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Ohio House Finance Committee
Subcommittee on Health and Human Services
Hope Lane-Gavin, Director of Nutrition Policy and Programs
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House Bill 33

Chairwoman Carruthers, Ranking Member Liston and distinguished members of the Health and Human Services Subcommittee, thank you for the opportunity to testify on House Bill 33. My name is Hope Lane-Gavin and I am the Director of Nutrition Policy and Programs with the Ohio Association of Foodbanks. I have had the opportunity to meet with nearly every member of this committee in one capacity or another so I know and deeply appreciate your commitment to health and human services and am very excited to come and make our case to a group of empathetic members.

I know throughout this state budget process including in the Association’s current testimony you have heard a lot about the upcoming impacts the end of the Public Health Emergency or the “Public Health Emergency Unwind” will have on some of Ohio’s most vulnerable with the termination of many pandemic-relief programs and flexibilities. One thing I ask that you keep in mind, however, is that while significant transformations are happening in various programs including in both the Medicaid and SNAP programs, Medicaid is required to formally unwind with “step-down” procedures, while SNAP emergency allotments abruptly ended last month for 1.5 million Ohioans in over 700,000 households in every county in our state. While there have been many SNAP cuts over the years, the loss of SNAP emergency allotments is the loss of \$126 million federal funds **per month** representing the most significant and abrupt loss of SNAP benefits **ever**.

Nearly three years ago to the day, Congress authorized SNAP emergency allotment benefits be paid out to SNAP households not receiving the maximum benefit for their household size. The decision to issue additional SNAP benefits was to address rising food insecurity and provide economic stimulus to those most susceptible to hardship during some of the most uncertain and unprecedented times in American history.

While every SNAP household ultimately benefited from SNAP emergency allotments, the size of the SNAP benefit decrease will vary for different types of households, with many households headed by older adults (60+) facing reductions of \$250 a month or more. This is due in part to the fact that many older adults receive much closer to the minimum federal benefit of \$23 because they have fixed incomes that are somewhat higher, but still modest and still near the poverty line. These incomes provide little to no flexibility when prices for basic needs like food, heating, cooking, cooking





fuel, gasoline, personal care items, medicine, or housing costs like rent or property taxes increase, their budgets are squeezed and they often have nowhere else to cut back but their grocery budgets. Additionally, this population is not one that traditionally has access to other hunger reducing public assistance such as Ohio Works First – TANF Cash benefits and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

For this reason, we are increasingly concerned about how low-income older adults, in an aging state will cope with the loss of hundreds of dollars in food assistance per month. From SFY2011 to SFY2021, visits to food pantries by older Ohioans increased by 107 percent. In 2021, with emergency allotments in place, older Ohioans represented more than 1 in 5 or 22.5 percent of all food pantry visits. As you know, older adults (60+) represent a growing share of Ohio’s overall population, and their ability to meet their needs without help from hunger relief providers has deteriorated at an even faster rate over that same period.

Last summer, the Association in partnership with Advocates for Ohio’s Future conducted interviews with older Ohioans across the state who were receiving emergency allotments and what they revealed about senior hunger in Ohio was staggering. One 61-year-old woman we spoke with in Meigs County was receiving about \$263 in benefits per month with the help of emergency allotments. She revealed to us that prior to receiving emergency allotments, she would purchase mystery cans at the grocery store, marked down canned goods with dents and/or no label on them to eat. Because of emergency allotments, however, she was able to save some of her \$861 social security payment to purchase a new pair of diabetic tennis shoes and insoles that her insurance doesn’t cover. We also spoke with a 62-year-old woman from Jackson County who described how emergency allotments dramatically improved her health. She no longer needed protein shakes, which SNAP didn’t even cover, to help with her protein and calcium deficiency. Better quality food also helped her to lose weight, improve her mental health and relieve stress. More purchasing power for food helped her eliminate her medical debt and some of her credit card debt as she previously relied on credit cards to meet basic needs. Unfortunately, SNAP participants like her will suffer serious reductions in benefits and be forced to resort back to harmful coping strategies.

Time and time again, access to SNAP has been associated with positive health outcomes and reduced health care costs as food insecurity increases the risk of adverse health outcomes. When it comes to older adults specifically, SNAP has been found to be associated with a reduced likelihood of nursing home and hospital admissions among low-income elderly participants, compared to low-income non-participating counterparts.¹ For many older adults, food literally is medicine and can be the difference between aging in place and aging in a costly nursing facility.

The loss of SNAP emergency allotments has prompted states to assess what they can do to fill the gap between their calculated federal benefit and what is actually needed to survive. That is why we are joining many other groups in urging your consideration of a state funded minimum SNAP benefit





of \$50 for elderly Ohioans on the SNAP program. This benefit is estimated to cost the state \$42 million dollars over the biennium and assist nearly 70,000 older Ohioans currently below the benefit level of \$50/month.

How would this work?

If a 1 or 2 person SNAP unit (household) is headed by an Ohioan who is 60 or older and receives less than \$50/month in benefits, the state would utilize state dollars to make that household whole to \$50 as long as that household remains eligible for SNAP. E.g., a person receives the minimum benefit of \$23/month. The state would provide this person with \$27/month ensuring they have \$50 a month or \$1.66/day to eat. If a person receives \$42/month in benefits the state would provide \$8 a month in state funds to bring this persons benefit to \$50 a month.

How much will this cost to implement?

In talks with the Ohio Job and Family Services Directors Association, administering a state funded benefit would be done in a similar way as SNAP emergency allotments – that is via the state eligibility system with no County involvement. This means that implementation costs are minimal and there is little to no administrative burden.

We recognize that many of our county agencies are facing exceptional challenges during this time, from staffing to increased caseload to the unwinding of pandemic-era policies and we in no way want to create more work for them. The reality is, however, that when SNAP benefits are not accessible, whether via the OB Benefit Portal, the call center or in person office-access, paired with when SNAP benefits are not adequate there is far more demand and strain on our foodbanks. For this reason, I hope you not only consider our Association’s ask for increased support to purchase food but also our request to ensure our state’s most vulnerable don’t have to solely rely on the charitable food network to eat. In their golden years, they deserve to be able to choose and purchase their own food, with dignity.

Thank you again for the opportunity to testify before you today. My colleagues and I would be happy to answer any questions you may have.

Respectfully submitted,

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ⁱ <https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-017-0553-x>



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