

Testimony
Before the Joint Committee on Health Care Financing
Boston, MA

Tuesday, May 2, 2017

Dear Chairman Welch, Chairman Sanchez, and the distinguished members of the Joint Committee on Health Care Financing:

I am honored to have the opportunity to present this testimony in support of Senate Bill 612, “An Act improving public health through a common application for core food, health and safety-net programs”. I’m Allison Bovell, Research, Policy, and Communications Coordinator at Children’s HealthWatch, a nonpartisan network of pediatricians and public health researchers committed to improving the health of young children and their families by informing policies that address and alleviate economic hardships. At Children’s HealthWatch, we often refer to SNAP – the Supplemental Nutrition Assistance Program - as a vaccine. Vaccines prevent illness in the immediate and long term and they also protect the community as a whole – that’s exactly what SNAP does.¹

A large body of research, including data collected by Children’s HealthWatch at Boston Medical Center, shows that SNAP is an effective tool for reducing food insecurity and hunger and improving health across the lifespan.² Our work is focused on early childhood – we know that children are growing the brains they’ll have for the rest of their lives in these early years. SNAP is associated with children being in good health and less likely to be at risk for developmental delays in early childhood, increased consumption of vitamin B, iron, and calcium, reduced risk of anemia, and better academic performance and socioemotional skills among school-age children.^{3,4,5,6,7} SNAP has also been associated with fewer reports of child abuse and neglect.⁸

Further, SNAP saves the state money by reducing food insecurity.⁹ Research from Children’s HealthWatch shows that food insecurity increased health expenditures, including hospitalizations, ambulatory visits, and dental procedures, in the US by \$160 billion in 2015 alone.¹⁰ SNAP is our nation’s first line of defense in reducing food insecurity, yet in Massachusetts an estimated 680,000 likely eligible people, who participate in MassHealth, are not participating in SNAP.

An effective way to reduce health care spending in the Commonwealth is to reduce economic hardships, which we in the public health community call social determinants of health. These factors, including the ability to afford food, rent, utilities, child care, and transportation, exist outside of the health care sector, but directly contribute to a patient’s ability to become and stay healthy.

By passing S.612/H.101 and creating a common application portal so that families and individuals may apply for MassHealth and SNAP at the same time, the state will increase access to nutrition assistance, improve food security, and, therefore, reduce costs associated with the negative health effects of hunger. This bill also lays the foundation for a common application portal for other programs that improve the social determinants of health for families and low-income people across the state. We urge the committee to favorably report out this important piece of legislation.

Thank you for considering this request.

Sincerely,

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Research, Policy, and Communications Coordinator
Children’s HealthWatch

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- ¹ Ettinger de Cuba S, Weiss I, Pasquariello J, et al. The SNAP Vaccine: Boosting children's health. Children's HealthWatch, Boston, MA, 2012.
- ² Malbi J, Ohls J, Dragoset L, Castner L, Santos B. Measuring the effects of Supplemental Nutrition Assistance Program (SNAP) participation on food security. USDA Food and Nutrition Service, Office of Policy Support, August 2013: <https://www.fns.usda.gov/sites/default/files/Measuring2013.pdf>
- ³ Hoynes H, Schanzenbach DW, and Almond D. Long Run Impacts of Childhood Access to the Safety Net. National Bureau of Economic Research. Working Paper, 2012: 18535.
- ⁴ Kreider B, Pepper JV, Gundersen C, & Jolliffe D. Identifying the effects of SNAP (Food Stamps) on child health outcomes when participation is endogenous and misreported. *Journal of the American Statistical Association*, 2012:107(499), 958-975.
- ⁵ Frongillo E, Jyoti DF and Jones SJ. Food Stamp Program Participation Is Associated with Better Academic Learning among School Children. *Journal of Nutrition*, 2006:136(4): 1077-1080.
- ⁶ Leung CW, Blumenthal SJ, Hoffnagle EE, Jensen HH, Foerster SB, Nestle M, et al. Associations of food stamp participation with dietary quality and obesity in children. *Pediatrics*, 2013:131(3), 463-472.
- ⁷ Carlson S. SNAP Works for America's Children. Center on Budget and Policy Priorities. September 2016: <http://www.cbpp.org/research/food-assistance/snap-works-for-americas-children>
- ⁸ Lee BJ, Mackey-Bilaver L. Effects of WIC and Food Stamp Program participation on child outcomes. *Child Youth Serv Rev*, 2007: 29: 501-17
- ⁹ Sonik R, Massachusetts Inpatient Medicaid Cost Response to Increased Supplemental Nutrition Assistance Program Benefits," *Am J Public Health*, March 2016: <http://www.ncbi.nlm.nih.gov/pubmed/26794167>
- ¹⁰ Cook J, Poblacion A. Estimating the health-related costs of food insecurity and hunger. In: *2016 Hunger Report*. Bread for the World Institute; 2015:247.