



March 10, 2025

TO: The Honorable Melissa Murray, Chair
Members, Senate Health and Human Services Committee

FROM: Carol Costa, SACRI Executive Director; Maureen Maigret, SACRI Policy Advisor

RE: Support for S2892

The Senior Agenda Coalition of RI (SACRI) is pleased to support S2892, AN ACT ENTITLED, AN ACT RELATING TO HEALTH AND SAFETY -- FOOD-AS-MEDICINE PILOT PROGRAM sponsored by Senators Gu, DiPalma, Valverde, Tikoian, Vargas, Lawson, Lauria, DiMario, Murray, Paolino.

S2892 calls for establishing a broad-based Food-as-Medicine task force within EOHHS to develop and make recommendations for creating and implementing a food-as-medicine pilot program in RI. The task force would submit a report by December 31, 2026 of its findings and recommendations to the governor, the speaker of the house of representatives, and the president of the senate. The report would include recommendations regarding the scope, design, and implementation of a food-as-medicine pilot program including any proposed legislation necessary to authorize or fund the pilot program. The bill also authorizes the EOHHS Secretary to seek federal approval to implement a food-as-medicine pilot program for eligible Medicaid beneficiaries.

Reports from the RI Community Food Bank clearly show the significant extent of food insecurity in the state which is expected to increase as a result of HR1 restrictions related to SNAP as more low-income persons lose eligibility for this assistance for purchasing food needed to remain healthy.

Data from the 2025 RI Healthy Aging Data Report showed that almost 15% of older Rhode Islanders (age 60+) receive SNAP benefits, 11% with income below the federal poverty level and 46% of older households with income less than \$50,000. Sixty-three percent of RIsers age 65+ have 4 or more chronic diseases. And many have conditions such as diabetes (32. %) and chronic kidney disease (34%) which require specialized diets. Assisting with the costs of specialized diets can help Medicaid beneficiaries stick to their prescribed dietary guidelines and can lead to fewer in-patient admissions and better health outcomes.¹

With food prices and costs for other basic needs such as housing increasing, creating a pilot to assist lower-income older adults and adults with disabilities on Medicaid with the costs of medically-tailored meals is especially important. I urge you to act favorably on S2892 and thank you for your consideration.

1. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2730768>