

HOUSE BILL 1352

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By: **Delegates Hill, Prettyman, Ruth, and Terrasa**
Introduced and read first time: February 11, 2022
Assigned to: Health and Government Operations and Judiciary

A BILL ENTITLED

1 AN ACT concerning

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

3 FOR the purpose of requiring the Secretary of Public Safety and Correctional Services, with
4 the advice of the Secretary of Health, to update certain minimum mandatory
5 standards for inmate food services to reflect certain practices and guidelines;
6 establishing the Correctional Facilities Health and Wellness Pilot Program;
7 requiring the Secretary of Health to adopt certain health and wellness standards for
8 the correctional facilities participating in the Pilot Program; and generally relating
9 to health and wellness standards in correctional facilities.

10 BY repealing and reenacting, with amendments,
11 Article – Correctional Services
12 Section 8–103
13 Annotated Code of Maryland
14 (2017 Replacement Volume and 2021 Supplement)

15 Preamble

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

22 WHEREAS, On January 23, 2020, the Public News Service reported that Maryland’s
23 prisons have the highest percentage of imprisoned African Americans in the nation, at 70%
24 of the total prison population compared to 30% of the State population; and

25 WHEREAS, On November 14, 2020, the Centers for Disease Control and Prevention
26 reported that African American, Hispanic, and Native American people are four times more

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 likely to be hospitalized due to COVID–19, suffer greater rates of COVID–19 complications,
2 and are at a higher risk of death because they suffer higher rates of heart disease, diabetes,
3 hypertension, and other conditions which cause more severe reactions to COVID–19; and

4 WHEREAS, As of November 16, 2020, the Department of Public Safety and
5 Correctional Services reported that 1,199 inmates have tested positive for the virus that
6 causes COVID–19 and from March 2020 through November 2020, 13 inmates died from
7 COVID–19; and

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

13 WHEREAS, It has been shown that a nutritionally balanced diet, rich in plant–based
14 foods, boosts the immune system’s ability to combat viral infections; and

15 WHEREAS, Hira Shakoor, et al., in an August 2020 article published by Maturitas,
16 concludes that Vitamins C, D, and E, zinc, selenium, and omega–3 fatty acids, all of which
17 are found in high amounts in fruits, vegetables, and legumes, conceivably have a role in the
18 recovery of COVID–19 patients through enhancements of the immune system’s ability to
19 fight infection, inflammation, and swelling; and

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

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

17 WHEREAS, Since 2011, the Federal Bureau of Prisons has provided plant-based
18 meals and beverages on demand in every meal in its over 150 correctional facilities; now,
19 therefore,

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

22 Article – Correctional Services

23 8–103.

24 (a) (1) **[With] SUBJECT TO SUBSECTIONS (D) AND (E) OF THIS SECTION**
25 **AND WITH** the advice of the Commission, the Secretary shall adopt regulations that
26 establish minimum mandatory standards applicable to security and inmate control, inmate
27 safety, inmate food services, inmate housing and sanitation, inmate rights, classification,
28 hearings, victim notification, restitution, and administrative record keeping.

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

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

1 preparation, and volunteers.

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

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

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

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

9 (D) **ON OR BEFORE JANUARY 1, 2023, AND AT LEAST EVERY 5 YEARS**
10 **THEREAFTER, THE SECRETARY, WITH THE ADVICE OF THE SECRETARY OF HEALTH,**
11 **SHALL UPDATE THE MINIMUM MANDATORY STANDARDS FOR INMATE FOOD**
12 **SERVICES ADOPTED UNDER SUBSECTION (A) OF THIS SECTION TO REFLECT**
13 **CURRENT NUTRITIONAL BEST PRACTICES AND SCIENTIFIC GUIDELINES.**

14 (E) (1) **THE MINIMUM MANDATORY STANDARDS FOR INMATE FOOD**
15 **SERVICES ADOPTED UNDER SUBSECTION (A) OF THIS SECTION SHALL:**

16 (I) **WITHOUT REQUIRING A RELIGIOUS OR MEDICAL**
17 **EXCEPTION, INCLUDE A PROCEDURE FOR AN INMATE TO ELECT TO CHANGE FOOD**
18 **AND BEVERAGE OPTIONS TO ANY OF THE FOLLOWING:**

19 1. **KOSHER;**

20 2. **HALAL;**

21 3. **DIABETIC; OR**

22 4. **ANY OTHER DIET THAT IS AVAILABLE TO AN INMATE;**

23 **AND**

24 (II) **REQUIRE AN INMATE TO PROVIDE ADEQUATE NOTICE OF**
25 **ANY DIETARY REQUIREMENTS.**

26 (2) **AN ELECTION TO CHANGE FOOD AND BEVERAGE OPTIONS OR A**
27 **NOTICE OF DIETARY REQUIREMENTS PROVIDED IN ACCORDANCE WITH THE**
28 **MINIMUM MANDATORY STANDARDS REQUIRED UNDER PARAGRAPH (1) OF THIS**
29 **SUBSECTION SHALL:**

30 (I) **REMAIN VALID FOR 6 MONTHS; AND**

1 **(II) BE RENEWED AUTOMATICALLY, UNLESS THE INMATE**
2 **PROVIDES ADDITIONAL NOTICE, IN WRITING, OF A CHANGE TO THE INMATE’S DIET.**

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

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

5 (2) (i) “Lifestyle medicine” means the branch of medicine dealing with
6 research, prevention, and treatment of disorders caused by lifestyle factors, including
7 nutrition, physical inactivity, and chronic stress, as defined by the American College of
8 Lifestyle Medicine.

9 (ii) “Lifestyle medicine” includes the evidence–based therapeutic use
10 of a plant–based, whole food–predominant dietary lifestyle, regular physical activity,
11 restorative sleep, stress management, avoidance of substances that increase the risk of
12 developing chronic degenerative disease or death based on empirical evidence, and positive
13 social connection as primary modalities for treatment and reversal of chronic disease.

14 (3) “Pilot Program” means the Correctional Facilities Health and Wellness
15 Pilot Program.

16 (4) “Plant–based beverage” means a beverage that:

17 (i) contains no animal products or byproducts, including dairy from
18 any animal; and

19 (ii) is comparable to the nonplant–based beverage option it replaces.

20 (5) “Plant–based food option” means a food that contains no animal
21 products or byproducts, including meat, poultry, seafood, dairy, and eggs.

22 (6) “Plant–based meal option” means a meal that:

23 (i) contains no animal products or byproducts, including meat,
24 poultry, seafood, dairy, and eggs; and

25 (ii) has a nutritional value that is comparable to the
26 nonplant–based meal option it replaces.

27 (7) “Plant–based nutrition” means the process of providing or obtaining
28 plant–based foods and beverages necessary for health and growth that can be consumed in
29 various combinations.

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

31 (2) The purpose of the Pilot Program is to establish minimum mandatory

1 standards for inmate food services for the correctional facilities participating in the Pilot
2 Program.

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

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

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

8 (2) offer plant-based meal options, plant-based food options, and
9 plant-based beverages for general consumption by:

10 (i) providing at least one plant-based meal option and at least one
11 plant-based beverage to all inmates at each meal at least 1 day each week; and

12 (ii) offering one plant-based meal option and one plant-based
13 beverage option to an inmate at every meal on request;

14 (3) in consultation with the Secretary of Health, provide information and
15 resources to health care providers who provide services in the correctional facility on
16 available training and board certification on the delivery of plant-based nutrition,
17 prescriptions made under the Produce Prescription Program established under 7 U.S.C. §
18 7517(c), and lifestyle medicine with the goal of reducing health care costs and improving
19 the health condition and outcomes of patients;

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

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

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

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

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

1 (d) (1) The Secretary of Health shall set health and wellness standards for
2 correctional facilities participating in the Pilot Program that are consistent with guidelines
3 from the American College of Lifestyle Medicine or any other recognized alternative
4 lifestyle authority.

5 (2) The standards set under paragraph (1) of this subsection may exceed
6 any comparable standards set by federal law.

7 (e) On or before October 1, 2024, the Secretary of Public Safety and Correctional
8 Services shall report to the Office of Minority Health and Health Disparities and, in
9 accordance with § 2–1257 of the State Government Article, the General Assembly on:

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

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

13 1. for the 5 years immediately preceding the beginning of the
14 Pilot Program; and

15 2. at the completion of the Pilot Program;

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

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

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

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

24 (i) a prison rehabilitation unit;

25 (ii) a prison hospice unit;

26 (iii) a hospital; or

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

30 (4) the annual health care cost for:

31 (i) each of the 5 immediately preceding years before the beginning

1 of the Pilot Program; and

2 (ii) each year of the Pilot Program; and

3 (5) data compared between the Pilot Program and correctional facilities
4 that did not participate in the Pilot Program for the same period.

5 SECTION 3. AND BE IT FURTHER ENACTED, That it is the intent of the General
6 Assembly that the health and wellness standards developed by the Maryland Department
7 of Health and the Correctional Facilities Health and Wellness Pilot Program established
8 under Section 2 of this Act be developed, adopted, and implemented using the Department's
9 existing resources.

10 SECTION 4. AND BE IT FURTHER ENACTED, That the standards developed by
11 the Maryland Department of Health under Section 2 of this Act shall apply to:

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

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

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

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

23 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
24 October 1, 2022. Section 2 of this Act shall remain effective for a period of 2 years and, at
25 the end of September 30, 2024, Section 2 of this Act, with no further action required by the
26 General Assembly, shall be abrogated and of no further force and effect.