**AB 1975 (Bonta) Sample Support Letter & Submission Instructions**

[**AB 1975 (Bonta)— Medically Supportive Food and Nutrition Services**](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1975) would transition medically supportive food and nutrition interventions from pilot services in healthcare (through CalAIM) to permanent Medi-Cal benefits. This transition will improve health outcomes and advance health equity across California. It will also reduce avoidable healthcare costs and support the prevention, not just the treatment, of chronic conditions.

**How you can help:** Submit a letter in support of AB 1975. Use this sample letter or write your own letter outlining the importance of this bill. After submitting your letter, please share your support via social media, emails, calls, and meetings.

**Submit directly through the State’s online Advocate Portal for Legislative Position Letters:**

[**https://calegislation.lc.ca.gov/Advocates/**](https://calegislation.lc.ca.gov/Advocates/)

**\*NOTE: You will need to create an account for yourself/your organization to upload letters through the portal.**

**and**

**Email letters to** Monica.Sepulveda@asm.ca.gov **and** bdubois@spur.org

**Organizations:** please be sure to submit your letter on letterhead.

**Individuals:** please be sure to include your mailing address in your letter.

**Questions?** Contact Katie at kettman@spur.org

**[PLACE YOUR ORGANIZATION’S LETTERHEAD]**

**[Date]**

The Honorable Mia Bonta

Chair, Assembly Health Committee

Legislative Office Building

1020 N Street, Room 390

Sacramento, CA 95814

**RE: Support for AB 1975 (Bonta)— Medi-Cal: Medically Supportive Food and Nutrition Services**

Dear Chairperson Bonta,

**[I am/Name of your organization is]** writing in support of AB 1975 (Bonta), which would transition medically supportive food and nutrition interventions from pilot services in CalAIM to permanent 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, 15% of individuals are living with diabetes and 31% suffer from high blood pressure.[[1]](#endnote-1)
* 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.[[2]](#endnote-2)
* Preterm delivery leads to more than 35% of infant deaths in the United States.[[3]](#endnote-3) Rates of preterm birth have been rising in CA since 2017 and Black pregnant people have over 1.5x more preterm births than their white counterparts.[[4]](#endnote-4)

California has recognized the critical role of nutrition and its influence on health outcomes and

health equity through its inclusion of food-based 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, these services are optional, meaning individual health plans must voluntarily opt into providing them. In the first 18 months of CalAIM, more than 26,000 low-income patients have accessed food-based services, making it the second most utilized of 14 pilot services.5 However, this still leaves many people with Medi-Cal who would benefit from these effective interventions without access. With less than 3 years left of CalAIM, now is the time to build on this momentum and ensure permanent access to these critical services.

Medically supportive food and nutrition (MSF&N) 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 the provision of food. 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, many organizations have piloted MSF&N 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%.[[5]](#endnote-5) 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.[[6]](#endnote-6)

In addition, by including a preference for interventions that support values-based procurement and equitable food sourcing, AB 1975 can contribute to a more just food system. For example, MSF&N programs that buy produce from small, organic farmers support the local economy and climate resilience.

Transitioning medically supportive food and nutrition interventions from optional services under a time limited waiver to permanent Medi-Cal benefits will improve health outcomes and advance health equity across California. It will also reduce avoidable healthcare costs8  and support the prevention, not just the treatment, of chronic conditions. By fully embracing food and nutrition support as a strategic investment in health outcomes and health equity, California can lead the nation in tackling root causes of health disparities.

**[If you would like to, insert your own reason(s) for supporting AB 1975 here.]**

For these reasons, we strongly support AB 1975 and urge your ‘aye’ vote to support medically supportive food and nutrition access for Medi-Cal recipients.

Sincerely,

**[Your name and title]**

**[Your organization or address as applicable]**

cc: Members, Assembly Health Committee

1. AskCHIS, UCLA Center for Health Policy Research, California Health Interview Survey, accessed January 30, 2024. [↑](#endnote-ref-1)
2. 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. [↑](#endnote-ref-2)
3. 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 [↑](#endnote-ref-3)
4. 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 [↑](#endnote-ref-4)
5. 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. [↑](#endnote-ref-5)
6. 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. [↑](#endnote-ref-6)