

Date of Hearing: June 16, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
HR 110 (Bonta) – As Introduced May 4, 2026

**SUBJECT:** Food As Medicine.

**SUMMARY:** Recognizes the body of evidence supporting the positive health impact of medically supportive food and nutritional interventions and the successful implementation of these services in the Medi-Cal program. Calls on the Department of Health Care Services (DHCS) to direct Medi-Cal managed care plans to prioritize offering the full spectrum of medically supportive food and nutritional interventions until these services become permanent Medi-Cal benefits, and regularly update guidance, data collection, and evaluation of these services. Calls on Medi-Cal managed care plans to ensure patients have uninterrupted access to a broad array of these services through program improvements.

**EXISTING LAW:**

- 1) Establishes the Medi-Cal Program, administered by DHCS, to provide comprehensive health benefits to low-income individuals who meet specified eligibility criteria. [Welfare and Institutions Code (WIC) § 14000, *et seq.*]
- 2) Establishes a schedule of benefits under the Medi-Cal program, which includes federally required and optional Medicaid benefits, subject to utilization controls. [WIC § 14132]
- 3) Establishes the California Advancing and Innovating Medi-Cal (CalAIM) Act, and requires the implementation of the time-limited CalAIM initiative to support the following goals:
  - a) Identify and manage the risk and needs of Medi-Cal beneficiaries through whole-person-care approaches and addressing social determinants of health;
  - b) Transition and transform the Medi-Cal program to a more consistent and seamless system by reducing complexity and increasing flexibility; and,
  - c) Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform. [WIC § 14184.100]
- 4) Authorizes medically supportive food and nutrition services, under CalAIM as “Community Supports” that a Medi-Cal managed care plan may elect to cover. Specifies Community Supports are provided “in lieu of” typical Medi-Cal covered services, in accordance with the federally approved CalAIM Terms and Conditions. [WIC § 14184.206]

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, California continues to face significant disparities in health outcomes, particularly among low-income communities and communities of color that experience higher rates of food insecurity, diabetes, hypertension, and other diet-related chronic conditions. Historical inequities, including redlining and systemic disinvestment, have contributed to limited access to affordable, nutritious food and

created barriers to long-term health and wellness. The author argues that access to adequate food and nutrition is a critical component of preventing, managing, and reversing chronic disease. This resolution recognizes the importance of medically supportive food and nutrition services, commonly referred to as “food as medicine,” as an evidence-based strategy to improve health outcomes and reduce health care costs. Services such as medically tailored meals, medically supportive groceries, produce prescriptions, food pharmacies, and nutrition education have demonstrated success in improving patient health while reducing costly inpatient hospitalizations and emergency room visits. The author concludes that under California’s CalAIM initiative, medically supportive food and nutrition services have already helped nearly 200,000 Medi-Cal patients.

## 2) BACKGROUND.

- a) **"Food as Medicine."** Behaviors related to diet, exercise, and smoking are major factors in determining health status and the likelihood of chronic disease. Food as medicine programs intervene to prevent, manage, treat and, in some instances, reverse disease by improving nutrition to help children and adults get well and stay healthy.
- b) **Types of Interventions.** According to the Food as Medicine Collaborative, there is a spectrum of medically supportive food and nutrition interventions. Interventions include medically tailored meals (MTMs), medically supportive meals, food pharmacies, medically tailored groceries, medically supportive groceries, produce prescriptions, and nutrition supports when paired with food provision. This range of services allows a medical provider to match the acuity of a patient's condition to the intensity of the intervention. Food as medicine interventions have been shown to improve health and reduce costs for higher-intensity services. Studies have found, for example, double-digit percentage point decreases in emergency department visits, inpatient admissions, and 30-day hospital readmissions among MTM recipients. DHCS’s interim evaluation of these services as offered in Medi-Cal have shown similar results.
- c) **MTM/Medically Supportive Food (MSF) as a Medi-Cal “CalAIM Community Support.”** Every Medicaid program (including Medi-Cal in California) has a Medicaid State Plan that specifies the benefits and services covered by that program. "In Lieu of Services" (ILOS) is a federal authority that allows Medicaid dollars to be spent on prevention or mitigation of an illness or injury, under the assumption that these investments can keep Medicaid members healthy and prevent the program from incurring costs for higher-intensity services. If higher-intensity services, like skilled nursing facility, emergency department, or inpatient services can be avoided, resources are freed up to be redirected to lower-intensity and preventive care in a “virtuous cycle.” These preventive services are covered “in lieu of” services specified in the State Plan. In California, Medi-Cal covers “Community Supports” under ILOS authority. Community Supports were introduced under CalAIM, a collection of initiatives spearheaded by DHCS to address social drivers of health and promote better health outcomes.

DHCS has a pre-approved list of 14 Community Supports that are provided through Medi-Cal managed care plans, including MTM/Medically Supportive Food (MSF). According to the CalAIM Community Supports Policy Guide, these services are designed to address individuals’ chronic or other serious conditions that are nutrition-sensitive, leading to improved health outcomes and lower costs.

DHCS defines MTMs as meals that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions, while medically tailored groceries are defined as preselected whole food items that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions. MSF are food packages to support participants to meet minimum recommendations for fruit, vegetable, or other targeted daily servings for nutrients without excessive sugar or salt. Nutrition education is also offered as a part of this Community Support, which may include health coaching, counseling, classes, behavioral supports, and tools, including equipment and materials, that are based on a Medi-Cal member's health needs.

- d) **2026-27 May Revision Proposal.** As part of the 2026 May Revision to the Governor's Budget, DHCS proposes a number of changes to various Community Supports to refine referral pathways, eligibility criteria, service definitions, and utilization management levers, with the intent to reduce inappropriate or low-value utilization of these services. These changes are anticipated to result in budget savings. For MTM/MSF, DHCS proposes the following changes:
- i) Constrain referral sources to come from the member's health care team, such as a primary care provider or specialist, given the service is intended to be for individuals diagnosed with nutritionally sensitive conditions and for which this intervention would be medically appropriate and cost effective, and explicitly prohibit authorization requests to come directly from Community Supports providers.
  - ii) Update utilization management protocols to explicitly limit coverage to members for whom the intervention is clinically indicated to address the nutritionally sensitive condition.
  - iii) Refine list of covered conditions to ensure they reflect evidence-informed nutritionally sensitive conditions.

Stakeholders have raised concerns that some of these changes will deter health care providers from making referrals, create undue administrative burden and excessive health care utilization, introduce inconsistencies in service implementation, limit or complicate patient access, and eliminate nearly all produce prescription programs.

This resolution recognizes the benefits of the range of nutrition interventions that are considered "Food as Medicine," and calls on DHCS to direct Medi-Cal managed care plans to prioritize offering the full spectrum of medically supportive food and nutrition interventions until these services can become fully covered, permanent Medi-Cal benefits, as well as to prioritize transparency, accountability, and continuous improvement of these services by regularly updating implementation guidance, undertaking ongoing data collection and publishing evaluation reports, and actively soliciting stakeholder feedback to inform these updates.

- 3) **SUPPORT.** The Food as Medicine Collaborative and Fullwell write in support that now is the time to unequivocally recognize the value of fully integrating food as medicine interventions into Medi-Cal as permanent benefits. Without this commitment, supporters argue, we risk wasting the billions of dollars California spent to stand up these services over the last four years and patients not getting the outcomes they deserve. Mom's Meals supports the preservation of these services and the recognition of the connection between nutrition,

preventive care, and long-term health outcomes. Supporters emphasize the need for California to transition MTM/MSF to permanent benefits.

- 4) RELATED LEGISLATION.** AB 2348 (Bonta) would authorize Medi-Cal managed care plans to continue to cover Community Supports in the Medi-Cal program, and would create associated processes and requirements to promote transparency, accountability, and consistency in the delivery of these services. AB 2348 is currently pending in the Senate Health Committee.

**5) PREVIOUS LEGISLATION.**

- a)** AB 1975 (Bonta) of 2024, would have added medically supportive food and nutrition interventions as a covered Medi-Cal benefit. AB 1975 was vetoed by Governor Newsom, who stated that it would have resulted in significant and ongoing General Fund costs for the Medi-Cal program that were not included in the budget. In his veto message, Governor Newsom also encouraged the Legislature to “explore this policy next year as a part of the annual budget process.”
- b)** AB 1644 (Bonta) of 2023, was similar to AB 1975 and was held on the suspense file of the Assembly Appropriations Committee.
- c)** AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, established statutory authority for the CalAIM initiative, including authority to provide ILOS.
- d)** AB 3118 (Rob Bonta) of 2020, would have created a Medi-Cal three-year pilot program in Alameda County to provide a “medically supportive food assistance” benefit for a Medi-Cal beneficiary who has a chronic health condition, and required DHCS to evaluate the pilot program and make recommendations for its expansion or continuation. AB 3118 was held on the Assembly Appropriations suspense file.
- e)** SB 97 (Committee on Budget and Fiscal Review), Chapter 52, Statutes of 2017, authorizes the Medically Tailored Meals Pilot Program.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Food As Medicine Collaborative  
Fullwell  
Purfoods, LLC A/k/a Mom's Meals

**Opposition**

None on file

**Analysis Prepared by:** Lisa Murawski / HEALTH / (916) 319-2097