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CF 0lr3297

Bill No.: _____

Drafted by: Rowe

Requested: _____

Committee: _____

By: **Delegates Hill and Barron**

A BILL ENTITLED

AN ACT concerning

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

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

BY repealing and reenacting, with amendments,
Article – Correctional Services

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Section 8–103
Annotated Code of Maryland
(2017 Replacement Volume and 2019 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General
Section 19–308(a)
Annotated Code of Maryland
(2019 Replacement Volume)

BY adding to

Article – Health – General
Section 21–1301 and 21–1302 to be under the new subtitle “Subtitle 13. Health and
Wellness Standards”
Annotated Code of Maryland
(2019 Replacement Volume)

Preamble

WHEREAS, The 2016 National Center for Health Statistics reported the top 5 causes of death of African–Americans as heart disease, cancer, unintentional injuries, stroke, and homicide; and

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

WHEREAS, According to research by the Office of Minority Health and Health Disparities in the Maryland Department of Health, incarcerated individuals in Maryland (of which over 70% are African–American) have a higher burden of chronic diseases that is more than double the rate of the general population, including diseases like diabetes (5.0% of inmates vs. 2.4% non–inmates), chronic respiratory conditions such as chronic obstructive pulmonary disease (34.1% of inmates vs. 19.2% non–inmates), and liver disease (10.0% of inmates vs. 0.6% non–inmates); and

WHEREAS, According to the Maryland Division of Correction 2018 Annual Report, approximately \$159 million was spent on health, clinical, and hospital services at

approximately \$7,950 spent per inmate for approximately 20,000 inmates, which is approximately 3 times the cost spent on prison food costs in the same year at \$55 million; and

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

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

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

WHEREAS, Maryland could save millions annually in health care cost that could be reinvested into re-entry programs by reducing the purchase of animal foods and animal-based beverages and by providing plant-based food whole meals a few days during the week; and

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

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

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

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

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

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

Article – Correctional Services

8–103.

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

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

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

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

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

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

(c) The standards adopted under this section shall be consistent with the goals of federal and State law, or may exceed the standards set by federal law.

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

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

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

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

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

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

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

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

(2) ANNUALLY PUBLISH THE INFORMATION TO ITS WEBSITE.

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

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

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

Article - Health - General

19-308.

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

- (1) The care of patients;
- (2) The medical supervision of patients;
- (3) The physical environment;
- (4) Disease control;
- (5) Sanitation;
- (6) Safety; and

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

SUBTITLE 13. HEALTH AND WELLNESS STANDARDS.

21-1301.

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

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

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

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

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

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

(D) “PLANT-BASED FOOD OPTION” MEANS A FOOD THAT CONTAINS NO ANIMAL PRODUCTS OR BYPRODUCTS, INCLUDING MEAT, POULTRY, SEAFOOD, DAIRY, OR EGGS AND SHALL ALSO INCLUDE, BUT NOT BE LIMITED TO, MINIMALLY PROCESSED FRUITS, VEGETABLES, HERBS, NUTS, GRAINS AND SEEDS AND ANY COMBINATION THEREOF.

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

(1) CONTAINS NO ANIMAL PRODUCTS OR BYPRODUCTS, INCLUDING MEAT, POULTRY, SEAFOOD, DAIRY, OR EGGS, AND SHALL ALSO INCLUDE, BUT NOT BE LIMITED TO, MINIMALLY PROCESSED FRUITS, VEGETABLES, HERBS, NUTS, GRAINS AND SEEDS AND ANY COMBINATION THEREOF; AND

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

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

21-1302.

(A) THIS SECTION APPLIES TO:

(1) ALL STATE AND LOCAL CORRECTIONAL FACILITIES; AND

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

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

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

(i) FOR CORRECTIONAL FACILITIES:

~~1. PROVIDING ONE PLANT-BASED MEAL OPTION AND ONE PLANT-BASED BEVERAGE TO ALL INMATES AT EACH MEAL AT LEAST 1 DAYS EACH WEEK; AND~~

~~2. OFFERING ONE PLANT-BASED MEAL OPTION AND ONE PLANT-BASED BEVERAGE OPTION TO AN INMATE AT EVERY MEAL UPON WRITTEN REQUEST AND COPIES OF SAID REQUEST OR REQUEST CHANGE SHALL BE PROVIDED TO THE MARYLAND DEPARTMENT OF MINORITY HEALTH AND HEALTH DISPARITIES CONSISTENT WITH THE REPORTING REQUIREMENTS PURSUANT TO SECTION 8-103(F); AND~~

(ii) FOR A FACILITY LISTED UNDER SUBSECTION (A)(2) OF THIS SECTION, ENSURING THAT A PLANT-BASED MEAL OPTION IS AVAILABLE AT THE

REQUEST OF A PATIENT OR THE PATIENT'S LAWFUL REPRESENTATIVE AT EACH MEAL LISTED ON THE FACILITY'S MENUS;

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

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

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

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

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

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

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

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2020, accept that the requirements contained in Section 21-1302(B)(1) OF THIS ACT SHALL TAKE EFFECT AS TO LOCAL CORRECTIONAL FACILITIES AND FACILITIES LISTED IN SECTION 21-1302(A)(2) AT THE EXPIRATION OF EXISTING FOOD OR FOOD SERVICE CONTRACTS AND SAID REQUIREMENT SHALL BE INCLUDED IN ALL NEW REQUEST FOR PROPOSAL FOR FOOD OR FOOD SERVICE CONTRACTS, UNLESS THE REQUIREMENTS OF SECTION 21-1302(B)(1) CAN BE ACHIEVED UNDER THE PRICE TERMS IN EXISTING FOOD OR FOOD SERVICE CONTRACTS, OR ANY NEEDED PRICE INCREASE NEEDED TO MEET THE REQUIRMENTS IS APPROVED BY THE APPROPRIATE LOCAL GOVERNMENT AUTHORITY, IF NECESSARY-