

File No. 240564

Committee Item No. \_\_\_\_\_

Board Item No. 46

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: \_\_\_\_\_

Date: \_\_\_\_\_

Board of Supervisors Meeting

Date: June 4, 2024

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#### OTHER

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|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>AB 1975 1/30/24</u>                          |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Food as Medicine Initiative 5/1/24</u>       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>CSAC Letter of Support 5/8/24</u>            |
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| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Referral to the Youth Commission 5/30/24</u> |
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Prepared by: Jocelyn Wong

Date: May 31, 2024

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

1 [Supporting California State Assembly Bill No. 1975 (Bonta) - Medi-Cal: Medically Supportive  
2 Food and Nutrition Interventions]

3 **Resolution supporting California State Assembly Bill No. 1975, introduced by**  
4 **Assembly Member Mia Bonta (D-66), co-authored by Assembly Members Joaquin**  
5 **Arambula, Isaac Bryan, Mike Gipson, Chris Holden, Corey Jackson, Reggie Jones-**  
6 **Sawyer, Kevin McCarty, Tina McKinnor, Akilah Weber, and Lori Wilson to make**  
7 **medically supportive food and nutrition interventions a covered benefit under the Medi-**  
8 **Cal program.**

9  
10 WHEREAS, Many Californians, including San Franciscans, live with chronic health  
11 conditions that are proven to be manageable and even preventable if given access to specific  
12 and medically prescribed nutritional interventions; and

13 WHEREAS, These chronic illnesses disproportionately impact communities of color  
14 and low-income residents facing food insecurity, food deserts, and a fundamental lack of  
15 access to fresh foods; and

16 WHEREAS, Access to healthy foods, nutrition, and nutrition education are proven and  
17 essential public health interventions that can be taken by healthcare providers to help prevent  
18 and treat a long list of chronic health conditions; evidence has shown that where medically  
19 supportive food has been prescribed and monitored by a physician, there have been  
20 significant improvements in a person's medical outcomes and overall quality of life; and

21 WHEREAS, Providing patients with proper food and nutrition to individuals with chronic  
22 health conditions has also resulted in significantly reducing healthcare costs; and

23 WHEREAS, The State of California has already officially endorsed the concept of  
24 nutrition as an important factor in measuring health outcomes and health equity, incorporating  
25

1 medically supportive food and nutrition interventions in the California Advancing and  
2 Innovating Medi-Cal (CalAIM) initiative; and

3 WHEREAS, Despite the inclusion of these measures in State programs, they remain  
4 optional, allowing individual managed health care plans to voluntarily opt in to the provision of  
5 such services, resulting in many Medi-Cal beneficiaries who will not be eligible because their  
6 plans may not include medically supportive food and nutritional interventions as a covered  
7 benefit; and

8 WHEREAS, The Food is Medicine Initiative, led by Assembly Member Mia Bonta,  
9 would provide medically supportive food and nutritional interventions as a permanent, covered  
10 benefit under the Medi-Cal program, subject to federal approval and the issuance of final  
11 guidance by the State Department of Health Care Services, and would require those  
12 interventions to be offered to patients if determined to be medically necessary by a healthcare  
13 provider or healthcare plan; and

14 WHEREAS, The inclusion of medically supportive food and nutritional services as a  
15 required covered benefit of Medi-Cal would be a groundbreaking and strategic step toward  
16 addressing the root causes of health disparities and chronic illness in California, and a model  
17 for such health interventions to the rest of the nation; and

18 WHEREAS, This bill would “require the Department to define the qualifying medical  
19 conditions for purposes of the covered interventions, and a health care provider, to the extent  
20 possible, to match the acuity of a patient’s condition to the intensity and duration of the  
21 covered intervention and to include culturally appropriate foods;” now, therefore, be it

22 RESOLVED, That the San Francisco Board of Supervisors supports Assembly Bill No.  
23 1975 (AB 1975) and urges the California State Assembly to pass this legislation; and, be it

24 FURTHER RESOLVED, That the Clerk of the Board of Supervisors of the City and  
25 County of San Francisco will transmit a copy of this Resolution to San Francisco's State five

1 Legislative Delegation, City and County of San Francisco State Lobbyist, California Governor  
2 Gavin Newsom and the bill's primary sponsors, Assembly Members Bonta, Arambula, Bryan,  
3 Gipson, Holden, Jackson, Jones-Sawyer, McCarty, McKinnor, Weber, and Wilson.

## CALIFORNIA LEGISLATURE— 2023–2024 REGULAR SESSION

## ASSEMBLY BILL

NO. 1975

**Introduced by Assembly Member Bonta****(Coauthors: Assembly Members Arambula, Bryan, Gipson, Holden, Jackson, Jones-Sawyer, McCarty, McKinnor, Weber, and Wilson)****(Coauthors: Senators Bradford and Smallwood-Cuevas)**

January 30, 2024

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.

## Digest Key

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

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## Bill Text

# THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

**SECTION 1.** The Legislature finds and declares all of the following:

(a) Too many Californians, particularly Californians of color, are living with largely preventable chronic conditions. Adequate food and nutrition are a fundamental part of preventing and treating many health conditions, and can significantly improve a person's quality of life and health status while also reducing health care costs.

(b) 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 the California Advancing and Innovating Medi-Cal (CalAIM) initiative. However, these services are optional, with individual managed care plans voluntarily opting in to provide them, leaving many Medi-Cal beneficiaries without access to these critical interventions.

(c) Medically supportive food and nutrition interventions have the potential to transform our disease care system to a true health care delivery system. By fully embracing food and nutritional 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 and become the healthiest state in the nation.

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

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

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

(b) (1) "Medically tailored meals" or "MTM" means meals that adhere to standards informed by established nutrition guidelines for specific health conditions, as available, and are tailored to a recipient's health conditions by a registered dietitian nutritionist (RDN). For purposes of this paragraph, a provider of MTM offers a qualified individual at least two medically tailored home-delivered meals, or a portioned equivalent, each day that meet at least two-thirds of the daily nutrient and energy needs of a person from the primary population served, and offers the qualified individual medical nutrition therapy that is provided by an RDN.

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

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

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

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

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

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

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

**14134.1.** (a) Effective July 1, 2026, medically supportive food and nutrition interventions, as defined in Section 14134, are covered if those interventions are determined to be medically necessary in treating a patient’s medical condition by a health care provider or health care plan, subject to Section 14134.11 and utilization controls.

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

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

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

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

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

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

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

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

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

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

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

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

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

- (1) Each of the seven medically supportive food and nutrition interventions described in Section 14134, with a different stakeholder per intervention.
- (2) Small- to medium-sized farms, beginning farmers, or farms owned or operated by socially disadvantaged producers.
- (3) Health care providers or associations that primarily serve Medi-Cal beneficiaries.
- (4) Medi-Cal consumer advocacy organizations.
- (5) Researchers of medically supportive food.

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

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

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

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



# Food as Medicine Initiative Launched in Sacramento

Friday, May 10, 2024

"Pregnant people who receive a medically supportive food intervention have seen a 37% reduction in rates of preterm birth."

**Good Men Project, Katie Ettman**

**(Sacramento, CA)** – On Tuesday, April 16 physicians, patients, and food equity experts met at the State Capitol to express their support for Assembly Bill 1975, authored by Assemblyperson Mia Bonta. This bill would make California the first state in the nation to provide medically supportive food and nutrition interventions, such as medically tailored meals and produce prescriptions, a permanent Medicaid benefit.

“Too many Californians, particularly Californians of color, are living with largely preventable chronic illnesses and conditions”, said Bonta. Making these interventions permanent will advance health equity by providing services to Californians disproportionately impacted by diet-sensitive chronic conditions.

Bonta shared, “To put the potential of this bill’s impact into context consider this... Black women and birthing people have over 1.5 times more preterm births than their white counterparts. Pregnant people who receive a medically supportive food intervention have seen a 37% reduction in rates of preterm birth. Give our bellies smoothies for a smooth delivery.”

Champions of the food as medicine movement, including the San Francisco Bay Area Planning and Urban Research Association (SPUR) and the Food as Medicine Collaborative highlight the many benefits of incorporating medically supportive food and nutrition into patient care.

“AB 1975 Medically Supportive Food and Nutrition builds on the work of California’s transformative Medicaid waiver, CalAIM. Within that waiver, we are testing and piloting ways to address the social determinants of health like food insecurity and housing insecurity. Through the pilot phase medically supportive food and nutrition has been the number one most utilized service reaching more than 29,000 Californians who now have the opportunity to access the food they need to live healthy and fulfilling lives,” said SPUR’s food and agriculture senior policy manager Katie Ettman.

“Healthcare providers see everyday the effects of social drivers of health. By covering the full spectrum of medically supportive food and nutrition they are able to tangibly address barriers to patients achieving their health goals” said the Food as Medicine Collaborative director Erin Franey.

Elizabeth Duran, a patient at Tiburcio Vasquez Health Center and participant in the Recipe4Health program, shared “What I initially envisioned as a weight loss program turned out to be much more than I could have imagined. I not only received beautiful organic greens and vegetables, I learned of their nutritional value and how to incorporate them into a healthy diet. I am cooking and eating much better today! I started learning how to incorporate different types of physical activity into my daily life. My worry has become less, my sleep more. I am feeling happy again, and not from a pill.”

Dr. Steven Chen, the Chief Medical Officer of Alameda County’s Recipe4Health program shared, “A primary driver of chronic conditions is an unhealthy diet, which is attributed to 500,000 deaths a year in the US, surpassing tobacco use. But the good news is this, food as medicine programs across the state are springing up and addressing this issue.”

Joining Assemblymember Bonta at the launch of the initiative was Assemblymember Lori Wilson, Chair of the Legislative Black Caucus who had the following to say: "The California Legislative Black Caucus included this bill in our 2024 Reparations Task Force package because of the attention it brings to the lack of access to nutritious and affordable food in low income brown, indigenous and black communities."

As we know, the Medi-Cal program is crucial to provide healthcare services to low income individuals. This bill aims to improve the program by emphasizing the role of nutrition in overall health and wellbeing.

“It [medically supportive food and nutrition] doesn’t need to be a pilot or program, we know and the science backs and our experience tells us that this works. Give us an apple, give us care, give it to every Medi-Cal recipient” said Bonta.

AB 1975 was heard in the Assembly Health Committee and passed out with a 14-1 vote. It will now move to Assembly Appropriations.

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AD-18 Student Internship Program

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**District Office**  
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Oakland, CA 94612  
Tel: (510) 286-1670



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**CEO**

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May 8, 2024

The Honorable Buffy Wicks

Chair, Assembly Appropriations Committee

1021 O Street, Suite 8220

Sacramento, CA 95814

**Re: AB 1975 (Bonta): Medi-Cal: medically supportive food and nutrition interventions.  
As Introduced – SUPPORT**

Dear Assembly Member Wicks,

On behalf of the California State Association of Counties (CSAC), representing all 58 counties in the state, I am writing in support of Assembly Bill 1975 by Assembly Member Mia Bonta. This measure would, subject to federal approval, make medically supportive food and nutrition interventions a covered benefit under Medi-Cal fee-for-service and managed care delivery systems.

Adequate food and nutrition are key to preventing and treating many health conditions, including preventable chronic conditions that disproportionately affect low-income communities and people of color. Healthy nutrition can significantly improve an individual's quality of life and reduce lifelong health care costs. Recognizing the important connection between nutrition and health outcomes, medically tailored meals and supportive food are included as one of 14 pre-approved Community Supports available through CalAIM. Over a 12-month reporting period between 2023-2024, medically tailored meals and supportive food was the most utilized Community Support, with nearly 40,450 Medi-Cal Managed Care Plan (MCP) members receiving this benefit. Despite the high utilization, not all MCPs offer medically tailored meals and supportive food as a Community Support and the federal approval to offer this benefit is currently only effective through December 31, 2026.

AB 1975 would permanently expand this benefit by adding medically supportive food and nutrition interventions as a covered Medi-Cal benefit if determined to be medically necessary by a health care provider or health plan. In addition, this measure requires the Department of Health Care Services (DHCS) to establish a stakeholder group to advise DHCS on the qualifying medical conditions for this benefit, rate setting, and other guidance on benefit design.

Counties are deeply invested in improving health outcomes and health equity for Californians. Counties also support preventative health interventions that reduce avoidable healthcare costs. AB 1975 will expand a highly utilized and cost-effective health benefit to all Medi-Cal recipients, reduce long-term healthcare spending, and advance health equity. It is for these reasons that CSAC supports AB 1975. Should you have any questions about our position, please do not hesitate to contact me at (916) 591-5308 or [jonodera@counties.org](mailto:jonodera@counties.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jolie", with a long, horizontal, wavy line extending to the right.

Jolie Onodera  
Senior Legislative Advocate

cc: The Honorable Mia Bonta, California State Assembly  
Members and Consultants, Assembly Appropriations Committee  
Joe Shinstock, Fiscal Director, Assembly Republican Caucus

**From:** [Ferrigno, Jennifer \(BOS\)](#)  
**To:** [BOS Legislation, \(BOS\)](#); [Calvillo, Angela \(BOS\)](#); [Somera, Alisa \(BOS\)](#)  
**Cc:** [Ronen, Hillary \(BOS\)](#); [Gee, Natalie \(BOS\)](#); [Angulo, Sunny \(BOS\)](#); [Carrillo, Lila \(BOS\)](#); [Hsieh, Frances \(BOS\)](#)  
**Subject:** Re: Resolution Supporting California State Assembly Bill No. 1975 (Bonta) - Medi-Cal: medically supportive food and nutrition interventions.  
**Date:** Tuesday, May 21, 2024 2:54:15 PM  
**Attachments:** [image001.png](#)  
[AB 1975 \(Bonta\) Support Letter Asm Approps 5.8.24.pdf](#)

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Hi Lisa,

There is a letter of support from CA Association of Counties (see attached), but not one from the League of California Cities.

I am also confirming this is a routine matter, not contentious in any way, and is of no special interest.

Thank you!

Take care,

Jen

.....  
Jennifer Ferrigno, Legislative Aide  
San Francisco District 9 | Supervisor Hillary Ronen  
[jennifer.ferrigno@sfgov.org](mailto:jennifer.ferrigno@sfgov.org) | c. 415.307.0232  
(she/her/ella)

---

**From:** BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>  
**Sent:** Tuesday, May 21, 2024 2:14 PM  
**To:** Ferrigno, Jennifer (BOS) <[jennifer.ferrigno@sfgov.org](mailto:jennifer.ferrigno@sfgov.org)>; Calvillo, Angela (BOS) <[angela.calvillo@sfgov.org](mailto:angela.calvillo@sfgov.org)>; Somera, Alisa (BOS) <[alisa.somera@sfgov.org](mailto:alisa.somera@sfgov.org)>  
**Cc:** Ronen, Hillary (BOS) <[hillary.ronen@sfgov.org](mailto:hillary.ronen@sfgov.org)>; BOS Legislation, (BOS) <[bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org)>; Gee, Natalie (BOS) <[natalie.gee@sfgov.org](mailto:natalie.gee@sfgov.org)>; Angulo, Sunny (BOS) <[sunny.angulo@sfgov.org](mailto:sunny.angulo@sfgov.org)>; Carrillo, Lila (BOS) <[lila.carrillo@sfgov.org](mailto:lila.carrillo@sfgov.org)>; Hsieh, Frances (BOS) <[frances.hsieh@sfgov.org](mailto:frances.hsieh@sfgov.org)>  
**Subject:** RE: Resolution Supporting California State Assembly Bill No. 1975 (Bonta) - Medi-Cal: medically supportive food and nutrition interventions.

Hi Jennifer,

Thank you for the legislation submission. Pursuant to [Board Rule 2.8.2](#), please provide the following to complete this submission:

- confirm that organizations such as the [California State Association of Counties](#) and [League of California Cities](#) have *not* taken a position on these bills. If they have, please provide a copy of their statement for completeness of the file

- since the item is requested to be placed on the For Adoption Without Committee Reference of the agenda, pursuant to Board Rule 2.1.2, please confirm that these matters are routine, not contentious in nature, and of no special interest

**Lisa Lew**  
San Francisco Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102  
T 415-554-7718 | F 415-554-5163  
[lisa.lew@sfgov.org](mailto:lisa.lew@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

**(VIRTUAL APPOINTMENTS)** To schedule a “virtual” meeting with me (on Microsoft Teams), please ask and I can answer your questions in real time.



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The [Legislative Research Center](#) provides 24-hour access to Board of Supervisors legislation, and archived matters since August 1998.

***Disclosures:** Personal information that is provided in communications to the Board of Supervisors is subject to disclosure under the California Public Records Act and the San Francisco Sunshine Ordinance. Personal information provided will not be redacted. Members of the public are not required to provide personal identifying information when they communicate with the Board of Supervisors and its committees. All written or oral communications that members of the public submit to the Clerk's Office regarding pending legislation or hearings will be made available to all members of the public for inspection and copying. The Clerk's Office does not redact any information from these submissions. This means that personal information—including names, phone numbers, addresses and similar information that a member of the public elects to submit to the Board and its committees—may appear on the Board of Supervisors' website or in other public documents that members of the public may inspect or copy.*

---

**From:** Ferrigno, Jennifer (BOS) <jennifer.ferrigno@sfgov.org>

**Sent:** Tuesday, May 21, 2024 2:02 PM

**To:** Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>

**Cc:** Ronen, Hillary (BOS) <hillary.ronen@sfgov.org>; BOS Legislation, (BOS) <bos.legislation@sfgov.org>; Gee, Natalie (BOS) <natalie.gee@sfgov.org>; Angulo, Sunny (BOS) <sunny.angulo@sfgov.org>; Carrillo, Lila (BOS) <lila.carrillo@sfgov.org>; Hsieh, Frances (BOS) <frances.hsieh@sfgov.org>

**Subject:** Resolution Supporting California State Assembly Bill No. 1975 (Bonta) - Medi-Cal: medically supportive food and nutrition interventions.

Dear Clerks,

Supervisor Ronen is introducing legislation today: [Resolution - Supporting California State Assembly Bill No. 1975 (Bonta) - Medi-Cal: medically supportive food and nutrition interventions.]

I have attached the introduction form, resolution, and supporting documentation. Supervisor Ronen's digital signature serves in place of a wet signature.

Staff from the offices of Supervisor Walton, Supervisor Peskin, Supervisor Safai and Supervisor Chan are included to confirm co-sponsorship.

Let me know if you need anything else from our office.

Thank you!

Jen

.....  
Jennifer Ferrigno, Legislative Aide  
San Francisco District 9 | Supervisor Hillary Ronen  
[jennifer.ferrigno@sfgov.org](mailto:jennifer.ferrigno@sfgov.org) | c. 415.307.0232  
(she/her/ella)

BOARD of SUPERVISORS



City Hall  
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## MEMORANDUM

TO: Alondra Esquivel-Garcia, Youth Development Specialist  
Youth Commission

FROM: Angela Calvillo, Clerk of the Board

DATE: May 30, 2024

SUBJECT: REFERRAL FROM BOARD OF SUPERVISORS

The Board of Supervisors has received the following proposed Resolution which is being referred to the Youth Commission as per Charter, Section 4.124 for comment and recommendation. The Commission may provide any response it deems appropriate within 12 days from the date of this referral.

**File No. 240564**

**Resolution supporting California State Assembly Bill No. 1975, introduced by Assembly Member Mia Bonta (D-66), co-authored by Assembly Members Joaquin Arambula, Isaac Bryan, Mike Gipson, Chris Holden, Corey Jackson, Reggie Jones-Sawyer, Kevin McCarty, Tina McKinnor, Akilah Weber, and Lori Wilson to make medically supportive food and nutrition interventions a covered benefit under the Medi-Cal program.**

Please return this cover sheet with the Commission's response to the Board of Supervisors by email at: [bos.legislation@sfgov.org](mailto:bos.legislation@sfgov.org).

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**RESPONSE FROM YOUTH COMMISSION**      Date: \_\_\_\_\_

\_\_\_\_\_ **No Comment**

\_\_\_\_\_ **Recommendation Attached**

\_\_\_\_\_  
**Chairperson, Youth Commission**

**cc: Joshua Rudy Ochoa**



## Introduction Form

(by a Member of the Board of Supervisors or the Mayor)

I hereby submit the following item for introduction (select only one):

- ☐ 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- ☐ 2. Request for next printed agenda (For Adoption Without Committee Reference)  
(Routine, non-controversial and/or commendatory matters only)
- ☐ 3. Request for Hearing on a subject matter at Committee
- ☐ 4. Request for Letter beginning with "Supervisor  inquiries..."
- ☐ 5. City Attorney Request
- ☐ 6. Call File No.  from Committee.
- ☐ 7. Budget and Legislative Analyst Request (attached written Motion)
- ☐ 8. Substitute Legislation File No.
- ☐ 9. Reactivate File No.
- ☐ 10. Topic submitted for Mayoral Appearance before the Board on

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

- ☐ Small Business Commission      ☐ Youth Commission      ☐ Ethics Commission
- ☐ Planning Commission      ☐ Building Inspection Commission      ☐ Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

- ☐ Yes      ☐ No

(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)

Sponsor(s):

Subject:

Long Title or text listed:

Signature of Sponsoring Supervisor: