

# AB 1975 (Bonta)

Transitioning medically supportive food and nutrition interventions from pilot services in CalAIM to permanent Medi-Cal benefits.

## The Problem

Too many Californians, particularly Californians of color, are living with largely preventable chronic conditions that can be treated with food-based interventions.

- Among people with Medi-Cal, 15% of individuals are living with diabetes and 31% have high blood pressure.<sup>1</sup>
- Black Californians are nearly twice as likely to be diagnosed with diabetes than white Californians and more than 10% more likely to be diagnosed with high blood pressure.<sup>2</sup>
- Preterm delivery leads to more than 35% of infant deaths in the United States.<sup>3</sup> Rates of preterm birth have been rising in CA since 2017 and Black pregnant people have over 1.5x more preterm births than their white counterparts.<sup>4</sup>

California has recognized the critical role of nutrition and its influence on health outcomes and health equity through its inclusion of food-based interventions in California Advancing and Innovating Medi-Cal, better known as CalAIM. CalAIM is California's 5-year waiver that allows the state to test innovative ways to provide care to patients.

However, under CalAIM, these services are optional, meaning individual health plans must voluntarily opt in to providing them. This leaves many Medi-Cal members who would benefit from effective food interventions without access.

## Why Now?

- In the first 18 months of CalAIM more than 26,000 low-income patients have accessed MSF&N services, making it the second most utilized of 14 pilot services.<sup>5</sup> With less than 3 years left of CalAIM, now is the time to build on this momentum and ensure permanent access to these critical services.
- There has been significant private and public investment in CalAIM that will be lost if these services do not become permanent.
- If AB 1975 is not passed this year, the vital input of community stakeholders will go unheard.



## The Opportunity

Medically supportive food and nutrition (MSF&N) interventions, commonly known as “food as medicine,” are food-based interventions integrated into healthcare used to prevent and treat medical conditions.

The spectrum of medically supportive food and nutrition interventions includes: medically tailored meals, medically supportive meals, food pharmacies, medically tailored groceries, medically supportive groceries, produce prescriptions and nutrition supports when paired with the provision of food. Providing the full spectrum of food-based services allows a medical provider to match the acuity of a patient's condition to the intensity of the intervention.

**AB 1975 (Bonta) will transition MSF&N services to permanent benefits ensuring access to all eligible Medi-Cal recipients.**

## Evidence

Across California, many organizations have piloted MSF&N interventions. Evaluations from those programs, and others nationally, show that they improve health and reduce avoidable healthcare spending. For example, a study completed in San Francisco shows that a \$40/month produce prescription for 6 months reduces the risk of preterm birth by 37%.<sup>6</sup> In addition, researchers have estimated that subsidizing healthy foods for Medicaid and Medicare patients could save \$40 billion to \$100 billion in healthcare costs nationally.<sup>7</sup>

In addition, by including a preference for interventions that support values-based procurement and equitable food sourcing, AB 1975 can contribute to a more just food system. For example, MSF&N programs that buy produce from small, organic farmers support the local economy and climate resilience.

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## From Pilot to Permanent

AB 1975 sets up the transition of MSF&N services from pilot to permanent in two phases. First, to support a smooth transition grounded in the experiences of Medi-Cal members and providers, AB 1975 calls for an Advisory Workgroup to support the Department of Health Care Services in crafting benefit guidance. Then in phase two, after completion of the guidance, the permanent benefit will launch in July, 2026.

AB 1975 must pass this year for the Workgroup to start with enough time to provide guidance before the permanent benefit launches. This also means there is only a small budget appropriation needed this year to start the Workgroup. The benefit and the associated costs will not take effect until fiscal year 2026/27.

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Transitioning medically supportive food and nutrition interventions from optional services under a time limited waiver to covered Medi-Cal benefits will improve health outcomes and advance health equity across California. It will also reduce avoidable healthcare costs<sup>8</sup> and support the prevention, not just the treatment, of chronic conditions. By fully embracing food and nutrition support as a strategic investment in health outcomes and health equity, California can lead the nation in tackling root causes of health disparities.

## References

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