

September 7, 2019

Program Design Branch
Program Development Division
Food and Nutrition Service, USDA
3101 Park Center Drive
Alexandria, VA 22302

Re: Proposed Rule: "Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP)"

FNS Docket No. FNS-2018-0037

To Whom It May Concern:

Thank you for the opportunity to comment on the Food and Nutrition Service (FNS)'s Notice of Public Rule Making (NPRM) for "Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP)" published on July 24, 2019. I write to express my strong opposition to this proposal that will harm the health and well-being of 3 million children, adults, and seniors.

My name is Lujain Al-Khawi, and I am the Health Policy & Advocacy Intern at the American Muslim Health Professionals (AMHP). AMHP is a non-profit organization bringing together and strengthening the impact of Muslim health professionals to improve the health and wellness of all Americans. We have a national listserv of over 2,000 members—many of whom are healthcare providers and have a stake in a more transparent healthcare system.

As a healthcare advocate, I know the importance of consistent access to enough nutritious foods because in my community in Washington, D.C. I see the effects of its opposites - food insecurity and hunger - on a regular basis when I drive around D.C. and see homeless people-young and old, waiting for their next meal. What my colleagues and I know well is that many medical treatments are less effective if our patients have to choose between eating enough and/or nutritiously and some other basic need, like housing, heat/cooling, electricity or health care because they just cannot afford all their needs. That is why the Supplemental Nutrition Assistance Program (SNAP) is so important. SNAP is not only our nation's largest and most effective program for reducing food insecurity and hunger, but decades of research and clinical experience also demonstrates the many ways in which SNAP promotes health across the lifespan.

Scientific evidence reinforces what I see in many parts of Washington, D.C., Virginia, and Maryland. Food insecurity, even at mild levels, is linked to adverse health effects for people of all ages^{1,2,3,4,5} and

¹ Rose-Jacobs R, Black MM, Casey PH, et al. Household food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*, 2008;121(1):65-72.

² Shankar P, Chung R, Frank DA. Association of food insecurity with children's behavioral, emotional, and academic outcomes: A systematic review. *J Dev Behav Pediatr*.2017;38:135-150.

³ Gregory CA, Coleman-Jensen A. Food insecurity, chronic disease, and health among working-age adults," ERR-235, U.S. Department of Agriculture, Economic Research Service, July 2017, <https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=42942>.

⁴ Gundersen C, Ziliak JP. Food insecurity and health outcomes," *Health Affairs*, 2015;34(11):1830-1839. Available at: [http://gatonweb.uky.edu/Faculty/Ziliak/GZ_HealthAffairs_34\(11\)_2015.pdf](http://gatonweb.uky.edu/Faculty/Ziliak/GZ_HealthAffairs_34(11)_2015.pdf).

Children's HealthWatch conservatively estimates it resulted in \$178 billion in avoidable health, education, and lost work productive costs in 2014 alone.⁶ SNAP, on the other hand, is associated with many positive health outcomes for children and adults of all ages beginning in the prenatal period and continuing through senior years.^{7,8,9,10,11,12} In addition to improving health, SNAP also effectively reduces health care costs nationally, which is critical to providers and health systems as we shift to value-based care models that incentivize population health.^{13,14}

The changes to Broad-Based Categorical Eligibility proposed by USDA would threaten the health of my patients since it would eliminate SNAP benefits for 3.1 million people, take school meals away from 500,000 children, and punish working families striving to gain financial stability as well as people with even meager savings.

Recent research demonstrates that when working families lose SNAP or have their benefits reduced due to increased earnings, they are at greater risk of poor child and adult health outcomes, child hospitalizations, and multiple family economic hardships, including food insecurity.¹⁵ Also alarming is that when families with children lose SNAP, they lose automatic eligibility for school meals. The loss of daily, nutritious breakfast and lunch, coupled with the familial loss in SNAP benefits, will put children from low income families at further risk for food insecurity and poor health and educational outcomes. Moreover, the avalanche effect of multiple losses of support can threaten the health and development of children and the mental and physical health of parents and destabilize household finances for families across the nation.

⁵ Laraia BA. Food insecurity and chronic disease. *Advances in Nutrition*, 2013;4(2):203-212. Available at: <http://advances.nutrition.org/content/4/2/203.full>

⁶ 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).

⁷ 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.

⁸ Ettinger de Cuba S, Bovell-Ammon A, Cook JT, Coleman S, Black MM, Chilton MM, et al. Association of SNAP participation with the health of young children and family food security and health care access. *Am J of Prev Med*. 2019.

⁹ 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

¹⁰ Kreider B, Pepper JV, Gunderson C, Jolliffe D. Identifying the effects of SNAP (food stamps) on child health outcomes when participation is endogenous and misreported. *Journal of the American Statistical Association*. 2012;107(499):958-975.

¹¹ Mabli J, Worthington J. Supplemental Nutrition Assistance Program participation and child food security. *Pediatrics*. 2014;133(4):610-619. doi: 10.1542/peds.2013-2823 [doi].

¹² Mabli J, Ohls J. Supplemental Nutrition Assistance Program participation is associated with an increase in household food security in a national evaluation. *J Nutr*. 2015;145(2):344-351. doi: 10.3945/jn.114.198697 [doi].

¹³ Sonik RA. *Massachusetts Inpatient Medicaid Cost Response to Increased Supplemental Nutrition Assistance Program Benefits*. *AJPH*, 2016;106 (3):443-8. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/26794167>

¹⁴ 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. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/28973507>

¹⁵ Ettinger de Cuba S, Chilton M, Bovell-Ammon A, Knowles M, Coleman SM, Black MM, Cook JT, Cutts DB, Casey PH, Heeren TC, Frank DA. Loss of SNAP is associated with food insecurity and poor health in working families with young children. *Health Affairs*. 2019;38(5):765-73.

For seniors and people with disabilities, SNAP is a critical lifeline.¹⁶ Elderly SNAP participants were found to be 5 percentage points less likely to cut back on their medications because of cost than eligible non-participants, which is equivalent to a 30 percent reduction.¹⁷ A longitudinal study of low income older adults eligible for Medicaid and Medicare found that participation in SNAP reduced the incidence of two very costly types of care - hospitalization and long term care of older adults.¹⁸ The changes to BBCE will harm many seniors with even modest savings, which seniors use to continue to afford basic needs throughout retirement. A loss in SNAP for my elderly or disabled patients in particular will likely lead to worse health and an increased need for health care – increasing costs for both the seniors themselves and for society as a whole.

The proposed changes in this rule are antithetical to that oath and will threaten health and well-being of patients in my community. For these reasons, I strongly oppose these changes and urge the administration to fully withdraw this proposal.

Sincerely,

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American Muslim Health Professionals

¹⁶ Carlson S and Keith-Jennings K. SNAP is linked with improved nutritional outcomes and lower health care costs. Center on Budget and Policy Priorities. 17 January 2018. Available at: <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

¹⁷ Mithuna S and Pooler JA. Cost-Related Medication Nonadherence for Older Adults Participating in SNAP, 2013–2015. *American Journal of Public Health*, published online December 21, 2017, <http://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304176>

¹⁸ 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