July 9, 2026

Governor Maura Healey
24 Beacon Street
Room 360
Boston, MA 02133

Lieutenant Governor Kim Driscoll
24 Beacon Street
Room 360
Boston, MA 02133

Speaker of the House Ronald Mariano
24 Beacon Street
Room 356
Boston, MA, 02133

President of the Senate Karen Spilka
24 Beacon Street
Room 332
Boston, MA, 02133

Dear Governor Healey, Lieutenant Governor Driscoll, House Speaker Mariano, and Senate President Spilka:

As healthcare providers across the state of Massachusetts, we are **deeply concerned that tens of thousands of children and families are at risk of experiencing greater food insecurity unless the Commonwealth acts swiftly to improve access to the Supplemental Nutrition Assistance Program (SNAP)**. We urge the Administration and Legislature to invest in Department of Transitional Assistance (DTA) staffing and administrative capacity and to reduce unnecessary verification requirements that create barriers to enrollment and retention, ensuring eligible families can access and maintain the nutrition assistance they need to be healthy.

Like a Prescription, SNAP Protects Health

SNAP, our nation's largest evidence-based nutrition program, reduces food insecurity and is a crucial foundation for child health. Approximately 900,000 Massachusetts residents use SNAP to purchase the foods they need to feed themselves and their families, averaging to $314 per household, or roughly $10 per household per day.

Participating in SNAP protects children and their families from the harmful, costly health consequences of food insecurity. Research shows that children living in food insecure households are more likely to be hospitalized, to have low birthweight, to develop asthma and anemia, to experience developmental delays, and to fall behind in school. With 80% of brain development occurring within the first three years of life, infants and toddlers are particularly sensitive to the effects of food insecurity–which do not present months or years later, but just after a few days and weeks.

Household food insecurity is also linked with parental depression, anxiety, and increased stress, which in turn impacts child health and development. Among adults, food insecurity is associated with a higher risk of poor health and worsened chronic disease management.

Oftentimes, families experiencing food insecurity are forced to make impossible budget tradeoffs, like skipping prescription medications, delaying medical care, or forgoing other basic

necessities in order to afford food. These circumstances can create a cycle of unmet needs, which further contributes to worse health. When patients show up to our clinics with health complications that can arise from food insecurity, like worsened hypertension or diabetes, the level of care needed to treat and stabilize the patient is high. The cost of increased staffing, more advanced medical interventions, and potential hospital stays are considered "avoidable" healthcare costs because they are preventable if food insecurity is wholly addressed before the symptoms of disease progress. **Avoidable costs add up: researchers have estimated the avoidable healthcare costs related to food insecurity in the United States to total $237 billion annually**. In Massachusetts alone, this cost was $2.4 billion in 2018 - an estimate that has likely ballooned due to increased costs and inflation. This cost does not just affect patients experiencing food insecurity, but all of us. Healthcare is inherently a system of pooled risk, with the cost of care needed to care for sicker patients passed onto **all patients** via increased health insurance premiums and increased cost at point of service.

As healthcare providers, we take an oath to do no harm and to care for and protect our patients. However, healthcare alone cannot treat the harmful effects of food insecurity. We need to work in partnership with strong and accessible nutrition assistance programs, including SNAP, to ensure all children and families in Massachusetts are able to meet their needs for enough nutritious food to grow and protect health.

Policy Drivers of SNAP Access Issues

In July 2025, Congress passed H.R 1, ushering in the largest cuts to SNAP in the history of the program. Starting in fall 2027, Massachusetts will likely be required to cover a share of SNAP benefits costs for at least two federal fiscal years. In Massachusetts, these changes are expected to cost hundreds of millions of dollars annually. States' financial obligations will be tied to their SNAP payment error rate (PER), creating strong pressure to rapidly reduce errors.

H.R 1 also expanded SNAP work reporting requirements to many participants who were previously exempt. Data shows that the majority of SNAP participants who can work already do. Research shows these requirements do not increase employment, but rather increase paperwork and administrative complexity for both participants and state agencies.
As a result, caseworkers will spend more time processing applications, verifying eligibility, and managing reporting requirements, while SNAP participants will face additional documentation burdens to maintain benefits. **These added burdens increase the risk that eligible families will lose access to needed food assistance.**

SNAP Access Crisis in Massachusetts

SNAP access barriers have contributed to a 16% reduction in SNAP caseload in Massachusetts. **From July 2025 to May 2026, the number of Massachusetts children receiving SNAP declined by nearly 62,000, an 18% decrease.** This loss puts children and their families at greater risk of experiencing food insecurity, posing serious risk for harmful, costly health complications, both now and later in life. Losing SNAP can also cause families to lose automatic eligibility for other child food assistance programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and free school meals,

reducing access to supports that protect child health and development and contribute to better educational and long-term economic outcomes.

The SNAP caseload decline is not driven by reduced need, but by growing barriers to accessing assistance. Caseloads per worker have increased substantially, leaving fewer staff available to help families navigate the program. At the same time, new administrative requirements under H.R. 1 are increasing the workload for both participants and caseworkers. As a result, many SNAP participants are unable to reach a caseworker for assistance. In 2026, at least 75% of calls trying to reach a worker each month did were automatically disconnected.

Increased Investment is Necessary to Address This Crisis
While there are multiple opportunities to solve this crisis, we urge you to adopt changes that will address the most systemic barriers to accessing SNAP, including:

- **Significant investment is needed in DTA to increase staff capacity**. Better equipping DTA caseworkers to adequately manage the SNAP caseload will result in both improved customer service and accuracy, helping reduce the state's PER while maintaining SNAP access for families. This strategy was identified by the Governor's Anti Hunger Task Force and outlined in a March 2026 Report by Governor Healey, Lieutenant Governor Driscoll, Secretary Mahaniah, and Commissioner Cole. We recognize and appreciate the hiring of 76 additional caseworkers in January 2026. Looking at the trends nearly 6 months after these added staff, **we know further investment in the Department is needed to better serve all eligible SNAP families**.

- **Limit over verification of SNAP participants.** Increasing unnecessary verification processes beyond what is mandated will only increase administrative burdens for SNAP participants and caseworkers. SNAP has an exceptionally low fraud rate due to its high level of program integrity. **DTA already implements rigorous application and eligibility review processes,** and SNAP has several measures to assess household eligibility accurately. Households already must reapply for benefits regularly and must report income changes that would affect their eligibility during each reapplication process. **Adding additional barriers only increases the likelihood of eligible families losing access to the program**.

As healthcare workers who provide care across the state, we alone cannot address the harms of food insecurity. We need strong, accessible nutrition assistance programs, such as SNAP, to ensure all residents can access the food they need to thrive. While SNAP is a federal program, its implementation is guided by state policy choices. We ask to act with urgency and a sense of shared responsibility to solve this access crisis, which will only become more severe if not addressed.

Respectfully,

200 healthcare workers living and practicing across the Commonwealth

Name	City or Town of Residence
Megan Patton-Lopez, PhD, RDN	Amherst
Jasmine Williams	Andover
Hannah Barber Doucet, MD	Arlington
Lisa Twente, MSW, LICSW	Arlington
Colleen Huysman, LICSW	Arlington
Roni Mansur, MS	Arlington
Jason Tausek, LICSW	Attleboro
Lauren Fiechtner, MD, MPH	Belmont
Paulina Lange, MBA	Belmont
Clare Cole, NP	Beverly
Christine Tardiff, MSW	Beverly
Marissa Steinberg, MD, MPH	Boston
Arielle Spellun, MD	Boston
Christina Vollbrecht, MA, MS, RDN, LDN	Boston
Abby Temple, MD	Boston
Tehnaz Boyle, MD, PhD	Boston
Rachel Allen, MD	Boston
Sahar Choudhry, MPH	Boston
Lauren Ondrejka, MD	Boston
Connie Cai, MD	Boston
Kynnedie Maloz, MD	Boston
Stephen Klepfer, MD	Boston
Susan Gonzalez, MD	Boston
Irene Newman Jimenez, MS	Boston
Katherine Daniel, MD, MS	Boston
Natalie DeLaCruz	Boston
Michael Fischer, MD	Boston
Guadalupe Ramirez, MD	Boston
Navin Kariyawasam, MD	Boston
Ella Froggatt, MPA	Boston

Mary Grace Fries, MPH	Boston
Christina Su, MD	Boston
Heather Hsu, MD, MPH	Boston
Augustine Kang, MD, PhD	Boston
Ndang Azang-Njaah, MD, MPH	Boston
Sara Stulac, MD	Boston
Katelin Blackburn, MD	Boston
Autumn Tangney, MSPH	Boston
Jessica Goldberg, MD	Boston
Sebastiana Redford, MD, MS	Boston
Netta Cudkevich, MD	Boston
Emily Feinberg, ScD, CPNP	Boston
Katherine Gregory, MD	Boston
Gabriela Tew, MSW, LICSW	Boston
Alleigh Wettstein, MD	Boston
Bethan Jones, LCSW	Boston
Meghan Sullivan, MSW, LICSW	Boston
Rachel Thompson, MD	Boston
Avery Lytle, LCSW	Boston
Fathia Karim, MD	Boston
Megan Harty, MD	Boston
Annie Banks, MSW	Boston
Fathima Mohamed, MD, PhD	Boston
Connie Cai, MD	Boston
Benjamin Maines, MD	Boston
Danielle Brennan, LCSW	Boston
Alyssa Serafini, RD	Boston
Lashanda Skerritt, MD, PhD	Boston
Divya Makkapati, MD	Boston
Amanda Sepulveda, BS	Boston
Lindsay Partin, MD	Boston

Samantha Tulenko, MD, PhD	Boston
Nicole Driscoll, BS	Boston
Kiley Schermerhorn	Boston
Taylor Gonzalez, LICSW	Boston
William Gleason, RT	Boston
Bevin Kenney, MD	Boston
Lauren Glaser, LICSW	Boston
Gabrielle LeMarier, MSW, LICSW	Boston
Brooke Horowitch, MD	Boston
Alexandra Dubinsky, MD	Boston
Samantha Nuccio, RN	Boston
Cathleen Daley	Boston
Soukaina Adolphe, MD	Boston
Pamela Bellamy, LICSW	Boston
Corinne Beaugard, PhD, LCSW	Boston
Sarah McLaughlin, MD, MS	Boston
Catalina Berenblum Tobi, MD	Boston
Tasha Freed, MD	Boston
Mark Castera, MD	Boston
Ian Cohn, MD, PhD	Boston
Laurel Gabler, MD, DPhil	Boston
Robert Vinci, MD	Boston
Brett Mitchell, MD, MPH	Boston
Denise Cremins, MM	Braintree
Ashley Schiffmiller	Braintree
Noelle Armstrong, CHHC	Bridgewater
Fedler Felix, CHW	Brockton
Emily Barnard, BA	Brookline
Elizabeth Yellen, MD	Brookline
Jessica Calihan, MD	Brookline
Emma Steinberg, MD	Brookline

Emily Cross, MD	Brookline
Stefano Rozental, MD	Brookline
Lea Sheward, MD	Brookline
Sofia Warner, MD	Brookline
Uma Khemraj, MS	Brookline
Charles Homer, MD, MPH	Brookline
Nathaniel Mullin, MD, PhD	Brookline
Jessica Landau-Taylor, MD	Brookline
Pooja Vikraman, MD	Brookline
Deborah Frank, MD	Brookline
Samantha White, MD	Brookline
Anima Shrestha, MD	Brookline
Kaye-Alese Green, MD, Esq	Brookline
Carolyn Rosinsky, MD	Brookline
Sahana Jayaraman, MD, PhD	Brookline
Lea Sheward, MD	Brookline
Mara Murray Horwitz, MD, MPH	Cambridge
Marie-France Hivert, MD	Cambridge
Benjamin Delikat, MPH, MBA	Cambridge
Timothy Mikulski, MD	Cambridge
Marie-France Hivert, MD	Cambridge
Avik Chatterjee, MD, MPH	Cambridge
Jaimie DeScioli, MD	Cambridge
Maggie McGean, MD	Cambridge
Katy O'Loughlin, MPH	Cambridge
Jenna Quinn, MPH	Cambridge
Anastasia Yang, BA	Cambridge
Cordelia Kwon, MPH	Cambridge
Emma Stevens, MD	Cambridge
Mindasari Daniar, RD, MPH	Chelmsford
Juan Flores, LICSW	Chelsea

Meghan Doherty, LICSW	Colrain
Kim Merry, BA	Danverd
Hannah Mecaskey Conley, LICSW, PhD	Dedham
Megan Hempstead, MPH	Dedham
Caroline Coughlin, MD, PhD	Dedham
Anna Maria Siega-Riz, PhD	East Longmeadow
Jill Rosen, LICSW	Framingham
Katrina Mitchell, LMHC	Haverhill
Monique Baxley, MPH	Haverhill
Veronica Pena-Vargas, MS, RN, BC, FNP, CDECS	Haverhill
Lisa Quinn, NP, PhD	Holbrook
Kirby Tang, LICSW	Malden
Adrian Couture, LICSW	Marblehead
Jeffri Navarro, MA, MS, MS	Marlborough
Amy Newbery, RN, IBCLC	Marlborough
Kathleen Tobin, RN	Marshfield
Wilfred McCalla, MSW, PMP, LSSGB, CHFP	Medford
Steven Bucchianeri, PharmD	Medford
Jenna Faltas, MPH	Medford
Nicole Quispe, CWA	Methuen
Mahbod Kazemarab, MPH	Middleboro
Sarah Wright, MSW, LICSW, CPHQ	Nantucket
Rachel Soroka, LICSW	Natick
Ezra Cohen, MD	Needham
Annah Powers, LMHC	Newbury
Sarah Primeau, MSW, MPH	Newburyport
Jodi Wenger, MD	Newton
Arvin Garg, MD	Newton
Elise Tremblay, MD, MPH	Newton
Sarah Bagley, MD	Newton
Priya Garg, MD	Newton

Margot Tang, MD, MPH	Newton
Ariella Slovin, MD	Newton
Sharon Nerboso, RN, BSN	Norfolk
Kathleen Holdsworth, MHA, BSN, RN, CCM	North Grafton
Jessica Rosenberg, MPH	Northampton
Karla Mendoza Abarca, PhD	Norwood
Lillian Gomes, CCHW	Quincy
Karan Barry, RN, MSN	Quincy
Caryn Altman, MPH	Quincy
Briana Poole, LCSW	Quincy
Kristen MacGlashing, MSW, LICSW	Reading
Leigh Simmons, MD	Revere
Lauren Cleveland, MS, MPH	Salem
Josh Levine, LICSW	Salem
Jordyn Seri	Salisbury
Casandra Leslie, LICSW	Saugus
Christina Lazdowsky, NP	Sharon
Kira Bona, MD, MPH	Sherborn
Shannon Watts, MSc	Somerville
Dory Ziperstein, LICSW, MPH	Somerville
Marilyn Augustyn, MD	Somerville
Olivia Chatfield, BA	Somerville
Anna Goldman, MD, MPA, MPH	Somerville
Catherine Hetu, CPNP	Somerville
Olivia Winn, BS	Somerville
Samuel Feuer, BA	Somerville
Caroline Palleschi, LICSW	Somerville
Amreen Shaikh	South Hadley
Barbara Olendzki, RD, MPH, LDN	Sterling
Susan Kessler, LICSW	Stoneham
Sunny Kung, MD	Stoneham

Anthony Mell, MD	Stoughton
Lisia Morales, MA	Tewksbury
Tiffany Lewallen, LICSW	Watertown
Anderson Lamberto-Wilson, LCSW	Watertown
Julie Herlihy, MD, MPH	Wellesley
Lauren Ameden, MD	Wellesley
Susan Robinson, LICSW	Wellesley
Sarah Canale, MD	Winchester
Fiona Danaher, MD, MPH	Winchester
Kellie Farrell, BS	Woburn
Stephanie Doan-Soares, DrPH, MPH	Worcester
Katherine Faulkner	Worcester
Ariana Perry, MD	Worcester
Marlon Velasquez, PMP	Worcester
Clyde Talley, Rev.	Worcester