

Ms. Sasha Gersten-Paal
SNAP Program Development Division
Food and Nutrition Service
3101 Park Center Drive
Room 812
Alexandria, VA 22302

Re: Advanced Notice of Proposed Rulemaking: Supplemental Nutrition Assistance Program: Requirements and Services for Able-Bodied Adults Without Dependents RIN 0584–AE57

Dear Ms. Gersten-Paal:

Thank you for the opportunity to comment on USDA's Advanced Notice on requirements and services for Able-Bodied Adults Without Dependents (ABAWDs). 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 after being cut off of SNAP.

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.

Food insecurity and hunger are linked to negative health outcomes across the lifespan.¹ 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 life takes unforeseen turns, wages are too low, or work is hard to find.

Because of SNAP's effectiveness in addressing food insecurity, it is important medicine.² Decades of research, including our own, demonstrates that SNAP is an effective tool for improving health across the lifespan, beginning during pregnancy and early childhood and continuing through adulthood.^{3,4,5,6}

While our work focuses specifically on the health outcomes associated SNAP participation among families of young children, we know from our clinical experience that policies which place sanctions on adults often have ripple effects on children. Many SNAP participants currently subject to time limits are non-custodial parents.^{7,8} 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.

Another aspect of SNAP's design that makes it such an effective and efficient 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.⁹ The USDA's proposal to repeal states' flexibility to exempt certain individuals and most 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 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. An unintended consequence of these draconian efforts is that time limits for ABAWDs will harm children who depend on support from their non-custodial parents and other community members.

Children's HealthWatch, and others¹⁰ 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 2014¹¹ and over \$2.4 billion for the state of Massachusetts alone in 2016.¹² SNAP reduces food insecurity and hunger and helps rein in the nation's runaway healthcare costs.

SNAP has also 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. Moreover, each \$1 billion of SNAP benefits generates an estimated 9,800 full-time and part-time jobs and self-employment.¹³ 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 of our communities.

Sincerely,



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¹ 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>

² 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

³ 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.

⁴ 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.

⁵ 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.

⁶ Szanton SL, Samuel LJ, Caahill 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.

⁷ 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. 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.

⁸ 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

⁹ 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/>

¹⁰ 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>).

¹¹ 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).

¹² 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.

¹³ 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.