AB 1644 (Bonta)

Improving health outcomes through food-based interventions in healthcare.

Medi-Cal: medically supportive food and nutrition services







The Problem

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, 14% of individuals are living with diabetes and 33% suffer from high blood pressure.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
- Preterm delivery leads to more than 35% of infant deaths in the United States.³ Rates of preterm birth have been rising in CA since 2017 and Black birthing people have over 1.5x more preterm births than their white counterparts.4

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 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, medically supportive food and nutrition services are optional, meaning individual health plans must voluntarily opt into providing them, leaving many people with Medi-Cal who would benefit from these critical interventions without access.

Why Support?

Medically supportive food and nutrition interventions have the potential to transform our disease care system to a true healthcare delivery system. By fully embracing food and nutrition 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.

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The Opportunity

Medically supportive food and nutrition interventions, commonly known as "food as medicine", are food-based interventions integrated into healthcare used 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 food provision. 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, numerous organizations have piloted these 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%, supporting both improved health outcomes and associated cost savings.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

Transitioning medically supportive food and nutrition interventions from optional services under a time limited waiver in healthcare to covered Medi-Cal benefits will improve health outcomes and advance health equity across California. It will also reduce avoidable healthcare costs⁷ and support the prevention, not just the treatment, of chronic conditions.



References

- 1 AskCHIS, UCLA Center for Health Policy Research, California Health Interview Survey, accessed November 28, 2022.
- 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.
- 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
- 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
- 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.
- 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.
- 7 Berkowitz SA, Terranova J, Hill C et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. *Health Affairs*. 2018 Apr;37(4):535–542; 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; Hager K, Cudhea FP, Wong JB, et al. Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US. *JAMA Netw Open*. 2022;5(10):e2236898.