

SENATE BILL 768

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CF HB 819

By: **Senators Patterson, Lam, Benson, Hough, Lee, Peters, and Washington**

Introduced and read first time: February 3, 2020

Assigned to: Judicial Proceedings and Education, Health, and Environmental Affairs

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)

28 BY repealing and reenacting, with amendments,
29 Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 19–308(a)
2 Annotated Code of Maryland
3 (2019 Replacement Volume)

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

10 Preamble

11 WHEREAS, The 2016 National Center for Health Statistics reported the top five
12 causes of death of African Americans as heart disease, cancer, unintentional injuries,
13 stroke, and homicide; and

14 WHEREAS, In the first large–scale study to document the extent of the race gap in
15 heart disease, researchers reported that 1 in 100 black adults develop heart failure in their
16 30s and 40s, which is a rate 20 times higher than that of similarly aged white men and
17 women; and

18 WHEREAS, According to research by the Office of Minority Health and Health
19 Disparities in the Maryland Department of Health, incarcerated individuals in Maryland
20 (of which over 70% are African American) have a higher burden of chronic diseases that is
21 more than double the rate of the general population, including diseases like diabetes (5%
22 of inmates vs. 2.4% of non–inmates), chronic respiratory conditions such as chronic
23 obstructive pulmonary disease (34.1% of inmates vs. 19.2% of non–inmates), and liver
24 disease (10% of inmates vs. 0.6% of non–inmates); and

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

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

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

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

3 WHEREAS, Maryland could save millions of dollars annually in health care costs
4 that could be reinvested into reentry programs by reducing the purchase of animal foods
5 and animal-based beverages and by providing plant-based food whole meals a few days
6 during the week; and

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

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

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

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

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

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

30 **Article – Correctional Services**

31 8–103.

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

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

3 (b) (1) With the advice of the Commission, the Secretary shall adopt
4 regulations that establish approved standards applicable to personnel, training,
5 administration, management, planning and coordination, research and evaluation,
6 physical plant, special management inmates, rules and discipline, mail and visiting,
7 reception and orientation, property control, work programs, educational and vocational
8 training, library services, religious services, recreational activities, counseling, release
9 preparation, and volunteers.

10 (2) The approved standards adopted under paragraph (1) of this
11 subsection:

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

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

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

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

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

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

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

31 **(2) BEGINNING WITH THE REPORT DUE ON OR BEFORE OCTOBER 1,**
32 **2022, ANY CHANGE IN ILLNESSES OR DIAGNOSES OF INMATES THAT MAY RESULT**
33 **FROM THE IMPLEMENTATION OF THE HEALTH AND WELLNESS FOOD STANDARDS**
34 **UNDER SUBSECTION (D) OF THIS SECTION OR AS A RESULT OF ANY OTHER**
35 **PRESCRIBED TREATMENT; AND**

1 **(3) THE NUMBER OF HOURS OF CONTINUING MEDICAL EDUCATION**
2 **PROGRAMS COMPLETED BY EACH EMPLOYEE OF A HEALTH CARE PROVIDER IN A**
3 **FACILITY, INCLUDING THE EMPLOYEE NAME, TITLE, FACILITY LOCATION,**
4 **EDUCATION PROGRAM OR ORGANIZATION PROVIDING THE TRAINING, AND YEAR OF**
5 **COMPLETION.**

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

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

9 **(2) ANNUALLY PUBLISH THE INFORMATION TO ITS WEBSITE.**

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

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

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

20 **Article - Health - General**

21 19-308.

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

26 (1) The care of patients;

27 (2) The medical supervision of patients;

28 (3) The physical environment;

29 (4) Disease control;

30 (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 AT EACH
29 MEAL LISTED ON THE FACILITY'S MENUS;

30 (2) PROVIDING INFORMATION AND RESOURCES TO HEALTH CARE

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

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

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

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

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

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

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

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