

April 3, 2019

The Honorable Marcia Fudge
Chair
House Agriculture Committee
Subcommittee on Nutrition, Oversight,
and Department Operations
1301 Longworth House Office Building
Washington, DC 20515

The Honorable Dusty Johnson
Ranking Member
House Agriculture Committee
Subcommittee on Nutrition, Oversight,
and Department Operations
1010 Longworth House Office Building
Washington, DC 20515

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

Dear Chair Fudge and Ranking Member Johnson:

On behalf of the National Association of County and City Health Officials (NACCHO), representing the nation's nearly 3,000 local health departments, I commend you for on holding a hearing on the U.S. Department of Agriculture (USDA) Proposed Rulemaking on the Supplemental Nutrition Assistance Program (SNAP) requirements and services for Able-Bodied Adults Without Dependents (ABAWDs).

Research shows that access to healthy food is an important factor in preventing chronic diseases like diabetes and heart disease, while food insecurity is a risk factor for negative psychological and health outcomes. However, the proposed rule would increase food insecurity. By the USDA'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. These proposed changes would 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. Therefore, NACCHO strongly opposes the proposed rule and urges that these changes be withdrawn.

Local health departments are responsible for safeguarding the health of all people in their communities, including those at risk for developing chronic disease. They work to ensure healthy food access for all residents through initiatives that aim to reduce the availability of unhealthy foods in communities and increase the accessibility, affordability, and availability of healthy foods. This is important because millions of Americans, especially people with low incomes, the elderly, people with disabilities, and other transit-dependent populations, have difficulty accessing fresh, nutritious food.¹

Food insecurity and hunger have stubbornly persisted, even during periods of economic growth. Nearly one in eight American households experience food insecurity during the year.² However, research shows that SNAP is effective at reducing food insecurity—by some estimates reducing food insecurity by approximately 30%.³ Moreover, SNAP is associated with decreased health care costs and with improved physical and mental health.⁴

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



prevalence and severity of diet-related disease, such as obesity, type 2 diabetes, heart disease, stroke, and some cancers.⁵ 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; postponing or forgoing preventive or needed medical care; and forgoing the foods needed for special medical diets (e.g., diabetic diets).⁶ Not surprisingly, research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs.⁷

But SNAP is effective in reducing health care utilization and costs. For example, a national study revealed that SNAP participation was associated with lower health care costs. On average, low-income adults participating in SNAP incurred nearly 25% less in health care costs in 12 months, including those paid by private or public insurance, than low-income adults not participating in SNAP.⁴

SNAP also improves children, adult, and senior health outcomes, including physical and mental health. For instance, SNAP increases the probability of self-reporting “excellent” or “good health,” lowers the risk of poor glucose control for those with diabetes and has a protective effect on mental health.⁸ SNAP also helps reduce stress for struggling individuals and families worried about finances, and stress is highly correlated with poor health outcomes.⁹

Despite the strong research base showing the importance and effectiveness of the SNAP program, the proposed rule would lead to fewer food-insecure individuals and families being able to access it. In the proposal, the administration does not estimate any improvements in health or employment among the affected population. Instead it would make it harder for people who live in areas with elevated unemployment rates to qualify. In addition to increasing food insecurity, the proposed rule would likely increase the administrative burden for SNAP providers as patients seek verification of unfitness for work. These are some of the many reasons that Congress debated and rejected adding a similar proposal in the 2018 Farm Bill. This proposed rule attempts to circumvent that Congressional decision.

SNAP 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, not fewer as would occur under this proposed rule. We therefore urge its withdrawal.

Thank you for your attention to the important issues of food insecurity and health. Please contact Eli Briggs, NACCHO Senior Government Affairs Director, with any questions at 202-507-4194/ebriggs@naccho.org.

Sincerely,



Lori Tremmel Freeman, MBA
CEO

¹ Economic Research Service, U.S. Department of Agriculture. (2018). *Definitions of Food Security*. Retrieved October 3, 2018 from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.

² 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.

³ 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.

⁴ 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.

⁵ Gregory, C., A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease, and health among working-age adults. *Economic Research Report*, 235.

⁶ 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.

⁷ 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.

⁸ Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.

⁹ 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.