



March 24, 2023

The Honorable Jim Wood
Chair, Assembly Health Committee
Legislative Office Building
1021 O Street, Room 1100
Sacramento, CA 95814

RE: Support for AB 1644 (Bonta)—Medi-Cal: Medically Supportive Food and Nutrition Services

Dear Chairperson Wood:

On behalf of SPUR and the Food as Medicine Collaborative, and as co-sponsors of the legislation, we are writing in support of AB 1644 (Bonta), which would transition medically supportive food and nutrition interventions from optional services in healthcare to covered Medi-Cal benefits. Thank you for your leadership to ensure our state’s Medi-Cal recipients have access to the healthcare they deserve.

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, 14% of individuals are living with diabetes and 33% suffer from high blood pressure.ⁱ
- 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.ⁱⁱ
- Preterm delivery leads to more than 35% of infant deaths in the United States.ⁱⁱⁱ Rates of preterm birth have been rising in CA since 2017 and Black birthing people have over 1.5x more preterm births than their white counterparts.^{iv}

California has recognized the critical role of nutrition and its influence on health outcomes and health equity through its inclusion of medically supportive food and nutrition 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, including food-based supports. However, under CalAIM, medically supportive food and nutrition services are optional, meaning individual health plans must voluntarily opt into providing them, leaving many people with Medi-Cal who would benefit from these critical interventions without access. The state must seize the opportunity to build on the historic progress made through CalAIM to permanently address social drivers of health through food-based interventions.

Medically supportive food and nutrition interventions, commonly known as “food as medicine”, are food-based interventions integrated into healthcare 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 food provision. 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.

Across California, numerous organizations have piloted these 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%.^v 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.^{vi}

Transitioning medically supportive food and nutrition interventions from optional services under a time limited waiver in healthcare to covered Medi-Cal benefits will improve health outcomes and advance health equity across California. It will also reduce avoidable healthcare costs^{vii} and support the prevention, not just the treatment, of chronic conditions.

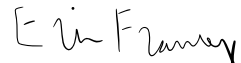
Medically supportive food and nutrition interventions have the potential to transform our disease care system to a true healthcare delivery system. By fully embracing food and nutrition support as a critical and strategic investment in health outcomes and health equity, California can lead the nation in tackling root causes of health disparities.

For these reasons, we strongly support AB 1644, and urge your ‘aye’ vote to support medically supportive food and nutrition access for Medi-Cal recipients.

Sincerely,



Katie Ettman, Food and Agriculture Policy Manager, SPUR



Erin Franey, Director, Food as Medicine Collaborative

ⁱ AskCHIS, UCLA Center for Health Policy Research, California Health Interview Survey, accessed November 28, 2022.

ⁱⁱ California Health Care Foundation, Health Disparities by Race and Ethnicity in California: Pattern of Inequity, October 2021, <https://www.chcf.org/wp-content/uploads/2021/10/DisparitiesAlmanacRaceEthnicity2021.pdf>; AskCHIS, UCLA Center for Health Policy Research, California Health Interview Survey, accessed November 28, 2022.

ⁱⁱⁱ Wang X, Ouyang Y, Liu J, et al. Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies [published correction appears in *BMJ*. 2014;349:5472]. *BMJ*. 2014;349:g4490. Published 2014 Jul 29. doi:10.1136/bmj.g4490

^{iv} California Health Care Foundation, California Health Care Almanac, Health Disparities by Race and Ethnicities in California: Patterns of Inequity, October 2021, <https://www.chcf.org/wp-content/uploads/2021/10/DisparitiesAlmanacRaceEthnicity2021.pdf>

^v Ridberg RA, Levi R, Marpadga S, Akers M, Tancredi DJ, Seligman HK. Additional Fruit and Vegetable Vouchers for Pregnant WIC Clients: An Equity-Focused Strategy to Improve Food Security and Diet Quality. *Nutrients*. 2022 Jun 1;14(11):2328. doi: 10.3390/nu14112328. PMID: 35684128; PMCID: PMC9182847.

^{vi} Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med*. 2019 Mar 19;16(3):e1002761.

^{vii} Berkowitz SA, Terranova J, Hill C et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. *Health Affairs*. 2018 Apr;37(4):535-542; Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med*. 2019 Mar 19;16(3):e1002761; Hager K, Cudhea FP, Wong JB, et al. Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US. *JAMA Netw Open*. 2022;5(10):e2236898.