



Maryland
Hospital Association

SB 218 - Human Services - Food Supplements (Summer SNAP for Children Act)
Position: Letter of Information

Bill Summary

SB 218 would require the State to provide certain funds to counties for a certain supplement for each child in a household that receives food stamp benefits via certain requirements at a certain set amount. The supplemental benefit would be provided in June, July, August and December. The county in which the benefit is being received would be required to submit an application to receive funding and will be authorized to provide additional funding.

MHA Position

Under Maryland's unique Total Cost of Care agreement with the federal government, Maryland's hospitals are working to lower costs and improve population health. In addition to treating illness and injury, hospitals are reaching out beyond their four walls to keep people well and improve the health of the communities they serve. The result: hospitals are taking care of the whole person, empowering patients and families, coordinating care among different providers, and addressing social factors, such as food insecurity, that influence people's health.

The median U.S. household spends \$50 per person on food each week, while food-insecure households are only able to spend \$37.50 per person.¹ As a result, food-insecure households substitute cheaper, less nutritious food items for healthy foods, thus maintaining a much less-healthy and balanced diet. These households also may offset their financial limitations by eating food that is past its expiration date, watering down food and drinks to make them last longer and selling or pawning their personal property.²

For children, the lack of a balanced diet due to food insecurity not only increases the risk of chronic disease and mental illness, it also can lead to obesity and diabetes. Those with insufficient food intake or malnutrition have an increased risk of the following:

- Hypertension, asthma, tooth decay, anemia, infection and birth defects;
- Behavioral health issues, including depression, anxiety and emotional imbalance
- Stress and starvation.³

¹ Project Bread. (2009). *Hunger in the Community: Ways Hospitals Can Help*. (2009). UMass Memorial Health Care. Retrieved from

http://support.projectbread.org/site/DocServer/09_81_Hosp_Handbk_Rev2_FNL.pdf?docID=5401

² Feeding America. (2014, August). *Hunger in America 2014*. Westat and the Urban Institute. Retrieved from <http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf>

³ Social Determinants of Health Series. (2017, June). *Food Insecurity and the Role of Hospitals*. American Hospital Association. Retrieved from <https://www.aha.org/aharet-guides/2017-06-21-social-determinants-health-series-food-insecurity-and-role-hospitals>

These issues contribute to increased utilization of health care services. In fact, children experiencing food insecurity may have:

- Two to four times more health problems than children from low-income households who are not food insecure
- Behavioral issues, such as being less attentive, more aggressive and at a higher risk of delays in cognitive and social development
- Low birth weight and high risk of infant mortality
- Anemia, asthma and worse oral health
- Increased school absences, reduced concentration and poor performance on cognitive tests
- Fatigue, headaches and depression⁴

Currently, SNAP benefits are offered throughout the school year. However, children need this security throughout the summer months and the December holiday break. SB 218 would ensure that food insecure households have access to food that can help keep children healthy throughout the year.

⁴ Gunderson, C. and Ziliak, J. (2015). *Food Insecurity and Health Outcomes*. Health Affairs 34(11), 1830-1839. Retrieved from <http://content.healthaffairs.org/content/34/11/1830.full>