

March 31, 2026

Senate Health & Human Services Committee

State of Rhode Island General Assembly

82 Smith Street

Providence, RI 02908

Thank you for the chance to submit this written testimony supporting bill S2113. This proposed bill would require all Rhode Island restaurants that offer kids’ meals to incorporate at least two meal options that meet improved nutrition standards. It proposes that restaurants meet specific nutrition guidelines for each meal, as outlined below. Restaurants would also be required to offer milk and water as default beverages (as opposed to sugary drinks) and at least 1 fruit or non-fried vegetable as a side.

| Nutrition Component | Kids Meal Requirement |
|---|---|
| Calories | <550 calories |
| Calories from saturated fat | <10% of total calories |
| Trans fat allowance | 0 grams |
| Added Sugars | <15 grams |
| Sodium | <700mg |
| Food Group (Must offer at least 2) | Kids Meal Serving Size Requirement |
| Fruit (does not include fruit juice) | >0.5 cup |
| Vegetable | >0.5 cup |
| Non / Low Fat Dairy | >0.5 cup |
| Whole Grains | >8 grams |

Scientific evidence clearly conveys the **key public health and economic benefits** for improving healthy kids' meals options. Outside of school and home, children consume most of their meals at restaurants.¹ However, many of these meals are unhealthy and have oversized portions with too many added sugars, processed foods, and preservatives. Many also do not include fresh fruits and vegetables.

Rhode Island has the worst childhood obesity rates in New England.² Nearly half of African American and Latinx children in our state are obese.³ On average, American families order food at restaurants at least once a week.¹

Oversized portions and unhealthy food options contribute to our high obesity rates in Rhode Island, particularly among children of color.

This proposed legislation is grounded in several success stories in other parts of the country. Over two dozen states and localities have passed similar legislation, with California passing the first statewide policy in 2025⁴. These have led to notable public health impact. A 2011 federal policy that implemented nutrition standards in school meals were associated with increased fruit and vegetable consumption, improved weight status and improved dietary quality across students in schools.⁵⁻⁶ A municipal nutrition standards ordinance in San Francisco showed decreases in calories, sodium, and saturated fat in kids' meals in restaurants in the city.⁷

Additionally, the national (voluntary) **Kids LiveWell program** allows restaurants to opt into a program that promotes healthy menu options akin to the ones proposed in this bill. However, only 16 national chain restaurants participate in this program, including brands you may know such as McDonalds, Applebee's, and others.⁸

Rhode Island has many restaurants per capita; there are approximately 1,271 restaurants in the state.⁹ However, restaurants that participate in the Kids LiveWell program comprise less than 25% of the total restaurants in Rhode Island.⁸⁻¹⁰ Few, if any, smaller restaurants participate in the Kids LiveWell program.⁸ There is therefore tremendous public health opportunity to expand healthy kids' meals across the state in small to medium size restaurants.

This legislation promotes health equity. Rhode Island's most marginalized communities are inequitably impacted by childhood overweight and obesity rates; 47% of Rhode Island's Latinx and 43% of Black children were obese compared to 26% of White children.³ Environmental factors such as community characteristics and restaurant proximity impact food choices and diet quality; children from these communities often have limited access to healthy options at restaurants.¹¹⁻¹²

Finally, the Healthy Kids Act is economically responsible. Food-related chronic disease conditions impact 1 in 4 Rhode Islanders.¹³ Childhood obesity is related to several chronic conditions like diabetes and heart disease, which alone accounted for nearly \$3 million in annual statewide healthcare spending in 2020.¹³ This legislation can help reduce health care spending on chronic conditions related to childhood obesity by promoting healthy eating behaviors. The evidence demonstrates that this is a sound public health policy. We urge you to please vote yes for S2113. Thank you for your time and consideration.

Sincerely,



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