

**SENATE . . . . . No. 1403**

**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>2/17/2021</i>
<i>Christina A. Minicucci</i>	<i>14th Essex</i>	<i>2/24/2021</i>
<i>Susan Williams Gifford</i>	<i>2nd Plymouth</i>	<i>2/24/2021</i>
<i>Kip A. Diggs</i>	<i>2nd Barnstable</i>	<i>2/24/2021</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/24/2021</i>
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/24/2021</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>2/24/2021</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>2/24/2021</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>2/24/2021</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/26/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/26/2021</i>
<i>Carol A. Doherty</i>	<i>3rd Bristol</i>	<i>3/3/2021</i>
<i>Adam J. Scanlon</i>	<i>14th Bristol</i>	<i>3/3/2021</i>
<i>Patrick M. O'Connor</i>	<i>Plymouth and Norfolk</i>	<i>3/5/2021</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>3/8/2021</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>3/8/2021</i>
<i>Bradley H. Jones, Jr.</i>	<i>20th Middlesex</i>	<i>3/12/2021</i>

<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>3/12/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>3/12/2021</i>
<i>Mark C. Montigny</i>	<i>Second Bristol and Plymouth</i>	<i>3/12/2021</i>
<i>Walter F. Timilty</i>	<i>Norfolk, Bristol and Plymouth</i>	<i>3/18/2021</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>	<i>9/14/2021</i>

**SENATE . . . . . No. 1403**

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By Mr. Cyr, a petition (accompanied by bill, Senate, No. 1403) of Julian Cyr, Denise C. Garlick, Christina A. Minicucci, Susan Williams Gifford and other members of the General Court for legislation relative to establish and implement a Food and Health Pilot Program. Public Health.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 2772 OF 2019-2020.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
\_\_\_\_\_

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

6           (1) 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 office of  
8 Medicaid. A medically tailored meal service shall consist of between 5 and 21 meals per week;

9 (2) medically tailored food consisting of partially prepared or non-prepared food items, or  
10 both, selected by a Registered Dietitian Nutritionist, or other qualified nutrition professional as  
11 determined by the office of Medicaid 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 14 meals per week;  
14 and

15 (3) a nutritious food voucher, equivalent to at least \$20 per week, for free or discounted  
16 nutrient-dense food.

17 (b) The director of the office of Medicaid shall establish a Food and Health Pilot  
18 Research Commission, that shall consist of experts in medically tailored nutrition services as  
19 defined in (a)(1)-(a)(3). The director shall design and implement the pilot in consultation with  
20 the commission.

21 (c) The commission shall consist of the director of the office of Medicaid, or their  
22 designee, who shall serve as chair; the commissioner of the department of public health, or their  
23 designee; the executive director of the health policy commission, or their designee; the secretary  
24 of elder affairs, or their designee; the commissioner of the department of agricultural resources,  
25 or their designee; 14 members appointed by the director of the office of Medicaid, 3 of whom  
26 shall be academic researchers who have previously or are currently conducting research on the  
27 impact of nutrition interventions on health outcomes or utilization, 1 of whom shall represent the  
28 Massachusetts Food is Medicine State Plan, 1 of whom shall represent an organization  
29 experienced in providing medically tailored meal services, 1 of whom shall represent an  
30 organization experienced in providing medically tailored food services, 1 of whom shall

31 represent an organization experienced in providing nutritious food referrals, 1 of whom shall  
32 represent a state-designated Aging Service Access Point organization that coordinates a regional  
33 Elder Nutrition or Meals on Wheels Program, 1 of whom shall represent an organization  
34 experienced in providing medically-tailored nutrition services to rural areas or gateway cities, 2  
35 of whom shall be MassHealth members who have received medically-tailored nutrition services,  
36 2 of whom shall represent health care organizations with experience in delivering or partnering  
37 to deliver a medically-tailored nutrition intervention, and 2 of whom shall represent  
38 organizations, agencies, or health-focused coalitions that have experience or expertise in  
39 nutrition and health, a member of the house of representatives, appointed by the speaker; and a  
40 member of the senate, appointed by the senate president.

41 Members of the commission shall represent diverse regions of the commonwealth and  
42 shall, to the extent possible, represent diversity in personal aspects including gender, race, and  
43 economic status.

44 (d) Participants of the pilot shall include individuals with one or more of the following  
45 health conditions:

46 (1) congestive heart failure;

47 (2) type 2 diabetes;

48 (3) chronic obstructive pulmonary disease;

49 (4) renal disease;

50 (5) pre-diabetes;

51 (6) obesity;

- 52 (7) overweight;
- 53 (8) underweight; or
- 54 (9) hypertension.

55 (e) The pilot shall screen participants for food insecurity and need for medically tailored  
56 nutrition services based on illness profile. Qualifying participants shall be directed to the  
57 appropriate level of service.

58 (f) Qualifying participants shall receive one of the medically tailored nutrition services,  
59 as defined in (a)(1)-(a)(3) and appropriate nutrition counseling services, which may include  
60 Medical Nutrition Therapy, for the duration of at least 16 weeks.

61 (g) The office of Medicaid shall determine the number of eligible participants and  
62 providers in the pilot, may establish additional eligibility requirements, and may extend services  
63 to members of the participants' households such as caregivers, spouses, or dependents.

64 (h) MassHealth Accountable Care Organizations may include pilot services in their  
65 flexible services protocols.

66 (i) At the conclusion of the pilot, the office of Medicaid shall use data on the pilot  
67 participants to evaluate the pilot's impact as compared to a control group of similar MassHealth  
68 beneficiaries not receiving nutrition services, on factors including:

- 69 (1) total health care costs;
- 70 (2) emergency department utilization;
- 71 (3) hospital admissions and readmissions;

72 (4) pharmacy costs; and

73 (5) clinical and non-clinical outcomes selected by the director of the office of Medicaid in  
74 consultation with the commission, such as blood pressure, cholesterol, hemoglobin A1c,  
75 depression and other mental health indicators, food insecurity, nutrition status, and quality of  
76 life.

77 (j) Not later than 12 months after the conclusion of the pilot, the commission and the  
78 office of Medicaid shall file a report that includes an evaluation of the pilot and an assessment of  
79 how medically tailored nutrition services provided through the health care system could impact  
80 access to nutritious foods with the clerks of the house and senate, the joint committee on public  
81 health, the joint committee on health care financing, and the house and senate committees on  
82 ways and means.

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

88 (l) The office of Medicaid shall seek any federal approvals necessary to implement this  
89 section, including any waivers it deems necessary to obtain federal financial participation for the  
90 pilot, and shall claim federal financial participation to the full extent permitted by law. In the  
91 event federal financial participation is not available, the executive office shall implement the  
92 program, subject to appropriation.