

**ASSEMBLY BILL**

**No. 1975**

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**Introduced by Assembly Member Bonta**

**(Coauthors: Assembly Members *Aguiar-Curry, Arambula, Bryan, Gipson, Holden, Jackson, Jones-Sawyer, McCarty, McKinnor, Luz Rivas, Robert Rivas, Weber, and Wilson*)**

(Coauthors: Senators Bradford and Smallwood-Cuevas)

January 30, 2024

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An act to add Sections 14134, 14134.1, 14134.11, and 14134.12 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1975, as introduced, Bonta. Medi-Cal: medically supportive food and nutrition interventions.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law requires the department to establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease.

Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by

the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, medically supportive food and nutrition services, including medically tailored meals.

This bill would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, effective July 1, 2026, subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would require a Medi-Cal managed care plan to offer at least 3 of 6 listed interventions, with certain conditions for a 7th intervention.

The bill would require the department to define the qualifying medical conditions for purposes of the covered interventions. The bill would require a health care provider, to the extent possible, to match the acuity of a patient’s condition to the intensity and duration of the covered intervention and to include culturally appropriate foods.

The bill would require the department to establish a medically supportive food and nutrition benefit stakeholder group, with a specified composition, to advise the department on certain related items. The bill would require the workgroup to issue final guidance on or before July 1, 2026.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Too many Californians, particularly Californians of color,
- 4 are living with largely preventable chronic conditions. Adequate
- 5 food and nutrition are a fundamental part of preventing and treating
- 6 many health conditions, and can significantly improve a person’s
- 7 quality of life and health status while also reducing health care
- 8 costs.

1 (b) California has recognized the critical role of nutrition and  
2 its influence on health outcomes and health equity through its  
3 inclusion of medically supportive food and nutrition interventions  
4 in the California Advancing and Innovating Medi-Cal (CalAIM)  
5 initiative. However, these services are optional, with individual  
6 managed care plans voluntarily opting in to provide them, leaving  
7 many Medi-Cal beneficiaries without access to these critical  
8 interventions.

9 (c) Medically supportive food and nutrition interventions have  
10 the potential to transform our disease care system to a true health  
11 care delivery system. By fully embracing food and nutritional  
12 support as a critical and strategic investment in health outcomes  
13 and health equity, California can lead the nation in tackling root  
14 causes of health disparities and become the healthiest state in the  
15 nation.

16 SEC. 2. Section 14134 is added to the Welfare and Institutions  
17 Code, to read:

18 14134. For purposes of this section through Section 14134.12,  
19 the following definitions apply:

20 (a) “Medically supportive food and nutrition intervention” means  
21 any of the seven interventions listed in paragraphs (1) through (7)  
22 of subdivision (b) that provide nutrient-rich whole food, including  
23 any fruit, vegetable, legume, nut, seed, whole grain, low-mercury  
24 and high-omega-3 fatty acid seafood, or lean animal protein, used  
25 for the prevention, reversal, or treatment of certain health  
26 conditions. Medically supportive food and nutrition interventions  
27 are encouraged, but not required, to utilize, to the extent possible,  
28 foods from small- to medium-sized farms, beginning farmers, or  
29 farms owned or operated by socially disadvantaged producers, that  
30 produce food using regenerative, organic, or other climate-smart  
31 practices. Medically supportive food and nutrition interventions  
32 are, to the extent possible, provided by community-based  
33 organizations.

34 (b) (1) “Medically tailored meals” or “MTM” means meals that  
35 adhere to standards informed by established nutrition guidelines  
36 for specific health conditions, as available, and are tailored to a  
37 recipient’s health conditions by a registered dietitian nutritionist  
38 (RDN). For purposes of this paragraph, a provider of MTM offers  
39 a qualified individual at least two medically tailored  
40 home-delivered meals, or a portioned equivalent, each day that

1 meet at least two-thirds of the daily nutrient and energy needs of  
2 a person from the primary population served, and offers the  
3 qualified individual medical nutrition therapy that is provided by  
4 an RDN.

5 (2) “Medically supportive meals” means meals that follow the  
6 federal Dietary Guidelines for Americans and meet general health  
7 recommendations.

8 (3) “Food pharmacy” means medically supportive food paired  
9 with additional nutrition supports, typically in a health care setting.

10 (4) “Medically tailored groceries” or “MTG” means preselected  
11 medically supportive food that adheres to standards informed by  
12 established nutrition guidelines for specific health conditions, as  
13 available, and is tailored to a recipient’s health conditions by an  
14 RDN. For purposes of this paragraph, a provider of MTG offers  
15 a qualified individual medically supportive food in sufficient  
16 quantity to make at least two meals, or a portioned equivalent,  
17 each day that meet at least two-thirds of the daily nutrient and  
18 energy needs of a person from the primary population served, and  
19 offers the qualified individual medical nutrition therapy that is  
20 provided by an RDN.

21 (5) “Medically supportive groceries” means preselected  
22 medically supportive food that follows the federal Dietary  
23 Guidelines for Americans and meets general health  
24 recommendations.

25 (6) “Produce prescription” means fruits and vegetables, procured  
26 in retail settings, such as grocery stores or farmers’ markets, via  
27 a financial mechanism.

28 (7) “Nutrition supports” includes nutrition education, cooking  
29 education and tools, including equipment and materials, and health  
30 coaching and behavioral supports based on a recipient’s medical  
31 conditions, when paired with the interventions described in  
32 paragraphs (1) through (6). Nutrition supports are provided in  
33 either an individual or group setting.

34 SEC. 3. Section 14134.1 is added to the Welfare and  
35 Institutions Code, to read:

36 14134.1. (a) Effective July 1, 2026, medically supportive food  
37 and nutrition interventions, as defined in Section 14134, are  
38 covered if those interventions are determined to be medically  
39 necessary in treating a patient’s medical condition by a health care

1 provider or health care plan, subject to Section 14134.11 and  
2 utilization controls.

3 (b) (1) Medi-Cal beneficiaries in the fee-for-service or managed  
4 care delivery system shall be eligible for medically supportive  
5 food and nutrition interventions, subject to this section and Section  
6 14134.11. A Medi-Cal managed care plan shall offer at least three  
7 of the interventions listed in paragraphs (1) through (6) of  
8 subdivision (b) of Section 14134.

9 (2) In order to be covered under the Medi-Cal program, nutrition  
10 supports, as defined in paragraph (7) of subdivision (b) of Section  
11 14134, shall be paired with the provision of food through one of  
12 the other offered interventions under paragraphs (1) through (6)  
13 of subdivision (b) of Section 14134.

14 (3) Interventions shall be provided for 12 weeks, or longer if  
15 deemed medically necessary.

16 (c) This section shall not be implemented until official guidance  
17 is finalized by the department in consultation with the medically  
18 supportive food and nutrition benefit stakeholder advisory  
19 workgroup established pursuant to Section 14134.12.

20 (d) Notwithstanding Chapter 3.5 (commencing with Section  
21 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
22 the department, without taking any further regulatory action, may  
23 implement, interpret, or make specific this section by means of  
24 all-county letters, plan letters, plan or provider bulletins, or similar  
25 instructions until the time regulations are adopted.

26 (e) This section shall be implemented only to the extent that  
27 any necessary federal approvals are obtained, and federal financial  
28 participation is available and not otherwise jeopardized.

29 SEC. 4. Section 14134.11 is added to the Welfare and  
30 Institutions Code, immediately following Section 14134.1, to read:

31 14134.11. (a) For purposes of coverage of medically supportive  
32 food and nutrition interventions as described in Section 14134.1,  
33 the department shall define the qualifying medical conditions for  
34 those interventions, including chronic and other conditions that  
35 evidence shows are sensitive to changes in diet. The department  
36 shall consult with the medically supportive food and nutrition  
37 benefit stakeholder advisory workgroup established pursuant to  
38 Section 14134.12 in the development of these qualifying medical  
39 conditions.

1 (b) A health care provider shall, to the extent possible, match  
2 the acuity of a patient’s condition to the intensity and duration of  
3 the covered medically supportive food and nutrition intervention,  
4 subject to the timeline restrictions under subdivision (b) of Section  
5 14134.1. The health care provider shall, to the extent possible,  
6 include culturally appropriate foods.

7 (c) Nutrition supports as described in paragraph (7) of  
8 subdivision (b) of Section 14134 are encouraged to be included  
9 with the interventions offered to the patient under subdivision (b),  
10 but shall not count toward the minimum intervention requirements,  
11 as described in subdivision (b) of Section 14134.1.

12 SEC. 5. Section 14134.12 is added to the Welfare and  
13 Institutions Code, immediately following Section 14134.11, to  
14 read:

15 14134.12. (a) For purposes of coverage of medically supportive  
16 food and nutrition interventions as described in Section 14134.1,  
17 the department shall, on or before July 1, 2025, establish a  
18 medically supportive food and nutrition benefit stakeholder  
19 advisory workgroup to advise the department in the development  
20 of official guidance related to eligible populations, the duration  
21 and dosage of those interventions, ratesetting, the determination  
22 of permitted and preferred medically supportive food and nutrition  
23 providers, value-based procurement and equitable sourcing of  
24 food, and continuing education for health care providers and other  
25 medically supportive food and nutrition providers.

26 (b) The workgroup shall represent both rural and urban  
27 geographic regions and shall, at a minimum, consist of stakeholders  
28 collectively representing all of the following:

29 (1) Each of the seven medically supportive food and nutrition  
30 interventions described in Section 14134, with a different  
31 stakeholder per intervention.

32 (2) Small- to medium-sized farms, beginning farmers, or farms  
33 owned or operated by socially disadvantaged producers.

34 (3) Health care providers or associations that primarily serve  
35 Medi-Cal beneficiaries.

36 (4) Medi-Cal consumer advocacy organizations.

37 (5) Researchers of medically supportive food.

38 (c) The workgroup shall meet quarterly, or more often as  
39 necessary.

1 (d) (1) The department shall provide 30 calendar days for the  
2 workgroup convened pursuant to subdivision (a) to comment on  
3 guidance on the benefit design of the medically supportive food  
4 and nutrition interventions before finalizing draft guidance for  
5 public comment.

6 (2) The department shall provide an additional 60 calendar days  
7 for public comment on draft guidance before finalizing its official  
8 guidance.

9 (3) The department shall issue final guidance on or before July  
10 1, 2026.

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13 **REVISIONS:**

14 **Heading—Line 2 and 3.**

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