



April 1, 2019

Certification Policy Branch
SNAP Program Development Division
3101 Park Center Drive
Alexandria, Virginia 22302

RE: Proposed Rule: Supplemental Nutrition Assistance Program (SNAP):
Requirements for Able-Bodied Adults Without Dependents RIN 0584-AE57

Dear Certification Policy Branch:

As Pediatricians and child health researchers at Children's Hospital of Philadelphia, we take this opportunity to comment in opposition to USDA's Proposed Rulemaking on SNAP requirements and services for Able-Bodied Adults Without Dependents (ABAWDs).

The proposed changes will have detrimental impacts on the health and well-being of individuals, including children and their families, as well as strain the health care system in terms of increased utilization and costs.

SNAP matters

SNAP is a critical health intervention and support for vulnerable Americans. Research shows that:

- Food insecurity increases the risk of negative physical and mental health outcomes
- SNAP decreases food insecurity;
- SNAP is associated with decreased health care costs; and
- SNAP is associated with improved physical and mental health.

Food insecurity increases the risk of negative physical and mental health outcomes

Food insecurity is a risk factor for negative psychological and health outcomes.ⁱ (The U.S. Department of Agriculture defines food insecurity as a "lack of consistent access to enough food for an active, healthy life."ⁱⁱ) Food insecurity has deleterious impacts on health through increases in the prevalence and severity of diet-related disease, such as obesity, type 2 diabetes, heart disease, stroke, and some cancers.^{iii,iv,v}

In addition, because of limited financial resources, those who are food insecure — with or without existing disease — may use coping strategies to stretch budgets that are harmful for health, such as engaging in cost-related medication underuse or non-adherence;^{vi,vii,viii} postponing or forgoing preventives or needed medical care;^{ix,x} and forgoing the foods needed for special medical diets (e.g., diabetic diets).^{xi} Not surprisingly, research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs.^{xii,xiii}

Food insecurity remains a major threat to health and wellbeing of 12.5 million children in America.^{xiv} Food-insecure children experience poor health stemming from poor nutrition, including delayed development, anemia, and school difficulties in the short term, as well as long-term problems such as cardiovascular disease, diabetes, and obesity. For parents, household food insecurity causes high levels of stress and has been linked with depression, diabetes, and cardiovascular disease.

In our daily practice we too often see the physical manifestations of food insecurity—complaints of severe headaches and stomachaches quickly cured by a sandwich, poorly controlled diabetes because a family has to choose between healthy food or medication, and young babies with seizures because of watered-down formula. While rates of childhood food insecurity across Philadelphia (21%) are significantly higher than the national average (16%), we have seen rates as high as 32% in our patient population.

SNAP decreases food insecurity

Overall, research shows that SNAP is effective at reducing food insecurity.^{xv,xvi,xvii} According to one estimate, SNAP reduces food insecurity by approximately 30 percent.^{xviii} SNAP, therefore, is an effective anti-hunger program, and more eligible people need to be connected to the program given the current high rates of food insecurity in the nation. Nearly one in eight American households experience food insecurity during the year.^{xix}

SNAP is associated with decreased health care costs

Research demonstrates that SNAP reduces health care utilization and costs.^{xx,xxi,xxii} For example, a national study revealed that SNAP participation was associated with lower health care costs.^{xxiii} On average, low-income adults participating in SNAP incurred nearly 25 percent less in health care costs in 12 months, including those paid by private or public insurance, than low-income adults not participating in SNAP.

SNAP is associated with improved physical and mental health

SNAP improves children, adult, and senior health outcomes, including physical and mental health.^{xxiv} For instance, SNAP increases the probability of self-

reporting “excellent” or “good health,”^{xxv} lowers the risk of poor glucose control (for those with diabetes),^{xxvi} and has a protective effect on mental health.^{xxvii} SNAP also helps reduce stress for struggling individuals and families worried about finances, and stress is highly correlated with poor health outcomes.^{xxviii}

SNAP is a critically important resource for children given their higher prevalence of food insecurity and high rates of participation. In 2015, 19.2 million children utilized SNAP for access to consistent food, representing 44 percent of participants.^{xxix} Beyond its role in fighting food insecurity, SNAP significantly reduces child poverty and helps struggling families to make ends meet: SNAP benefits lifted 1.5 million children out of poverty in 2017 alone.^{xxx}

The Proposed Changes to State Waiver Flexibilities Will Harm Children

Because SNAP is so important for low-income and food-insecure children, children under the age of 18 and the adults who live with them are technically exempt from the three-month time limit for SNAP. However, though current rules around the SNAP time-limit explicitly exempt adults who have a dependent child under the age of 18 or live in a household with children under 18, this definition may not allow for the complex financial arrangements that low-income families utilize to put food on the table. Our organization represents the interests of vulnerable children who, as a result of this rule, will experience a reduction in important resources that help meet their basic needs, even though FNS does not account for this in its cost benefit analysis. This includes:

- **Children with non-custodial parents:** Poverty is a troubling reality for custodial and noncustodial parents. The most recent available data from 2015 suggests that 3.5 million custodial parents live below the poverty line, making access to food assistance all the more important for them and their children.^{xxxii} Thus, some 4.5 million poor and low-income custodial parents who rely on child support payments from NCPs also utilize SNAP to put food on the table for their children.^{xxxiii} Yet NCPs are often themselves low-income, with 2.1 million living below the poverty line in 2015, and 1.5 million accessing SNAP to supplement their resources to afford child support payments.^{xxxiii} Because NCPs are not exempt from the ABAWD time-limit, the proposed rule not only threatens them, but their children. An under-employed or unemployed NCP who loses SNAP may need to divert his or her income from child support payments in order to stay afloat financially, which would be particularly devastating given that child support represents more than half of the income of the families in poverty who receive it.^{xxxiv}
- **Children whose extended family members provide financial support:** Some low-income children may rely on food, financial assistance, or free childcare from extended family members, family friends, or a parent’s significant other who do not live with them but use

SNAP to supplement their income. Households that are the most financially precarious are the most likely to rely on such transfers to make ends meet. Considering that financially precarious households are often embedded together within the same networks, they likely received money or assistance from others who were also struggling economically.^{xxxv} If so-called Able-Bodied Adults Without Dependents in these networks lose SNAP benefits due to tightened state waiver rules, it would disrupt their ability to lend that crucial assistance to low-income children.

- **Children impacted by the opioid crisis:** Today, more than 2.5 million children are being raised by their grandparents or other relatives, in part because families are dealing with parental alcohol and substance abuse issues, which are growing rapidly due to the opioid epidemic.^{xxxvi} The adults who provide informal kinship care for children impacted by substance abuse issues may not do so on a consistent schedule, however. As a result, they may face obstacles in securing an exemption from ABAWD time-limits. If they lose access to SNAP in the face of tightened waiver requirements, the children they care for could experience increased poverty and food insecurity as a result.
- **Youth aging out of foster care and unaccompanied homeless youth:** Youth in foster care and unaccompanied homeless youth disproportionately experience significant barriers to obtaining a high school diploma, entering college, obtaining a driver's license, accessing health insurance, maintaining housing stability, and obtaining steady employment. SNAP plays a significant role in the health and well-being of youth aging out of care and unaccompanied homeless youth with no support systems. Former foster youth often experience poor nutrition and food insecurity, and SNAP benefits help to address this problem and increase the likelihood of healthy adult outcomes.^{xxxvii} However, because former foster youth and unaccompanied homeless youth often meet the definition of an Able-Bodied Adult Without Dependents, they face obstacles accessing this critical assistance and would likely disproportionately suffer under tightened state waiver requirements. This is of particular concern after recent changes made by the Agriculture Improvement Act of 2018 (PL 115-334) that reduced states' automatic exemption threshold from 15 percent to 12 percent.

Proposed Rule Undermining Congress Should Be Rejected

We strongly oppose the proposed rule that would expose even more people to the arbitrary food cutoff policy by limiting state flexibility regarding area waivers and individual exemptions. By the Administration's own calculations, the proposed rule would take food away from 755,000 low-income Americans, cutting food benefits by \$15 billion over ten years. The Administration does not estimate any improvements in health or employment among the affected population.

The proposed rule would make it harder for areas—such as Philadelphia—with high unemployment rates to qualify for waivers of the time limit by adding a 7 percent unemployment rate floor as a condition. We expect that this would directly affect the health of the children and families that we care for.

Additionally, the SNAP time limit for Able Bodied Adults Without Dependents adversely impacts children and vulnerable youth, even though they are not the intended targets of that policy. The proposed rule would exacerbate this problem. Furthermore, it flies in the face of Congressional intent, given the fact that Congress just concluded a review and reauthorization of SNAP in the Agriculture Improvement Act of 2018 and explicitly rejected the changes proposed.

Based on the research examining the relationship between SNAP and health, and seeing these effects first hand for children, we strongly oppose the proposed rule that will limit SNAP eligibility and therefore negatively impact the health and well-being of vulnerable Americans.

Sincerely,

Danielle Cullen, MD, MPH, MSHP
Attending Physician, Pediatric Emergency Medicine
Instructor, PolicyLab
Senior Fellow, Leonard Davis Institute
Children's Hospital of Philadelphia

Senbagam Virudachalam, MD, MSHP
Assistant Professor of Pediatrics
Children's Hospital of Philadelphia
University of Pennsylvania Perelman School of Medicine

Saba Khan, MD, MSCE
Assistant Professor of Pediatrics
Faculty Scholar at PolicyLab
Director of the Healthy Weight Food Pharmacy
Children's Hospital of Philadelphia
University of Pennsylvania Perelman School of Medicine

ⁱ Hartline-Grafton, H. (2017). *The Impact of Poverty, Food Insecurity, & Poor Nutrition on Health and Well-Being*. Washington, DC: Food Research & Action Center.

ⁱⁱ Economic Research Service, U.S. Department of Agriculture. (2018). *Definitions of Food Security*. Available at <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx> Accessed October 3, 2018.

ⁱⁱⁱ Franklin B. Jones, A., Love, D., Puckett, S., Macklin, J., & White-Means, S. (2012). Exploring mediators of food insecurity and obesity: a review of recent literature. *Journal of Community Health*. 37(1), 253-264.

^{iv} Berkowitz, S., A., Karter, A., J., Corbie-Smith, G., Seligman, H. K., Ackroyd, S. A., Barnard, L. S., Atlas, S. J., & Wexler, D. J. (2018). Food insecurity, food “deserts,” and glycemic control in patients with diabetes: a longitudinal analysis. *Diabetes Care*, 19, 171981

-
- v Gregory, C. A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease, and health among working-age adults. *Economic Research Report*, 235. Washington, DC: U.S. Department of Agriculture, Economic Research Service.
- vi Herman, D., Afulani, P., Coleman-Jensen, A., & Harrison, G. G. (2015). Food insecurity and cost-related medication underuse among nonelderly adults in a nationally representative sample: *American Journal of Public Health*, 105(10), 48-59.
- vii Afulani, P., Herman, D., Coleman-Jensen, A., & Harrison G. G. (2015). Food insecurity and health outcomes among older adults: The role of cost-related medication underuse. *Journal of Nutrition in Gerontology and Geriatrics*, 34(3), 319-343.
- viii Knight, C. K., Probst, J. C., Liese, A., D., Sercy, E., & Jones, S.J. (2016). Household food insecurity and medication “scrimping” among US adults with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.
- ix Mayer, V. L., McDonough, K., Seligman, H., Mitra, N., & Long, J. A. (2016). Food insecurity, coping strategies and glucose control in low-income patients with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.
- x Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine*, 21, 71-77.
- xi Seligman, H. K., Jacobs, E. A., Lopez, A., Tschann, J., & Fernandez, A. (2012). Food insecurity and glycemic control among low-income patients with type 2 diabetes. *Diabetes Care*, 35(2), 233-238.
- xii Tarasuk, V., Cheng, J., de Oliveira, D., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, 187 (14), E429-436.
- xiii Berkowitz, S. A., Basu, S., Meigs, J. B., & Seligman, H. (2017). Food insecurity and health expenditures in the United States, 2011-2013. *Health Services Research*, 53(3), 1600-1620.
- xiv Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh, “Household Food Insecurity in the United States in 2017,” U.S. Department of Agriculture, September 2018, <https://www.ers.usda.gov/webdocs/publications/90023/err-256.pdf?v=0>
- xv Mabl, J., & Worthington, J. (2014). Supplemental Nutrition Assistance Program participation and child food security. *Pediatrics*, 133(4), 1-10.
- xvi Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.
- xvii Nord, M. (2012). How much does the Supplemental Nutrition Assistance Program alleviate food insecurity? Evidence from recent programme leavers. *Public Health Nutrition*, 15(5), 811-817
- xviii Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.
- xix Coleman-Jensen, A., Rabbit, M. P., Gregory, C. A. & Singh, A. (2018). Household food insecurity in the United States in 2017. *Economic Research Service Report*, 256, Washington, DC: U.S. Department of Agriculture, Economic Research Service.
- xx Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.
- xxi Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA Internal Medicine*, 177(11), 1642-1649
- xxii Seligman, H. K., Bolger, A. F., Guzman, D., Lopez, A., & Bibbins-Domingo, K. (2014). Exhaustion of food budgets at month’s end and hospital admissions for hyperglycemia. *Health Affairs*, 33(1), 116-123.
- xxiii Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA Internal Medicine*, 177(11), 1642-1649
- xxiv Hartline-Grafton, H. (2017). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Washington, DC: Food Research & Action Center.
- xxv Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.

-
- xxvi Mayer, V. L., McDonough, K., Seligman, H., Mitra, N., & Long, J. A. (2016). Food insecurity, coping strategies and glucose control in low-income patients with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.
- xxvii Leung, C. W., Epel, E. S., Willett, W. C., Rimm, E. B., & Laraia, B. A. (2015). Household food insecurity is positively associated with depression among low-income Supplemental Nutrition Assistance Program participants and income-eligible nonparticipants. *Journal of Nutrition*, 145(3), 622-627.
- xxviii Juster, R-P., McEwen, B. S., & Lupien, S. J. (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neuroscience and Biobehavioral Reviews*, 35(1), 2-16.
- xxix Sarah Lauffer, "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2016," United States Department of Agriculture, November 2017, <https://fns-prod.azureedge.net/sites/default/files/ops/Characteristics2016.pdf>
- xxx Liana Fox, "The Supplemental Poverty Measure: 2017," U.S. Census Bureau, September 2018, <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-261.pdf>
- xxxi U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, "How Many Families Might be Newly Reached By Child Support Cooperation Requirements in SNAP and Subsidized Child care, and What Are Their Characteristics?", July 2018, <https://aspe.hhs.gov/pdf-report/how-many-families-might-be-newly-reached-child-support-cooperation-requirements-snap-and-subsidized-child-care-and-what-are-their-characteristics>
- xxxii U.S. Census Bureau, "Custodial Mothers and Fathers and Their Child Support: 2015 Current Population Survey," April 2016, Table 4, <https://www2.census.gov/programs-surveys/demo/tables/families/2015/chlds15.pdf>
- xxxiii Ibid. at 7
- xxxiv Heather Hahn, "Navigating Work Requirements in Safety Net Programs: Potential Pathways for Parents," The Urban Institute, January 2019, https://www.urban.org/sites/default/files/publication/99479/navigating_work_requirements_in_safety_net_programs_o.pdf
- xxxv The Pew Charitable Trusts, "Extended Family Support and Household Balance Sheets: Getting by with a little help from friends and relatives," March 2016, https://www.pewtrusts.org/-/media/assets/2016/03/fsm_kinshipbrief.pdf
- xxxvi Generations United, "In Loving Arms: The Protective Role of Grandparents and Other Relatives in Raising Children Exposed to Trauma," 2017.
- xxxvii Megan Martin, Shadi Houshyar, Alexandra Citrin, DeQuendre Neeley-Bertrand, DeQuendre and Raquan Wedderburn, "Supporting Youth Aging Out of Foster Care through SNAP," The Center for the Study of Social Policy, 2014, <https://www.cssp.org/policy/2016/supporting-youth-aging-out-of-foster-care-through-SNAP.pdf>