

Human Services Committee Public Hearing
February 20, 2025

**In Support HB 6101: AN ACT CONCERNING MEDICAID COVERAGE OF FOOD AS
MEDICINE AND EXPANDING ACCESS TO THE CONNECTICUT FARMERS' MARKET/WOMEN, INFANTS
AND CHILDREN NUTRITION PROGRAM.**

Dear Co-Chair Representative Gilchrest, Co-Chair Senator Lesser, Ranking Member Representative Case, Ranking Member Senator Harding, Vice Chair Representative Comey, Vice Chair Senator Maher and members of the Human Services Committee,

My name is Douglas Ordoñez, Senior Director of Community Impact at United Way of Coastal and Western Connecticut.

Thank you for the opportunity to testify in **support of HB 6101**, which aims to expand access to **Food as Medicine interventions, including produce prescriptions**, to combat food insecurity and nutrition-related chronic diseases in Connecticut.

At United Way of Coastal and Western Connecticut, we serve 27 towns across Fairfield and Southern Litchfield County, where **42% of households—more than 336,000 individuals**—live at or below the **ALICE (Asset Limited, Income Constrained, Employed)** threshold. These hardworking individuals and families face daily challenges in affording essentials including food and healthcare.

As part of our direct service work, we operate the Food Farmacy of Greater Danbury, a food as medicine initiative, in partnership with Nuvance Health, Connecticut Institute for Communities (CIFC), and UConn Extension. Our program targets hypertension and offers a free grocery-style pantry, nutrition counseling, cooking classes, and wraparound services.

Data from our 115 participants shows significant reductions in hypertension, with an average reduction of 9.3 systolic blood pressure points and 4.6 diastolic blood pressure points and improvements in their diets with increased consumption of fresh produce and whole grains. Participants have also reported weight loss, reductions in medications and lowering of A1C to non-diabetic levels.

We believe that it is important to support comprehensive strategies in addressing nutrition-related chronic diseases, including **produce prescriptions, medically tailored groceries and medically tailored meals that integrate nutrition counseling and education.**

The Urgent Need for Food as Medicine in Connecticut

Connecticut faces a dual crisis of food insecurity and nutrition-related chronic diseases, disproportionately affecting low-income communities, older adults, and people of color. According to the **2024 Food Insecurity in Connecticut Report**, **12.5% of households struggle to access nutritious food**. At the same time, diet-related diseases such as diabetes, cardiovascular disease, and obesity are on the rise, placing enormous financial and health burdens on individuals and our healthcare system.

IMPROVING LIVES IN

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- **9.7% of Connecticut adults have diabetes**, and an additional **34.5% have prediabetes**, increasing their risk for severe health complications.
- **Cardiovascular disease remains the #1 cause of death in Connecticut**, with poor diet being a leading contributor.
- **Food insecurity and diet-related diseases disproportionately impact Black and Hispanic residents**, exacerbating existing health disparities.

The science is clear: **increasing access to fruits and vegetables improves health outcomes, reduces chronic disease risk, and lowers healthcare costs.**

HB 6101 takes a proactive, evidence-based approach to combating food insecurity and nutrition-related chronic diseases by **expanding Medicaid coverage for produce prescriptions** – allowing healthcare providers to prescribe fruits and vegetables just as they would a medication. Studies show that **fruit and vegetable incentive programs improve diet quality, reduce hemoglobin A1C levels, and lower body weight**, which are key to managing and preventing chronic disease. This expansion is a critical step forward in creating a sustainable pathway for proven food as medicine interventions, including medically tailored groceries and meals.

Food as Medicine is a Smart Investment

Food as Medicine programs are **not just social programs; they are cost-effective healthcare interventions**. Studies have demonstrated that investing in nutrition:

- Reduces hospital visits and emergency care costs.
- Improves patient health outcomes, particularly for diabetes and heart disease.

I urge the committee to support this **life-changing legislation**. Expanding Food as Medicine interventions will improve health, reduce disparities, and save money long term. Thank you for your time and consideration. I am happy to answer any questions.



Douglas Ordoñez
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