

Testimony for LD 2051: An Act to Ensure Access to the Supplemental Nutrition Assistance Program in Maine

Thank you to Senator Henry Ingwersen, Representative Michele Meyer, and the Health and Human Services Committee for allowing me to share my written testimony. My name is Kelly Gao, MD, and I am a pediatric resident physician who lives in Scarborough, Maine. I am writing on behalf of the Maine Chapter of the American Academy of Pediatrics, and thus, represent a large network of pediatricians across the state of Maine focused on promoting policies that contribute to the health and well-being of Maine's children. We stand in support of LD 2051 because we feel passionate that ensuring access to the Supplemental Nutrition Assistance Program (SNAP) in Maine will lead to better health outcomes in children and ultimately their adult life, decrease health disparities, and result in significantly lower healthcare costs.

As pediatricians, we dedicate our lives to supporting and promoting the health and safety of children so that they not only grow, develop, and thrive in present time, but so that they can also go on to reach their full adult potential. An important social determinant of health that can severely compromise this is food insecurity, which has health effects that reach far beyond what many people realize. Children who experience food insecurity are at higher risk for chronic health problems, developmental delays, hospitalization, poor growth, and delayed cognitive and emotional development.¹ Early nutritional deficits can have lifelong consequences for learning, behavior, and health.

In 2022, food costs in the U.S. increased sharply by 12%, leading to increased food insecurity.² From 2021 to 2022, children in food insecure households increased from 13% to 19%, which is nearly a 50% increase (a difference of 4.1 million more children).² In Maine specifically, population-level rates of food insecurity grew from 10.5 % in 2021 to 13 % in 2022.^{3,4} In other words, 1 in 8, or 180,000 people in Maine experienced food insecurity in 2022, including 1 in 5 or 46,000 children.^{3,4}

In the face of food insecurity, studies have also studied the effect of programs such as SNAP. SNAP use has been associated with measurable improvements in health care utilization and outcomes. Children in low-income families who participate in SNAP show reduced food hardship and increased likelihood of excellent health status, as well as decreased emergency department utilization.⁵ Increasing SNAP purchasing power by 10% has also been shown to be linked to higher likelihood of annual preventive check-ups and fewer school days missed due to illness.⁶ Research has also indicated that SNAP eligibility and participation are associated with healthier cardiometabolic risk profiles in children and adolescents, compared with food-insecure peers who do not receive assistance.⁷ Longitudinal research shows that children who receive SNAP in childhood have far greater odds of being food secure in adulthood.⁸ This speaks to the indescribable impact of stable nutritional support during critical periods of brain and body development.

Ensuring access to SNAP is especially vital in Maine, where approximately 20.7% of children receive SNAP benefits.⁹ Many live in rural counties where economic hardship and limited access to affordable, nutritious food amplify health risks. When access is jeopardized by stringent eligibility changes or administrative barriers, it compromises immediate and long-term health, and undermines efforts to reduce health disparities.

I have also witnessed firsthand the profound effects that food insecurity has on pediatric health. In my clinic, I have cared for children from food insecure families who are struggling with obesity and its complications; often times, the only options they can afford are unhealthy, and when children find access to food at school or elsewhere, they have difficulty controlling their eating behavior as they are so limited at home. This makes it exceptionally difficult to make meaningful, healthy goals and progress, even when families are motivated to change but simply do not have the means to. On the other hand, I have cared for families in which older siblings have required hospitalization due to becoming clinically unstable from malnourishment because they have been secretly giving food away to their younger siblings. In both these cases, the damage from food insecurity is clear. I work with many families who have benefitted from the SNAP program, and who describe that access to fundamental things such as formula is the only thing helping them access enough.

LD 2051 is an important piece of legislation to support for Maine's children to ensure better health outcomes and effectively cut healthcare costs in the process. The research has already shown ample evidence on the detrimental effects of food insecurity, and how SNAP makes true, significant differences on the individual and systemic level when it comes to health effects. The stories from my own personal medical practice are even more convincing for the necessity of SNAP, and its important role in a family's and child's life. For many families, SNAP is not only a source of food but a lifeline that makes consistent health care possible. Maintaining and strengthening access to SNAP is a public health intervention: it supports growth, prevents illness, and enables Maine's children to thrive rather than merely survive. Please join Maine's pediatricians in supporting this bill. We owe it to Maine's children, who are our future.

References

1. Margaret M.C. Thomas, Daniel P. Miller, Taryn W. Morrissey; Food Insecurity and Child Health. *Pediatrics* October 2019; 144 (4): e20190397. 10.1542/peds.2019-0397
2. Casey AE. Child Food Insecurity in America. The Annie E. Casey Foundation. Published January 19, 2023. Accessed March 12, 2025. https://www.aecf.org/blog/child-food-insecurity?gad_source=1&gclid=Cj0KCQiA-5a9BhCBARIACwMkJ4gj5i3sHX2x4AefsnMnCOFa4jO_9z-KxQqhIpl0cqhVqKfPf0TMRIaAqheEALw_wcB
3. Child Hunger & Poverty in Maine | Map the Meal Gap. Feedingamerica.org. Published 2025. <https://map.feedingamerica.org/county/2022/child/maine>
4. US Census Bureau. Poverty Thresholds. Census.gov. Published January 24, 2019. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>
5. Sonik RA, Coleman-Jensen A, Creedon TB, Yang X. SNAP Participation and Emergency Department Use. *Pediatrics*. 2023;151(2):e2022058247. doi:10.1542/peds.2022-058247
6. Mande J, Flaherty G. Supplemental Nutrition Assistance Program as a health intervention. *Curr Opin Pediatr*. 2023;35(1):33-38. doi:10.1097/MOP.0000000000001192
7. Alfaro-Hudak KM, Schulkind L, Racine EF, Zillante A. SNAP and Cardiometabolic Risk in Youth. *Nutrients*. 2022;14(13):2756. Published 2022 Jul 2. doi:10.3390/nu14132756
8. Insolera N, Cohen A, Wolfson JA. SNAP and WIC Participation During Childhood and Food Security in Adulthood, 1984-2019. *Am J Public Health*. 2022;112(10):1498-1506. doi:10.2105/AJPH.2022.306967
9. Statistics on children, youth and families in Maine from the Annie E. Casey Foundation and the Maine Children's Alliance. <https://datacenter.aecf.org/data/tables/1565-supplemental-nutrition-assistance-program-for-children#detailed/2/any/false/1096,2545,1095,2048,574,1729,37,871,870,573/any/12827,3337>