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Testimony on S-2892, Food as Medicine Pilot Program Senate Health and Human Services Committee March 10, 2026

Good afternoon, Chairperson Murray and members of the Senate Health and Human Services Committee. My name is Jocelyn Antonio. I am a resident of Cumberland. This testimony is given in my personal capacity as a public health professional.

I strongly urge your favorable consideration and support for S-2892 – An Act Relating to Health and Safety – Food as Medicine Pilot Program, sponsored by Senator Gu and co-sponsored by Senators DiPalma, Tikoian, Vargas, Lawson, Lauria, DiMario, Murray, and Paolino. I would like to thank Senator Gu for her leadership and commitment to advancing Food as Medicine initiatives.

This legislation would establish a Food as Medicine Pilot Program and Task Force within the Executive Office of Health and Human Services (EOHHS) to explore how nutritional interventions can be integrated into Rhode Island's healthcare system.

Evidence From Ongoing Research in New England

Over the past 5 years, I have had the privilege of coordinating both a randomized controlled trial (RCT) and prospective cohort studies evaluating a produce prescription program. This work has been led by researchers Dr. Caroline Kistin, Dr. Michael Silverstein, and myself at the Hassenfeld Child Health Innovation Institute at Brown University School of Public Health, along with Dr. Kelsey Egan at Boston Medical Center.

I will focus my remarks on the produce prescription program findings of the RCT.

This study included low-income mothers with infants or toddlers receiving pediatric care at Boston Medical Center. Participants spoke either English or Spanish and represented diverse communities:

- 61% identified as Latinas
- 38% identified as Black
- Almost half spoke Spanish
- Fewer than one-third were born in the United States
- Households had an average of 2.4 children under 18
- Average household size was nearly 5 members
- More than half received SNAP

Participant received the produce prescription to help purchase produce. Each participant received \$150 per month for 6 months on a debit-style card that could be used to purchase produce.

Over the course of 12 months, mothers completed monthly surveys measuring food security, fruit and vegetable consumption, and symptoms of depression and anxiety.

The results were meaningful.

Families during the program experienced:

- **Improved overall food security**
- **Greater improvement in food security among children than adults in the household**
- **Clinically significant reductions in anxiety symptoms among mothers**
- **Decreases in moderate and severe symptoms of depression.**

From a maternal and child health perspective, these findings are particularly important. When families have reliable access to healthy food, it improves both parental well-being and the home environment in which children grow and develop.

Food is Medicine

Evidence supporting Food as Medicine initiatives extends well beyond this study.

Programs such as produce prescription programs, medically tailored groceries and medically tailored meals, are increasingly being used across the country to help manage or prevent diet-related illnesses such as diabetes, heart disease, and hypertension.¹

For example, a Food as Medicine program implemented with Inland Empire Health Plan (IEHP) in California provided medically tailored meals to individuals with congestive heart failure. The results were striking:²

- **EMERGENCY DEPARTMENT VISITS and HOSPITALIZATIONS WERE REDUCED BY 50%.**
- Health care costs **FELL** from **\$7.2 million to \$5.4 million**, generating **\$1.8 MILLION IN ANNUAL SAVINGS.**

Another national analysis found that individuals receiving medically tailored meals experienced **FEWER HOSPITAL ADMISSIONS, FEWER SKILLED NURSING FACILITY STAYS** and **LOWER OVERALL HEALTH CARE SPENDING**, with estimated **savings of \$13.6 billion** annually from an insurer perspective.³

Additional programs have shown similar benefits. For example, Medicaid patients in Los Angeles with diabetes or prediabetes who received produce purchasing benefits reported improvements in nutrition security, and pregnant patients participating in a Food as Medicine grocery program at the University of Kentucky increased fruit and vegetable purchases by 31%, along with modest improvements in blood glucose and blood pressure.⁴

¹ Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy Food is Medicine Institute, "About Food Is Medicine @ Tufts," Food Is Medicine, March 14, 2023, <https://tuftsfoodismedicine.org/about-us/>.

² Mom's Meals, "Mom's Meals®, Inland Empire Health Plan Food as Medicine Pilot Demonstrates Long-Term Benefits beyond Conclusion," Mom's Meals, March 12, 2024, <https://www.momsmeals.com/our-newsroom/moms-meals-inland-empire-health-plan-food-as-medicine-pilot-demonstrates-long-term-benefits-beyond-conclusion/>.

³ Kurt Hager et al., "Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US," *JAMA Network Open* 5, no. 10 (2022): e2236898, <https://doi.org/10.1001/jamanetworkopen.2022.36898>.

⁴ Julia I. Caldwell et al., "Nutrition Security Among Medicaid Patients With Diabetes or Prediabetes After Completing a Produce Prescription Program," Original Research, *The Annals of Family Medicine* 24, no. 1 (2026): 10–16, <https://doi.org/10.1370/afm.250088>; Rachel Gillespie et al., "Fresh Funds for Moms: Feasibility of a 12-Week Online

Evaluations of the Gus Schumacher Nutrition Incentive Program (GusNIP) produce prescription programs have found that that these programs **IMPROVE FOOD SECURITY, NUTRITION SECURITY** and **PRODUCE CONSUMPTION** among patients with a variety of health conditions, including diabetic and obesity.

In other words, Food as Medicine programs help people stay healthier while also reducing health care costs.

Addressing Food Insecurity and Advancing Health Equity

Food insecurity remains a serious public health issue in Rhode Island.

According to the 2025 Report on Hunger in Rhode Island from the Rhode Island Community Food, 34% of households are food insecure. Unfortunately, there was an 8.8 percentage points since 2020. Black and Latino households' food insecurity rates were much higher at 50% and 58%, respectively.⁵

Food insecurity is closely linked to poor health outcomes, including higher rates of chronic disease, stress, and mental health challenges.⁶ For families with young children, these challenges can have long-term consequences for growth, development, and overall well-being.⁷

Food as Medicine programs represent a practical, evidence-based strategy to address these interconnected challenges by connecting health care systems with nutrition support.

Conclusion

S-2892 represents a forward-thinking and evidence-based proactive approach to improving health in Rhode Island.

There is already strong national and regional evidence showing that Food as Medicine programs can improve food security, support better health outcomes, and reduce health care costs. However, implementing these programs effectively requires thoughtful design that reflects the unique needs of Rhode Island's communities and health care systems.

Food as Medicine Grocery Prescription Program for Women with Food Insecurity and Gestational Diabetes," *Frontiers in Health Services* 5 (September 2025), <https://doi.org/10.3389/frhs.2025.1625558>.

⁵ Rhode Island Community Food Bank, *2025 Status Report on Hunger in Rhode Island* (Providence, RI, 2026), https://rifoodbank.org/wp-content/uploads/2026/01/2025-Status-Report_Digital_FINAL-1.pdf.

⁶ Jayanta Bhattacharya et al., "Poverty, Food Insecurity, and Nutritional Outcomes in Children and Adults," *Journal of Health Economics*, Contains contributions from the Grossman Symposium, vol. 23, no. 4 (2004): 839–62, <https://doi.org/10.1016/j.jhealeco.2003.12.008>; Craig Gundersen and James P. Ziliak, "Food Insecurity And Health Outcomes," *Health Affairs* 34, no. 11 (2015): 1830–39, <https://doi.org/10.1377/hlthaff.2015.0645>.

⁷ Rafael Perez-Escamilla and Rodrigo Pinheiro De Toledo Vianna, "Food Insecurity and the Behavioral and Intellectual Development of Children: A Review of the Evidence," *Journal of Applied Research on Children: Informing Policy for Children at Risk* 3, no. 1 (2012), <https://doi.org/10.58464/2155-5834.1071>; Margaret M. C. Thomas et al., "Food Insecurity and Child Health," *Pediatrics* 144, no. 4 (2019): e20190397, <https://doi.org/10.1542/peds.2019-0397>.

By establishing both a Food as Medicine pilot program and task force, this legislation allows Rhode Island to build on the growing body of evidence while developing a program tailored to our state.

Through this process, Rhode Island can:

- Identify which populations would benefit most from these programs
- Evaluate which model/s are most effective locally
- Build partnerships with existing programs, community organizations, and local food producers
- Assess the potential for long-term health improvement and health care cost savings

Importantly, the task force creates a space for collaboration across health care providers, public health leaders, community organizations, and food systems partners to design a program that is both effective and sustainable.

Improve health outcomes for families and individuals with diet-related conditions

- Address food insecurity through the health care system
- Advance health equity for communities disproportionately affected by chronic disease
- Reduce long-term health care costs

S-2892 gives Rhode Island the opportunity to thoughtfully develop the country's first coordinated Food as Medicine initiative, bringing together health care, nutrition, and community resources to better support residents.

I urge this committee to support and pass S-2892, taking a significant step toward a healthier and equitable Rhode Island.

Thank you for your time and consideration.

Jocelyn Antonio