



# Alimente

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TO: House Finance Committee

Chair Abney and Honorable Members of the Committee

**SUBJECT: SUPPORT (H8171) - Health and Safety — Food-As-Medicine Pilot Program**

My name is Jason Kashdan. I'm a registered dietitian and the founder of Alimente, an equity-focused nutrition and food policy strategy practice in Providence. I'm also a Ward 3 City Council candidate. I'm **writing in support of H8171, with two specific amendments** I urge the Committee to incorporate before the bill advances.

Food Is Medicine is the right direction for Rhode Island. Medically tailored meals (MTMs) and produce prescriptions are evidence-based clinical interventions for diet-related chronic disease. National modeling estimates \$23.7 billion in annual healthcare savings if MTMs were scaled across the U.S., and roughly \$2,500 saved per Rhode Island patient when MTMs are used for chronic disease treatment.<sup>1</sup> Given that one in three RI adults has hypertension and one in ten has diabetes,<sup>2</sup> embedding MTMs in Medicaid is exactly the kind of structural intervention this state needs. I support the bill's pilot framework.

However, H8171 as drafted has two design flaws that I would ask the Committee to fix before passage.

**Amendment 1: Require coordination with existing FIM Coalition-accredited MTM infrastructure, rather than authorizing parallel build-out.**

The Meals on Wheels of Rhode Island policy brief that accompanies this hearing acknowledges, in its own Table 3, that Community Servings already delivers medically tailored meals to Rhode Island residents.<sup>3</sup> Community Servings is the founding member and an accredited provider of the national Food Is Medicine Coalition, and it operates the AMPL Institute (Advancing Access to Medically Tailored Nutrition Policy and Leadership.) It is a national policy and workforce hub for MTM that launched in 2025.<sup>4</sup> Community Servings recently opened its 23,000-square-foot Distribution Center across the border in Mansfield, MA.

I have not heard a clear rationale for why the State should fund the build-out of parallel, smaller-scale MTM capacity inside Rhode Island when a fully accredited provider, one that already serves Rhode Islanders and leads the national FIM Coalition, is available as a partner. I would ask the Committee to amend the bill to direct the Task Force to **(a) evaluate the feasibility of a contracted partnership with Community Servings as part of the pilot architecture**, and **(b) require that all MTM providers funded under the pilot meet FIM Coalition accreditation standards or an equivalent evidence-based credential**. This is how the State avoids spending public dollars to recreate infrastructure that already exists, and how it ensures Rhode Islanders receive clinical-grade MTM rather than rebranded home-delivered meals.

**Amendment 2: Rebalance the Task Force composition to reflect the clinical and lived expertise this pilot requires.**

The proposed Task Force has nineteen seats. Eleven are reserved for government administrators and legislators. Only two seats are clinical: one physician or APRN, and one registered dietitian. This is the wrong mix for a body charged with making recommendations

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on clinical eligibility, dosing, provider qualifications, and operational protocols for a medical intervention.

For comparison: California's AB 1975 (2024), the closest analog in current state statute, establishes a Medi-Cal medically supportive food and nutrition stakeholder advisory workgroup that is explicitly required to "consist of stakeholders collectively representing medically supportive food and nutrition interventions," including clinical, community-based, and consumer-advocacy stakeholders, rather than a government-administrator majority.<sup>5</sup> The Massachusetts Food Is Medicine State Plan implementation structure similarly relies on a Community-Based Organization Task Force and a Provider Nutrition Education and Referral Task Force populated by program operators, clinicians, and payers. It is convened by the Center for Health Law and Policy Innovation rather than by the legislature itself.<sup>6</sup>

I would ask the Committee to amend H8171 to adopt one of the following:

- 1. Expand clinical and community seats from two to a minimum of five, adding at least one community health worker, one public health nutritionist drawn from the WIC or SNAP-Ed workforce, and one community-based MTM program operator, with a corresponding reduction in administrator seats**
- 2. Require that not less than one-third of Task Force seats be held by clinical providers, community-based program operators, or Rhode Islanders with lived experience of diet-related chronic disease and food insecurity.**

With these two amendments, H8171 becomes a serious vehicle for embedding Food Is Medicine in Rhode Island. Without them, the State risks authorizing a Task Force that will produce a pilot designed for the convenience of its administrators rather than for the clinical and equity outcomes Rhode Islanders deserve.

I appreciate the Committee's consideration and am happy to be a resource on the clinical, policy, and equity dimensions of this bill.

Sincerely,

Jason Kashdan, MS, RD

1. Deng S, Hager K, Wang L, et al. "Estimated Impact of Medically Tailored Meals on Health Care Use and Expenditures in 50 US States." *Health Affairs* 2025;44(4):433–442. doi:10.1377/hlthaff.2024.01307. Cited in MOWRI, *Advancing Food Is Medicine in Rhode Island* (2026).
2. RI Department of Health, Behavioral Risk Factor Surveillance Survey (BRFSS), 2024; CDC BRFSS, 2023.
3. Meals on Wheels of Rhode Island, *Advancing Food Is Medicine in Rhode Island: The Role of Medically Tailored Meals* (2026), Table 3 ("Other MTM Programs in RI"). [rimeals.org](http://rimeals.org)
4. Community Servings, "AMPL Institute — Advancing Access to Medically Tailored Nutrition," [servings.org/ampl-home/](http://servings.org/ampl-home/); Community Servings press release, March 2025.
5. California AB 1975 (2024), Medi-Cal: medically supportive food and nutrition interventions. Welfare and Institutions Code §14199.7.
6. Food Is Medicine Massachusetts (FIMMA), Community-Based Organization Task Force and Provider Nutrition Education and Referral Task Force. [foodismedicinema.org](http://foodismedicinema.org)