected by a Registered Dietitian Nutritionist, or other qualified nutrition professional
11 as determined by the executive office as part of a treatment plan for an individual with a defined
12 medical diagnosis. A medically tailored food service shall consist of partially prepared or non
13 prepared food items, or a combination of these, sufficient to prepare at least meals per week.

14 (iii) nutritious food referrals consisting of a voucher for free or discounted nutrient-dense
15 food. A nutritious food voucher shall be equivalent to \$20 or more per week.

16 (b) The secretary and the director of the office of Medicaid shall establish a Food and
17 Health Pilot Research Commission, which will consist of experts in the need for, design,
18 delivery, and evaluation of the medically tailored nutrition services defined in 1(a)(i). Design and
19 implementation of the pilot shall be executed in consultation with the commission.

20 (i) Members to the commission shall represent diverse regions of the commonwealth and
21 shall, to the extent possible, represent diversity in personal aspects including gender, race, and
22 economic status. Members of the commission shall include:

23 i. a representative of the office of Medicaid

24 ii. a representative of the department of public health

25 iii. a representative of the health policy commission

26 iv. at least three academic researchers who have previously or are currently conducting
27 research on the impact of nutrition interventions on health outcomes or utilization, appointed by
28 the director of the office of Medicaid;

29 v. a representative from the convening organizations of the Massachusetts Food is
30 Medicine State Plan, appointed by the director of the office of Medicaid;

31 vi. representatives from at least three community-31 based organizations experienced in
32 delivering one or more of the medically-tailored nutrition interventions, appointed by the director
33 of the office of Medicaid;

34 vii. at least two MassHealth members who have experience with or are knowledgeable
35 about medically-tailored nutrition interventions, appointed by the director of the office of
36 Medicaid;

37 viii. a representative from two health care organizations with experience in delivering or
38 partnering to deliver a medically-tailored nutrition intervention, appointed by the director of the
39 office of Medicaid;

40 ix. at least two representatives from organizations, agencies, or health-focused coalitions
41 that have experience or expertise in nutrition and health, appointed by the director of the office
42 of Medicaid;

43 x. a representative from the executive office of elder affairs;

44 xi. a representative from the department of agricultural resources.

45 (c) The pilot shall focus on participants with one or more of the following health
46 conditions: congestive heart failure, type 2 diabetes, chronic obstructive pulmonary disease, or
47 renal disease, pre-diabetes, obesity, overweight, underweight or hypertension. Additional
48 conditions or criteria established by the office of Medicaid.

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

51 (e) Each participant in the pilot who qualifies based on screening and assessment shall
52 receive one of the three medically tailored nutrition services and appropriate counseling services
53 for the duration of at least 16 weeks.

54 (f) MassHealth shall determine the number of eligible participants and providers in the
55 pilot, may establish additional eligibility requirements, and may extend services to members of
56 the participants' households such as caregivers or dependents.

57 (g) MassHealth Accountable Care Organizations may propose including pilot services in
58 their flexible services protocols.

59 (h) At the conclusion of the pilot, the executive office of health and human services shall
60 use MassHealth data on the pilot participants to evaluate its impact, as compared to a control
61 group of similar MassHealth beneficiaries not receiving the nutrition service, on factors
62 including:

63 (i) total health care costs;

64 (ii) emergency department utilization;

65 (iii) hospital admissions and readmissions;

66 (iv) pharmacy costs;

67 (v) clinical and non-clinical outcomes selected by the director of the office of Medicaid in
68 consultation with the commission, such as blood pressure, cholesterol, hemoglobin A1c,
69 depression and other mental health indicators., food insecurity, and quality of life.

70 (i) The office of Medicaid may add additional metrics 70 to the evaluation and
71 collaborate with other Massachusetts state agencies in the evaluation of the program.

72 (j) Not later than 12 months after the conclusion of the pilot, the commission and the
73 office of Medicaid shall file a report which includes an evaluation of the pilot and as assessment

74 of how the provision of these services through the health care system could impact healthy food
75 access with the clerks of the senate and house of representatives, the joint committee on public
76 health, the joint committee on health care financing, and the senate and house committees on
77 ways and means.

78 (k) The office of Medicaid shall develop a methodology for reimbursing contractors, or
79 other entities as applicable, for services or activities provided pursuant to this section based on,
80 and not to exceed, the aggregate amount of funds allocated per year for purposes of the pilot. Up
81 to 20 percent of the funds appropriated each year of pilot operation may be used to support its
82 administration and evaluation.

83 (l) The executive office shall seek any federal approvals necessary to implement this
84 section, including any waivers it deems necessary to obtain federal financial participation for the
85 pilot, and shall claim federal financial participation the full extent permitted by law. In the event
86 federal financial participation is not available, the executive office shall implement the program,
87 subject to appropriation.