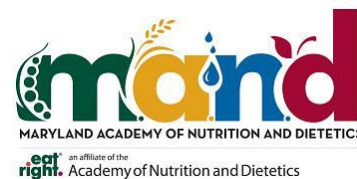


MAND Testimony 2022 - Support - SB0263 Food Servic

Uploaded by: Daniel Shattuck

Position: FAV

MARYLAND ACADEMY OF NUTRITION AND DIETETICS



Date: February 3, 2022

Bill: Senate Bill 263 - Health - Food Service Facilities - Beverage Options With Children's Meals

Committee: Senate Finance Committee
The Honorable Delores Kelley, Chair

Position: Support

Thank you for the opportunity to testify on SB0263. As the State Policy Representatives for the Maryland Academy of Nutrition & Dietetics, we are speaking for about 1200 registered and licensed Dietitians in the State of Maryland. Dietitian/Nutritionists' mission is to educate the citizens of Maryland on how healthy nutrition and lifestyles prevent chronic diseases.

We ask that you give this bill a favorable report.

Dietitian/Nutritionists spend a lot of time professionally teaching people how to make small changes to steer them toward a healthy lifestyle. We work with people who may be trying to lose weight, to increase their activity and follow a balanced diet. However, most people have no idea what a balanced diet means.

Senate Bill 263 is a start at a teaching moment. It makes parents stop for a second before they decide if they should give their kids the healthy, free water, unsweetened milk or nutritionally equivalent milk substitute, etc. or pay more for the sugary drink that the kids may be used to. For example, when the Anne Arundel Medical Center made bottled water the least expensive drink in the cafeteria, the hospital became the largest provider of bottled water of any hospital on the East Coast.

This country is paying a huge price in health and healthcare costs because we have ignored good nutrition for too long. Think of the co-morbidities that put those getting Covid at more risk: obesity, heart disease, diabetes, chronic respiratory disease and cancer. Think of how many of those diseases could be prevented or improved by adopting a good diet and lifestyle.

While the bill still allows choices, perhaps we can make customers stop and think for a moment. We urge your support of SB0263 for the health of our children and families at a time when we should be concentrating on prevention.

Susan O'Malley, MS, RD, LDN
susaneomalley@gmail.com
MAND State Policy Representative

Emily Kean, RD, LDN
keannutrition@gmail.com
MAND State Policy Representative

SB263_FAV_MD Food System Resiliency Council.pdf

Uploaded by: Heather Bruskin

Position: FAV

February 1, 2022

**2022 SESSION SUPPORT TESTIMONY
S.B. 263: Health Food Service Facilities
– Beverage Options with Children’s
Meals**

COMMITTEE: **FINANCE**
POSITION: **Testimony of Support of Senate Bill 263**

BILL: S.B. 263: Health Food Service Facilities – Beverage Options with Children’s Meals

Honorable Chair, Vice Chair, and Members of the Committee, thank you for the opportunity to submit this statement for the record in support of S.B. 263. This letter is submitted by Daphene Altema-Johnson, a food systems researcher at the Johns Hopkins Center for a Livable Future and member of the Maryland Food System Resiliency Council (MD FSRC) and Heather Bruskin, Executive Director of the Montgomery County Food Council (MCFC), Co-Chair of the MD FSRC. These comments are submitted on behalf of the Council, and do not necessarily represent the views of Johns Hopkins University, MCFC, or the State of Maryland. The Food System Resiliency Council was established by the Maryland General Assembly during the 2021 legislative session to bring together 33 appointed council members from across the state, all with different points of entry and expertise to work toward a more resilient food system and address the food insecurity crisis due to COVID-19.

One of the key mandates of this council was to develop, by Nov. 1st, 2021, equity and sustainability policy recommendations to increase the long-term resiliency of Maryland’s food system.

S.B. 263 would ensure that children and families have healthy and culturally appropriate beverage choices when dining at restaurants. Often, the default option on menus is a sugar-sweetened beverage (SSB), which provides a lot of calories and no nutrients. If access to those healthy beverage options is not available, then there’s not an opportunity for the consumer to make a healthy choice. SSBs have been linked to obesity and other health ailments such as Type 2 diabetes, heart disease, tooth decay and cavities, to name a few. In 2017-2018, the Centers for Disease and Control (CDC) reported 19.3% of children aged 2 to 19 were obese. A lot of scientific evidence shows a decreased in the prevalence of obesity when reducing the consumption of SSBⁱ. One of the many interventions that have been used in public health campaigns is providing healthier alternatives to consumers, so they are able to make informed decisions. Adding water, unsweetened whole nonfat or low-fat milk, and 100% fruit juice as default options provides the consumer with a ‘nudge’ to change their behavior pattern and hopefully make a healthier choice. Lastly, the Capability, Opportunity, and Motivation Behavior Model (COM-B) developed by Michie et alⁱⁱ, discussed how the components can work together to bring about behavior change. This bill is in part trying to use this model by creating an opportunity where one does not exist.

Importantly, this bill also requires that a non-dairy beverage equivalent to cows’ milk be included. Not only is this recommendation culturally appropriate, but it’s also necessary as approximately 36% of Americans experience lactose intoleranceⁱⁱⁱ or malabsorption. Lactose intolerance is a condition that causes bloating, diarrhea, and gas after consumption of foods and/or drinks that contain lactose.

Lactose intolerance is more prevalent for certain racial and ethnic groups. Including a non-dairy beverage provides those with this health condition an additional nutritious option outside of SSBs.

Thank you for the opportunity to share our support of S.B. 263. This bill would benefit Maryland's children by ensuring access to healthy beverages when dining out and address the ongoing issues related to the obesity epidemic.

Daphene Altema-Johnson, MPH, MBA
Program Officer
Johns Hopkins Center for a Livable Future

Heather Bruskin
Co-Chair, Maryland Food System Resiliency Council

ⁱ Hu FB. Resolved: there is sufficient scientific evidence that decreasing sugar-sweetened beverage consumption will reduce the prevalence of obesity and obesity-related diseases. *Obesity reviews*. 2013 Aug;14(8):606-19.

ⁱⁱ Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Sci* **6**, 42 (2011). <https://doi.org/10.1186/1748-5908-6-42>

ⁱⁱⁱ National Institute of Diabetes and Digestive and Kidney Diseases. Definitions & Facts for Lactose Intolerance. <https://www.niddk.nih.gov/health-information/digestive-diseases/lactose-intolerance/definition-facts>

Support AHA SB 263 Healthy Kids Meals.pdf

Uploaded by: Laura Hale

Position: FAV



February 1, 2022

Testimony of Laura Hale

American Heart Association

Support of SB 263 Health - Food Service Facilities - Beverage Options With Children's Meals

Dear Chair Kelley, Vice Chair Feldman and Members of the Finance Committee,

Thank you for the opportunity to speak before the committee today. The American Heart Association extends its support for SB 263 Health - Food Service Facilities - Beverage Options With Children's Meals. My name is Laura Hale and I am the Director of Government Relations for the American Heart Association.

A Commonsense Health Policy

Passage and implementation of SB 263 would be a piece of the puzzle to reverse poor health trend that we are seeing across the state due to sugary drink consumption and give parents and kids healthier choices, by ensuring that beverages on kids' meals menus include an automatic option for a healthy drink like water, milk, or 100% fruit juice. It would only apply to bundled restaurant children's meals.

This is a commonsense approach to help all residents make healthier choices. Importantly, **nothing in this law would prevent parents from purchasing less healthy beverage for a child**. This policy would simply make the healthy choice the easy choice.

The science is clear that reducing consumption of less healthy food and drinks can lessen the risk for unhealthy weight, heart disease, diabetes, and other diet-related conditions – which are more prevalent among communities of color in the county and around the country. Yes, **this is an issue of health equity and social justice**. Everyone should have access to healthy food and be able to make healthier choices.

The Evidence and Rationale is Clear

This policy is so necessary, since the research tells us:

- Many **kids are consuming 10 times the recommended amount of added sugar**.
 - The American Heart Association recommends children consume no more than one eight-ounce sugary drink each week.ⁱ
 - Kids consume 30 gallons of sugary drinks each year on average, enough to fill a bathtub!ⁱⁱ
- In addition to weight gain, **excess consumption of added sugars, especially from sugary drinks, raises the risk of heart disease, high blood pressure, type 2 diabetes, and tooth decay**ⁱⁱⁱ
 - Increasing sugary drink consumption by one serving per day increases the risk of hypertension by 8% and the risk of heart disease by 17%
 - Each additional serving of sugary drinks per day increases the risk of type 2 diabetes by 13-18%. Over 10 years, about two million type 2 diabetes cases in the US are attributable to consumption of sugary beverages.

- Sugary drinks like sports drinks, energy drinks, and soda are the leading source of added sugar in the American diet, and communities of color are disproportionately targeted in marketing, resulting in significant health disparities and health inequities.^{iv}

The American Heart Association urges a favorable report on SB 263 to support the health of all Marylanders.

ⁱ <https://voicesforhealthykids.org/assets/img/Fast-Facts/sugary-drink-fast-facts-january-2020.pdf>

ⁱⁱ <https://newsroom.heart.org/news/american-academy-of-pediatrics-and-american-heart-association-endorse-suite-of-policies-to-reduce-kids-consumption-of-sugary-drinks>

ⁱⁱⁱ <https://voicesforhealthykids.org/assets/resources/sugary-drink-fast-facts-9.28.2020.pdf>

^{iv} http://uconnruddcenter.org/files/Pdfs/Sugary_Drink_FACTS_Full%20Report.pdf

SB263-FIN-FAV.pdf

Uploaded by: Natasha Mehu

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 263

February 3, 2022

TO: Members of the Senate Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: Health - Food Service Facilities - Beverage Options with Children's Meals

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 263.

SB 263 seeks to establish a healthier baseline for children's meals by requiring that the default beverage option is water, milk, non-dairy beverage, or 100% fruit juice rather than the traditional, often sugar-sweetened beverage options. Importantly, the bill still allows for other beverage options to be provided at the purchaser's request.

In 2018, Baltimore City passed the Healthy Beverages for Children's Meals bill (C.B. 17-0152), which established at a local level what this bill is seeking to establish statewide. Research from the CDC showed that school-age children in Baltimore were experiencing higher levels of obesity and intake of sugary beverages than recommended. Children in the City are also disproportionately impacted by the lack of healthy foods. These factors contributed to a range of preventable and expensive illnesses.

Importantly, the City bill did not place any new burdens on businesses that offer children's meals. The default beverage options are items that are often already available at most restaurants. And consumers still have the option to choose which beverage they ultimately want. With the passage of the Healthy Beverages for Children's Meals bill, the City took an affirmative step to help improve the health and wellness of its children and families without hurting its businesses.

Much like the Baltimore City law, SB 263 successfully strikes a reasonable balance between putting the focus on healthy beverages and safeguarding consumers' right to choose without adding undue burden to the businesses that provide children's meals.

For these reasons, the BCA respectfully requests a **favorable report** on Senate Bill 263.

SB263Testimony Senator Beidle20220201_11455573.pdf

Uploaded by: Pamela Beidle

Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Finance Committee

Vice Chair

Executive Nominations Committee



James Senate Office Building
11 Bladen Street, Room 202
Annapolis, Maryland 21401
410-841-3593 · 301-858-3593
800-492-7122 Ext. 3593
Pamela.Beidle@senate.state.md.us

THE SENATE OF MARYLAND

ANNAPOLIS, MARYLAND 21401

February 1, 2022

SB 263

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

Chair Kelley, Vice Chair Feldman and Members of the Finance Committee:

I appreciate the opportunity to discuss SB 263, Beverage Options with Children's Meals with you. Sugary drinks are the leading source of added sugars consumed by people living in the United States.¹ Consuming sugary drinks sets up children for a lifetime of health challenges that include type 2 diabetes, tooth decay, and heart disease²

SB 263 is a commonsense approach to help all residents make healthier choices. First it defines several terms:

- "Children's Meals" as a combination of Food and Beverage sold together at a single price, intended for children.
- "Default Beverage" as the beverage automatically included as part of the children's meal.

The default beverage can be:

- Water that is unflavored, unsweetened, and uncarbonated;
- Whole, nonfat, or low fat 1% or 2% pasteurized cow milk with no added flavors or sweeteners, or
- A nondairy beverage that is nutritionally equivalent to fluid cow milk in a serving of 8 ounces or less, or
- A beverage in a serving of 6 ounces or less that consists of 100% fruit juice or vegetable juice or a combination of 100% fruit juice and vegetable juice.

Importantly, nothing in this law prevents parents from purchasing less healthy drinks for a child. This policy would simply make the healthy choice the easy choice.

An amendment has been requested, that I will sponsor:

(D) To support Food Service Facilities in the implementation of this law, the Department of Health shall provide a copy of this law, written informational resources, and employee training resources to all Food Service Facilities. Information shall be provided in both English and Spanish.

This amendment will make sure that the restaurants in the state know of the change and get support with implementation that they need.

I respectfully request a favorable report on SB 263.

¹. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. Published December 2015. https://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf. Accessed July 31, 2018

² Muth ND, Dietz WH, Magge SN, Johnson RK; AMERICAN ACADEMY OF PEDIATRICS; SECTION ON OBESITY; COMMITTEE ON NUTRITION; AMERICAN HEART ASSOCIATION. Public policies to reduce sugary drink consumption in children and adolescents. *Pediatrics*. 2019; 143(4):e20190282. doi: 10.1542/peds.2019-0282.

MdPHA-SB263-support.pdf

Uploaded by: Raimee Eck

Position: FAV



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

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.ⁱ 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.^{ii,iii} 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.^{iv}

Almost 17% of youth ages 10-17 are obese in Maryland, ranking us 19th of the 50 states and DC.^v According to the CDC, 12% of students report drinking at least one or more sodas per day.^{vi} 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.^{vii} Children who are obese are at increased risk of obesity and related consequences in adulthood.²

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.^{viii} 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).^{ix}

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.

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ 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.

^{iv} CDC, NCHS. Underlying Cause of Death 1999-2016 on [CDC WONDER Online Database](https://wonder.cdc.gov/), 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

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

^{vi} Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2020.

^{vii} http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Sugar-Recommendation-Healthy-Kids-and-Teens-Infographic_UCM_487755_SubHomePage.jsp

^{viii} 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.

^{ix} 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.

Reed Wise Senate Beverage Testimony 2-3-22.pdf

Uploaded by: Reed Wise

Position: FAV

Thank you Chair Kelley, Vice Chair Feldman and Honorable Members of the Finance Committee for the opportunity to speak today.

My name is Reed Wise and I am a Public Health student at Johns Hopkins as well as a medical student at Nova Southeastern University. Additionally, I have earned a Masters of Science in Physiology and Biophysics from Georgetown University. I speak today in strong support of Senate Bill 263.

Children are the world's greatest resource, and as advocates and legislators, it is our duty to ensure that they are given the tools to be as successful as possible in today's immensely complicated world. It has been well documented in the literature, including publications from the American Association of Pediatrics, that excessive consumption of sugary beverages is linked to childhood obesity and other worsening health outcomes such as tooth decay, heart disease, hypertension, diabetes, fatty liver disease, and all-cause mortality among others (1). The switch to water and other unsweetened beverages as the default for school lunches will give all our students the healthiest option from day one, while still maintaining the freedom of choice for children and their families to enjoy a soda on occasion if they so desire. Thank you again for the opportunity to speak to your committee.

I urge a favorable report on SB 263.

(1) <https://publications.aap.org/aapnews/news/14112>

SB0263 Center for Science in the Public Interest M

Uploaded by: Sara Ribakove

Position: FAV

**Testimony of the Center for Science in the Public Interest
Sara Ribakove, Senior Policy Associate
Senate Finance Committee Hearing, Maryland
SB0263: Health - Food Service Facilities - Beverage Options with Children's Meals
February 3, 2022**

The Center for Science in the Public Interest (CSPI) supports SB0263. The bill will support the health of Maryland children. If passed, Maryland will become the fifth state in the nation to have passed legislation that ensures healthier beverages for children. SB0263 specifically guarantees that healthier beverages like water, unsweetened milk, and 100% juice are the default, or automatic, option with restaurant kids' meals, but does not limit a parent or caregiver's ability to choose for their family.

Sugary drinks are often automatically included with children's meals, adding unnecessary calories with little or no nutritional benefit.¹ Sugary drinks are also the dominant source of added sugars in the U.S. diet.² Consequently, leading health authorities in the U.S. recommend limiting sugary drink intake, particularly for children, to reduce the risk for chronic diseases.^{3,4,5,6,7,8}

When children eat out, they typically consume more calories, added sugars, and sugary drinks and fewer fruits, vegetables, and whole grains than when they eat at home.⁹ Since restaurants are a significant source of daily calories for children,¹⁰ improving the nutritional quality of beverages offered to children is critical in ensuring these beverages support, not harm, child health and nutrition.

Designating particular foods and beverages as children's menu items or bundling them together as children's meals are powerful forms of marketing. This marketing helps to establish norms for children, affecting their preferences and lifelong eating patterns.¹¹

According to the most recent report of the Dietary Guidelines for Americans (DGA) advisory committee, consistent scientific evidence demonstrates that diets higher in vegetables, fruits, whole grains and lean meats, and lower in sugar-sweetened drinks, are associated with beneficial outcomes for obesity and associated chronic diseases, including heart disease, type 2 diabetes, and some cancers.¹² It is critical to optimize diet quality during childhood while children are still forming dietary habits because diet quality tends to decrease with age.¹³

Other states and localities have also turned to public policy to improve restaurant children's meals in their communities. The states of California, Delaware, Hawaii, and Illinois and localities, including those within the state of Maryland such as the city of Baltimore and Prince George's County, have passed bills that make healthier beverages the automatic option with kids' meals.

In 2018, Baltimore passed the first healthy default beverage bill on the east coast.¹⁴ In 2020, Prince George's County Council became the first locality in the country to pass legislation that comprehensively addresses restaurant kids' meals.¹⁵ The Montgomery County Council is currently considering a bill that would similarly address the default beverages with kids' meals, as well as the

nutritional value of one meal combination.¹⁶ These actions across the state indicate the interest local communities have in supporting and advocating for healthy options for children and their families when they eat out.

CSPI urges the Maryland General Assembly to join this growing movement by passing the bill out of committee and voting in support of SB0263.

Healthier children's meals can reduce sugary drink consumption, encourage children to form healthy eating habits, and support parents' efforts to feed their children well. Thank you in advance for your support of this legislation that will support Maryland's families.

¹ Harris JL, et al. *Fast Food FACTS 2013: Measuring Progress in Nutrition and Marketing to Children and Teens*. Yale Rudd Center for Food Policy & Obesity, 2013. fastfoodmarketing.org/media/FastFoodFACTS_Report.pdf

² U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020.

³ American Academy of Pediatric Dentistry. *Policy on Dietary Recommendations for Infants, Children, and Adolescents*. The Reference Manual of Pediatric Dentistry. 2017;40(6):65-67.

https://www.aapd.org/globalassets/media/policies_guidelines/p_recdietary.pdf.

⁴ National Heart Lung and Blood Institute. *Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents*. U.S. Department of Health and Human Services, National Institutes of Health. 2013: 53.

<https://www.nhlbi.nih.gov/health-topics/integrated-guidelines-for-cardiovascular-health-and-risk-reduction-in-children-and-adolescents>

⁵ Committee on Prevention of Obesity in Children and Youth, Food and Nutrition Board, Institute of Medicine. *Preventing Childhood Obesity: Health in the Balance*. National Academies Press. 2005. ncbi.nlm.nih.gov/books/NBK83825/pdf/Bookshelf_NBK83825.pdf.

⁶ Centers for Disease Control and Prevention. *Get the Facts: Sugar-Sweetened Beverages and Consumption*. February 27, 2017. <https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html>.

⁷ Lott M, et al. *Healthy Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organizations*. Technical Scientific Report. Healthy Eating Research. 2019.

⁸ Vos MB, et al. *Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association*. *Circulation*. 2017;135(19):e1017-e1034.

⁹ Powell LM, Nguyen BT. *Fast-food and Full-service Restaurant Consumption among Children and Adolescents*. *Arch Pediatr Adolesc Med*. 2012;167(1):14-20.

¹⁰ Liu J, et al. *Trends in Food Sources and Diet Quality Among US Children and Adults, 2003-2018*. *JAMA Net Open*. 2021;4(4):e215262

¹¹ Kraak V, Gootman J, McGinnis JM. *Food Marketing to Children and Youth: Threat or Opportunity?* Institute of Medicine. 2006. https://zodml.org/sites/default/files/Food_Marketing_to_Children_and_Youth_Threat_or_Opportunity.pdf.

¹² Dietary Guidelines Advisory Committee 2020. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services*. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.

¹³ Dietary Guidelines Advisory Committee 2020. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services*. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.

¹⁴ Baltimore City Council. *Council Bill 17-0152*. 2018.

<https://baltimore.legistar.com/LegislationDetail.aspx?ID=3189924&GUID=CCAEF3F3-04A5-483C-A34E-DCEEF25A41E6>

¹⁵ The Legislative Branch of Prince George's County, Maryland County Council. *CB-071-2020*. 2020.

<https://princegeorgescountymd.legistar.com/LegislationDetail.aspx?ID=4646902&GUID=155CA373-0DE9-4C7A-9C3A-9DF2CB10E954&Options=ID|Text|&Search=CB-071>

¹⁶ Montgomery County Council. *Bill 1-22*. 2022.

https://www.montgomerycountymd.gov/council/Resources/Files/agenda/col/2022/20220111/20220111_10A.pdf

SB263_SugarFreeKids_FAV

Uploaded by: Shawn McIntosh

Position: FAV

TO: The Honorable Delores Kelley, Chairman
Members, Senate Finance Committee

FROM: Shawn McIntosh
Executive Director, Sugar Free Kids Maryland

DATE: February 3, 2022

RE: **SUPPORT** – Senate Bill 263 – *Health - Food Service Facilities - Beverage Options With Children's Meals*



Sugar Free Kids Maryland urges your support of SB 263. As a coalition of over 250 member organizations committed to the reduction of sugar consumption to reduce the prevalence of chronic disease, tooth decay and unhealthy weight in children and families, Sugar Free Kids Maryland recognizes the important role healthy options in children's restaurant meals can play in reinforcing essential health behaviors.

This legislation would require restaurant children's menus to have a default drink of milk, juice, or water. This does not mean that a child cannot have a soda, but that the parent would have to request the soda, rather than request a healthy beverage. Essentially, it puts the choice for whether a child drinks a sugary drink into the parents' hands.

In 2017, Baltimore City was the first jurisdiction to pass this type of legislation on the East Coast. In 2020, Prince George's County was the first jurisdiction in the nation to pass a healthy kids' meal bill that included requirements for a full, healthy meal option. Maryland could strengthen this legislation by adding a meal component. However, Sugar Free Kids Maryland is supportive of passing the legislation, as it stands, if that means that children will have healthy beverages served with their meals. Sugary drinks are the leading contributor to unhealthy weights in children.

Like the rest of the nation, nearly 2/3 of adults in Maryland are overweight or obese and nearly a third of all children are the same. The United Health Foundation estimates that over 15% of all children from low-income Maryland homes are obese. If Maryland is truly committed to reversing the trend of obesity and ensuring that our most vulnerable children grow up to be healthy adults, then we must begin making healthy options more readily available.

Sugar Free Kids Maryland urges your support of this vital bill. By making the healthy choice the easy choice, Maryland can continue to build a culture of health for our children.

SB0263-FIN_MACo_SWA.pdf

Uploaded by: Dominic Butchko

Position: FWA



Senate Bill 263

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

MACo Position: **SUPPORT**

To: Finance Committee

WITH AMENDMENTS

Date: February 3, 2022

From: Dominic J. Butchko

The Maryland Association of Counties (MACo) **SUPPORTS SB 263 WITH AMENDMENTS**. The bill requires a “healthy” default option for beverages served with children’s meals at restaurants and food service facilities.

Ensuring, and promoting, healthy beverage options represents a policy tool to promote better health choices for and by our children. SB 263 responds to a growing health crisis amongst our youth, in part arising from poor nutrition options and choices. An August 2021 Journal of the American Medical Association study found that obesity among children increased significantly during the pandemic. Further, individuals with underlying health conditions, such as obesity, are at increased risk of difficult complications from each variant of COVID-19.

SB 263 would, however, preempt local laws in this field. Instead of merely setting a floor, this bill would set a universal standard, eliminating counties’ ability to target local concerns or otherwise seek additional information or transparency from their local consumers. The bill as introduced could nullify existing local laws and would quell any ability to consider needed steps in the future in response to health trends, marketing changes, or the like.

Counties do not take issue with the standards set forth in SB 263, but seek to retain the authority to complement the state law with any needed local measures, as available under current law. Accordingly, MACo urges the Committee to issue a report of **FAVORABLE WITH AMENDMENTS** for SB 263.

SB 263 Healthy Beverages.pdf

Uploaded by: Ellen Valentino

Position: FWA



Comments: SB 263 Fav/w amendment

Maryland's local beverage companies recognize that parents are more than capable of making the food and beverage choices that are best for their families. When it comes to their youngest children, we have repeatedly heard from parents that they believe that water, milk or juice are the best options. However, they also want to be able to select another beverage available on the menu, such as a soft drink, if they choose.

The language in the legislation around default drinks should be amended to allow for sparkling water; 8oz servings of juice; and a combination of water, fruit and vegetable juice.

Specifically:

Amendment One

Page 2, line 7 after "**WATER**" strike in entirety through line 8; insert "**, SPARKLING WATER OR FLAVORED WATER WITH NO NATURAL OR ARTIFICIAL SWEETNERS;**"

Page 2, line 13 strike "**6**" substitute "**8**"; line 15 after strike "**AND**" insert "**, WATER OR SPARKLING WATER WITH NO NATURAL OR ARTIFICIAL SWEETNERS, OR**"

Thank you.

Ellen Valentino
On behalf of MD-DE-DC Beverage Assn.
1410-693-2226

MARYLAND • DELAWARE • DISTRICT OF COLUMBIA BEVERAGE ASSOCIATION
P.O. Box 711 • Annapolis, MD 21404
410-990-9502



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