AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

April 2, 2019

U.S. Department of Agriculture
Food and Nutrition Service
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:

On behalf of the American Public Health Association, a diverse community of public health professionals that champions the health of all people and communities, I appreciate the opportunity to submit comments in opposition to the U.S. Department of Agriculture propose rule, "Supplemental Nutrition Assistance Program (SNAP): Requirements for Able-Bodied Adults Without Dependents." The proposed changes to SNAP 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. We strongly oppose the proposed rule, which will limit access to SNAP, and therefore, negatively impact the health and well-being of vulnerable Americans while increasing health care utilization and costs. For this reason, and the reasons outlined below, we urge the department to withdraw this rule in its entirety.

SNAP is a critical health intervention and support for vulnerable Americans.

Research shows:

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

1. Food insecurity increases the risk of negative physical and mental health outcomes. [1]

USDA defines food insecurity as a "lack of consistent access to enough food for an active, healthy life."[2] 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.[3,4,5]

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;[6,7,8] postponing or forgoing preventive or needed medical care;[9,10] and forgoing the foods needed for special medical diets (e.g., healthful diet for someone who has diabetes).[11] Not surprisingly, research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs.[12,13]

2. SNAP decreases food insecurity.

Nearly one in eight American households experience food insecurity during the year,[14] which ultimately affects the wellbeing and productivity of millions of Americans. Research shows that SNAP is an effective intervention to combat food insecurity throughout the nation..[15,16,17] According to one estimate, SNAP participation reduces food insecurity by approximately 30 percent.[18]

3. SNAP is associated with decreased health care costs.

Research demonstrates that SNAP reduces health care utilization and costs.[19,20,21] For example, a national study revealed that SNAP participation was associated with lower health care costs.[22] On average, low-income adults participating in SNAP incurred nearly 25 percent less in health care costs in 12 months than low-income adults not participating in SNAP (costs include those paid by private or public insurance).

4. SNAP is associated with improved physical and mental health.

SNAP participation improves child, adult and senior health outcomes, including physical and mental health.[23] For example, SNAP participation increases the probability of self-reporting "excellent" or "good health,"[24] lowers the risk of poor glucose control (for those with diabetes)[25] and has a protective effect on mental health.[26] SNAP participation also helps reduce stress for individuals and families who are burdened with concerns about finances, and stress is highly correlated with poor health outcomes.[27]

The proposed rule undermines congressional intent.

Congress recently rejected changes to SNAP in the reauthorization of the 2018 Farm Bill. If finalized, the administration's proposed rule would conflict with congressional actions, which recognize the importance of consistent access to nutritious foods.

Conclusion

SNAP provides more than 40 million low-income Americans, including people with disabilities, children, seniors, veterans and working families, with critical nutrition benefits to strengthen their food security and provide access to a nutritious diet. If finalized, this regulation would add additional barriers to accessing nutritious food, which would make it even more difficult for

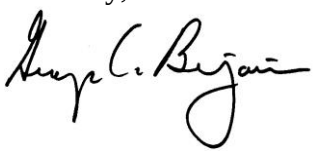
individuals already facing economic inequity to find and maintain employment and to prioritize their individual health and the health of their communities. By the administration's own calculations, the proposed rule would take food away from 755,000 low-income Americans without any estimates of improvements in health or employment among the affected population, and would cut $15 billion in SNAP food benefits over 10 ten years.

As an organization committed to improving the public's health and creating health equity, APHA has long supported policies that increase access to public assistance programs, such as SNAP, that support economic mobility and promote positive health behaviors. We are deeply concerned that this proposed rule would increase food insecurity and endanger the health of populations that already face significant barriers to improved health and economic outcomes.

We urge the department to withdraw the rule in its entirety, and to instead support efforts to advance policies that increase access to nutritious foods and promote positive health behaviors that contribute to the overall health and well-being of the public's health.

Thank you for your consideration of our comments.

Sincerely,



Georges C. Benjamin, MD
Executive Director

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[1] Hartline-Grafton, H. (2017). *The Impact of Poverty, Food Insecurity, & Poor Nutrition on Health and Well-Being.* Washington, DC: Food Research & Action Center.
[2] 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.
[3] 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.
[4] 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
[5] 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.
[6]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.
[7] 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.
[8] 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 Nutritioin*, 19(6), 1103-1111.
[9] 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.
[10] 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.
[11] 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.

[12] 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.
[13] 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.
[14] 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.
[15] Mabli, J., & Worthington, J. (2014). Supplemental Nutrition Assistance Program participation and child food security. *Pediatrics*, 133(4), 1-10.
[16] 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.
[17] 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
[18] 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.
[19] Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.
[20] 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
[21] 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.
[22] 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
[23] 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.
[24] Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.
[25] 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.
[26] 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.
[27] 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.