

U.S. Senator Elizabeth Warren
U.S. Senator Edward Markey
U.S. Representative Katherine Clark
U.S. Representative Richard Neal
U.S. Representative James McGovern
U.S. Representative Stephen Lynch
U.S. Representative William Keating
U.S. Representative Lori Trahan
U.S. Representative Ayanna Pressley
U.S. Representative Seth Moulton
U.S. Representative Jake Auchincloss

March 6, 2025

Dear Members of the Massachusetts Congressional Delegation:

On behalf of public health experts, medical professionals, and medical institutions, we thank you for your continued support for federal nutrition programs, especially the Supplemental Nutrition Assistance Program (SNAP), and other vital supports including Medicaid and Temporary Assistance for Needy Families (TANF).

As Congress considers budget proposals with significant cuts and restrictions to our nation's safety net, including SNAP and child nutrition programs, Medicaid, and TANF, we want to express our deep concern about the harmful impact these changes will have on the health and well-being of our nation. These cuts will be especially devastating for those least able to buffer themselves – among them, households with low incomes, older adults, children, and people with disabilities. **We write to you to ask you to work with your colleagues to protect SNAP, Medicaid, TANF, and other critical safety net programs from devastating cuts and restrictions.**

SNAP is the nation's number one defense against hunger and food insecurity, which are major drivers of poor health throughout the lifespan.ⁱ In Massachusetts, 1 in 6 residents benefit from the critical support supplied by SNAP.ⁱⁱ In December 2024, 27 percent of participating households had at least one child.ⁱⁱ SNAP provides these households the ability to put food on their table and have the nutrition needed to grow and thrive. Nearly three-quarters of adults who participate in SNAP are low-wage workers, and close to two-thirds of SNAP participants are children, elderly, or disabled. For families with low and inconsistent wages, SNAP helps to supplement budgets and keeps food on the table without sacrificing other basic needs, including rent, utilities, child care, and health care.ⁱⁱⁱ

As health experts we want to highlight that decades of research shows that SNAP is effective in reducing food insecurity, improving health, reducing health care costs, and supporting educational success. Policies that deprive children, families, older adults, and individuals of adequate SNAP benefits damage the health of our community members' bodies and brains.

Research from Children's HealthWatch and other researchers has shown that a strong SNAP program does the following:

- **Improve child health:** Young children in families participating in SNAP are healthier, grow better, and are more likely to develop well emotionally and academically for their age compared

to their peers in likely eligible families not participating in the program.^{iv} SNAP's role in supporting child health begins even before birth. Research has shown that babies whose mothers participated in SNAP during pregnancy were less likely to be born at a low birth weight – a birth outcome that contributes to a range of poor health outcomes.^v

- **Improve caregiver health:** Children need healthy families to thrive. Adults participating in SNAP have reported better mental health, and SNAP participation has been associated with lower risk of obesity, diabetes, and hypertension among adults who participated in the program during early childhood.^{vi,vii}
- **Increase food security for families and children:** Caregivers often try to protect children from hunger by forgoing meals themselves. Compared to families who are likely eligible, but not participating in SNAP, families with young children participating in SNAP are 22 percent more likely to be able to afford enough food for all members. Additionally, they are 33 percent more likely to have enough resources to protect children from having the size of meals cut.^{viii} Conversely, families whose SNAP benefits are terminated or reduced have significantly increased odds of household and child food insecurity, compared to families with consistent participation in SNAP.^{ix}
- **Reduces health care costs for children and adults:** Food insecurity is linked to avoidable societal and individual health care expenditures.^x Children in families that struggle to afford food have higher health care utilization and costs.^{xi} Food insecurity was conservatively estimated in 2014 (which remains the most current estimate available) to cost the US economy more than \$160 billion in excess healthcare costs annually.^{xii} Children's HealthWatch also estimated the health-related costs attributable to food insecurity in Massachusetts to be more than \$2.4 billion in 2016.^{xiii} Research shows that SNAP enrollment is associated with reduced health care spending among adults with low incomes.^{xiv}
- **Alleviate economic hardships:** Working in tandem with other programs to preserve family health, SNAP has a positive ripple effect. Families participating in SNAP are 28 percent more likely to be able to pay for medical expenses without foregoing basic necessities like food, rent and utilities.^{ix}

Proposals to reduce SNAP benefits and implement further eligibility restrictions threaten the program's effectiveness, will harm the health and well-being of children and families, and likely increase health care costs. These changes – as well as those proposed to Medicaid and TANF – may also result in families losing eligibility for other critical services that support food security and health, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), free or reduced-price meals, utility assistance, and child care assistance.

As health professionals and experts, we urge the Massachusetts Congressional Delegation to actively seek bi-partisan solutions to ensure SNAP is fully funded, and to defend SNAP and other safety net programs from devastating cuts or policy changes. The future of our nation, economy, and local communities depends on the healthy growth and development of our nation's children - our future community leaders and workforce - and the health and stability of our caregivers and workers. Ensuring that our safety net remains strong is critically important for the health of every community nationwide.

Sincerely,

Bay State Birth Coalition
Boston Children's Hospital
Boston Health Care for the Homeless Program
Boston Medical Center Health System
Cambridge Health Alliance
Children's HealthWatch
Codman Square Health Center
Community Care Cooperative (C3)
Conference of Boston Teaching Hospitals
Health Care For All
Health Leads
Legal Key Partnership for Health and Justice
Lynn Community Health Center
Mass General Brigham
Massachusetts Academy of Family Physicians
Massachusetts League of Community Health Centers
Massachusetts Medical Society
Massachusetts Public Health Alliance
National Association of Social Workers, Massachusetts Chapter
The Brookline Center for Community Mental Health
The Massachusetts Chapter of the American Academy of Pediatrics
The TEAM UP Scaling and Sustainability Center

Individual Providers:

Lloyd Alderson, MD	Jocelyne Caplow, MD, Newton
Carole Allen, MD, MBA, FAAP, Past Board Member AAP, Arlington	Cori Cather, PhD, Clinical Psychologist, Hamilton
Neha Anand, MD, MPH	Avik Chatterjee, MD, MPH, Cambridge
Rahela Aziz-Bose, MD, MPH, Boston	Annie Cheng, MD, Boston
Sarah Bagley, MD, MSc, Newton	Lucy Chie, MD, MPH, FACOG, Brookline
Angela L. Beeler, MD, Worcester	Francisca Chou, MD, Boston
Madison Bell, LICSW, Boston	Cheng-Chieh Chuang, MD, Quincy
Harvey Bidwell, MD, MPH, Boston	Diana Clotter, Medical Assistant, Worcester
Elijah Boliver, MPH, Boston	Megan Cole Brahim, PhD, MPH, Boston
Kira Bona, MD, MPH, Sherborn	Benjamin Cook, MD, Worcester
Anna Bottar, MD, FAAP, Grafton	Kaitlyn Coppola, LMHC
Charlotte M. Boney, MD	Erika Gabriela Cordova Ramos, MD, Boston
Tehnaz Boyle, MD, PhD, Boston	Fiona Danaher, MD, MPH, Winchester
Mandy Breaux, WHNP-BC, Hingham	Thomas Day, MD, Boston
Jennifer K. Brody, MD, MPH, Boston	Christopher Driscoll, MD, Worcester
Ashlee Burgess, MS, CCLS, Worcester	David B. Duong, MD, MPH, Boston
Kathryn Burke, MD, Worcester	William Jerry Durbin, MD, Needham
	Kelsey Egan, MD, MSc, Boston

Mark Eisenberg, MD, Cambridge
Leah Evans Wong, MD, Worcester
Emily Feinberg, ScD, CPNP, Boston
Penny Feldman, MD, Worcester
Rosa Felix, LICSW, Boston
Jennifer Fishbein, MD, Worcester
Molly F. Flynn, Pediatric NP, Worcester
Deborah A. Frank, MD, Brookline
Jaclyn French, LICSW, Boston
Kyle Frost, PhD, LP, Natick
Marie Gagnon, LADC, Worcester
Alison Galbraith, MD, MPH, Newton
Arvin Garg, MD, MPH, Boston
Ellen Golden, MSW, LICSW, Canton
Gail E. Gordon, LICSW
Ann Graff Banks, LICSW, Boston
Shaina Greenberg, LICSW, Cambridge
Jessica Gregory, MD, Boston
Patricia Guglietta, MD, Milton
Jennifer Hall, CLC, RD/LDN, Holden
Emma Hartswick Finch, MD, MPP, Cambridge
Lacey Hochman, LICSW, Cambridge
Charles Homer, MD, MPH, Brookline
Heather Hsu, MD, MPH, Boston
Shaelah Huntington, MSN, CPNP-PC, Boston
Daniel Ingram, CNWE, PN-1C, Longmeadow
Anthony Ishak, PharmD, BCPS, Brookline
Aditya Kalluri, MD, Boston
Nikita Kalluri, MD, MPH, Boston
Jack Keller, PMHNP-BC, Brookline
Susan Kessler, LICSW, Stoneham
Maddie Kleiman, PNP, Boston
Sunny Kung, MD, Stoneham
Catherine M. Lew, RN, BSN
Madison Louis, MPH, Boston
Katherine Luzuriaga, MD
Paula Madison, RN, Holden
Lucy Marcil, MD, MPH, Boston

Jolie Matheson, MS Genetic Counseling,
Sturbridge
Bonnie Mathews, MD, Worcester
Maggie McGean, MD, Boston
Heather McNally, BSW, Boston
Nisha Mehta, LICSW, Holbrook
Marybeth Meservey, WHNP, RN, Boston
Erin Meyer, MD, Natick
Rose L. Molina, MD, MPH, Cambridge
Beverly Nazarian, MD, Worcester
April Perez-Moore, DO, Monson
Anne Powell, MD
Anjali Rajkumari Oberoi, MD, Worcester
Julia Rissmiller, MD, Westborough
Madhuri Roa, MD
Celeste Royce, MD
Nicole Rodis, MD, Worcester
Megan Sandel, MD, MPH, Brookline
Shannon Scott-Vernaglia, MD, Winchester
Jessalyn Shaw, MD, Worcester
Lea Sheward, MD, Boston
Maya Silvia, LCSW, Worcester
Ariella Slovin, MD, Revere
Katelyn Soares, MD, Worcester
Elizabeth Soffer, MD, Boston
Emma Steffens, CPhT, Newton
Emily Stewart, DSW, LICSW, Boston
Sara Stulac, MD, MPH, Boston
Samantha Symes, LICSW, Boston
Joelle Taknint, PhD, MSc, Boston
C. Abigail Temple, MD, Boston
Alyssa Tilhou, MD, PhD, Boston
Destiny Tolliver, MD, Boston
Michelle Trivedi, MD, MPH, Worcester
Karen Turner, OT, MS, OTR, Boston
Rita Wang, MD, Boston
Cheryl K. Warner, MD, FACP, DipACLM
Blair Wylie, MD, MPH, Boston
Dory Ziperstein, LICSW, Boston

-
- ⁱ Gundersen C, Ziliak JP. Food insecurity and health outcomes. *Health Affairs*, 2015;34(11):1830-1839.
- ⁱⁱ Department of Transitional Assistance. Performance Scorecard. Dec 2024.
- ⁱⁱⁱ Keith-Jennings B, Chaudhry R. Most Working-Age Snap Participants Work, but Often in Unstable Jobs. Center on Budget and Policy Priorities. Mar 2018. Available at <https://www.cbpp.org/sites/default/files/atoms/files/3-15-18fa.pdf>
- ^{iv} Ettinger de Cuba S, Weiss I, Pasquariello J, et al. The SNAP Vaccine: Boosting Children’s Health. *Children’s HealthWatch*. Feb 2012. Available at https://www.childrenshealthwatch.org/wp-content/uploads/snapvaccine_report_feb12.pdf
- ^v Almond D, Hoynes HW, Schanzenbach DW. Inside the War on Poverty: The impact of food stamps on birth outcomes. *The Review of Economics and Statistics*. 2011;93(2):387-403.
- ^{vi} Oddo VM, Mabli J. Association of participation in the supplemental nutrition assistance program and psychological distress. *American Journal of Public Health*. 2015;105(6):e30-5.
- ^{vii} Hoynes HW, Schanzenbach DW, Almond D. Long-run Impact of Childhood Access to the Safety Net. *American Economic Review*. 2016;106(4):903-34.
- ^{viii} Coleman SM, Black MM, Chilton MM, Casey PH, Cutts DB, Heeren TC. SNAP, Young Children's Health, and Family Food Security and Healthcare Access. *Am J Prev Med*. 2019;57(4):525-32.
- ^{ix} Ettinger de Cuba S, Chilton M, Bovell-Ammon A, et al. Loss of SNAP is associated with food insecurity and poor health in working families with young children. *Health Affairs*. 2019;38(5):765-773
- ^x Dean EB, French MT, Mortensen K. Food insecurity, health care utilization, and health care expenditures. *Health Serv Res*. 2020;55 Suppl 2:883-893
- ^{xi} Peltz A, Garg A. Food Insecurity and Health Care Use. *Pediatrics*. 2019;144(4):e20190347.
- ^{xii} Cook J, Poblacion A. Estimating the health-related costs of food insecurity and hunger]. In: Bread for the World Institute. *The Nourishing Effect: Ending Hunger, Improving Health, Reducing Inequality*. Appendix 2. Bread for the World Institute; 2020:247-254.
- ^{xiii} Cook JT, Poblacion A. An Avoidable \$2.4 Billion Cost: The estimated health-related costs of food insecurity and hunger in Massachusetts. *Children’s HealthWatch*. Feb 2018. Available at <https://childrenshealthwatch.org/wp-content/uploads/MA-Health-Related-Costs-of-Hunger-Full-Report.pdf>
- ^{xiv} Berkowitz SA, Seligman HK, Rigdon J, Meigs JB, Basu S. Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults. *JAMA Intern Med*. 2017;177(11):1642–1649.