



June 5, 2024

The Honorable Richard Roth  
Chair, Senate Health Committee  
1021 O Street, Suite 7510  
Sacramento, CA 95814

**RE: AB 1975 (Bonta): Medically Tailored Meals  
As Revised April 17, 2024 — SUPPORT  
Set for Hearing June 12, 2024 in Senate Health Committee**

Dear Senator Roth:

On behalf of the Urban Counties of California (UCC) and the Rural County Representatives of California (RCRC), we write in support of AB 1975, which would make medically supportive food and nutrition interventions a covered benefit under the Medi-Cal program effective July 1, 2026.

Specifically, AB 1975 would require medically supportive food and nutrition interventions to be covered by Medi-Cal if determined to be medically necessary by a health care provider or health care plan. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would also require the Department of Health Care Services (DHCS) to establish a medically supportive food and nutrition benefit stakeholder group to advise the department and would require the workgroup to issue final guidance on or before July 1, 2026.

Too many Californians, particularly Californians of color, are living with largely preventable chronic conditions. Adequate food and nutrition are a fundamental part of preventing and treating chronic conditions, and can significantly improve a patient's quality of life and health status while also reducing healthcare costs. Medically tailored meals are effective in improving health. Studies have on medically tailored meals have found:

- A 17% reduction in patients with poorly controlled diabetes when patients were providing diabetes appropriate MTMs.
- A study among older adults found that 79% of individuals who fallen in the past did not fall again during the study period compared to 46% in the control group, showing a 33% increase in fall prevention.
- A 2014 study on MTMs recipients with diabetes, HIV, and comorbid conditions found a 50% increase in medication adherence among recipients.
- Double-digit percentage point decreases in emergency department visits, inpatient admissions, and 30-day hospital readmissions among MTM recipients.

Counties provide direct health care services through our county owned and operated clinics, hospitals and public health departments and are therefore vitally concerned about health outcomes. Malnutrition and poor nutrition can lead to devastating health outcomes, higher utilization, and increased costs, particularly among individuals with chronic conditions. Meals help individuals achieve their nutrition goals at critical times to help them regain and maintain their health.

AB 1975 builds on the opportunity started in CalAIM and would permanently address social drivers of health through food-based interventions. This measure will improve health outcomes, advance health equity across California, reduce avoidable healthcare costs and support the prevention, not just the treatment, of chronic conditions.

For these reasons, UCC and RCRC support AB 1975. Please do not hesitate to reach out with any questions.

Sincerely,



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