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H.B. No. 2983

A BILL TO BE ENTITLED

AN ACT

relating to a pilot project to provide medical nutrition assistance
to certain Medicaid recipients in this state.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 32, Human Resources Code,
is amended by adding Section 32.077 to read as follows:

Sec. 32.077. HEALTHY FOOD IS GOOD MEDICINE PILOT PROJECT
FOR PREGNANT AND POSTPARTUM MEDICAID RECIPIENTS. (a) In this
section:

(1) "Community-based organization" means an
organization that:

(A) is exempt from the payment of federal income
taxes under Section 501(a), Internal Revenue Code of 1986, by being
listed as an exempt entity under Section 501(c)(3) of that code;

(B) provides medical nutrition assistance;

(C) has an established agreement with a medical
provider to implement medical nutrition assistance under this
section; and

(D) employs:

(i) at least one registered dietitian
nutritionist;

(ii) culinary personnel; and

(iii) support personnel capable of
providing patient referrals to a medical provider, sourcing

ingredients, and packaging and delivering meals to medical nutrition assistance recipients.

(2) "Healthy food prescription program" means a program under which a medical provider prescribes healthy food to a high-risk patient to decrease the incidence of one or more diet-related chronic illnesses by increasing the patient's access to healthy food, including fresh fruits and vegetables, through the use of vouchers or by other means.

(3) "Medical nutrition assistance" means:

(A) the provision of medically tailored meals to individuals who have a chronic disease, including diabetes, congestive heart failure, chronic pulmonary disease, kidney disease, or other chronic disease, that is impacted by the individual's diet and limits at least one activity of the individual's daily living to support treatment and management of the disease; and

(B) the provision of healthy food prescription programs to individuals who experience food insecurity and have at least one chronic health condition directly impacted by the nutritional quality of food to support treatment and management of the condition.

(4) "Medical provider" means:

(A) a federally qualified health center as defined by 42 U.S.C. Section 1396d(1)(2)(B); or

(B) a participating provider, as defined by Section [32.101](#).

(5) "Medically tailored meal" means food prepared as

1 prescribed by a registered dietitian nutritionist or other
2 qualified health care professional to address an individual's
3 chronic disease or health condition and any associated symptoms.

4 (6) "Pilot project" means the pilot project required
5 under Subsection (b).

6 (b) The executive commissioner shall seek a waiver under
7 Section 1115 of the federal Social Security Act (42 U.S.C. 1315) to
8 the state Medicaid plan to develop and implement a five-year pilot
9 project to demonstrate the cost effectiveness and improved health
10 care outcomes of Medicaid recipients in this state during pregnancy
11 and the postpartum period who are provided medical nutrition
12 assistance through medical providers and community-based
13 organizations in not more than six Medicaid service delivery areas.

14 (c) The pilot project must be established in service
15 delivery areas located in:

16 (1) a municipality with a population greater than
17 670,000; or

18 (2) a county:

19 (A) with a population greater than 65,000;

20 (B) that is located on an international border;

21 and

22 (C) in which at least one World Birding Center
23 site is located.

24 (d) The commission shall collaborate and contract with
25 managed care organizations, the state Medicaid managed care
26 advisory committee, community-based organizations, and medical
27 providers in administering the pilot project.

1 (e) In implementing the pilot project, the executive
2 commissioner by rule shall establish eligibility criteria for
3 Medicaid recipients to participate in the pilot project. The
4 criteria must require that a recipient be pregnant or recently, as
5 determined by commission rule, postpartum and:

6 (1) have a diet-related or pregnancy-related health
7 condition; or

8 (2) be likely to experience improved maternal and
9 infant health outcomes as a result of increased access to healthy
10 foods.

11 (f) The commission shall, to the extent allowed by a waiver
12 obtained under Subsection (b), establish a payment methodology,
13 including payment rates, for:

14 (1) a medical provider who through medical personnel,
15 including registered dietitian nutritionists, social workers, and
16 community health workers, provides the following services:

17 (A) assessments and screening of recipients to
18 determine eligibility for participation in the pilot project;

19 (B) development of individual care plans and
20 health outcome tracking for pilot project participants; and

21 (C) care management services, including
22 nutrition and health education and assisting participants in
23 adhering to individual case plans; and

24 (2) community-based organizations that provide the
25 following services:

26 (A) referral of recipients to a medical provider
27 for assessment and screening for eligibility for participation in

1 the pilot project;

2 (B) ingredient sourcing and meal preparation for
3 pilot project participants;

4 (C) meal delivery to pilot project participants;
5 and

6 (D) community outreach, including education on
7 disease management, nutrition and health, and access to community
8 nutrition services.

9 (g) The commission shall submit reports to the legislature
10 on the results of a pilot project implemented under this section as
11 follows:

12 (1) an initial report to be submitted not later than
13 the first anniversary of the date the pilot project is implemented
14 under this section;

15 (2) a second report to be submitted not later than 30
16 months following the date the pilot project is implemented; and

17 (3) a final report to be submitted not later than three
18 months after the pilot project concludes.

19 (h) A report submitted to the legislature under Subsection
20 (g) must include:

21 (1) the number of participants in the pilot project;

22 (2) de-identified and aggregated data on any relevant
23 medical outcomes for the participants and the infants born to
24 participants during the time the participants participated in the
25 pilot project, including:

26 (A) the results of participants' hemoglobin Alc
27 tests;

1 (B) the incidence of pregnancy-related
2 conditions, including gestational diabetes and preeclampsia;

3 (C) changes in participants' body mass index;

4 (D) changes in participants' blood pressure;

5 (E) the birth weight of the infants; and

6 (F) participant or infant hospital admissions
7 and emergency room visits;

8 (3) any cost savings or increased expenditures
9 incurred as a result of the pilot project; and

10 (4) a commission recommendation on whether to
11 terminate, continue, or expand the pilot project.

12 (i) This section expires September 1, 2029.

13 SECTION 2. As soon as practicable after the effective date
14 of this Act, the executive commissioner of the Health and Human
15 Services Commission shall apply for and actively pursue a waiver
16 under Section 1115 of the federal Social Security Act (42 U.S.C.
17 Section 1315) to the state Medicaid plan from the federal Centers
18 for Medicare and Medicaid Services or any other federal agency to
19 implement Section 32.077, Human Resources Code, as added by this
20 Act. The commission may delay implementing Section 32.077, Human
21 Resources Code, as added by this Act, until the waiver applied for
22 under this section is granted.

23 SECTION 3. This Act takes effect September 1, 2023.