

2025 -- S 0333

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

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A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

Introduced By: Senators Gu, DiPalma, Lawson, Bissaillon, Murray, Valverde, DiMario,
Tikoian, Acosta, and Lauria

Date Introduced: February 21, 2025

Referred To: Senate Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 40-8 of the General Laws entitled "Medical Assistance" is hereby
2 amended by adding thereto the following section:

3 **40-8-33. Coverage for nutritional and other assistance.**

4 (a) The executive office of health and human services (EOHHS) shall establish a one-year
5 pilot program for evidenced-based nutritional assistance and medically tailored meals, groceries
6 and produce prescriptions to include, but not be limited to, fruit and vegetable prescriptions or
7 vouchers provided by medical professionals for individuals with diet-related diseases or food
8 insecurity, clinical nutrition education, and other interventions for certain beneficiaries where there
9 is a clinical need. This program shall seek to receive expanded authority to provide these services
10 when medically appropriate.

11 (b) The services established in subsection (a) of this section shall be available to individuals
12 with three (3) or more chronic, diet-related health conditions, for a period of up to six (6) months.
13 There shall be two (2) randomized cohorts of participants, and each cohort shall have a minimum
14 of one hundred and forty-two (142) participants. The first cohort shall receive the services
15 established in subsection (a) of this section for six (6) months total, and at the end of the six (6)
16 months the first cohort shall end services and then the second cohort shall begin to receive the
17 services established in subsection (a) of this section for six (6) months total.

18 (c) Dependent on funding availability, the state may provide additional grocery support for
19 other members of the covered individual's household.

1 (d) The EOHHS shall ensure that federal financial participation is used to the maximum
2 extent allowable to provide coverage pursuant to this section, and that state-only funds shall be
3 used only if federal financial participation is not available. To the extent the EOHHS determines it
4 necessary to implement the provisions of this section, the EOHHS is authorized to pursue a
5 Medicaid § 1115 (42 U.S.C. § 1315) demonstration waiver request and renewal to seek a waiver of
6 the compliance provisions of 42 U.S.C. § 1396d(a) ("definitions")

7 (e) The EOHHS shall prepare a report and submit it to the general assembly three (3)
8 months after the conclusion of the pilot program. The report shall include health outcomes, cost-
9 effectiveness, impacts on food insecurity, and other individual or household benefits, as well as a
10 fiscal analysis and a recommendation outlining the benefits and costs of expanding the pilot
11 program throughout the state. This section shall sunset and the pilot program shall expire July 1,
12 2027.

13 (f) The general assembly shall include the amount of one million five hundred thousand
14 dollars (\$1,500,000) in general revenue funding in the fiscal year 2026 appropriation to the EOHHS
15 for the pilot program set forth in this section. Any unexpended funds at the end of the fiscal year
16 shall be reappropriated to the ensuing fiscal year and made available for the same program.

17 SECTION 2. This act shall take effect upon passage and shall sunset and expire on July 1,
18 2027.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

1 This act would require the general assembly to include one million five hundred thousand
2 dollars (\$1,500,000) in FY 26 appropriations to the EOHHS to establish a one-year pilot program
3 for evidenced-based nutritional assistance and medically tailored meals, groceries and produce for
4 people with diet-related diseases or food insecurity, clinical nutrition education, and other
5 interventions where there is a clinical need. The services would be available to individuals with
6 three (3) or more chronic, diet-related health conditions, for up to six (6) months.

7 This act would take effect upon passage and would sunset and expire on July 1, 2027.

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