

# SENATE BILL 768

J1, E4

0lr3297  
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.



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 five 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% of inmates vs. 2.4% of non–inmates), chronic respiratory conditions such as chronic obstructive pulmonary disease (34.1% of inmates vs. 19.2% of non–inmates), and liver disease (10% of inmates vs. 0.6% of 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 three 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

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.

(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 federal and State 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, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY 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.

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

(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.