

Latest Movement on the Farm Bill and SNAP: What Child Health Advocates Need to Know

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There's a lot of activity happening on Capitol Hill right now as we inch closer to the end of the fiscal year, but [one particular conversation is ramping up](#) that could have a tremendous impact on the health of our nation's children—that of the Farm Bill reauthorization. [As we've written previously](#), the Farm Bill is a multi-year law that governs all parts of the nation's food supply and is critical to the health of millions of children and families across the country. This massive legislation includes provisions for the Supplemental Nutrition Assistance Program (SNAP – formerly known as “food stamps”), which helps low-income families put enough food on the table. Adequate nutrition is just as important to children's health as ensuring adequate access to health care, and millions of families rely on this program to give their kids the healthiest start possible.

The Farm Bill, which expires on September 30, needs to be reauthorized every five years and typically passes with bipartisan support. However, this year that support is less certain as some of the proposals currently on the table could change the structure of the SNAP program and impact access to benefits. It is more important than ever that child and family health advocates are paying attention.

Why is SNAP so important to children's health?

[Food insecurity affects](#) about one in six households with children, and the proportion is even greater for single parent families and families of color. [The link](#) between food insecurity and poor health is unquestionable—children living in food insecure households are more likely to have poorer overall health, increased hospitalizations, developmental and behavioral problems, emotional distress and reduced academic achievement. Health challenges even carry on into adulthood with increased risk for conditions like diabetes and cardiovascular disease.

SNAP is a powerful tool to fight food insecurity. One in four children—approximately 20 million—are served by SNAP, and nearly [70 percent](#) of all families participating in the program have children at home. SNAP is especially important as a supplement for [working families](#). Many people enrolled in SNAP are working low-wage

jobs with no benefits and constantly shifting hours and schedules. [Income volatility and employment instability](#) create conditions in which SNAP is necessary as both an income supplement and a vital buffer when employment is lost.

Though many of the jobs not paying livable wages are in the retail and service sectors, families who depend on SNAP are employed in other industries, too. For example, [many military families](#) also rely on SNAP to help meet their basic food needs, including [up to 22,000 active duty troops](#) and nearly [1.5 million veterans](#). In 2014, patrons spent \$84 million in SNAP funds [at commissaries on military bases](#).

Finally, assistance with groceries through SNAP helps families have more money to spend on other necessities such as housing, health care and transportation. When parents lose SNAP benefits, they are forced to make trade-offs in providing other basic needs. For example, families with reduced nutrition benefits are [more likely to forgo health and medical care](#) for themselves and their children.

Why is SNAP at risk this year?

Last month, the House and the Senate each passed its own version of a [Farm Bill](#), which vary significantly. Depending on the final language, the implications for children and families who rely on SNAP benefits to remain food secure could be significant.

Here are some of the key differences between the two bills that could most directly impact the health and well-being of struggling children and families in terms of the affordability and accessibility of food.

The Senate version of the Farm Bill keeps SNAP eligibility requirements largely the same as they are now, including current work requirements. These [work requirements](#) apply to adults under age 50 who do not have minor children (known as “able-bodied adults without dependents”). People in this category must work at least 20 hours each week in order to maintain their food assistance. If they go more than three months without meeting the work requirements, they can lose their eligibility. This bill passed the Senate with a vote of [86-11](#), demonstrating strong bipartisan support.

The House version of the Farm Bill, which passed by a very close vote of 213-211, would:

- Expand work requirements for SNAP eligibility to additional populations, including parents with children over age six
- Beginning in 2026, increase the number of work hours required each week from 20 to 25
- Add specific penalties for not meeting work requirements that would make individuals ineligible for one year the first time they fail to meet the requirements and for three years the second time
- Reduce state flexibility to determine income eligibility and instead set a strict income limit at 130 percent of the federal poverty level (roughly \$27,000 for a family of three)

What does this mean for kids and their families?

The Senate version of the Farm Bill, [according to the Congressional Budget Office](#) (CBO) would largely maintain the status quo for children and families’ access to SNAP benefits. However, if Congress passed the [House version of the Farm Bill](#) into law, CBO estimates that around 1.2 million people would no longer receive benefits, and most of them (nearly two-thirds) would be adults with children. This proposed bill both decreases the number of people receiving benefits and the amount of benefits received by individual families.

The CBO also estimates that about 400,000 of these families would lose SNAP benefits due to the changes in income eligibility proposed in the House bill. Many children receive free school meals based on their household’s eligibility for SNAP, and approximately 265,000 children in these families would likely lose out on that benefit as a result, which means less access to food both at home and at school. [School lunches are important](#) not only for ensuring kids have the nutrition and energy they need to learn throughout the school day, but also to address food insecurity, obesity and overall health.

As Congress begins to negotiate the details of a final bill, we hope they will consider the available evidence and come up with the best solution for all of our children.

Turning to the Evidence Base to Pass Good Policy

Recently, we celebrated the longest-ever extension of another vital program designed to protect and improve child health: the Children’s Health Insurance Program (CHIP). CHIP is a program that, like SNAP, typically receives bipartisan support, but last year it faced contentious debates and an unprecedented lapse in funding. We achieved the program’s ultimate 10-year reauthorization in part because advocates leveraged the robust evidence base demonstrating its success in reducing rates of uninsurance and improving health outcomes for children across the country.

Now, we in the child health community find ourselves in a similar situation with the Farm Bill. As public health professionals, we know that reducing funding to food assistance programs will only lead to worse health outcomes—and higher medical costs—for children in the long run.

The U.S. Department of Agriculture’s [legislative principles](#) for the 2018 Farm Bill include “science-based and data driven” nutrition policies and programs with “clear and measurable outcomes.” To achieve these principles, we recommend policymakers again turn to the evidence base for funding and program design justification; rigorous interdisciplinary and longitudinal research has demonstrated SNAP’s success in decreasing [food insecurity](#) and [poverty](#) and [improving health outcomes](#) for millions of children and families.

Like CHIP, SNAP must be recognized as a vital tool for protecting child health. Vigorous support for sustaining the integrity and accessibility of this important program from advocates and policymakers will go a long way to protect the health and well-being of children and families.

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