CHLPI CENTER for HEALTH LAW and POLICY INNOVATION HARVARD LAW SCHOOL

COMMUNITY SERVINGS FOOD HEALS

March 23, 2020

Senator Cindy F. Friedman
Senate Chair, Joint Committee on Health Care Financing
Massachusetts State House, Room 208
Boston, MA 02133

Senator Harriette L. Chandler
Senate Vice Chair, Joint Committee on Health Care Financing
Massachusetts State House, Room 333
Boston, MA 02133

Representative Daniel R. Cullinane
House Vice Chair, Joint Committee on Health Care Financing
Massachusetts State House, Room 236
Boston, MA 02133

Re: Proposed Amendments to H.4278, *An Act Relative to Establishing and Implementing a Food and Health Pilot Program*

Dear Senate Chair Friedman, Senate Vice Chair Chandler, and House Vice Chair Cullinane,

Thank you for the opportunity to comment on House Bill 4278, *An Act Relative to Establishing and Implementing a Food and Health Pilot Program* at the Joint Committee on Health Care Financing's legislative hearing on Tuesday, March 10th, 2020. Unfortunately, the state of the world, and Massachusetts, is much different today than it was on March 10th due to the rapid outbreak of the coronavirus. The critical connection between individual and public health has become a sobering truth that cannot be ignored. The testimonies offered at the hearing emphasized the vital role medically tailored nutrition services can play in treating, managing, and preventing chronic diseases such as congestive heart failure, type 2 diabetes, chronic obstructive pulmonary disease, renal disease, obesity, and hypertension. Research continues to illustrate that individuals who have pre-existing health conditions such as the diseases listed above are at greater risk of mortality from the coronavirus. One study conducted by the Italian Health Authorities examined health records of 18% of the country's coronavirus fatalities. It found that almost 75% had high blood pressure, about 35% had diabetes, and a third suffered from heart disease. The study concludes that more than 99% of Italy's coronavirus deaths have been people who were previously ill or had pre-existing health conditions.[1]

We urge the Joint Committee on Health Care Financing to recognize the value of expanding access to medically tailored nutrition services for individual and public health. The alarming rate

[1] Istituto Superiore di Sanità. Report sulle caratteristiche dei pazienti deceduti positivi a COVID-19 in Italia Il presente report è basato sui dati aggiornati al 17 Marzo 2020. (accessed 20 Mar 2020). https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_17_marzo-v2.pdf

of diet-related chronic diseases has cost our health care system an exorbitant amount over the years and has left too many Massachusetts residents vulnerable to additional health threats such as the current coronavirus. In the wake of this health and economic crisis, medically tailored nutrition services can help to relieve the burden on our recovering health care system by improving disease management and decreasing emergency department visits, readmission rates, and length of in-patient hospital stays. Looking forward, expanding access to medically tailored nutrition services for MassHealth enrollees should also be evaluated with a health security lens. With many of these costly diet-related diseases being preventable, improving individual health decreases avoidable health care expenditures, lessens the burden on stressed health care systems, and protects public health, freeing up resources and strengthening the resilience of our state.

Based on feedback shared during the hearing and from members of the Food is Medicine Massachusetts (FIMMA) coalition, the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and Community Servings believe that a small number of amendments could greatly strengthen the bill and maximize the impact of the Food and Health Pilot Program.

Specifically, we recommend amendments regarding the following components of the bill. For clarity, we have also attached an edited version of the bill which includes proposed language for each of the suggested changes. To view language additions, please click on the yellow comment bubbles.

1. **Medically Tailored Nutrition Service Names and Definitions**
    - **a.** Change the language specifying the number of meals a Medically Tailored Food program must provide per week from “14 meals per week,” to, “at least 10 meals per week” to provide additional consistency between the scope of the three interventions.
    - **b.** Revise Medically Tailored Food definition to include partially prepared grocery items to reflect the offerings of Medically Tailored Food service providers currently operating in the state.
    - **c.** Rename “Nutritious Food Subsidies” to “Nutritious Food Referrals” in recognition of concerns about potential stigma associated with the word “subsidy.”
    - **d.** Replace the term “subsidy” with the term “voucher,” in recognition of concerns about potential stigma associated with the word “subsidy.”

2. **Food and Health Pilot Commission**
    - **a.** Add a representative from the Executive Office of Elder Affairs to the Commission in recognition of the Office’s valuable knowledge of the senior population, which has a particularly acute need for nutrition services.

b. Add a representative from the Massachusetts Department of Agricultural Resources to enhance coordination between our food and health care systems during the planning, implementation and evaluation of the Pilot.

3. **Study Design**
   - **a.** Allow for greater flexibility in study design and evaluation by providing a single list of proposed target conditions rather than specifically outlining which conditions must be associated with each of the three interventions.
   - **b.** Add nutrition counseling as a core component of the Pilot in addition to receiving one of three medically tailored nutrition services, in recognition of the important role that nutrition education can play in empowering patients to improve their diet, even when they no longer receive medically tailored nutrition services.
   - **c.** Amend the language regarding the intervention level to allow for the provision of medically tailored nutrition services to members of the participant households such as caregivers and dependents to assure appropriate dosage of the intervention to patients.
   - **d.** Adjust language surrounding the control group since "matching" is a research technique that will likely not be appropriate in this trial.

4. **Pilot Evaluation**
   - **a.** Expand outcome metrics to allow the evaluation of the Pilot to include assessment of non-clinical outcomes such as food security and patient quality of life.
   - **b.** Require the final report on the Pilot to deepen our understanding of current gaps in the Massachusetts food system by providing an assessment of how the provision of these services through the health care system could impact healthy food access in Massachusetts.

Thank you for your consideration of these suggested amendments. Should you have any questions, please contact Katie Garfield at kgarfield@law.harvard.edu or Kristin Sukys at ksukys@law.harvard.edu.

Sincerely,

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