

SENATE BILL 322

J1, E4

(PRE-FILED)

1lr1162
CF 1lr1161

By: **Senator Benson**

Requested: October 27, 2020

Introduced and read first time: January 13, 2021

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health – Health and Wellness Standards – Correctional Facilities and Health**
3 **Care Facilities**

4 FOR the purpose of requiring that certain rules and regulations adopted by the Secretary
5 of Health that set standards for dietary matters for certain facilities include
6 requiring that the facility’s menus and alternative food locations comply with certain
7 standards on or before a certain date; requiring the Secretary of Health to adopt
8 certain health and wellness standards for certain health care facilities; providing
9 that certain standards may exceed the standards set by federal law; establishing the
10 Correctional Facilities Health and Wellness Pilot Program; requiring the Secretary
11 of Public Safety and Correctional Services to designate a certain number of State
12 correctional facilities to participate in the Pilot Program; establishing the purpose of
13 the Pilot Program; requiring each facility participating in the Pilot Program to
14 comply with certain health and wellness standards, offer certain options for general
15 consumption in a certain manner, provide certain information and resources to
16 certain health care providers, provide certain information to inmates, and establish
17 certain guidelines; requiring the Secretary of Health to adopt certain health and
18 wellness standards for the correctional facilities participating in the Pilot Program;
19 requiring the Secretary of Public Safety and Correctional Services to report to the
20 Office of Minority Health and Health Disparities and the General Assembly on or
21 before a certain date; providing for the application of certain provisions of this Act;
22 providing for the termination of certain provisions of this Act; defining certain terms;
23 stating the intent of the General Assembly; and generally relating to health and
24 wellness standards in correctional facilities and health care facilities.

25 BY repealing and reenacting, with amendments,
26 Article – Health – General
27 Section 19–308(a)
28 Annotated Code of Maryland
29 (2019 Replacement Volume and 2020 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY adding to
2 Article – Health – General
3 Section 21–1301 and 21–1302 to be under the new subtitle “Subtitle 13. Health and
4 Wellness Standards”
5 Annotated Code of Maryland
6 (2019 Replacement Volume and 2020 Supplement)

7 Preamble

8 WHEREAS, According to research by the Office of Minority Health and Health
9 Disparities in the Maryland Department of Health, incarcerated individuals in Maryland
10 have a higher burden of chronic diseases that is more than double the rate of the general
11 population, including diseases like diabetes (5% of inmates vs. 2.4% of noninmates), chronic
12 respiratory conditions such as chronic obstructive pulmonary disease (34.1% of inmates vs.
13 19.2% of noninmates), and liver disease (10% of inmates vs. 0.6% of noninmates); and

14 WHEREAS, According to the Maryland Division of Correction 2018 Annual Report,
15 approximately \$159 million was spent on health, clinical, and hospital services at
16 approximately \$7,950 spent per inmate for approximately 20,000 inmates, which is
17 approximately three times the cost spent on prison food costs in the same year at \$55
18 million; and

19 WHEREAS, According to the 2017 Special Report by the Maryland Department of
20 Public Safety and Correctional Services regarding the Monitoring of Contractor
21 Performance for the Assessment of Liquidated Damages, approximately 104,000
22 medication prescriptions were administered on a monthly basis to inmates statewide; and

23 WHEREAS, Research has shown that the consumption of plant–based meals rich in
24 complex carbohydrate foods (such as beans, lentils, grains, potatoes, pasta, and oranges)
25 can reduce and even reverse chronic degenerative diseases that require life–long reliance
26 on medications to manage and can reduce overall health care costs and prison food costs;
27 and

28 WHEREAS, In April 2015, a jail in Arizona went vegetarian and, by spending money
29 on meatless food, the prison saved \$200,000 in the first year of the program; and

30 WHEREAS, Maryland could save millions of dollars annually in health care costs
31 that could be reinvested into reentry programs by reducing the purchase of animal foods
32 and animal–based beverages and by providing plant–based food whole meals a few days
33 during the week; and

34 WHEREAS, Dariush Mozaffarian, M.D., Dean of the Tufts Friedman School of
35 Nutrition Science and Policy, wrote in the article “Doctors Prescribing Fruits and Veggies:
36 Why Nutrition Policy is a National Priority”, in summary, that medically tailored
37 plant–based meals prescribed to patients is associated with “reduced hospitalizations,
38 emergency room visits, and overall health care spending”, and that the 2018 Produce

1 Prescription Program, which allows physicians to prescribe fruits and vegetables to treat
2 degenerative disease, could reduce health care costs if implemented by more physicians;
3 and

4 WHEREAS, Medical schools and university allied health programs offer limited
5 training to physicians and health care professionals in nutrition and almost no training in
6 plant-based and lifestyle medicine which can help reduce Maryland health care costs in
7 prisons and hospitals; and

8 WHEREAS, Physicians must complete 50 hours of continuing medical education
9 every 2 years, some of which can be used to acquire knowledge of plant-based nutrition
10 and lifestyle medicine; and

11 WHEREAS, To address the health concerns of inmates and to lower the cost of
12 inmate health care, including prescription drug costs while also lowering recidivism rates
13 in California prisons, the California Legislature passed SB 1138 in 2018, mandating
14 plant-based meal options in prisons and hospitals; and

15 WHEREAS, The New York Legislature passed A.4072 in 2019 mandating
16 plant-based meal options in hospitals; now, therefore,

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
18 That the Laws of Maryland read as follows:

19 **Article – Health – General**

20 19–308.

21 (a) The Secretary shall adopt reasonable rules and regulations that set standards
22 of services for related institutions, accredited hospitals, nonaccredited hospitals, accredited
23 residential treatment centers, and nonaccredited residential treatment centers in the
24 following areas:

25 (1) The care of patients;

26 (2) The medical supervision of patients;

27 (3) The physical environment;

28 (4) Disease control;

29 (5) Sanitation;

30 (6) Safety; and

31 (7) Dietary matters, **INCLUDING REQUIRING THAT, ON OR BEFORE**
32 **OCTOBER 1, 2022, THE FACILITIES’ MENUS AND ALTERNATIVE FOOD LOCATIONS**

1 COMPLY WITH THE HEALTH AND WELLNESS STANDARDS ESTABLISHED UNDER §
2 21-1302(B) OF THIS ARTICLE.

3 SUBTITLE 13. HEALTH AND WELLNESS STANDARDS.

4 21-1301.

5 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
6 INDICATED.

7 (B) (1) "LIFESTYLE MEDICINE" MEANS THE BRANCH OF MEDICINE
8 DEALING WITH RESEARCH, PREVENTION, AND TREATMENT OF DISORDERS CAUSED
9 BY LIFESTYLE FACTORS, INCLUDING NUTRITION, PHYSICAL INACTIVITY, AND
10 CHRONIC STRESS, AS DEFINED BY THE AMERICAN COLLEGE OF LIFESTYLE
11 MEDICINE.

12 (2) "LIFESTYLE MEDICINE" INCLUDES THE EVIDENCE-BASED
13 THERAPEUTIC USE OF A PLANT-BASED, WHOLE FOOD PREDOMINANT DIETARY
14 LIFESTYLE, REGULAR PHYSICAL ACTIVITY, RESTORATIVE SLEEP, STRESS
15 MANAGEMENT, AVOIDANCE OF SUBSTANCES THAT INCREASE THE RISK OF
16 DEVELOPING CHRONIC DEGENERATIVE DISEASE OR DEATH BASED ON EMPIRICAL
17 EVIDENCE, AND POSITIVE SOCIAL CONNECTION AS PRIMARY MODALITIES FOR
18 TREATMENT AND REVERSAL OF CHRONIC DISEASE.

19 (C) "PLANT-BASED BEVERAGE" MEANS A BEVERAGE THAT:

20 (1) CONTAINS NO ANIMAL PRODUCTS OR BYPRODUCTS, INCLUDING
21 DAIRY FROM ANY ANIMAL; AND

22 (2) IS COMPARABLE TO THE NONPLANT-BASED BEVERAGE OPTION IT
23 REPLACES.

24 (D) "PLANT-BASED FOOD OPTION" MEANS A FOOD THAT CONTAINS NO
25 ANIMAL PRODUCTS OR BYPRODUCTS, INCLUDING MEAT, POULTRY, SEAFOOD,
26 DAIRY, OR EGGS.

27 (E) "PLANT-BASED MEAL OPTION" MEANS A MEAL THAT:

28 (1) CONTAINS NO ANIMAL PRODUCTS OR BYPRODUCTS, INCLUDING
29 MEAT, POULTRY, SEAFOOD, DAIRY, OR EGGS; AND

30 (2) HAS A NUTRITIONAL VALUE THAT IS COMPARABLE TO THE
31 NONPLANT-BASED MEAL OPTION IT REPLACES.

1 (F) "PLANT-BASED NUTRITION" MEANS THE PROCESS OF PROVIDING OR
2 OBTAINING PLANT-BASED FOODS AND BEVERAGES NECESSARY FOR HEALTH AND
3 GROWTH, AND THAT CAN BE CONSUMED IN VARIOUS COMBINATIONS.

4 21-1302.

5 (A) THIS SECTION APPLIES TO ACCREDITED HOSPITALS, NONACCREDITED
6 HOSPITALS, ACCREDITED RESIDENTIAL TREATMENT CENTERS, AND
7 NONACCREDITED RESIDENTIAL TREATMENT CENTERS FOR WHICH THE SECRETARY
8 ADOPTS REGULATIONS UNDER § 19-308 OF THIS ARTICLE.

9 (B) SUBJECT TO SUBSECTION (C) OF THIS SECTION, THE SECRETARY SHALL
10 ADOPT HEALTH AND WELLNESS STANDARDS FOR FACILITIES LISTED IN SUBSECTION
11 (A) OF THIS SECTION THAT INCLUDE:

12 (1) REQUIRING THE FACILITY TO OFFER PLANT-BASED MEAL
13 OPTIONS, PLANT-BASED FOOD OPTIONS, AND PLANT-BASED BEVERAGES FOR
14 GENERAL CONSUMPTION BY ENSURING THAT A PLANT-BASED MEAL OPTION IS
15 AVAILABLE AT THE REQUEST OF A PATIENT OR THE PATIENT'S LAWFUL
16 REPRESENTATIVE, IN THE MANNER REQUIRED BY THE FACILITY, AT EACH MEAL
17 LISTED ON THE FACILITY'S MENUS;

18 (2) PROVIDING INFORMATION AND RESOURCES TO HEALTH CARE
19 PROVIDERS WHO PROVIDE SERVICES IN THE FACILITIES ON AVAILABLE TRAINING
20 AND BOARD CERTIFICATION ON THE DELIVERY OF PLANT-BASED NUTRITION,
21 PRESCRIPTIONS MADE UNDER THE PRODUCE PRESCRIPTION PROGRAM
22 ESTABLISHED UNDER 7 U.S.C. § 7517(C), AND LIFESTYLE MEDICINE WITH THE GOAL
23 OF REDUCING HEALTH CARE COSTS AND IMPROVING THE HEALTH CONDITION AND
24 OUTCOMES OF PATIENTS; AND

25 (3) GUIDELINES THAT INCREASE THE AVAILABILITY OF
26 PLANT-BASED MEAL OPTIONS, PLANT-BASED FOOD OPTIONS, AND PLANT-BASED
27 BEVERAGES IN ALTERNATIVE FOOD LOCATIONS IN THE FACILITY, INCLUDING
28 VENDING MACHINES AND INMATE COMMISSARIES, INCLUDING GUIDELINES FOR:

29 (I) ENSURING THAT PLANT-BASED FOOD OPTIONS ARE
30 OFFERED AT THE SAME OR A LOWER COST WHEN COMPARED TO NONPLANT-BASED
31 FOOD OPTIONS; AND

32 (II) LOWERING THE AMOUNT OF SODIUM, SATURATED FAT, AND
33 SUGAR IN ALL FOODS AVAILABLE IN ALTERNATIVE FOOD LOCATIONS.

1 **(C) THE STANDARDS ADOPTED UNDER SUBSECTION (B) OF THIS SECTION**
2 **MAY EXCEED THE STANDARDS SET BY FEDERAL LAW.**

3 SECTION 2. AND BE IT FURTHER ENACTED, That:

4 (a) (1) In this section the following words have the meanings indicated.

5 (2) “Lifestyle medicine” has the meaning stated in § 21–1301 of the Health
6 – General Article, as enacted by Section 1 of this Act.

7 (3) “Pilot Program” means the Correctional Facilities Health and Wellness
8 Pilot Program.

9 (4) “Plant–based beverage” has the meaning stated in § 21–1301 of the
10 Health – General Article, as enacted by Section 1 of this Act.

11 (5) “Plant–based food option” has the meaning stated in § 21–1301 of the
12 Health – General Article, as enacted by Section 1 of this Act.

13 (6) “Plant–based meal option” has the meaning stated in § 21–1301 of the
14 Health – General Article, as enacted by Section 1 of this Act.

15 (7) “Plant–based nutrition” has the meaning stated in § 21–1301 of the
16 Health – General Article, as enacted by Section 1 of this Act.

17 (b) (1) There is a Correctional Facilities Health and Wellness Pilot Program.

18 (2) The purpose of the Pilot Program is to establish minimum mandatory
19 standards for inmate food services for the correctional facilities participating in the Pilot
20 Program.

21 (3) The Secretary of Public Safety and Correctional Services shall
22 designate four State correctional facilities to participate in the Pilot Program.

23 (c) Each correctional facility participating in the Pilot Program shall:

24 (1) comply with health and wellness standards set by the Secretary of
25 Health for the purposes of the Pilot Program;

26 (2) offer plant–based meal options, plant–based food options, and
27 plant–based beverages for general consumption by:

28 (i) providing one plant–based meal option and one plant–based
29 beverage to all inmates at each meal at least 1 day each week; and

30 (ii) offering one plant–based meal option and one plant–based
31 beverage option to an inmate at every meal on request;

1 (3) in consultation with the Secretary of Health, provide information and
2 resources to health care providers who provide services in the correctional facility on
3 available training and board certification on the delivery of plant-based nutrition,
4 prescriptions made under the produce prescription program established under 7 U.S.C. §
5 7517(c), and lifestyle medicine with the goal of reducing health care costs and improving
6 the health condition and outcomes of patients;

7 (4) provide information to all inmates and to new inmates on an inmate's
8 first day in the facility on the benefits and availability of plant-based meal options,
9 plant-based food options, and plant-based beverages, including commissary options;

10 (5) in consultation with the Secretary of Health, establish guidelines that
11 increase the availability of plant-based meal options, plant-based food options, and
12 plant-based beverages in alternative food locations in the facility, including vending
13 machines and inmate commissaries, including guidelines for:

14 (i) ensuring that plant-based food options are offered at the same
15 or a lower cost when compared to nonplant-based food options; and

16 (ii) lowering the amount of sodium, saturated fat, and sugar in all
17 foods available in alternative food locations; and

18 (6) in consultation with the Secretary of Health, establish guidelines for
19 the preparation of plant-based meal options by the facility that considers the taste
20 preferences of the population served, measured by taste-test surveys conducted by each
21 facility surveying a representative sample of individuals served in the facility.

22 (d) (1) The Secretary of Health shall set health and wellness standards for
23 correctional facilities participating in the Pilot Program.

24 (2) The standards set under paragraph (1) of this subsection may exceed
25 the standards set by federal law.

26 (e) On or before October 1, 2023, the Secretary of Public Safety and Correctional
27 Services shall report to the Office of Minority Health and Health Disparities and, in
28 accordance with § 2-1257 of the State Government Article, the General Assembly on:

29 (1) the number of inmates at each facility participating in the Pilot
30 Program who requested plant-based meal and plant-based beverage options;

31 (2) (i) the health status of the population served:

32 1. for the 5 years immediately preceding the beginning of the
33 Pilot Program; and

34 2. at the completion of the Pilot Program;

1 (ii) the health status information required under item (i) of this item,
2 including:

3 1. all illnesses experienced by inmates, differentiated by age,
4 gender, race, birth state, and facility location; and

5 2. any change in illnesses or diagnoses of inmates that may
6 result from the implementation of the health and wellness food standards under subsection
7 (d) of this section or as a result of any other prescribed treatment;

8 (3) the number of inmates in the Pilot Program who transferred to:

9 (i) a prison rehabilitation unit;

10 (ii) a prison hospice unit;

11 (iii) a hospital; or

12 (iv) any other outside medical care facility for admissions or
13 procedures related to diagnoses of diabetes, cardiovascular disease, pulmonary disease,
14 cancer, chronic respiratory conditions, and liver disease; and

15 (4) the annual health care cost for:

16 (i) each of the 5 immediately preceding years before the beginning
17 of the Pilot Program; and

18 (ii) each year of the Pilot Program.

19 SECTION 3. AND BE IT FURTHER ENACTED, That it is the intent of the General
20 Assembly that the health and wellness standards developed by the Maryland Department
21 of Health under Section 1 of this Act and the pilot program established under Section 2 of
22 this Act be developed, adopted, and implemented using the Department's existing
23 resources.

24 SECTION 4. AND BE IT FURTHER ENACTED, That the standards required to be
25 adopted under § 21-1302(b)(1) of the Health – General Article, as enacted by Section 1 of
26 this Act, shall apply to:

27 (1) food and beverage contracts entered into or renewed by a facility on or
28 after the effective date of this Act; and

29 (2) a contract, an agreement, or any other arrangement between a
30 correctional facility and a food and beverage contractor entered into on or before the
31 effective date of this Act if:

1 (i) the standards can be implemented without an increase of the
2 price for the food or food services charged under the contract, agreement, or other
3 arrangement; or

4 (ii) the appropriate local government agency approves any price
5 increase for food or food services under the contract, agreement, or other arrangement that
6 would result from the implementation of the standards.

7 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
8 October 1, 2021. Section 2 of this Act shall remain effective for a period of 2 years and, at
9 the end of September 30, 2023, Section 2 of this Act, with no further action required by the
10 General Assembly, shall be abrogated and of no further force and effect.