

March 29, 2019

Certification Policy Branch  
SNAP Program Development Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive  
Alexandria, VA 22303

Re: Proposed Rule: Supplemental Nutrition Assistance Program (SNAP): Requirement for Able-Bodied Adults without Dependents RIN 0584-AE57

Dear Certification Policy Branch:

Thank you for the opportunity to comment on USDA's proposed rule "Requirement for Able-Bodied Adults without Dependents". On behalf of Children's HealthWatch please accept these comments and our strong opposition to any administrative action by USDA that would jeopardize mental and physical health of Americans due to increased risk of food insecurity.

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and policy and child health experts committed to improving children's health in America. Every day, in urban hospitals across the country, we collect data on children ages zero to four, many of whom are from families experiencing economic hardship. Over the past 20 years, we have surveyed more than 65,000 caregivers. We analyze our data and release our findings to researchers, legislators, and the public to inform public policies and practices that can give all children and their families equal opportunities for healthy, successful lives. We know from our research and clinical experience that policies, even those that do not directly target children, often have a ripple effect on children's health.<sup>1</sup>

Food insecurity and hunger are linked to negative health outcomes across the lifespan.<sup>2</sup> SNAP is our nation's first line of defense against food insecurity and hunger and is a fundamental component of America's public health and economic infrastructure that sustains people when the economy goes into recession, disasters happen, life takes unforeseen turns, wages are too low, or work is hard to find. Since the mid-1980s, 15-20 percent of US households have experienced losses of available income of 25 percent or higher annually, making SNAP a critical resource for moderating financial hardships.<sup>3</sup>

Because SNAP is effective in addressing food insecurity, it is important medicine.<sup>4</sup> Decades of research, including our own, demonstrate that SNAP is an effective tool for improving health across the lifespan, beginning during pregnancy and early childhood and continuing through adulthood.<sup>5,6,7,8</sup> Among adults, research demonstrates SNAP is associated with decreased risk of poor mental health outcomes associated with food insecurity, including depression and psychological distress.<sup>9,10</sup> Additionally, SNAP improves overall general health of adults<sup>11</sup> and,

among people with diabetes, reduces the risk of hypoglycemia, a condition that often requires hospitalization.<sup>12</sup>

While our work focuses specifically on health outcomes associated with SNAP participation among families of young children, we know from our clinical experience that this policy will likely have unintended effects on families and children. Many SNAP participants currently subject to time limits are non-custodial parents.<sup>13,14</sup> For some of these parents, SNAP helps them provide for their children and afford child support while they are unemployed. Additionally, children in low-income families often depend on pooled resources (including SNAP benefits) from extended family members who do not claim them as dependents. In both scenarios, additional burdensome restrictions on SNAP eligibility for able-bodied adults would translate to fewer resources available to support the health and wellbeing of children.

An aspect of SNAP's design that makes it such an effective and efficient program for reducing food insecurity and improving health is its counter-cyclical nature, meaning it provides assistance to more low-income households during an economic downturn or recession and to fewer households during an economic expansion.<sup>15</sup> The USDA's proposal to repeal states' flexibility to exempt certain individuals and many high unemployment areas from the time limit will directly contradict SNAP's longstanding track record of stimulating economic activity during an economic downturn and will likely harm public health. Elimination of these waivers will subject people to punitive and often unrealistic time limits and, as a result, place them at risk of food insecurity and poor health outcomes, and harm children who depend on support from their non-custodial parents, extended family members, and other community members.

The effect of this rule change will likely have short and long-term effects and may contribute to higher health care expenditures in the future. Children's HealthWatch, and others<sup>16</sup> have researched the health- and education-related costs of food insecurity in the US population and found them to be staggering. We estimated total health, education, and lost productivity costs of food insecurity in the US at more than \$178 billion in 2014<sup>17</sup> and over \$2.4 billion for the state of Massachusetts alone in 2016.<sup>18</sup> However, SNAP reduces food insecurity and hunger and helps to reduce these costs. Using data from national datasets, one study found SNAP participation to be associated with lower health care expenditures by approximately \$1,400 per person per year.<sup>19</sup> Another longitudinal study found that access to SNAP reduced the incidence of hospitalization and long term care of older adults resulting in an estimated \$2,100 in annual healthcare savings per senior enrolled in SNAP.<sup>20</sup>

Further, SNAP has been shown by research conducted by USDA Economic Research Service to itself be an effective economic stimulus, producing \$1.79 billion in economic activity for every \$1 billion of SNAP benefits distributed. In addition, each \$1 billion of SNAP benefits generates an estimated 9,800 full-time and part-time jobs and self-employment.<sup>21</sup> Far from discouraging work, SNAP creates jobs and encourages work.

Therefore, we strongly oppose any administrative action by USDA that would expose more people to this cutoff policy. **The only action we encourage USDA to take with respect to this**

**time limit rule is to propose its elimination.** Restoring SNAP's ability to provide food assistance to people struggling to find work would be a powerful policy improvement that would reduce food insecurity and improve the health and economic viability of our communities.

Sincerely,



Megan Sandel MD, MPH  
Co-Lead Principal Investigator, Children's HealthWatch  
Boston, MA



John Cook, PhD, MAEd  
Principal Investigator, Children's HealthWatch  
Boston, MA



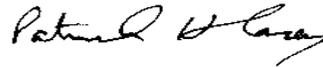
Diana Becker Cutts, MD  
Co-Lead Principal Investigator, Children's HealthWatch  
Minneapolis, MN



Eduardo Ochoa Jr., MD  
Principal Investigator, Children's HealthWatch  
Little Rock, AR



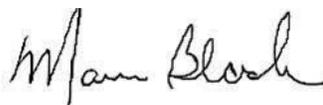
Mariana Chilton, PhD, MPH  
Director, Center for Hunger-Free Communities  
Principal Investigator, Children's HealthWatch



Patrick H. Casey, MD  
Principal Investigator, Children's HealthWatch  
Little Rock, AR



Deborah A. Frank, MD  
Principal Investigator and Founder, Children's HealthWatch  
Boston, MA



Maureen Black, PhD  
Principal Investigator, Children's HealthWatch  
Baltimore, MD



Stephanie Ettinger de Cuba, MPH  
Executive Director, Children's HealthWatch

---

<sup>1</sup> Cook JT, Frank DA, Berkowitz C, Black MM, Casey PH, Cutts DB, et al. Welfare reform and the health of young children. *Arch Pediatr Adolesc Med.* 2002;156:678-684.

<sup>2</sup> Gundersen C and Ziliak JP. Food Insecurity and Health Outcomes. *Health Affairs.* November 2015. Vol 34 (11): 1830-1839. Abstract available online:

---

<http://content.healthaffairs.org/content/34/11/1830.abstract>

<sup>3</sup> Hacker JS, Huber GA, Nichols A, Rehn P, Craig S. *Economic Insecurity Across the American States: New Estimates From the Economic Security Index*. Rockefeller Foundation, Yale University, June 2012 (<http://economicsecurityindex.org>).

<sup>4</sup> Ettinger de Cuba S, Weiss I, Pasquariello J, Schiffmiller A, Frank DA, Coleman S, Breen A, Cook J. The SNAP Vaccine: Boosting Children's Health. Children's HealthWatch, February 2012. Available at: [http://childrenshealthwatch.org/wp-content/uploads/snapvaccine\\_report\\_feb12.pdf](http://childrenshealthwatch.org/wp-content/uploads/snapvaccine_report_feb12.pdf)

<sup>5</sup> Almond D, Hoynes HW, Schanzenbach DW. Inside the war on poverty: The impact of food stamps on birth outcomes. *The Review of Economics and Statistics*. 2011;93(2):387-403.

<sup>6</sup> Hoynes H, Schanzenbach DW, Almond D. Long-run impacts of childhood access to the safety net. *The American Economic Review*. 2016;106(4):903-934.

<sup>7</sup> Carlson S, Keith-Jennings K. *SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs*. Center on Budget and Policy Priorities, Washington, DC, January 17, 2018.

<sup>8</sup> Szanton SL, Samuel LJ, Cahill R, Zielinski G, Wolff JL, Thorpe RJ Jr, Betley C. Food Assistance is Associated with Decreased Nursing Home Admissions for Maryland's Dually Eligible Older Adults. *BMC Geriatrics*, 2017; 17:162.

<sup>9</sup> Leung CW, Epel ES, Willett WC, Rimm EB, Laraia BA. Household food insecurity is positively associated with depression among low-income Supplemental Nutrition Assistance Program participants and income-eligible nonparticipants.

<sup>10</sup> Oddo VM, Mabli J. Association of participation in the Supplemental Nutrition Assistance Program and psychological distress. *AJPH*, 2015;105(6):e30-e35.

<sup>11</sup> Gregory C, Deb P. Does SNAP improve your health? *Food Policy*, 2015; 50:11-19.

<sup>12</sup> Seligman HK, Jacobs EA, Lopez A. Food insecurity and hypoglycemia among safety net patients with diabetes. *Archives of Internal Medicine* 2011;171(13):1204-1206.

<sup>13</sup> Ohio Association of Foodbanks. "Comprehensive Report on Able-Bodied Adults Without Dependents, Franklin County Ohio Work Experience Program." 2015.

[http://admin.ohiofoodbanks.org/uploads/news/ABAWD\\_Report\\_2014-2015-v3.pdf](http://admin.ohiofoodbanks.org/uploads/news/ABAWD_Report_2014-2015-v3.pdf). The Ohio Association of Foodbanks gathered the information for the report as a result of a partnership with the county SNAP agency to help place individuals identified as subject to the time limit in qualifying work activities after screening them.

<sup>14</sup> Carlson S, Rosenbaum D, Keith-Jennings B. Who are the low-income childless adults facing the loss of SNAP in 2016? Center on Budget and Policy Priorities. 2016. [https://www.cbpp.org/research/food-assistance/who-are-the-low-income-childless-adults-facing-the-loss-of-snap-in-2016#\\_ftn3](https://www.cbpp.org/research/food-assistance/who-are-the-low-income-childless-adults-facing-the-loss-of-snap-in-2016#_ftn3)

<sup>15</sup> U.S. Department of Agriculture. Supplemental Nutrition Assistance Program (SNAP) linkages with the general economy. 2018. <https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/economic-linkages/>

<sup>16</sup> Berkowitz SA, Basu S, Meigs JB, Seligman H. Food Insecurity and health care Expenditures in the United States, 2011-2013. Health Services Research, June 13, 2017 (<https://www.ncbi.nlm.nih.gov/pubmed/28608473>).

<sup>17</sup> Cook JT, Poblacion A. *Estimating the Health-Related Costs of Food Insecurity and Hunger*. In Bread for the World 2016 Hunger Report ([www.hungerreport.org](http://www.hungerreport.org)).

<sup>18</sup> Cook JT, Poblacion A. *An Avoidable \$2.4 Billion Cost: The Estimated health-Related Costs of Food Insecurity and Hunger in Massachusetts*. Report on research sponsored by the Greater Boston Food Bank, Boston, 2017.

<sup>19</sup> Berkowitz S, Seligman H, Rigdon J. Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA*, 2017;177(11):1642-1649.

<sup>20</sup> Samuel L, Szanton S, Cahill R, Wolff JL, Ong P, Zielinskie G, Betley C. Does the Supplemental Nutrition Assistance Program affect hospital utilization among older adults? The case of Maryland. *Population Health Management*, 2017;0(0). Available at: [http://www.bdtrust.org/wp-content/uploads/2017/07/Pop-Health-Mgmt\\_Hospitalizations\\_linked.pdf](http://www.bdtrust.org/wp-content/uploads/2017/07/Pop-Health-Mgmt_Hospitalizations_linked.pdf)

<sup>21</sup> Hanson K. *The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP*. ERR-103. U.S. Dept. of Agriculture, Econ. Res. Serv. October 2010.