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SB 769: Community Eligibility Provision Expansion Program – Establishment Position: FAVORABLE February 26, 2025 Senate Budget and Taxation Committee

Chair Guzzone, Vice Chair Rosapepe, and members of the committee, thank you for the opportunity to provide testimony in favor of Senate Bill 769. My name is Emma Frost, MD, MPH, and I am a pediatric resident at Children's National Hospital. I am submitting testimony on behalf of myself, fellow pediatrician Danielle Dooley, MD, MPhil, and my institution. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

Every day in my role at Children's National, I meet Maryland children and their families. When they sit down in my office, we talk about a wide range of topics – what medical conditions they have, what vaccines can keep them healthy, and what activities keep them active. We talk about what they eat daily and how they do in school.

Discussions about nutrition are ones that every pediatrician knows well. One in five American children is obese.¹ According to the Centers for Disease Control and Prevention, only a quarter of Maryland children ate fruit daily in the past week, and less than half ate a daily vegetable. These sobering statistics are even more striking in families with food insecurity.² In our practice, we screen every family for food insecurity, and nearly 40% of our families screen positive.

One of the most important things I can do to protect the health of my patients is to ensure that all kids are eating well-balanced, nutritious diets that help reduce the risk of chronic medical conditions and stimulate brain development.³ The parents and caregivers sitting in the office with me *know* that fruits and vegetables are important. They look uncomfortable when I ask how many fast-food meals and processed snacks they eat. The issue is not understanding or

lack of effort. When I asked them to identify barriers to healthy eating, nearly every single person says it's the cost.

The historic increase in food prices⁴ we have all experienced hurts families, especially those who already struggle with food insecurity. It is harder to provide a nutritious meal for children than it used to be. The federal Community Eligibility Provision (CEP) allows school districts with high numbers of students qualifying for free or reduced-price meals to provide breakfast and lunch free to all students. Data so far has suggested that it can play a role in reducing obesity, increasing school attendance, and improving behavior and school performance.⁵ For pediatricians, those outcomes make perfect sense. But there is still work to be done in ensuring Maryland school districts who serve large numbers of low-income students can afford to provide nutritious breakfasts and lunches to all students free of charge.

Senate Bill 769 would help fill that gap. By establishing a Community Eligibility Provision Expansion Program, it would provide additional funding to schools participating in CEP. By focusing the funding on schools who serve students at the highest risk of food insecurity, Maryland would be taking a step towards ensuring all its children are well-fed and wellnourished.

One of the greatest gifts of being a pediatrician is hearing my patients' success stories. I know that with the passage of Senate Bill 769, I will hear even more—children staying healthy, fit, and focused on school. I applaud Chair Guzzone for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 769. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

For more information, please contact:

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^{1.} Childhood Obesity Facts. cdc.gov. Updated on April 2, 2024. Accessed on February 17, 2025. https://www.cdc.gov/obesity/childhood-obesity-facts/childhood-obesity-facts.html

Hamner HC, Dooyema CA, Blanck HM, et al. Fruit, Vegetable, and Sugar-Sweetened Beverage Intake Among Young Children, by State — United States, 2021. MMWR Morb Mortal Wkly Rep 2023;72:165–170. DOI: <u>http://dx.doi.org/10.15585/mmwr.mm7207a1</u>

^{3.} Nutrition and Food Insecurity. aap.org. Updated on August 8, 2022. Accessed on February 17, 2025. https://www.aap.org/en/patient-care/early-childhood/early-childhood-health-and-development/nutritionand-food-insecurity/?srsltid=AfmBOopuQTAm1O7YkGRFiJoV906IPiJ0v8l8KRxK_9Vd1Ro55HqGm92t

^{4.} Food Price Outlook - Summary Findings. usda.gov. Updated on January 24. 2025. Accessed on February 17, 2025. <u>https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings</u>

Hecht AA, Pollack Porter KM, Turner L. Impact of The Community Eligibility Provision of the Healthy, Hunger-Free Kids Act on Student Nutrition, Behavior, and Academic Outcomes: 2011–2019. Am J Public Health 2020; 110(9): 1405-1410. <u>https://doi.org/10.2105/AJPH.2020.305743</u>