

House Health & Human Services

03/05/2024 Upon Adjournment

HB24-1322 Medicaid Coverage Housing & Nutrition Services

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Anne Frank  For  American Academy of Pediatrics Colorado Chapter	Anne Frank, MD, FAAP  3/4/24  Testimony in Support HB24-1322 Medicaid Coverage Housing and Nutrition Services  Honorable Chair and members of the committee:  Thank you for the opportunity to offer my strong support for HB24-1322. As a primary care pediatrician, I see on a daily basis the incredible impact housing and nutrition has on the ability for children and families to thrive. The fact is, millions of children across the country live without adequate access to food, and this food insecurity results in stress for families and negative health impacts for children. These health impacts include, but are not limited to, overall poorer health and higher risk of hospitalization, vitamin and nutrient deficiencies, malnutrition and obesity, developmental and behavioral problems, mental illness, and academic difficulty. Food insecurity has also been correlated with development of illness among adults including Diabetes, Hyperlipidemia, and cardiovascular problems.  In HB24-1322, we have an opportunity to invest in a solution. Programs that enhance food security and promote nutritious food intake have a solid evidence base. In a recent article in the journal Circulation, a multisite evaluation of prescription produce programs for adults, showed meaningful improvements in blood pressure and blood sugar. Similar programs for children have shown increase in health related behaviors and fruit and vegetable consumption.  In our office, I can think of numerous families who will benefit from either housing or food assistance and how this could directly support their health. I think of the mother with 4 young children who each have asthma and breathing problems. They are currently living in a shelter and have been burdened by serial viral illnesses, which have led to hospitalizations, need

	<p>for inhalers, and even oxygen support. Similarly, I take care of a family with food insecurity who have difficulty getting healthy food on the table and the children all have obesity. Fresh fruits and vegetables cost more and have a shorter shelf life, which disincentivizes their consumption for families who are stretched financially. Childhood obesity is related to significant medical problems in adulthood including Diabetes and cardiovascular disease.</p> <p>HB24-1322 is an investment in the health and well being of the children of the state of Colorado. On behalf of over 800 pediatricians across the state, we strongly urge your support of HB24-1322. Thank you.</p>
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**HB24-1322: Medicaid Coverage Housing & Nutrition Services  
Position: In Support**

Thank you members of the House Health and Human Services Committee, and to Representatives Brown and Bird for bringing this bill forward.

My name is Greta Allen and I represent the Colorado Blueprint to End Hunger. The Blueprint is a collective impact organization working towards a Colorado where everyone who lives here has access to the food they choose, where and when they need it. As a network of advocates, farmers, state and local government providers, and community members, the Colorado Blueprint to End Hunger is in support of HB24-1322.

As a Policy Director and Registered Dietitian, a large part of my job is ensuring that anti-hunger programs and advocacy are interconnected with other health-related social needs. A lack of access to food and nutrition is deeply connected to health outcomes.

Coloradans with incomes low enough to be eligible for Medicaid are less likely to be able to afford decent housing and sufficient food. Access to healthy food is essential for supporting overall health, disease prevention, mental well-being, and contributes to lower healthcare costs in the long run. This bill allows our state to be proactive in keeping Coloradans healthy.

I want to highlight that the use of 1115 waivers allow our state to be innovative. We have seen other states use these waivers to emphasize the sourcing of produce and proteins from local farmers and ranchers for food delivery programs. We have also seen language used that ensures that cultural and religious affirming foods are thoughtfully incorporated into any Medicaid-covered foods. The Blueprint is committed to supporting the Department of Healthcare Policy and Finance in their feasibility studies, to explore how these waiver programs could strengthen local food systems, and promote food sovereignty while emphasizing positive health outcomes for Health First Colorado Members.

Lastly, there is opportunity for these programs to be preventative, and acknowledge and address certain life transitions that make someone more likely to utilize high-cost healthcare services in the future. This can allow Colorado the flexibility to forge cross-sector partnerships among human services programs and to responsibly leverage Medicaid as a bridge to other social supports, like rental or food assistance, leading to healthier lives for Coloradans.

Thank you for your time and I urge a yes vote.