**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 10 TO CHAPTER 6, TITLE 44 SO AS TO ENACT THE “MEDICAID WELLNESS AND NUTRITION PROGRAM”; TO CREATE THE MEDICAID WELLNESS AND NUTRITION ADVISORY PANEL WITHIN THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND TO PROVIDE FOR ITS MEMBERSHIP AND DUTIES, INCLUDING THE DEVELOPMENT OF WELLNESS AND NUTRITION BENCHMARKS AND INCENTIVES FOR CLIENT PARTICIPATION IN WELLNESS AND NUTRITION PROGRAMS; TO REQUIRE MEDICAID PLANS TO OFFER INCENTIVES FOR PARTICIPATION IN WELLNESS AND NUTRITION PROGRAMS; TO ESTABLISH CERTAIN REPORTING REQUIREMENTS; AND FOR OTHER PURPOSES.

Whereas, preventing disease before it starts is critical to helping people live longer, healthier lives; and

Whereas, Medicaid promotes prevention by helping millions of beneficiaries gain access to preventive health care services, including immunizations, screenings for common chronic and infectious diseases and cancers, clinical and behavioral interventions to manage chronic disease and reduce associated risks, and counseling to support healthy living and self‑management of chronic disease; and

Whereas, properly designed Medicaid wellness and nutrition programs can have a positive effect on the health and wellness of beneficiaries; and

Whereas, incentives to encourage participation in a Medicaid wellness and nutrition, rather than penalties for the failure to participate, are more effective in increasing participation and thereby improving health; and

Whereas, collaboration among state agencies and healthcare providers serving Medicaid‑eligible beneficiaries, Medicaid plan representatives, public health policy experts, Medicaid beneficiary advocates, and Medicaid beneficiaries is critical to developing relevant wellness and nutrition benchmarks and incentives to participation in wellness and nutrition programs; and

Whereas, collaboration among local healthcare providers and clinics, nonprofit social welfare organizations, businesses, the faith community, and schools are critical to developing effective incentives and overcoming barriers to participation. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act may be known and cited as the ‘Medicaid Wellness and Nutrition Act’.

SECTION 2. Chapter 6, Title 44 of the 1976 Code is amended by adding:

“Article 10

Medicaid Wellness and Nutrition Program

Section 44‑6‑1210. (A) There is created within the Department of Health and Human Services the Medicaid Wellness and Nutrition Advisory Panel to facilitate the design and implementation of, and to evaluate the effectiveness of, Medicaid wellness and nutrition programs on health and wellness, while protecting access to health care. The panel must be comprised of the following members:

(1) one member of the Medical, Military, Public and Municipal Affairs Committee of the House of Representatives, appointed by the chairman;

(2) one member of the Medical Affairs Committee of the Senate, appointed by the chairman;

(3) three members, appointed by the Speaker of the House of Representatives;

(4) three members, appointed by the President of the Senate;

(5) three members, appointed by the Governor;

(6) the Director of the South Carolina Department of Health and Human Services, or a designee, who shall serve ex officio; and

(7) the Director of the Department of Health and Environmental Control, or a designee, who shall serve ex officio.

(B) The appointing authorities shall coordinate appointments to ensure the advisory panel includes interdisciplinary representation of medical, nursing, and pharmacy professionals licensed to practice in the State who have active experience providing services to the Medicaid population; rural and urban public health policy experts; nutrition and healthy living specialists; social welfare and consumer advocate representation; Medicaid health plan representatives; and beneficiary representation.

(C) The members shall elect a chairperson and vice chairperson from among their membership. Members shall serve four‑year terms and until their successor is appointed. The department shall provide staff support for the advisory panel to perform its duties.

(D) Members of the advisory panel may not receive compensation for advisory panel services but are entitled to mileage, subsistence, and per diem as allowed by law for members of state boards, commissions, and committees.

(E) The advisory panel shall meet at least quarterly and may meet at other times in the chairman’s or the director’s discretion. The advisory panel shall provide for public comment.

Section 44‑6‑1220. (A) Within one year of the effective date of this act, the Medicaid Wellness and Nutrition Advisory Panel shall develop for approval by the department wellness and nutrition benchmarks for wellness and nutrition programs serving Medicaid beneficiaries. The benchmarks may address:

(1) healthy weight assessment;

(2) nutritional counseling and physical activity;

(3) comprehensive hypertension care;

(4) comprehensive diabetes care;

(5) chronic Obstructive Pulmonary Disease management;

(6) asthma treatment and medication management;

(7) mental illness treatment and medication management;

(8) alcohol and other drug dependence assessment and treatment;

(9) prenatal and postpartum care;

(10) breast cancer screening;

(11) cervical cancer screening;

(12) sexually transmitted disease (STD) screening and treatment;

(13) prostate cancer screening;

(14) upper respiratory infections;

(15) immunizations;

(16) regular well child health care visits;

(17) dental and vision care; and

(18) overall well-being.

(B)(1) Within one year of the effective date of this act, the advisory panel shall recommend to the department incentives for beneficiary participation in Medicaid wellness and nutrition programs, such as healthcare premium and copay discounts, no cost‑sharing for wellness‑related services, including management of chronic conditions, grocery or pharmacy gift cards, free fitness or weight management classes, free nutritional counseling, free farmers market voucher benefits, and free smoking cessation classes.

(2) In developing incentives, the advisory panel shall:

(a) coordinate with appropriate healthcare providers and community organizations to survey Medicaid beneficiaries about effective incentives, barriers to participation, and barriers to wellness and nutrition;

(b) collaborate with the Department of Health and Environmental Control, the Department of Social Services, the Department of Disabilities and Special Needs, the Lieutenant Governor’s Office on Aging, and any other agency that serves Medicaid‑eligible beneficiaries on available agency incentives and ways to promote beneficiary awareness of and encourage participation in a Medicaid wellness and nutrition program; and

(c) collaborate with health care clinics, community centers, houses of worship, and schools on effective incentives to increase participation in a wellness and nutrition program and explore ways to provide transportation and childcare to overcome barriers to participation, including use of conveniently located facilities at which to offer health fairs and fitness and nutrition classes.

Section 44‑6‑1230. (A) Upon the department’s approval of the advisory panels recommended wellness and nutrition benchmarks and participation incentives, the department shall require Medicaid health plans to offer incentives to encourage participation in a health and wellness program that incorporates the recommended health and wellness benchmarks beginning the plan year following approval by the department.

(B) The department may require Medicaid health care providers and Medicaid plans to submit data annually to determine the effectiveness of wellness and nutrition programs on overall beneficiary health.

(C) The department shall apply for federal waivers, demonstration grants, and other federally and state‑funded grant opportunities to develop and implement Medicaid wellness and nutrition programs, including available incentives.

Section 44‑6‑1240. Annually beginning on February 1, 2020, the department, in coordination with the advisory panel, shall publish a report for the General Assembly and Governor, which must contain findings and recommendations that address at a minimum:

(1) wellness and nutrition benchmarks recommended by the advisory panel and approved by the department;

(2) beneficiary participation in Medicaid wellness and nutrition programs;

(3) beneficiary satisfaction with available wellness and nutrition programs, including convenience of available programs, barriers to participation, and improvement of health and wellness;

(4) recommendations for changes to wellness and nutrition benchmarks and participation incentives; and

(5) data from health care providers and Medicaid plans addressing the correlation of patient health and the participation in a Medicaid wellness and nutrition program.”

SECTION 3. This act takes effect upon approval by the Governor.

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