
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 667 Session of
2023

INTRODUCED BY BULLOCK, HARRIS, KENYATTA, KINSEY, SANCHEZ, HILL-
EVANS, MADDEN, VENKAT, HOHENSTEIN, BURGOS, PROBST, PARKER,
KINKEAD, N. NELSON, INNAMORATO, OTTEN AND KHAN,
MARCH 23, 2023

REFERRED TO COMMITTEE ON HUMAN SERVICES, MARCH 23, 2023

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," in general powers and
4 duties of the Department of Public Welfare, providing for
5 Medically Tailored Meals Pilot Program and imposing duties on
6 the Department of Human Services.

7 The General Assembly of the Commonwealth of Pennsylvania
8 hereby enacts as follows:

9 Section 1. The act of June 13, 1967 (P.L.31, No.21), known
10 as the Human Services Code, is amended by adding a section to
11 read:

12 Section 217. Medically Tailored Meals Pilot Program.--(a)
13 The Medically Tailored Meals Pilot Program is established within
14 the department.

15 (b) The department shall conduct the program for a three-
16 year period, beginning no later than one year after the
17 effective date of this subsection, to assess the effects of a
18 covered hospital providing medically tailored meals to qualified
19 individuals.

1 (c) In accordance with this section, the department shall:

2 (1) Select hospitals to participate in the program.

3 (2) Establish procedures for covered hospitals to carry out
4 the requirements of the program.

5 (3) Make payments to covered hospitals for items and
6 services provided to qualified individuals.

7 (4) Submit reports on the program in accordance with
8 subsection (h).

9 (d) The department shall select at least twenty covered
10 hospitals located in at least ten different counties to carry
11 out the requirements of the program.

12 (e) The following apply to program requirements:

13 (1) A covered hospital shall maintain on staff a physician,
14 a licensed dietitian-nutritionist or a clinical social worker
15 to:

16 (i) Screen an individual that is an inpatient of the covered
17 hospital with validated screening tools to determine whether the
18 individual is a qualified individual.

19 (ii) Re-screen each individual receiving medically tailored
20 meals with validated screening tools every twelve weeks to
21 determine whether the individual is qualified to continue
22 receiving medically tailored meals.

23 (iii) If an individual is determined to be a qualified
24 individual under subparagraph (i) or (ii), ensure that the
25 individual receives medically tailored meals pursuant to a
26 contract described in paragraph (2).

27 (iv) Provide to an individual determined to be a qualified
28 individual under subparagraph (i) or (ii) medical nutrition
29 therapy, furnished by a licensed dietitian-nutritionist, or
30 ensure that the organization described in paragraph (2) that

1 delivers meals to the individual provides to the individual
2 medical nutrition therapy as appropriate.

3 (v) Monitor the clinical health outcomes, based on measures
4 developed by the department consistent with State law, of each
5 individual who receives medically tailored meals.

6 (2) The following apply to a contract to deliver medically
7 tailored meals:

8 (i) A covered hospital shall enter into a contract, in
9 accordance with criteria established by the department, with at
10 least one nonprofit organization that has at least three years
11 of experience preparing and delivering medically tailored meals
12 or similar meals and providing individual nutrition counseling
13 or medical nutrition therapy in connection with delivering
14 meals.

15 (ii) A contract under this paragraph shall provide for the
16 following:

17 (A) At least two medically tailored meals, or a portioned
18 equivalent, each day that meet at least two-thirds of the daily
19 nutritional needs of a qualified individual.

20 (B) At least twelve weeks of medically tailored meals.

21 (iii) If an individual is determined to be a qualified
22 individual under paragraph (1)(i) or (ii), the covered hospital
23 may contract with the organization described in subparagraph (i)
24 to provide to the primary caregiver of the individual or a
25 dependent under eighteen years of age that resides in the
26 household of the individual a meal that the organization
27 determines appropriate.

28 (f) Not later than one year after the date that the covered
29 hospital begins to participate in the program, and annually
30 thereafter for the duration of the program, a hospital selected

1 to participate in the program shall submit to the department a
2 report on the following:

3 (1) The impact of medically tailored meals on clinical
4 health outcomes described in subsection (e)(1)(v).

5 (2) The impact of medically tailored meals on hospital
6 utilization, including readmission.

7 (3) Any other information necessary to evaluate the program.

8 (g) Within six months of the effective date of this
9 subsection, the secretary shall apply to the Centers for
10 Medicare and Medicaid Services of the United States Department
11 of Health and Human Services for approval of a demonstration
12 project under 42 U.S.C. § 1315 (relating to demonstration
13 projects) for the purpose of providing medically tailored meals
14 as a covered service for medical assistance enrollees. The
15 application for the demonstration project shall take into
16 account other assistance programs that provide coverage for
17 medically tailored meals to reduce monitoring and other
18 administrative costs of the department.

19 (h) Not later than three years after the effective date of
20 this subsection, and six years after that date, the department
21 shall prepare a report on the program. The following apply:

22 (1) The report shall be submitted to:

23 (i) The Health and Human Services Committee of the Senate.

24 (ii) The Health Committee of the House of Representatives.

25 (iii) The Human Services Committee of the House of
26 Representatives.

27 (2) The report shall include a summary of, evaluation of,
28 and recommendations on whether to cover medically tailored meals
29 as a benefit under this act.

30 (i) Not later than ninety days after the date that the

1 department submits a report under subsection (h), the committees
2 listed under subsection (h) (1) shall hold a hearing on the
3 recommendations submitted by the department in the report.

4 (j) To determine decisions for the program, the program may
5 consult with stakeholders, including:

6 (1) Food access organizations.

7 (2) Human service organizations.

8 (3) Social service organizations.

9 (4) Any other organization that the program deems necessary
10 for the implementation of this subsection.

11 (k) As used in this section, the following words and phrases
12 shall have the following meanings:

13 "Covered hospital" means a hospital that:

14 (1) submits to the department an application in the time and
15 manner, and containing the information, prescribed by the
16 department;

17 (2) is selected by the department to carry out the
18 requirements of the program for not more than a three-year
19 period; and

20 (3) is a subsection (d) hospital.

21 "Licensed dietitian-nutritionist" means the same as the term
22 "licensed dietitian-nutritionist" under section 2(9) of the act
23 of May 22, 1951 (P.L.317, No.69), known as "The Professional
24 Nursing Law."

25 "Medical nutrition therapy" means, for the purpose of disease
26 management, nutrition, diagnostics and counseling, services that
27 are furnished by a licensed dietitian-nutritionist.

28 "Medically tailored meal" means a meal that is designed by a
29 licensed dietitian-nutritionist:

30 (1) for the treatment plan of a qualified individual; and

1 (2) to improve health outcomes, lower the cost of care and
2 increase the patient satisfaction of the qualified individual.

3 "Nonprofit organization" means an organization that:

4 (1) is tax exempt under 26 U.S.C. § 501(c)(3) (relating to
5 exemption from tax on corporations, certain trusts, etc.);

6 (2) works at a local level to improve life for residents;

7 (3) focuses on building equality across society, including
8 access to social services; and

9 (4) addresses the social determinants of health.

10 "Program" means the Medically Tailored Meals Pilot Program
11 established under this section.

12 "Qualified individual" means an individual who:

13 (1) is entitled to benefits under this part;

14 (2) has a diet-impacted disease, such as kidney disease,
15 congestive heart failure, diabetes, chronic obstructive

16 pulmonary disease or any other disease that the department
17 determines appropriate, which is likely to cause the individual
18 to require care at a hospital; and

19 (3) has at least one activity of daily living limitation.

20 "Readmission" means the same as the term "readmission" in 42
21 U.S.C. § 1395ww(q)(5)(E) (relating to payments to hospitals for
22 inpatient hospital services).

23 "Social determinants of health" means the conditions in the
24 environments where people are born, live, learn, work, play,
25 worship and age that affect a wide range of health, functioning
26 and quality of life outcomes and risks. The conditions may be
27 grouped in the following categories:

28 (1) Economic stability.

29 (2) Education access and quality.

30 (3) Health care access and quality.

1 (4) Neighborhood and built environment.

2 (5) Social and community context.

3 "Subsection (d) hospital" means the same as the term

4 "subsection (d) hospital" in 42 U.S.C. § 1395ww(d)(1)(B).

5 "Validated screening tool" means a questionnaire that has

6 been psychometrically tested for reliability and validity in

7 assessing the presence of a condition in the individual who is

8 screened by the questionnaire.

9 Section 2. This act shall take effect immediately.