



AB 368 (Bonta) – Medically supportive food

(As Introduced February 1, 2021)

SUMMARY

This bill aims to directly address racial and ethnic health disparities, combat chronic disease, and reduce health care costs as well as nutrition and food insecurity among Medi-Cal beneficiaries by establishing a two-year, food prescription pilot in partnership with the health plans in three counties, including the County of Alameda. Food prescriptions are an effective medically supportive food intervention used to treat, reverse, and prevent chronic health conditions like diabetes, hypertension, and depression. Improving the health status, nutrition security, and overall resiliency of Medi-Cal beneficiaries is especially important in light of the COVID-19 pandemic and the disproportionate impact it is having on low-income households and communities of color.

BACKGROUND

Existing law provides funding to support a full range of medical interventions for Californians as both prevention and treatment. However, medically supportive food interventions are not currently reimbursable as part of California's Medi-Cal program. To date, there has been some limited legislative action to pilot and support the expansion of medically supportive food in California.

AB 3118 (Bonta) "Medically supportive food" (2019-2020) – Held in Assembly Appropriations Committee. This bill would have required DHCS to establish a 3-year pilot in Alameda County to provide medically supportive food as a covered Medi-Cal benefit.

ACR-108 (Bonta) "Food as Medicine" programs (2017-2018) -- Assembly Concurrent Resolution No. 108 Chapter 166, Statutes of 2017. This resolution sponsored by Alameda County encourages local jurisdictions across California to create "Food as Medicine" programs to address the obesity and diabetes epidemic.

- **SB 97**, Committee on Budget and Fiscal Review. Health. (FY18 Budget Bill) Medi-Cal

Medically Tailored Meals Pilot Program – SB 97 Chapter 52. The 2017/18 budget approved a three-year, \$6 million pilot to evaluate the impact of a medically tailored meal (MTM) intervention on the health outcomes and health care costs of seriously, chronically ill Medi-Cal patients with congestive heart failure. Medically tailored meals are ready to eat customized meals specific to congestive heart failure.

THE NEED FOR THIS BILL

According to the American Heart Association, leading experts agree that increasing access to healthy, nutrient-dense foods could help prevent, manage and/or mitigate the negative effects of chronic diseases in the Medicaid population. Medically supportive food interventions like food prescriptions can significantly improve a patient's quality of life and health status, while also reducing health care costs.

According to the 2017 Gallup-Sharecare Well-Being Index, Medicaid beneficiaries report the highest incidence of chronic health conditions compared to individuals receiving insurance coverage from other sources. Studies indicate that as many as 62.1 percent of Medicaid beneficiaries have been diagnosed with one or more chronic conditions, including incidence rates up to 11.8 percent for heart disease, 12.7 percent for diabetes and 27.4 percent for hypertension.

These health disparities have been exacerbated by the COVID-19 public health emergency, which has illuminated the urgent need to build resiliency among vulnerable populations, especially those with underlying medical conditions. [According to the Center for Disease Control and Prevention](#), hospitalizations were six times higher, ICU admissions five times higher, and deaths 12 times higher among COVID-19 patients with underlying medical conditions compared to those without.

These health conditions disproportionately impact communities of color, making them particularly vulnerable for COVID-19 related hospitalizations

and death. [Recent COVID-19 race and ethnicity data from the California Department of Public Health](#) show that African Americans and Latinos represent a disproportionately higher percent of COVID-19 deaths compared to their representation in California's population and there is heightened concern for Native Hawaiians or Pacific Islanders. At a [national level](#), when compared to White, Non-Hispanic persons, COVID-19 related hospitalizations were four times higher and deaths 2.6 times higher among AI/AN; hospitalizations were 3.7 times higher and deaths 2.8 times higher among Black or AAs; and hospitalizations were 4.1 times higher and deaths 2.8 times higher among Hispanics/Latinos.

Food prescriptions can serve as an effective intervention to reduce health risk factors for COVID-19 hospitalizations and death by providing a cost-effective way for the Medi-Cal healthcare delivery system to lower the incidence and severity of common underlying chronic health conditions while also addressing increasing rates of food and nutrition security.

Results from studies of medically supportive food programs have been impressive with clinically and statistically significant findings including drops in average A1c (blood sugar) levels, blood pressure, BMI, preterm births, and clinical depression scores. [There are also significant health care savings](#) associated with decreased health care utilization, including 44-77% fewer emergency room visits and admissions, 38% reduction in hospital transportation, and \$40-100+ billions in potential net savings.

Despite the potential health equity, benefits, and cost savings, in most healthcare settings, food prescriptions and other medically supportive food interventions are not used as a medical intervention. In California, medically supportive food programs, also called "Food as/is Medicine," "FoodRx," or "VeggieRx" programs, are up and running in several cities and counties. Because Medi-Cal and other payors do not reimburse for their services, expansion of these programs is severely limited.

SOLUTION

This bill would establish a two-year, food prescription pilot program in partnership with the Medi-Cal managed care plans in three counties. The

pilot would provide food prescriptions to Medi-Cal beneficiaries with one or more specified chronic health conditions. Eligible Medi-Cal beneficiaries would receive a food prescription consisting of nutrient-rich whole food, including fruits, vegetables, legumes, nuts, seeds, whole-grains, lean proteins, and seafood, which may be paired with behavioral, cooking, or nutrition education, coaching, and counseling.

Food prescriptions will be fulfilled by medically supportive food programs. Preference is given to public, nonprofit, and community-based contractors, as well as for contractors sourcing California produce and products. All providers and managed care plans will be required to report common outcome metrics to the California Department of Health Care Services (DHCS). At the conclusion of the two-year pilot, DHCS will be required to evaluate the pilot's health outcome data.

DHCS and the Medi-Cal managed care plans may establish additional utilization controls, in consultation with stakeholders, for the food prescription intervention.

SUPPORT

County of Alameda (Sponsor)

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