

HOUSE BILL 819

J1, E4

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CF 0lr3297

By: **Delegates Hill, Barron, Acevero, Arikan, T. Branch, Carr, Charles, Crutchfield, Gilchrist, Ivey, Kerr, Lierman, Moon, Mosby, Palakovich Carr, Queen, Solomon, R. Watson, and Wells**

Introduced and read first time: February 3, 2020

Assigned to: Health and Government Operations and Judiciary

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, on or before a certain date, minimum mandatory
5 standards for inmate food services comply with certain health and wellness
6 standards adopted by the Secretary of Health; requiring that certain training
7 standards adopted by the Secretary of Public Safety and Correctional Services
8 include certain standards for health care workers; requiring the Secretary of Public
9 Safety and Correctional Services to submit a certain report to the Office of Minority
10 Health and Health Disparities and the General Assembly beginning on or before a
11 certain date each year; requiring the Office to review and annually publish certain
12 information on its website; requiring certain cost savings to be allocated in a certain
13 manner; requiring the Secretary of Health to adopt dietary standards for certain
14 health facilities on or before a certain date that comply with certain health and
15 wellness standards; requiring that certain rules and regulations adopted by the
16 Secretary of Health that set standards for dietary matters for certain facilities
17 include requiring that the facility's menus and alternative food locations comply with
18 certain standards on or before a certain date; requiring the Secretary of Health to
19 adopt certain health and wellness standards for State and local correctional facilities
20 and certain health care facilities; defining certain terms; stating the intent of the
21 General Assembly; and generally relating to health and wellness standards in
22 correctional facilities and health care facilities.

23 BY repealing and reenacting, with amendments,
24 Article – Correctional Services
25 Section 8–103
26 Annotated Code of Maryland
27 (2017 Replacement Volume and 2019 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,
2 Article – Health – General
3 Section 19–308(a)
4 Annotated Code of Maryland
5 (2019 Replacement Volume)

6 BY adding to
7 Article – Health – General
8 Section 21–1301 and 21–1302 to be under the new subtitle “Subtitle 13. Health and
9 Wellness Standards”
10 Annotated Code of Maryland
11 (2019 Replacement Volume)

12 Preamble

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

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

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

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

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

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

1 WHEREAS, Dariush Mozaffarian, M.D. Dean of the Tufts Friedman School of
2 Nutrition Science and Policy, wrote in the article “Doctors Prescribing Fruits and Veggies:
3 Why Nutrition Policy is a National Priority”, in summary, that medically tailored
4 plant-based meals prescribed to patients is associated with “reduced hospitalizations,
5 emergency room visits, and overall health care spending”, and that the 2018 Produce
6 Prescription Program, which allows physicians to prescribe fruits and vegetables to treat
7 degenerative disease, could reduce health care costs if implemented by more physicians;
8 and

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

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

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

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

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

24 **Article – Correctional Services**

25 8–103.

26 (a) (1) With the advice of the Commission, the Secretary shall adopt
27 regulations that establish minimum mandatory standards applicable to security and
28 inmate control, inmate safety, inmate food services, inmate housing and sanitation, inmate
29 rights, classification, hearings, victim notification, restitution, and administrative record
30 keeping.

31 (2) The minimum mandatory standards adopted under paragraph (1) of
32 this subsection shall apply to all State and local correctional facilities.

33 (b) (1) With the advice of the Commission, the Secretary shall adopt
34 regulations that establish approved standards applicable to personnel, training,
35 administration, management, planning and coordination, research and evaluation,
36 physical plant, special management inmates, rules and discipline, mail and visiting,

1 reception and orientation, property control, work programs, educational and vocational
2 training, library services, religious services, recreational activities, counseling, release
3 preparation, and volunteers.

4 (2) The approved standards adopted under paragraph (1) of this
5 subsection:

6 (i) shall apply to all State correctional facilities; and

7 (ii) may be adopted, as a whole or in part, by a local correctional
8 facility.

9 (c) The standards adopted under this section shall be consistent with federal and
10 State law.

11 **(D) ON OR BEFORE OCTOBER 1, 2021, MINIMUM MANDATORY STANDARDS**
12 **FOR INMATE FOOD SERVICES ADOPTED UNDER SUBSECTION (A) OF THIS SECTION**
13 **SHALL COMPLY WITH THE HEALTH AND WELLNESS STANDARDS ESTABLISHED**
14 **UNDER § 21-1302(B) OF THE HEALTH – GENERAL ARTICLE.**

15 **(E) TRAINING STANDARDS ADOPTED UNDER SUBSECTION (B) OF THIS**
16 **SECTION FOR HEALTH CARE PROVIDERS WORKING IN A STATE OR LOCAL**
17 **CORRECTIONAL FACILITY SHALL COMPLY WITH THE TRAINING STANDARDS**
18 **DEVELOPED UNDER § 21-1302(B) OF THE HEALTH – GENERAL ARTICLE.**

19 **(F) ON OR BEFORE OCTOBER 1 EACH YEAR, BEGINNING IN 2021, THE**
20 **SECRETARY SHALL REPORT TO THE OFFICE OF MINORITY HEALTH AND HEALTH**
21 **DISPARITIES AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT**
22 **ARTICLE, THE GENERAL ASSEMBLY ON:**

23 **(1) ALL ILLNESSES EXPERIENCED BY INMATES, DIFFERENTIATED BY**
24 **AGE, GENDER, RACE, BIRTH STATE, AND FACILITY LOCATION;**

25 **(2) BEGINNING WITH THE REPORT DUE ON OR BEFORE OCTOBER 1,**
26 **2022, ANY CHANGE IN ILLNESSES OR DIAGNOSES OF INMATES THAT MAY RESULT**
27 **FROM THE IMPLEMENTATION OF THE HEALTH AND WELLNESS FOOD STANDARDS**
28 **UNDER SUBSECTION (D) OF THIS SECTION OR AS A RESULT OF ANY OTHER**
29 **PRESCRIBED TREATMENT; AND**

30 **(3) THE NUMBER OF EMPLOYEES OF A HEALTH CARE PROVIDER IN**
31 **EACH FACILITY WHO HAVE RECEIVED, SINCE THE PREVIOUS REPORT:**

32 **(I) TRAINING IN ACCORDANCE WITH § 21-1302(B) OF THE**
33 **HEALTH – GENERAL ARTICLE;**

1 (II) CONTINUING MEDICAL EDUCATION CREDITS ON THE
2 DELIVERY OF PLANT-BASED NUTRITION; AND

3 (III) BOARD CERTIFICATION IN ACCORDANCE WITH § 21-1302(B)
4 OF THE HEALTH - GENERAL ARTICLE.

5 (G) THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES SHALL:

6 (1) REVIEW THE INFORMATION RECEIVED UNDER SUBSECTION (F) OF
7 THIS SECTION; AND

8 (2) ANNUALLY PUBLISH THE INFORMATION TO ITS WEBSITE.

9 (H) ANY COST SAVINGS REALIZED THROUGH IMPLEMENTATION OF HEALTH
10 AND WELLNESS FOOD STANDARDS ESTABLISHED UNDER § 21-1302 OF THE
11 HEALTH - GENERAL ARTICLE SHALL BE ALLOCATED AS FOLLOWS:

12 (1) FIRST, TO COVER EXPENSES RELATED TO OBTAINING FRESH
13 FRUITS AND VEGETABLES, EQUIPMENT, AND TRAINING TO ENABLE COOKING FROM
14 SCRATCH USING PRIMARILY BASIC INGREDIENTS RATHER THAN PREPARED FOODS;
15 AND

16 (2) ANY REMAINING COST SAVINGS MAY BE USED TO ESTABLISH NEW
17 OR IMPROVE EXISTING INMATE REENTRY SERVICES, INCLUDING A WOMEN'S
18 PRE-RELEASE CENTER.

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;

1 (6) Safety; and

2 (7) Dietary matters, INCLUDING REQUIRING THAT, ON OR BEFORE
3 **OCTOBER 1, 2021, THE FACILITY’S MENUS AND ALTERNATIVE FOOD LOCATIONS**
4 **COMPLY WITH THE HEALTH AND WELLNESS STANDARDS ESTABLISHED UNDER §**
5 **21-1302(B) OF THIS ARTICLE.**

6 **SUBTITLE 13. HEALTH AND WELLNESS STANDARDS.**

7 **21-1301.**

8 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
9 INDICATED.

10 (B) (1) “LIFESTYLE MEDICINE” MEANS THE BRANCH OF MEDICINE
11 DEALING WITH RESEARCH, PREVENTION, AND TREATMENT OF DISORDERS CAUSED
12 BY LIFESTYLE FACTORS, INCLUDING NUTRITION, PHYSICAL INACTIVITY, AND
13 CHRONIC STRESS, AS DEFINED BY THE AMERICAN COLLEGE OF LIFESTYLE
14 MEDICINE.

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

22 (C) “PLANT-BASED BEVERAGE” MEANS A BEVERAGE THAT:

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

25 (2) IS COMPARABLE TO THE NON-PLANT-BASED BEVERAGE OPTION
26 IT REPLACES.

27 (D) “PLANT-BASED FOOD OPTION” MEANS A FOOD THAT CONTAINS NO
28 ANIMAL PRODUCTS OR BYPRODUCTS, INCLUDING MEAT, POULTRY, SEAFOOD,
29 DAIRY, OR EGGS.

30 (E) “PLANT-BASED MEAL OPTION” MEANS A MEAL THAT:

31 (1) CONTAINS NO ANIMAL PRODUCTS OR BYPRODUCTS, INCLUDING

1 MEAT, POULTRY, SEAFOOD, DAIRY, OR EGGS; AND

2 (2) HAS A NUTRITIONAL VALUE THAT IS COMPARABLE TO THE
3 NON-PLANT-BASED MEAL OPTION IT REPLACES.

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

7 21-1302.

8 (A) THIS SECTION APPLIES TO:

9 (1) ALL STATE AND LOCAL CORRECTIONAL FACILITIES; AND

10 (2) RELATED INSTITUTIONS, ACCREDITED HOSPITALS,
11 NONACCREDITED HOSPITALS, ACCREDITED RESIDENTIAL TREATMENT CENTERS,
12 AND NONACCREDITED RESIDENTIAL TREATMENT CENTERS FOR WHICH THE
13 SECRETARY ADOPTS REGULATIONS UNDER § 19-308 OF THIS ARTICLE.

14 (B) THE SECRETARY SHALL ADOPT HEALTH AND WELLNESS STANDARDS
15 FOR FACILITIES LISTED IN SUBSECTION (A) OF THIS SECTION THAT INCLUDE:

16 (1) REQUIRING THE FACILITY TO OFFER PLANT-BASED MEAL
17 OPTIONS, PLANT-BASED FOOD OPTIONS, AND PLANT-BASED BEVERAGES FOR
18 GENERAL CONSUMPTION AS FOLLOWS:

19 (I) FOR CORRECTIONAL FACILITIES:

20 1. PROVIDING ONE PLANT-BASED MEAL OPTION AND
21 ONE PLANT-BASED BEVERAGE TO ALL INMATES AT EACH MEAL AT LEAST 1 DAY
22 EACH WEEK; AND

23 2. OFFERING ONE PLANT-BASED MEAL OPTION AND
24 ONE PLANT-BASED BEVERAGE OPTION TO AN INMATE AT EVERY MEAL ON REQUEST;
25 AND

26 (II) FOR A FACILITY LISTED UNDER SUBSECTION (A)(2) OF THIS
27 SECTION, ENSURING THAT A PLANT-BASED MEAL OPTION IS AVAILABLE AT THE
28 REQUEST OF A PATIENT OR THE PATIENT'S LAWFUL REPRESENTATIVE, IN THE
29 MANNER REQUIRED BY THE FACILITY, AT EACH MEAL LISTED ON THE FACILITY'S
30 MENUS;

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

8 **(3) FOR CORRECTIONAL FACILITIES ONLY, PROVIDING**
9 **INFORMATION TO ALL INMATES AND TO NEW INMATES ON AN INMATE'S FIRST DAY**
10 **IN THE FACILITY ON THE BENEFITS AND AVAILABILITY OF PLANT-BASED MEAL**
11 **OPTIONS, PLANT-BASED FOOD OPTIONS, AND PLANT-BASED BEVERAGES,**
12 **INCLUDING COMMISSARY OPTIONS;**

13 **(4) GUIDELINES THAT INCREASE THE AVAILABILITY OF**
14 **PLANT-BASED MEAL OPTIONS, PLANT-BASED FOOD OPTIONS, AND PLANT-BASED**
15 **BEVERAGES IN ALTERNATIVE FOOD LOCATIONS IN THE FACILITY, INCLUDING**
16 **VENDING MACHINES AND INMATE COMMISSARIES, INCLUDING GUIDELINES FOR:**

17 **(I) ENSURING THAT PLANT-BASED FOOD OPTIONS ARE**
18 **OFFERED AT THE SAME OR A LOWER COST WHEN COMPARED TO NON-PLANT-BASED**
19 **FOOD OPTIONS; AND**

20 **(II) LOWERING THE AMOUNT OF SODIUM, SATURATED FAT, AND**
21 **SUGAR IN ALL FOODS AVAILABLE IN ALTERNATIVE FOOD LOCATIONS; AND**

22 **(5) FOR CORRECTIONAL FACILITIES ONLY, GUIDELINES FOR THE**
23 **PREPARATION OF PLANT-BASED MEAL OPTIONS BY EACH FACILITY THAT**
24 **CONSIDERS THE TASTE PREFERENCES OF THE POPULATION SERVED, MEASURED BY**
25 **TASTE TEST SURVEYS CONDUCTED BY EACH FACILITY SURVEYING A**
26 **REPRESENTATIVE SAMPLE OF INDIVIDUALS SERVED IN THE FACILITY.**

27 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General
28 Assembly that the health and wellness standards developed by the Maryland Department
29 of Health or adopted and implemented by the Department of Public Safety and Correctional
30 Services under Section 1 of this Act shall be developed, adopted, and implemented using
31 the department's existing resources.

32 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
33 October 1, 2020.