



*Mission: To improve public health in Maryland through education and advocacy Vision: Healthy Marylanders living in Healthy Communities*

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## **Health - Food Service Facilities - Beverage Options With Children's Meals**

**Hearing Date: 2/3/2022**

**Committee: Finance**

**Position: SUPPORT**

Chairperson Kelley and members of the Senate Finance Committee: The Maryland Public Health Association would like to express support for SB 263, sponsored by Senator Beidle. This bill will ensure that a food service facility offers the best available beverage options for children's meals: water (unflavored, unsweetened), cow's milk without added flavors or sweeteners or non-dairy nutritional equivalent, or 6 oz. of 100% fruit or fruit/vegetable juice.

Sugar-sweetened beverages (SSBs) are one of the largest single sources of calories for Americans, making up over 5 percent of daily caloric intake.<sup>i</sup> While contributing nothing nutritionally, intake of SSBs has been linked to the rising overweight/obesity epidemic and chronic diseases such as type 2 diabetes and heart disease.<sup>ii,iii</sup> One in three children will be diagnosed with diabetes in their lifetime; however, that ratio is one in two for African American and Latino children. Heart disease is the leading cause of death in the US, leading to 1,500 deaths in Baltimore City in 2016, surpassing cancer, unintentional injury, and homicide.<sup>iv</sup>

Almost 17% of youth ages 10-17 are obese in Maryland, ranking us 19<sup>th</sup> of the 50 states and DC.<sup>v</sup> According to the CDC, 12% of students report drinking at least one or more sodas per day.<sup>vi</sup> The American Heart Association recommends no more than 25 grams, or 6 teaspoons, of added sugar a day for children ages 2-18 years; however, the average 20 ounce soda contains 65 grams.<sup>vii</sup> Children who are obese are at increased risk of obesity and related consequences in adulthood.<sup>2</sup>

Chronic diseases are extremely costly. A report commissioned by MedChi and conducted by The Hilltop Institute at UMBC estimated that HealthChoice, Maryland's Medicaid managed care program, spent at least \$471 million in 2014 treating people with diabetes – costs representing more than a quarter of all program expenditures.<sup>viii</sup> They are also a huge driver of personal health spending in the US; the three most expensive diseases in 2013 were diabetes (\$101 billion), the most common form of heart disease (\$88 billion), and back and neck pain (\$88 billion).<sup>ix</sup>

Keeping our children healthy and safe is a challenge for any parent, and it is the duty of our elected officials and government to pass and enforce effective legislation to create and support healthy and safe environments. We strongly support this legislation and urge a favorable report from the committee for Healthy Beverage Options for Children's Meals.

*The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.*

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<sup>i</sup> Huth, PJ, et al. Major food sources of calories, added sugars, and saturated fat and their contribution to essential nutrient intakes in the US diet: data from the national health and nutrition examination survey (2003–2006). *Nutrition Journal*. 2013. 12(1):116-125.

<sup>ii</sup> Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *Am J Clin Nutr*. 2006 Aug; 84(2): 274–288.

<sup>iii</sup> Greenwood DC, Threapleton DE, Evans CE, et al. Association between sugar-sweetened and artificially sweetened soft drinks and type 2 diabetes: systematic review and dose-response meta-analysis of prospective studies. *Br J Nutr*. 2014. 112(5):725-34.

<sup>iv</sup> CDC, NCHS. Underlying Cause of Death 1999-2016 on [CDC WONDER Online Database](#), released 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed on Jan 29, 2018

<sup>v</sup> <https://stateofchildhoodobesity.org/states/md/>

<sup>vi</sup> Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2020.

<sup>vii</sup> [http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Sugar-Recommendation-Healthy-Kids-and-Teens-Infographic\\_UCM\\_487755\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Sugar-Recommendation-Healthy-Kids-and-Teens-Infographic_UCM_487755_SubHomePage.jsp)

<sup>viii</sup> The Hilltop Institute, *Briefing Report: An Examination of Service Utilization and Expenditures among Adults with Diabetes Enrolled in Maryland's Medicaid Managed Care Program*, 2016.

<sup>ix</sup> Dieleman J, Baral R, Birger M, et al. *US spending on personal health care and public health, 1996-2013*. *JAMA*. 2016;316(24):2627-2646.