

AB 1975 is making food prescriptions a reality: Let your food be your medicine.

If you are a Type 1 diabetic there are two constants in your life: the rising cost of insulin or the constant pain of the pricking needle. Now, imagine your doctor offered a new alternative to help manage your glucose.

What if your doctor could prescribe food tailored to your specific nutritional needs?

Unbeknownst to many, such a program has been in the works for the past five years. Food prescription pilots outside of the state have been around for decades. Around 2018 California officially began its food as medicine services. By early 2022, the California Department of Health Care Services (DHCS) began a 5-year initiative to reform Medi-Cal, called [CalAIM](#).

CalAIM is attempting to address the root causes and complex health needs in various communities across the state. Beginning in 2022 the DHCS began to offer [14 community support services that health plans can opt-in to, they provide an alternative to higher-cost medical services](#). Designed to address people's health-related social needs, some of these community supports include navigation services for housing and sobering centers. By the end of 2022, [all 58 counties in California offered at least two community services, while 16 counties offered at least 10, and 3 counties \(Sacramento, Riverside, and San Diego County\) offered all 14 community support services](#).

[The second most popular service among all counties is the Medically Supportive Food & Nutrition \(MSFN\) support](#). 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. Different counties have different approaches to where and how food is received. Whatever the approach, around [26,000 Medi-Cal members have used this community support](#).

These amazing food and nutrition supports have been proven to be successful at helping people to treat, manage, or even prevent chronic health conditions as seen in pilots and studies not only across California but also nationally. These programs are an especially critical tool towards achieving health equity goals since BIPOC communities are disproportionately impacted by health issues and poverty. A recent study shows that [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](#).

Western Center's own [Whitney Francis](#) shares her experiences on the frontlines of this work, "Having previously worked in food pharmacies, I've seen first-hand how our patients were empowered to manage their health through accessing fresh produce weekly, especially for patients who struggled with issues such as food and housing insecurity."

The time is now to make Medically Supportive Food and Nutrition (MSFN) accessible to more Californians. We need to be scaling this CalAIM support up; this means investing in outreach and education to make providers and patients aware of this community support and how to

access it, assisting food/nutrition providers in establishing contracts with health plans, and *establishing Medically Supportive Food and Nutrition as a permanent part of Medi-Cal.*

Last year, Assemblymember Mia Bonta from Oakland introduced [AB 1644](#), a bill that would transition medically supportive food and nutrition services from an optional service under a time-limited waiver to a permanently covered benefit under Medi-Cal. While the bill did not get past the Appropriations Committee, the Medically Supportive Food & Nutrition coalition, co-led by SPUR and the Food as Medicine Collaborative who co-sponsored AB 1644, are preparing to reintroduce a similar bill, [AB 1975](#). One of the major updates to the bill this year is more robust language incentivizing sourcing food from small and medium-sized farms, minority-owned farms, and farms using organic, regenerative, and other climate-smart practices – if passed, this would be a big win for the health of Californians, the planet, and our local economies.

California needs this — make no mistake this is an opportunity to invest in the long-term health of Californians. The benefits of food as low-cost medicine far outweigh the immediate costs it is said to incur for our state.

Whitney Francis agrees, she says, “these kinds of health interventions help to bridge the siloes between healthcare and social and economic factors that impact one’s health. That’s why I’m excited to support advocacy efforts to expand access to these services under Medi-Cal.”

I agree with my colleague, 2024 should be the year we make medically supportive foods and nutrition a more accessible reality.

There is no other time than now to take bold steps and get [AB 1975](#) across the finish line and make an impact on Black and Latinx lives and offer food as medicine.

To stay updated on legislative advocacy for [AB 1975](#), you can visit MSFNCA.org/contact and sign up for the Medically Supportive Food & Nutrition coalition updates.