

**Senate Bill 17  
Opponent Testimony**

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Senate Government Oversight and Reform Committee  
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Chair Roegner and Members of the Senate Government Oversight and Reform Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA). Unfortunately, I am unable to join you this morning; therefore, I am submitting this written testimony in opposition to Senate Bill 17.

Whereas SB 17 proposes to restrict eligibility for the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, programs that are critical to providing access to healthy food and health care for those in greatest need, I will focus my remarks on the value of SNAP and the dangerous consequences of unnecessarily restricting eligibility.

SNAP provides a modest level of nutritional support to individuals and families and has repeatedly been shown to be effective at reducing food insecurity.<sup>1 2 3</sup> This effectiveness persists despite the quite modest levels of monthly nutritional support available through SNAP, averaging only \$125.25 per person in Fiscal Year 2018.<sup>4</sup>

Healthy eating is essential to both diabetes prevention and treatment. A healthy diet is a key factor in preventing the onset of type 2 diabetes, even in individuals at high risk. Studies have shown individuals with prediabetes may be able to reduce their risk of progression to type 2 diabetes by 58% with modest weight loss through a structured program of intensive education, guidance and support for healthier eating and improved physical activity.<sup>5</sup>

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<sup>1</sup> Nord M, Prell M. Food security improved following the 2009 ARRA increase in SNAP benefits. Economic Research Report, 116. U.S. Department of Agriculture, Economic Research Service, 2011.

<sup>2</sup> Mabli J, Ohls J. Supplemental Nutrition Assistance Program participation is associated with an increase in household food security in a national evaluation. *Journal of Nutrition* 2015;145(2), 344–351.

<sup>3</sup> Ratcliffe C, McKernan SM & Zhang, S. How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics* 2011;93(4), 1082–1098.

<sup>4</sup> USDA Food and Nutrition Service. Program Information Report (Key Data): U.S. Summary - FY2018-FY2019. Available at <https://fns-prod.azureedge.net/sites/default/files/datastatistics/keydata-december-2018.pdf>

<sup>5</sup> Knowler WC, Barrett-Connor E, Fowler SE, et al.; Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346:393–403.



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Food insecurity is a risk factor for diabetes incidence and complications. The risk for type 2 diabetes is increased twofold in those with severe food insecurity, and by 21% in those with mild food insecurity.<sup>6</sup>

SB 17 would handcuff the Ohio Department of Job and Family Services (ODJFS), most notably by preventing them from relaxing some of the income and asset requirements and precluding their use of simplified reporting procedures, both of which are allowed by federal law. This unfortunate, unnecessary, and costly increase in government bureaucracy will come at the expense of Ohioans who truly need access to nutritional food. These SNAP restrictions can be expected to increase diabetes risk in the affected population, lead to more Ohioans with diabetes, and worsen outcomes for those already living with the disease.

Therefore, on behalf of the 4.3 million Ohioans living with or at risk for diabetes, the American Diabetes Association<sup>®</sup> opposes SB 17 and urges you to do the same.

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<sup>6</sup> Seligman HK, Bindman AB, Vittinghoff E, Kanaya AM, Kushel MB. Food insecurity is associated with diabetes mellitus: results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999–2002. *J Gen Intern Med* 2007;22:1018– 1023.

  
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