



SPUR

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April 6, 2021

The Honorable Nancy Skinner
Chair, Senate Committee on Budget Chair,
State Capitol, Room 5094
Sacramento, CA 95814

The Honorable Phil Ting, Chair
Assembly Committee on Budget
State Capitol, Room 6026
Sacramento, CA 95814

The Honorable Dr. Susan Talamantes Eggman
Chair, Senate Budget Subcommittee #3
State Capitol, Room 4052
Sacramento, CA 95814 Sacramento, CA 95814

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee #1
State Capitol, Room 5155
Sacramento, CA 95814 Sacramento, CA 95814

RE: Support for Funding Food Prescriptions (AB 368, Bonta) & Seek Amendments to the CalAIM Trailer Bill

Dear Chairpersons:

COVID-19 is exacerbating already high levels of hunger and health disparities, especially among communities of color and those with underlying medical conditions. Since the start of the pandemic, the number of Black and Latinx people reporting food insecurity has doubled, with nearly 30% reporting they struggle to afford enough food on a consistent basis¹. More broadly, 21% of Californians report insufficient access to food. California can begin to address these disparities, improve the health of people throughout the state, and reduce health care costs in California by implementing medically-supportive food and nutrition interventions through CalAIM and supporting additional produce prescription pilots through AB 368.

Both of these pathways are a way to prevent, reverse, and manage common chronic diseases like diabetes and hypertension. These are the very conditions that put individuals at higher risk for severe COVID-19 infections and disproportionately affect communities of color². To fight the current

¹ Schanzenbach D & Tomeh N. Visualizing Food Insecurity: Weekly Food Insecurity Rates during Covid-19. <https://www.ipr.northwestern.edu/state-food-insecurity.html>. Last accessed April 2, 2021.

² COVID-19 Hospitalization and Death by Race/Ethnicity. Centers for Disease Control. April 2, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

pandemic and prepare for the future, California should invest in the prevention of severe medical conditions through medically-supportive food and nutrition.

There are two ways I urge you to do this through the FY 2021-22 state budget:

Request Funding for Food Prescription Pilots outlined in AB 368 (Bonta)

As the FY 2021-2022 Budget is negotiated, please consider including a one-time \$1.65 million General Fund appropriation in the 2021 Budget Act for the three counties, including Alameda County, to establish a two-year Food Prescription Pilot, which will provide medically supportive food to approximately 2,400 Medi-Cal beneficiaries who have one or more chronic health condition(s) with a focus on eliminating racial health disparities and reducing food and nutrition insecurity.

The pilot will be implemented by the California Department of Health Care Services (DHCS) in partnership with Managed Care Plans in each of the pilot counties. Food prescriptions will be fulfilled by local, medically-supportive food providers. 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 DHCS. At the conclusion of the two year pilot DHCS will be required to evaluate the associated health outcomes and impact on racial disparities.

CalAIM Trailer Bill: Seek amendment to clarify and ensure implementation of medically-supportive food and nutrition interventions

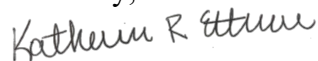
On January 8th, the Department of Health Care Services updated the CalAIM proposal to include medically-supportive food and nutrition as an In Lieu of Services (ILOS) benefits³. To ensure that the intent of the inclusion is as clear as possible and consistently communicated throughout implementation, we respectfully request the following change to the budget trailer bill.

- In the budget trailer bill, section 14184.206 (c)(12), replace “Medically tailored meals” with “Medically-Supportive Food/Meals/Medically Tailored Meals”

This change clarifies and better reflects that food-based ILOS options include medically-supportive foods, and are not limited to meals. Offering this broader range of interventions allows for increased patient autonomy and more culturally relevant support in addition to improved health outcomes. To secure these positive outcomes we strongly encourage the above change so implementing partners are clear on the breadth of eligible interventions.

Thank you for your consideration of this budget proposal and trailer bill amendment.

Sincerely,



Katie Ettman

Food and Agriculture Senior Policy Associate

³ Updated CalAIM Proposal; March 3, 2021, Page 217, bullet 4:

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>