



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB3450

Introduced 2/17/2023, by Rep. Sonya M. Harper

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-47 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to establish a 2-year pilot program to provide medically supportive food to medical assistance recipients through one or more food prescription programs operated by a participating managed care health plan with the goal of eliminating health disparities, improving health outcomes, and reducing rates of food and nutrition insecurity. Provides that under the pilot program, the Department shall provide medically supportive food coupons to medical assistance recipients who have a food prescription, issued by a licensed physician or health care provider under a participating managed care health plan, for medically supportive food as part of any treatment regimen for type 2 diabetes or prediabetes; hypertension; high-risk pregnancy; or some other specified condition. Provides that coupon holders may redeem their coupons at any participating food retailer and that farmers markets located in "food deserts" and grocery stores that accept Supplemental Nutrition Assistance Program benefits may participate in the pilot program as designated retailers that accept medically supportive food program coupons. Contains provisions concerning utilization controls, reporting requirements, and Department rules. Effective immediately.

LRB103 26160 KTG 52518 b

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by  
5 adding Section 5-47 as follows:

6 (305 ILCS 5/5-47 new)

7 Sec. 5-47. Food prescription pilot program.

8 (a) Findings and legislative intent.

9 (1) It is the intent of the General Assembly to eliminate  
10 racial and ethnic health disparities, increase positive health  
11 outcomes, and reduce rates of food and nutrition insecurity  
12 for medical assistance recipients by establishing a 2-year  
13 food prescription pilot program. The objective of this pilot  
14 program is to encourage managed care health plans contracted  
15 with the Department to create "Food as Medicine" programs to  
16 address the obesity and diabetes epidemic. The pilot program  
17 shall provide food prescriptions to eligible medical  
18 assistance recipients who are enrolled in a managed care  
19 health plan and are medically considered at rising-risk  
20 because they have one or more specified chronic health  
21 conditions and are experiencing food insecurity, but they do  
22 not require extensive care coordination. A food prescription  
23 shall consist of medically supportive food used for the

1 prevention, reversal, or treatment of chronic health  
2 conditions, and may be paired with behavioral, cooking, or  
3 nutrition education, coaching, and counseling.

4 (2) The General Assembly finds that racial and ethnic  
5 health disparities have been exacerbated by the COVID-19  
6 pandemic. The federal Centers for Disease Control and  
7 Prevention overwhelmingly reports that most of those  
8 hospitalized or who die from COVID-19 have an underlying  
9 health condition. Chronic health conditions disproportionately  
10 impact communities of color, making them particularly  
11 vulnerable for adverse health outcomes from severe COVID-19,  
12 including hospitalization and death. By preventing, treating,  
13 and reversing their underlying chronic health conditions,  
14 medical assistance recipients, and especially members of  
15 populations who experience health disparities, may be less  
16 vulnerable not only to COVID-19, but other chronic illnesses.  
17 Moreover, it is the intent of the General Assembly to reduce  
18 racial health disparities and generate long-term cost savings  
19 to the health care system as a result of the implementation of  
20 the 2-year food prescription pilot program.

21 (b) Definitions. As used in this Section:

22 "Eligible medical assistance recipient" means an  
23 individual who is eligible to participate in the pilot program  
24 and is enrolled in a participating managed care health plan.

25 "Food prescription" means a specific dosage of medically  
26 supportive food, which is prescribed by a managed care health

1 plan, that is based on evidence-based practices that  
2 demonstrate the prevention, treatment, or reversal of specific  
3 chronic health conditions.

4 "Managed care health plan" means a managed care health  
5 plan or managed care organization contracted with the  
6 Department that operates a food prescription program in  
7 accordance with this Section.

8 "Medically supportive food" means any nutrient-rich whole  
9 food, including any fruit, vegetable, legume, nut, seed, whole  
10 grain, seafood, and lean animal protein, used for the  
11 prevention, treatment, or reversal of a specific chronic  
12 health condition.

13 "Pilot program" means the 2-year pilot program established  
14 in this Section.

15 (c) The Department shall establish a 2-year pilot program  
16 to provide medically supportive food to medical assistance  
17 recipients through one or more food prescription programs  
18 operated by a participating managed care health plan with the  
19 goal of eliminating health disparities, improving health  
20 outcomes, and reducing rates of food and nutrition insecurity.  
21 Under the pilot program, the Department shall provide  
22 medically supportive food coupons to medical assistance  
23 recipients who have a food prescription, issued by a licensed  
24 physician or health care provider under a managed care health  
25 plan, for medically supportive food as part of any treatment  
26 regimen for one of the following chronic health conditions:

- 1           (1) Depression or anxiety.
- 2           (2) Type 2 diabetes or prediabetes.
- 3           (3) Hypertension, which is also referred to as high  
4           blood pressure.
- 5           (4) Nonalcoholic fatty liver disease.
- 6           (5) Overweight, obesity, or severe obesity, as  
7           measured by a person's body mass index (BMI). For purposes  
8           of this paragraph, "overweight" means a person's BMI is  
9           between 25 kg/m2 and 30 kg/m2. "Obesity" means a person's  
10           BMI is 30 kg/m2 or higher, but under 40 kg/m2, and "severe  
11           obesity" means that a person's BMI is 40 kg/m2 or higher.
- 12           (6) Dyslipidemia, hypertriglyceridemia, or low  
13           high-density lipoprotein cholesterol.
- 14           (7) High-risk pregnancy, including gestational  
15           diabetes.
- 16           Coupon holders may redeem their coupons at any  
17           participating food retailer. Farmers markets located in "food  
18           deserts" and grocery stores that accept Supplemental Nutrition  
19           Assistance Program benefits may participate in the pilot  
20           program as designated retailers that accept medically  
21           supportive food program coupons. The Department may provide  
22           incentives to solicit food retailers to participate in the  
23           program and may adopt any rules necessary to implement the  
24           program.
- 25           (d) The Department, in consultation with stakeholders, may  
26           establish utilization controls, with respect to the limitation

1 on food prescriptions, including how these food prescriptions  
2 may be restricted as to a set number within a specified  
3 timeframe. In developing these utilization controls under the  
4 pilot program, the Department and managed care health plans  
5 shall consider the nutritional needs, food security, and  
6 health status of a medical assistance recipient.

7 (e) Upon the completion of the pilot program, and to the  
8 extent it can be determined, the Department shall evaluate the  
9 impact of the pilot program, including, but not limited to,  
10 relevant health outcome and health disparities data, and the  
11 pilot program's impact on quality and performance improvement  
12 metrics, medication adherence, medical appointment attendance,  
13 and member satisfaction scores. The Department shall prepare  
14 these findings, including its recommendation on expanding the  
15 pilot program on a statewide-basis or for an extended period  
16 of time, into a finalized report, and shall submit this report  
17 to the General Assembly by January 1, 2026, or within 12 months  
18 after the end of the pilot program, whichever is sooner.

19 (f) The Department may adopt any rules necessary to  
20 implement this Section.

21 Section 99. Effective date. This Act takes effect upon  
22 becoming law.