

SUBJECT: Establishing a Medicaid pilot program for a medical nutrition program

COMMITTEE: Human Services — committee substitute recommended

VOTE: 6 ayes — Frank, Rose, Campos, Klick, Manuel, Noble

1 nay — Shaheen

2 absent — Hull, Ramos

WITNESSES: For — Nicole Lander, Houston Foodbank; Rachel Robinson, Legacy Community Health; Hawley Poinsett, Texas Academy of Nutrition and Dietetics; Jackson Griggs, Texas Association of Community Health Centers (*Registered, but did not testify*: Andrea Earl, AARP Texas; Joel Romo, American Diabetes Association; Katie Nye, Baylor Collaborative on Hunger and Poverty; Timothy Ottinger, CHI St. Lukes Health; Jason Sabo, Children at Risk; Brie Franco, City of Austin; Clifford Sparks, City of Dallas; Nadia Islam, City of San Antonio; Chase Bearden, Coalition of Texans with Disabilities; King Hillier, Community Health Choice; Michael Dole, Driscoll Health System; Anne Dunkelberg, Every Texan; Jamie Olson, Feeding Texas; Crystal Brown, Greater Houston Partnership; Lindsay Lanagan, Legacy Community Health; Nora Del Bosque, March of Dimes; Bill Kelly, Mayor's Office, City of Houston; Christine Yanas, Methodist Healthcare Ministries; LaRessa Quintana, No Kid Hungry; Joel Romo, Partnership for a Healthy Texas; Eric Glenn, Superior Health Plan; Martin Hubert, Sysco Corporation; Maureen Milligan, Teaching Hospitals of Texas; Alec Mendoza, Texans Care for Children; Charles Miller, Texas 2036; Marshall Kenderdine, Texas Academy of Family Physicians; Kay Ghahremani, Texas Association of Community Health Plans; Jessica Lynch, Texas Association of Health Plans; Jenny Andrews, Texas Catholic Conference of Bishops; David Reynolds, Texas Chapter American College of Physicians Services; Meredith Cooke, Texas Children's Health Plan; Isabel Casas, Leela Rice, Texas Council of Community Centers; Marcus Mitias, Texas Health Resources; Cameron Duncan, Texas Hospital Association; Matt Dowling, Caitlin Flanders, Texas Medical Association; Jill Sutton, Texas

Osteopathic Medical Association; Linda Litzinger, Texas Parent to Parent; Clayton Travis, Texas Pediatric Society; Laurie Vanhooose, The Episcopal Health Foundation; Paul Fassbender, Unite Us; Ashley Harris, United Ways of Texas; Becca Harkleroad;)

Against — (*Registered, but did not testify*: Virginia Gustin; Eve Margolis)

On — Shreel Sharma, University of Texas Health Science Center at Houston (*Registered, but did not testify*: Ryan Van Ramshorst, Health and Human Services Commission)

**BACKGROUND:** Some have suggested that a pilot program for medical nutrition programs could improve health and reduce health care spending for people who are pregnant or in the postpartum period.

**DIGEST:** **Definitions.** CSHB 2983 would define “community-based organization” as an organization that was exempt from the payment of federal income taxes, provided medical nutrition assistance, had an established agreement with a medical provider to implement medical nutrition assistance, and employed:

- at least one registered dietitian nutritionist;
- culinary personnel; and
- support personnel capable of providing patient referrals to a medical provider, sourcing ingredients, and packaging and delivering meals to medical nutrition assistance recipients.

“Healthy food prescription program” would mean a program under which a medical provider, including federally qualified health centers and Medicaid providers, prescribed healthy food to a high-risk patient to decrease the incidence of diet-related chronic illness by increasing the patient’s access to healthy food through the use of vouchers or other means.

“Medical nutrition assistance” would mean:

- the provision of medically tailored meals to individuals who have a chronic disease that was impacted by the individual's diet and that limited at least one activity of the individual's daily living to support treatment and management of the disease; and
- 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.

**Pilot project.** The executive commissioner of the Health and Human Services Commission (HHSC) would be required to seek a waiver to the state Medicaid plan to develop and implement a five-year pilot project to demonstrate the cost effectiveness and improved health care outcomes of Medicaid recipients, during and after pregnancy, who received medical nutrition assistance through medical providers and community-based organizations. The project would be implemented in a maximum of six Medicaid service delivery areas, including service delivery areas located in a municipality with a population greater than 670,000 or a county with a population greater than 65,000 located on an international border in which at least one World Birding Center site was located.

HHSC would collaborate and contract with managed care organizations, the state Medicaid managed care advisory committee, community-based organizations, and medical providers to administer the pilot project. HHSC's executive commissioner would be required establish by rule the eligibility criteria for Medicaid recipients to participate in the pilot project, including requirements that a recipient be pregnant or recently postpartum and:

- have a diet-related or pregnancy-related health condition; or
- be likely to experience improved maternal and infant health outcomes as a result of increased access to healthy foods.

HHSC would be required to establish a payment methodology for certain providers and services as specified by the bill. The bill would also require HHSC to submit reports to the Legislature on the results of the pilot

project, including an initial report submitted by the first anniversary of the pilot project, a second report submitted by 30 months after the pilot project was implemented, and a final report submitted by three months after the pilot project ended. The reports would be required to include:

- the number of participants;
- de-identified aggregated data on any relevant medical outcomes for participants and their infants;
- any cost savings or increased expenditures incurred as a result of the pilot project; and
- a recommendation on whether to terminate, continue, or expand the pilot project.

Provisions related to the pilot project would expire September 1, 2029.

As soon as practicable after the effective date, HHSC's executive commissioner would apply for and actively pursue a waiver from the federal Center for Medicare and Medicaid Services. HHSC could delay implementing the bill until the waiver was granted.

The bill would take effect September 1, 2023.

**NOTES:**

According to the Legislative Budget Board, CSHB 2983 would have a negative impact of about \$13.5 million for fiscal 2024-25 on general revenue related funds.