

SNAP PROTECTS HEALTH FOR A LIFETIME

SNAP, our nation's largest child nutrition program, is a crucial foundation for public health. SNAP **protects children from costly health problems** including low birth weight, malnutrition, infections, hospitalizations, mental health issues, impaired brain development, and, later in life, diabetes and heart problems.



One
in
Four

One in four children in the United States live in families participating in SNAP. Policies that deprive them of adequate SNAP benefits damage the health of our children's bodies and brains.

What are the health benefits of SNAP? Research shows SNAP...



Improves child health

Young children in families participating in SNAP are healthier, grow better, and are more likely to develop well emotionally and academically for their age compared to their peers in likely eligible families not participating in the program.



Improves caregiver health

Children need healthy families to thrive. Adults participating in SNAP have reported better mental health and SNAP participation has been associated with lower risk of obesity, diabetes, and hypertension among adults who participated in the program during early childhood.



Increases food security for families and children

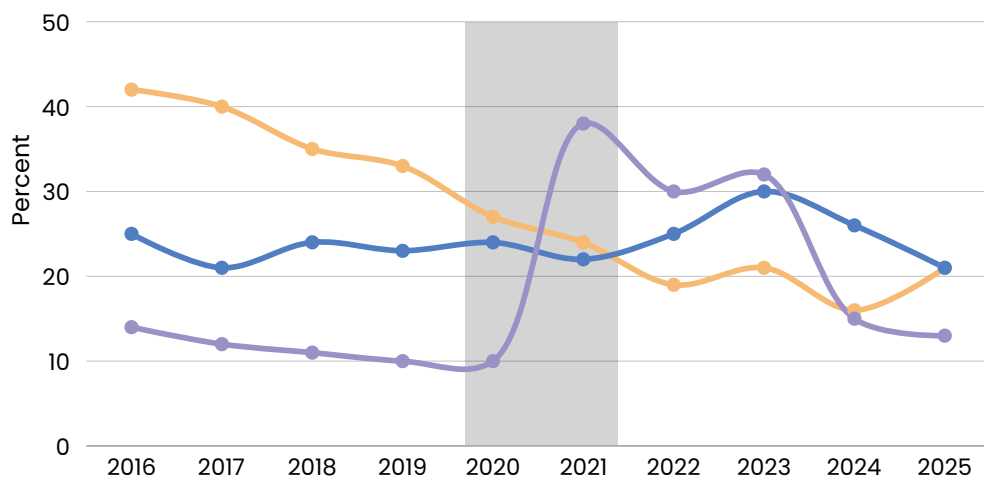
Caregivers often try to protect children from hunger by forgoing meals themselves. Compared to families who are likely eligible, but not participating in SNAP, families with young children participating in SNAP are 22 percent more likely to be able to afford enough food for all members. Additionally, they are 33 percent more likely to have enough resources to protect children from having the size of meals cut.



Alleviates economic hardships

Working in tandem with other programs to preserve family health, SNAP has a positive ripple effect. Families participating in SNAP are 28 percent more likely to be able to pay for medical expenses without foregoing basic necessities like food, rent and utilities.

Household and Child Food Insecurity and SNAP Participation, Little Rock, AR



Note: Children's HealthWatch paused data collection from March 2020 through September 2021 in response to the COVID-19 pandemic, resulting in reduced sample sizes during and immediately following this period.

Source: Children's HealthWatch data

- Household Food Insecurity
- SNAP participation
- Child Food Insecurity

Food insecurity, defined as lack of access to food for an active, healthy life due to financial constraints, is a persistent but preventable challenge that adversely affects the health and well-being of children and their families nationwide.

- Among families with young children interviewed by Children's HealthWatch in 2025 at Arkansas Children's Hospital in Little Rock, AR, **21% experienced food insecurity.**
- **Before the pandemic,** SNAP participation among families with young children was steadily declining. During the pandemic, **child food insecurity rates rose by 28%,** meaning parents could no longer protect their children from going without food.
- **Food insecurity rates** in Arkansas are still higher than pre-pandemic levels and higher than the national average, indicating the need for policy change to **make food assistance more generous and accessible.**
- However, H.R.1 introduced several significant changes to SNAP that reduce accessibility. This **has and will continue to reduce eligible families' participation.**

Pediatrician-Approved Policy Recommendations

Cost Shift Delay

Starting in FY2028, H.R.1 will require most states to pay, **for first time in the history of the program,** a share of SNAP food benefit costs based on their current SNAP error rates. Additionally, the state share of program administrative costs changed from 50 to 75%. For many states, these changes mean increases of **hundreds of millions of dollars a year.** These unprecedented cost-shifts will incur massive costs for states, potentially forcing them to take away food assistance from people with low incomes or even **end SNAP entirely.** States' share of benefits are currently being calculated using FY25 and FY26 error rates, but inadequate USDA guidance on implementation of eligibility changes and the 2025 shutdown are driving error rates up. States need more time to address error rates. **Congress should delay this cost shift by two years for all states.**

In Arkansas, the cost to administer SNAP will increase by \$119m per year.

Retaining Broad Based Categorical Eligibility (BBCE)

BBCE gives states the ability to **address the needs of their residents** and better support low-income working families and other vulnerable groups, promote asset-building, minimize benefit cliffs, and improve state administration while lowering administrative costs and payment errors. **Congress should reject any efforts to roll back BBCE** or undermine states' ability to offer food assistance to those in need.

Benefit Adequacy

In order to ensure SNAP benefit levels are high enough to purchase a nutritionally adequate diet to support health and development for children and their families, **Congress should shift to calculating SNAP benefits with the Low Cost Food Plan.** This would put a healthy diet within reach for the millions of people participating in SNAP **without adding further stigma** associated with food restrictions or barriers built into many incentive models.