

The Plant-Based Solution COVID-19



Plant-based health expert Dr T. Colin Campbell author of the “China Study” has said switching to a whole food plant-based diet could “produce a faster, safer, more comprehensive long-term solution for coping with viral diseases like COVID-19”. Dr Campbell referenced research he had previously done as part of the China Project.

"We collected data on the prevalence of people having antibodies and antigens, multiple disease mortality rates, and many nutritional risk factors," the plant-based advocate wrote. "Relying only on statistically significant findings, HBV antibody prevalence was highly correlated with vegetable consumption, dietary fiber, and plant protein. In short, more plant food consumption was associated with more antibodies."

"In our research, we also found that people consuming more animal protein had fewer antibodies, even in those consuming a very low amount of animal protein," he added. [Complete Story in Body & Soul Journal](#)

What this Bill Does

This bill is a simple yet science-based measure that will lead to improved health outcomes for patients in a hospital setting and inmates in prison. Serving plant-based meals in prisons and hospitals will also provide substantial savings in direct medical costs and indirect costs related to reduced work loss, disability, and premature death of state employees who receive hospital care. The bill also provides Corizon Health with new evidenced based 21st Century health care delivery tools (defined as “Lifestyle Medicine”) to more effectively deal with Covid-19 in the prisons and to ensure that the health outcomes of prison inmates is not worse than when they entered Maryland prisons. The Maryland Plant-based Meal Bill is a win/win for patients, healthcare providers and taxpayers. (See the backside to learn more.) For more info. Email: Jo@HealthyLawyers.org or call (602)326-8663

Plant-Based Meal Bill To Help Patients In Hospitals & Inmates in Prisons To Fight Covid-19 & Degenerative Diseases

The 2021 Maryland Plant-based Meal Bill introduced by Del. Terri Hill, MD will require:

- Hospitals to make plant-based meals available to all patients and all plant-based meals reflected on all in-patient menus
- Maryland prisons to provide plant-based meals in an amount that reduces the weekly intake of “saturated fat” and “animal protein” to 1/3rd of the USDA guideline and in an amount that increases fiber & water to 20% above the USDA guideline.
- Maryland prisons to provide 100% plant-based meals upon request by inmates who want plant-based meals served at all times, without the need for a doctors note or religious accommodation.
- Maryland Department of Health & Minority Health – Health Disparities to provide all healthcare providers with information on how to be trained in plant-based nutrition, plant-based prescriptions and “Lifestyle Medicine” which treats the whole person to reduce reliance on costly prescription drugs in order to reduce health care cost
- Requires Corizon Health, the third-party health care provided to all Maryland state prisons, to annually:
 - Report to MDHMHHD & the General Assembly the health status of all inmates individually & in the aggregate with changes in health;
 - Report on the training of Corizon healthcare providers in plant-based nutrition & Lifestyle Medicine

MARYLAND
PLANT
BASE
ADVOCATES
COALITION

 **Healthier
Hospitals**

A PRACTICE GREENHEALTH PROGRAM

One goal of this bill is to increase the number of participating hospital organizations in the Healthier Hospitals program requiring hospitals to commit to the “Healthy Food” challenge initiated 8 years ago in 2012. The challenge calls for less meat on in-patient meals.

See the participating hospitals <http://www.healthierhospitals.org/about-hhi/participating-hospitals>

Why MD Prisons?



- As of Oct 5, 2020, 11 inmates have died from Covid-19 & 156 positive tested inmates have not yet recovered since diagnosis months ago.
- Nutritionist Dr. Ruby Lathon in January 2020 reviewed the state prison meal plan and found inmate meals are high in saturated fat & animal protein and low in fiber resulting in inmate micronutrient deficiencies which impact the immune system.

- Approx. \$150 million per year in tax-payer dollars is spent on inmate healthcare (Corizon Health has a \$680 million contract for 5 yrs)
- Approx. 30% of inmate healthcare cost is on reversible chronic degenerative diseases
- Maryland inmates suffer from health disparities at a greater rate than the Maryland population

Maryland Diabetes Epidemic & Covid-19 Deaths!

Maryland's diabetes epidemic: Approximately 623,041 people in Maryland, or 12.6% of the adult population, have diabetes. Of these, an estimated 156,000 have diabetes but don't know it, greatly increasing their health risk. In addition, 1,634,000 people in Maryland, 36.9% of the adult population, have prediabetes with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes. This is true also for the inmate population.

Diabetics are almost 2x times more likely to die from COVID

A new [government study](#) shows that nearly 40% of people who have died with COVID-19 had diabetes. The study determined that Diabetes is a pre-existing condition that is one of the most fatal when it comes to COVID-19. Diabetes is one of the underlying health conditions that health experts believe put people at greater risk for developing more severe symptoms of Covid-19 and the Study published in the journal Diabetologia confirm this. The report noted that patients with diabetic complications were more than twice as likely to die within a week, the researchers concluded

However, studies have also shown that a plant-based diet can greatly improve the body's ability to regulate glucose levels, which lowers or eliminates the need for insulin.⁷ If patients and inmates have access to healthy plant-based meals in hospitals and prisons, we can reverse the number of residents with diabetes and reduce Covid related deaths. Total deaths in Maryland as of Oct. 2020 is **3,999 cases, of which 715 were in Prince George's County.**

Support for Plant-Based Hospital Meals

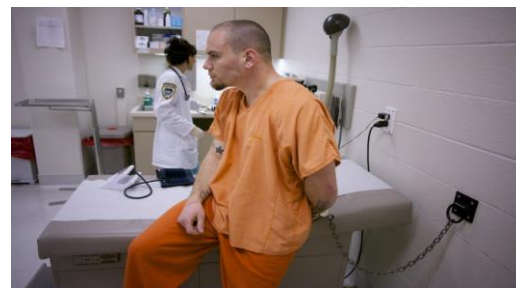
In June 2017, the American Medical Association passed the Healthy Food Options in Hospitals resolution, which "... calls on US hospitals to improve the health of patients, staff, and visitors by: (a) providing a variety of healthy food, including plant-based meals, and meals that are low in fat, sodium, and added sugars..."⁸

The American College of Cardiology made a similar recommendation in Planting a Seed: Heart-Healthy Food Recommendations for Hospitals: "A least one plant-based main dish that is low in fat, sodium, and added sugars will be offered and promoted at every meal..."⁹

St. Joseph Health System in Sonoma County, California, reports, "Vegetarian entrées cost about 50 percent less than meat entrées." The hospital projects saving \$5,000 a year by serving more meat-free meals.¹⁰

Endnotes

1. American Heart Association, <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/fats/saturated-fats>
2. World Cancer Research Fund and American Institute for Cancer Research, "Diet, Nutrition, Physical Activity and Cancer: a Global Perspective," 2018, <https://www.wcrf.org/sites/default/files/Summary-third-expert-report.pdf>
3. National Kidney Foundation, <https://www.kidney.org/atoz/content/plant-based>
4. American Diabetes Association, <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/new-york.pdf>
5. McMacken Michelle and Sapana Shah, "A plant-based diet for the prevention and treatment of type 2 diabetes," Journal of Geriatric Cardiology, 2017 May, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5466941/>
6. American Medical Association, "Healthy Food Options in Hospitals," policy H-150.949.
7. American College of Cardiology, "Planting a Seed: Heart-Healthy Food Recommendations for Hospitals," <https://www.acc.org/membership/sections-and-councils/prevention-of-cardiovascular-disease-section/about-us/section-sub-groups/features/hospital-food-program>



Corizon Prison Health Care Track Record

- 1,364 lawsuits against Corizon between 2009 & 2018 regarding poor inmate health care – See letter from Corizon CEO
- <http://www.corizonhealth.com/Corizon-News/a-letter-to-d.c.-council-chairman-phil-mendelson>
- Corizon lost its contract with state of Arizona due to multi-million dollar poor health care lawsuit in 2014
- Around May 2019 – 200 letters by Arizona female inmates citing instances where women were miscarrying due to a lack of proper health care. <https://www.themarshallproject.org/record/s/131-corizon>

Legislation In Other States

Other states have passed similar bills:

CA - SB 1138 for prisons + hospitals
NY - S1471A/A4072 for hospitals
OR - HB 3342 for hospitals

Other prisons have gone plant-based:

AZ – Maricopa County 100% plant-based
NY – Ricker's Prison
PA – Philadelphia 2018 pilot program

Prison Report

A report on global prison populations, indicates that a plant-based diet has the effect of: (1) **cheaper prison administration** (plant-based diets are significantly cheaper than MDE-based diets [$MDE = \text{meat/dairy/egg}$]); (2) **better prisoner life expectancy** (vegans live longer; and a core prison performance metric is average life expectancy of prison populations); (3) **higher likelihood of rehabilitative/restorative outcomes** in prison populations (higher levels of socialization); (4) **lower medical costs** (vegans lead healthier lives) <https://medium.com/veganchronicles/the-case-for-vegan-prisons-b9a34df816dc>

HOUSE BILL 819

J1, E4

0lr0741
CF 0lr3297

By: **Delegates Hill, Barron, Acevero, Arikan, T. Branch, Carr, Charles, Crutchfield, Gilchrist, Ivey, Kerr, Lierman, Moon, Mosby, Palakovich Carr, Queen, Solomon, R. Watson, and Wells**

Introduced and read first time: February 3, 2020

Assigned to: Health and Government Operations and Judiciary

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 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
15 and wellness standards; requiring that certain rules and regulations adopted by the
16 the
17 Secretary of Health that set standards for dietary matters for certain facilities
18 include requiring that the facility's menus and alternative food locations comply with
19 certain standards on or before a certain date; requiring the Secretary of Health to
20 adopt certain health and wellness standards for State and local correctional facilities
21 and certain health care facilities; defining certain terms; stating the intent of the
22 General Assembly; and generally relating to health and wellness standards in
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)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

hb0819

1 BY repealing and reenacting, with amendments,
2 Article - Health - General
3 Section 19-308(a)
4 Annotated Code of Maryland
5 (2019 Replacement Volume)

6 BY adding to
7 Article - Health - General
8 Section 21-1301 and 21-1302 to be under the new subtitle "Subtitle 13. Health and
9 Wellness Standards"
10 Annotated Code of Maryland
11 (2019 Replacement Volume)

12 Preamble

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

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

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

29 WHEREAS, Research has shown that the consumption of plant-based meals rich in
30 complex carbohydrate foods (such as beans, lentils, grains, potatoes, pasta, and oranges)
31 can reduce and even reverse chronic degenerative diseases that require life-long reliance
32 on medications to manage and can reduce overall health care costs and prison food costs;
33 and

34 WHEREAS, In April 2015, a jail in Arizona went vegetarian and, by spending
35 money

36 WHEREAS, Maryland could save millions of dollars annually in health care costs
37 that could be reinvested into reentry programs by reducing the purchase of animal foods
38 and animal-based beverages and by providing plant-based food whole meals a few days
39 during the week; and

1 WHEREAS, Dariush Mozaffarian, M.D. Dean of the Tufts Friedman School of
2 Nutrition Science and Policy, wrote in the article "Doctors Prescribing Fruits and Veggies:
3 Why Nutrition Policy is a National Priority", in summary, that medically tailored
4 plant-based meals prescribed to patients is associated with "reduced hospitalizations,
5 emergency room visits, and overall health care spending", and that the 2018 Produce
6 Prescription Program, which allows physicians to prescribe fruits and vegetables to treat
7 degenerative disease, could reduce health care costs if implemented by more physicians;
8 and

9 WHEREAS, Medical schools and university allied health programs offer
10 limited
11 training to physicians and health care professionals in nutrition and almost no training in
12 plant-based and lifestyle medicine which can help reduce Maryland health care costs in

13 WHEREAS, Physicians must complete 50 hours of continuing medical
14 education
15 every 2 years, some of which can be used to acquire knowledge of plant-based nutrition

16 WHEREAS, To address the health concerns of inmates and to lower the cost
17 of
18 inmate health care, including prescription drug costs while also lowering recidivism rates
19 in California prisons, the California Legislature passed SB 1138 in 2018, mandating

20 WHEREAS, The New York Legislature passed A.4072 in 2019
21 mandating

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

24 **Article - Correctional Services**

25 8-103.

26 (a) (1) With the advice of the Commission, the Secretary shall
27 adopt
28 regulations that establish minimum mandatory standards applicable to security and
29 inmate control, inmate safety, inmate food services, inmate housing and sanitation,
30 inmate

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

33 (b) (1) With the advice of the Commission, the Secretary shall
34 adopt
35 regulations that establish approved standards applicable to personnel, training,
36 administration, management, planning and coordination, research and evaluation,

1 reception and orientation, property control, work programs, educational and
2 vocational
3 training, library services, religious services, recreational activities, counseling,

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

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

7 (ii) may be adopted, as a whole or in part, by a local
8 facility.

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

11 **(D) ON OR BEFORE OCTOBER 1, 2021, MINIMUM MANDATORY STANDARDS**
12 **FOR INMATE FOOD SERVICES ADOPTED UNDER SUBSECTION (A) OF THIS SECTION**
13 **SHALL COMPLY WITH THE HEALTH AND WELLNESS STANDARDS ESTABLISHED**
14 **UNDER § 21-1302(B) OF THE HEALTH - GENERAL ARTICLE.**

15 **(E) TRAINING STANDARDS ADOPTED UNDER SUBSECTION (B) OF**
16 **THIS**
17 **SECTION FOR HEALTH CARE PROVIDERS WORKING IN A STATE OR LOCAL**
18 **CORRECTIONAL FACILITY SHALL COMPLY WITH THE TRAINING STANDARDS**

19 **(F) ON OR BEFORE OCTOBER 1 EACH YEAR, BEGINNING IN 2021, THE**
20 **SECRETARY SHALL REPORT TO THE OFFICE OF MINORITY HEALTH AND HEALTH**
21 **DISPARITIES AND, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT**
22 **ARTICLE, THE GENERAL ASSEMBLY ON:**

23 **(1) ALL ILLNESSES EXPERIENCED BY INMATES, DIFFERENTIATED BY**
24 **AGE, GENDER, RACE, BIRTH STATE, AND FACILITY LOCATION;**

25 **(2) BEGINNING WITH THE REPORT DUE ON OR BEFORE OCTOBER 1,**
26 **2022, ANY CHANGE IN ILLNESSES OR DIAGNOSES OF INMATES THAT MAY RESULT**
27 **FROM THE IMPLEMENTATION OF THE HEALTH AND WELLNESS FOOD STANDARDS**
28 **UNDER SUBSECTION (D) OF THIS SECTION OR AS A RESULT OF ANY OTHER**
29 **PRESCRIBED TREATMENT; AND**

30 **(3) THE NUMBER OF EMPLOYEES OF A HEALTH CARE PROVIDER**
31 **EACH FACILITY WHO HAVE RECEIVED, SINCE THE PREVIOUS REPORT:**

32 **(I) TRAINING IN ACCORDANCE WITH § 21-1302(B) OF THE**
33 **HEALTH - GENERAL ARTICLE;**

1 **(II) CONTINUING MEDICAL EDUCATION CREDITS ON**
2 **DELIVERY OF PLANT-BASED NUTRITION; AND**

3 **(III) BOARD CERTIFICATION IN ACCORDANCE WITH § 21-1302(B)**
4 **OF THE HEALTH - GENERAL ARTICLE.**

5 **(G) THE OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES SHALL:**

6 **(1) REVIEW THE INFORMATION RECEIVED UNDER SUBSECTION (F)**
7 **THIS SECTION; AND**

8 **(2) ANNUALLY PUBLISH THE INFORMATION TO ITS WEBSITE.**

9 **(H) ANY COST SAVINGS REALIZED THROUGH IMPLEMENTATION OF HEALTH**
10 **AND WELLNESS FOOD STANDARDS ESTABLISHED UNDER § 21-1302 OF THE**
11 **HEALTH - GENERAL ARTICLE SHALL BE ALLOCATED AS FOLLOWS:**

12 **(1) FIRST, TO COVER EXPENSES RELATED TO OBTAINING FRESH**
13 **FRUITS AND VEGETABLES, EQUIPMENT, AND TRAINING TO ENABLE COOKING FROM**
14 **SCRATCH USING PRIMARILY BASIC INGREDIENTS RATHER THAN PREPARED FOODS;**
15 **AND**

16 **(2) ANY REMAINING COST SAVINGS MAY BE USED TO ESTABLISH NEW**
17 **OR IMPROVE EXISTING INMATE REENTRY SERVICES, INCLUDING A WOMEN'S**
18 **PRE-RELEASE CENTER.**

19 **Article - Health - General**

20 19-308.

21 (a) The Secretary shall adopt reasonable rules and regulations that set
22 of services for related institutions, accredited hospitals, nonaccredited hospitals,
23 accredited
24 residential treatment centers, and nonaccredited residential treatment centers in

25 (1) The care of patients;

26 (2) The medical supervision of patients;

27 (3) The physical environment;

28 (4) Disease control;

29 (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 §

SUBTITLE 13. HEALTH AND WELLNESS STANDARDS.

21-1301.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE 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;

2 (2) HAS A NUTRITIONAL VALUE THAT IS COMPARABLE TO
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
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 OPTIONS AND
21 ~~ONE PLANT-BASED BEVERAGES~~ TO ALL INMATES ~~AT EACH MEAL EACH WEEK IN~~
22 ~~AMOUNT THAT REDUCES THE WEEKLY CONSUMPTION OF SATURATED FAT AND~~
~~ANIMAL PROTIEIN TO ONE THIRD OF THE USDA DIETARY GUIDELINES -AND TO~~
~~INCREASE THE WEEKLY INTAKE OF FIBER TO 20% ABOVE THE USDA GUIDELINES; AN~~

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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
28 REQUEST OF A PATIENT OR THE PATIENT'S LAWFUL REPRESENTATIVE, IN THE
29 MANNER REQUIRED BY THE FACILITY, AT EACH MEAL LISTED ON THE FACILITY'S
30 MENUS;

1 **(2) PROVIDING INFORMATION AND RESOURCES TO HEALTH CARE**
2 **PROVIDERS WHO PROVIDE SERVICES IN THE FACILITIES ON AVAILABLE TRAINING**
3 **AND BOARD CERTIFICATION ON THE DELIVERY OF PLANT-BASED NUTRITION,**
4 **PRESCRIPTIONS MADE UNDER THE PRODUCE PRESCRIPTION PROGRAM**
5 **ESTABLISHED UNDER 7 U.S.C. § 7517(C), AND LIFESTYLE MEDICINE WITH THE**
6 **GOAL**
7 **OF REDUCING HEALTH CARE COSTS AND IMPROVING THE HEALTH CONDITION AND**

8 **(3) FOR CORRECTIONAL FACILITIES ONLY, PROVIDING**
9 **INFORMATION TO ALL INMATES AND TO NEW INMATES ON AN INMATE'S FIRST DAY**
10 **IN THE FACILITY ON THE BENEFITS AND AVAILABILITY OF PLANT-BASED MEAL**
11 **OPTIONS, PLANT-BASED FOOD OPTIONS, AND PLANT-BASED BEVERAGES,**
12 **INCLUDING COMMISSARY OPTIONS;**

13 **(4) GUIDELINES THAT INCREASE THE AVAILABILITY OF**
14 **PLANT-BASED MEAL OPTIONS, PLANT-BASED FOOD OPTIONS, AND PLANT-BASED**
15 **BEVERAGES IN ALTERNATIVE FOOD LOCATIONS IN THE FACILITY, INCLUDING**
16 **VENDING MACHINES AND INMATE COMMISSARIES, INCLUDING GUIDELINES FOR:**

17 **(I) ENSURING THAT PLANT-BASED FOOD OPTIONS ARE**
18 **OFFERED AT THE SAME OR A LOWER COST WHEN COMPARED TO NON-PLANT-BASED**
19 **FOOD OPTIONS; AND**

20 **(II) LOWERING THE AMOUNT OF SODIUM, SATURATED FAT, AND**
21 **SUGAR IN ALL FOODS AVAILABLE IN ALTERNATIVE FOOD LOCATIONS; AND**

22 **(5) FOR CORRECTIONAL FACILITIES ONLY, GUIDELINES FOR THE**
23 **PREPARATION OF PLANT-BASED MEAL OPTIONS BY EACH FACILITY**
24 **THAT CONSIDERS THE TASTE PREFERENCES OF THE POPULATION SERVED,**
25 **TASTE TEST SURVEYS CONDUCTED BY EACH FACILITY SURVEYING A**
26 **REPRESENTATIVE SAMPLE OF INDIVIDUALS SERVED IN THE FACILITY.**

27 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General
28 Assembly that the health and wellness standards developed by the Maryland Department
29 of Health or adopted and implemented by the Department of Public Safety and
30 Correctional
31 Services under Section 1 of this Act shall be developed, adopted, and implemented using

32 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take
33 effect