

ASSEMBLY BILL

No. 1975

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

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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