
SENATE COMMITTEE ON HEALTH

Senator Dr. Akilah Weber Pierson, Chair

BILL NO: SCR 160
AUTHOR: Weber Pierson
VERSION: April 13, 2026
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SUBJECT: Medically supportive food

SUMMARY: Calls on the Department of Health Care Services to direct Medi-Cal 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 plans to ensure patients have uninterrupted access to a broad array of these services through a number of program improvements.

Existing law:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), and under which qualified low-income individuals receive health care services. [WIC §14000, et seq.]
- 2) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are funded with federal and state dollars. [WIC §14132]
- 3) Authorizes states to include in Medicaid managed care contracts services that the state determines are medically appropriate and cost effective substitutes for a service covered under the state Medicaid plan, so long as the service is offered to enrollees at the option of the managed care plan and the enrollee is not required to receive the service. This option is known as the "in lieu of services" or "ILOS" option. [42 USC §438.2 and §438.3]
- 4) Establishes California Advancing and Innovating Medi-Cal (CalAIM) initiative effective from January 1, 2022 until December 31, 2026. The goals of CalAIM are to identify and manage the risk and needs of Medi-Cal beneficiaries through whole-person-care approaches and addressing social determinants of health; transition and transform the Medi-Cal program to a more consistent and seamless system by reducing complexity and increasing flexibility; and 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]
- 5) Includes in the CalAIM initiative the authority for a Medi-Cal managed care plan (Medi-Cal plan) to elect to cover those community supports approved by DHCS as cost effective and medically appropriate, including medically supportive food and nutrition services such as medically tailored meals. [WIC §14184.206]

This resolution:

- 1) Makes the following declarations:

- a) Too many Californians, particularly Californians of color are living with preventable conditions that impact quality of life and life expectancy and medically supportive food and nutrition can prevent, treat, and reverse diet-sensitive medical conditions;
 - b) Providing the full spectrum of medically supportive food and nutrition interventions allows health care providers to appropriately match the service to patients' needs, and enables patients to transition between more and less intensive levels of care;
 - c) California has recognized the role of nutrition on health outcomes and health equity by including medically supportive food and nutrition interventions in the CalAIM) Initiative;
 - d) An evaluation conducted by DHCS examining the cost-effectiveness of medically supportive food and nutrition under CalAIM found that implementation of these services led to an 18.7% reduction in costs for inpatient services, a 6% reduction in costs for outpatient services, and a 20% reduction in per-member, per-month emergency room costs and examinations of similar programs in other states also demonstrate reduced health care spending;
 - e) Medically supportive food and nutrition services have been successfully implemented under Medi-Cal, with nearly 200,000 patients having accessed these services in a 12-month period, making them the most utilized Community Support services;
 - f) High-quality medically supportive food and nutrition interventions are driven by contracts with community-based providers who offer culturally relevant and patient-centered services, uphold high nutrition and quality standards, and collaborate with other local organizations and health care providers to support overall patient health;
 - g) Prioritizing high-quality food from California regenerative and organic farms and ranches, including from socially disadvantaged or beginning farmers and ranchers, offers multiple benefits to human health, California's economy, and the environment;
 - h) Updates to DHCS guidance informed by stakeholder feedback have improved implementation;
 - i) Medically supportive food and nutrition services are optional under CalAIM, meaning that managed care plans must voluntarily opt in to providing them, leaving Medi-Cal beneficiaries vulnerable to losing access;
 - j) For medically supportive food and nutrition services to remain available to Medi-Cal patients, they must transition to fully covered, permanent Medi-Cal benefits;
 - k) Until medically supportive food and nutrition services can transition from CalAIM services to standard Medi-Cal benefits, they can continue to be offered to patients through federal ILOS authority, which grants managed care plans the ability to cover medically appropriate and cost-effective alternatives to traditional Medicaid benefits; and,
 - l) By fully embracing medically supportive food and nutrition as an investment in health outcomes and health equity, California can transform the health care system, reduce health care costs, and lead the nation in tackling root causes of health disparities.
- 2) Resolves that the State of Californian and the Legislature recognize the role medically supportive food and nutrition plays in reducing chronic disease and advancing health equity.
 - 3) Resolves that the Legislature calls on DHCS to prioritize transparency, accountability and continuous improvement of medically supportive food and nutrition services by regularly updating implementation guidance, undertaking ongoing data collection, publishing evaluation reports, and actively soliciting stakeholder feedback to inform these updates.
 - 4) Resolves that the Legislature calls on managed care plans to promote quality in implementation by ensuring that patients have uninterrupted access to a broad array of

medically supportive food and nutrition services, prioritizing contracts with community-based nonprofit food providers, ensuring that reimbursement rates are regularly updated and responsive to provider needs, and prioritizing sourcing from California organic and regenerative farmers and ranchers.

- 5) Resolves that the Secretary of the Senate transmit copies of this resolution to the Governor of the State of California, the State Department of Health Care Services, California Medi-Cal managed care plans, and to the author for appropriate distribution.

FISCAL EFFECT: This resolution has not been analyzed by a fiscal committee.

COMMENTS:

- 1) *Author's statement.* According to the author, we know access to nutritious food improves health outcomes, and throughout the first four years of CalAIM we have seen a 20% reduction in per member per month emergency room costs associated with food as medicine program participation. Yet the future of the medically tailored meals/medically supportive food community support is uncertain. This resolution makes it clear that the legislature recognizes the importance of not only continuing to offer these services through ILOS but ultimately transitioning them to permanent Medi-Cal benefits.
- 2) *CalAIM Community Supports.* Community Supports are optional Medi-Cal plan services offered as cost-effective alternatives to traditional medical services or settings. DHCS has a pre-approved list of 15 Community Supports, building off previous pilot programs such as Whole Person Care, Health Homes, and a medically tailored meals pilot program to address health-related social needs of recipients such as support to secure and maintain housing, access to medically tailored meals, and various transitional services when moving out of specific facilities. While DHCS encourages Medi-Cal plans to offer all of the Community Supports services, these services are not entitlements, but are offered at the option of the plan to any eligible recipient.

The Community Supports benefit launched in January 2022. One of the Community Supports benefits is Medically Tailored Meals/Medically Supportive Food (hereinafter “Medically Tailored Meals”). According to DHCS’s 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 reduced unnecessary costs. The design of each of these services (e.g., uncontrolled diabetes meal plan, congestive heart failure grocery plan) must be tailored by a Registered Dietitian Nutritionist or other appropriate clinician to ensure the food provided adheres to established, evidence-based nutrition guidelines to prevent, manage, or reverse the targeted nutrition-sensitive health condition. The services range from full meals designed to address a specific nutrition-sensitive health condition to lower levels of service including produce prescriptions and healthy food vouchers. Nutrition education can also be provided alongside these services. Medi-Cal recipients are eligible if they have chronic or other serious health conditions that are nutrition sensitive, such as cancer, cardiovascular disorders, chronic kidney disease, chronic lung disorders or other pulmonary conditions such as asthma/chronic obstructive pulmonary disease, heart failure, diabetes or other metabolic conditions, elevated lead levels, end-stage renal disease, high cholesterol, human immunodeficiency virus, hypertension, liver disease, dyslipidemia, fatty liver, malnutrition, obesity, stroke, gastrointestinal disorders, gestational diabetes, high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders. The benefit includes up to two meals per day for up to 12 weeks, or longer, if medically necessary.

As part of the approval process for the Community Support benefit, DHCS was required to demonstrate the cost-effectiveness of each benefit. With regards to the Medically Tailored Meals benefit, in one of the CalAIM planning documents, Cost-Effectiveness and Medical Appropriateness of In Lieu of Services,¹ DHCS presented findings that the average annualized health care expenditure was \$1,863 greater for individuals assessed as food insecure relative to those not found to be food insecure, after adjusting for age, gender, race/ethnicity, education, income, insurance, and residence area. These higher health care costs can be linked to more time spent in the hospital. For persons who have been recently discharged from hospitals or with chronic conditions, the report cited literature of specific patient populations showing significant reductions in emergency department visits, inpatient hospitalizations, reductions in readmissions, and improvements in health outcomes and well-being such as improved control of diabetes or fewer falls when provided meal delivery services.

- 3) *Implementation of the Medically Tailored Meals benefit so far.* As of July 2025, according to an interim CalAIM evaluation published December 29, 2025, 23 of the 25 Medi-Cal managed care plans were offering the Medically Tailored Meals benefit and the benefit was available in every county, though it is not clear that all plans offer all types of these services. Plans did report that this service was the easiest to implement, which likely explains why it also has the highest utilization rate. DHCS has also issued revisions to the policy guidance for this community support as in some areas or under some plans the services were more broadly available than anticipated, while in others, additional plan criteria for receiving the services was too restrictive. This need for adjustment was not wholly unexpected as DHCS officials expressed in the planning of the CalAIM initiative the need for plans to build out these services before they could be made full Medi-Cal benefits.

According to the 2024 Community Supports Annual Report published in April of 2025, the Medically Tailored Meals benefit was not one of the nine benefits already demonstrating cost-effectiveness, but did show cost reductions in inpatient services, outpatient services, and emergency room costs. DHCS stated that the services were, by design, expected to substitute for services over a longer term, not immediately, thus DHCS projected that it would be proven to be cost-effective once more experience data was gathered over multiple years, consistent with federal requirements. DHCS is currently in the process of renewing the CalAIM initiative and underlying waivers with the Centers for Medicare and Medicaid Services and has indicated its intent to continue this service through the federal ILOS authority. This regulation authorizes states to include non-medical services in its managed care contracts so long as those benefits demonstrate a reduction in medical costs and managed care plans have the option of providing the benefits or not.

- 4) *Previous legislation.* AB 1975 (Bonta of 2024) would have established medically supportive food and nutrition interventions as a Medi-Cal covered benefit when medically necessary in treating a patient's medical condition, subject to specifications and utilization controls, starting no sooner than July 1, 2026. *AB 1975 was vetoed by Governor Newsom who stated: "Increasing access to nutritious foods and encouraging healthy eating habits contributes to the prevention and treatment of chronic conditions. However, this bill would result in significant and ongoing General Fund costs for the Medi-Cal program that are not included*

¹ "In Lieu of Services" was the original name of the Community Support benefit and is how the benefit is referred to in federal guidance.

in the budget. I encourage the Legislature to explore this policy next year as a part of the annual budget process.”

AB 1644 (Bonta of 2023) was substantively similar to AB 1975. *AB 1644 was held on the Assembly Appropriations suspense file.*

AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) establishes the CalAIM initiative and the CalAIM Community Supports benefit, among other things.

AB 3118 (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.*

SB 97 (Committee on Budget and Fiscal Review, Chapter 52, Statutes of 2017) authorizes the Medically Tailored Meals Pilot Program.

- 5) *Support.* Sponsor and supporters Fullwell and Food as Medicine Collaborative write that access to adequate food and nutrition plays a key role in preventing and managing diet-related health issues and can significantly improve health outcomes and reduce health care spending. They explain the current authorization for the benefit as a plan option leaves out many Californians who would benefit from these services and that California must transition these services to permanent Medi-Cal benefits to promote geographic equity in access, improved health outcomes and reductions in costly healthcare spending. They state that given CalAIM’s expiration in 2026, now is the time to recognize the value of integrating food interventions into Medi-Cal.

SUPPORT AND OPPOSITION:

Support: Fullwell (sponsor)
Food as Medicine Collaborative

Oppose: None received.

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