



**Association of State Public Health Nutritionists**  
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April 2, 2019

Certification Policy Branch  
SNAP Program Development Division  
Food and Nutrition Service, USDA  
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:

Thank you for this notable opportunity to submit comments to the United States Department of Agriculture's (USDA) Proposed Rulemaking on SNAP requirements and services for Able-Bodied Adults Without Dependents (ABAWDs). Founded in 1952, the Association for State Public Health Nutritionists (ASPHN) is a non-profit membership organization that provides state and national leadership on food and nutrition policy, programs and services aimed at improving the health of our population. ASPHN's membership is composed of more than 400 public health nutritionists located throughout all 50 states, the District of Columbia and five U.S. territories.

ASPHN's vision is healthy eating and active living for everyone. Our mission is to strengthen nutrition policy, programs and environments for all people through development of public health nutrition leaders and collective action of members nationwide. ASPHN is comprised of registered dietitians, nutritionists, and other health professionals who are closely involved in the implementation of federal nutrition programs. Our collaborative network includes public health programs and providers who play critical roles in delivering public health messages and nutrition programs; i.e. public health nursing, dental health, chronic disease prevention programs and local level agencies working directly and indirectly with the public. You can find ASPHN on the web at [www.asphn.org](http://www.asphn.org) and on Facebook at [www.facebook.com/asphn](http://www.facebook.com/asphn).

ASPHN respectfully submits the following comments on the subject of Proposed Rule: Supplemental Nutrition Assistance Program (SNAP): Requirements for Able-Bodied Adults without Dependents RIN 0584-AE57.

ASPHN strongly encourages the USDA to withdraw the proposed changes to the reauthorization of SNAP in the 2018 Farm Bill as it marks a significant and harmful departure from the current policy passed by Congress and signed by the President in December 2018. The proposed SNAP rules limit participation by able-bodied adults without dependents (s) to 3 months in a 36-month period unless the individual is working

or participating in a work program for at least 80 hours per month. The proposed rule would also reform waiver standards by eliminating state-wide waivers unless a state qualifies for extended unemployment benefits; limit waivers of larger geographic areas that may include sections with sufficient available jobs, and just allow waivers in local areas with high unemployment relative to the national average only when the local rate meets a specific quantitative standard—7%.

These proposed changes are clearly designed to decrease participation which is concerning for two reasons: 1) lower participation will result in more food insecurity which leads to poor health and lower quality of life for Americans, and 2) poor health will increase health care costs and negate the savings from lower participation. An extensive body of research reveals a consistent and strong correlation between food insecurity and poor health outcomes across the life cycle. Food insecurity among working-age adults is associated with poorer diet quality; multiple chronic conditions, including hypertension, coronary heart disease, diabetes, and kidney disease; and poorer general and mental health. <sup>(1)</sup> Food insecurity — even marginal food security — is associated with some of the most costly health problems and behaviors among adults. Because of limited financial resources, many households that are food insecure use coping strategies to stretch budgets that are harmful for health, such as engaging in cost-related medication underuse or nonadherence, <sup>(2, 3, 4)</sup> postponing or forgoing preventive or needed medical care, <sup>(5, 6)</sup> forgoing the foods needed for special medical diets (e.g., diabetic diets), <sup>(7)</sup> or diluting or rationing infant formula. <sup>(8)</sup> Further research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs. <sup>(9, 10)</sup> The direct and indirect health-related costs of hunger and food insecurity in the U.S. have been estimated to be \$160 billion for 2014 alone. <sup>(11)</sup>

The United States Department of Agriculture's (USDA) Evaluation of SNAP Employment and Training Pilots Fiscal Year 2017 Annual Report to Congress, identified several legitimate barriers to SNAP participants obtaining and maintaining gainful employment, e.g. insufficient program funding and staffing; along with participant housing issues, homelessness, inadequate rental assistance, limited shelters, long wait lists for public housing, the high cost of living, the lack of job readiness training, basic skills/English as a second language training, digital literacy, vocational training, job search assistance, job placement, transportation, and scarce support services. <sup>(12)</sup> On the average, participants in the USDA 10 state pilot project were 51 percent female, 48 percent white, 43 percent black and 12 percent Hispanic. <sup>(12)</sup> Almost one fourth of the group in this report were without a high school diploma yet 93 percent were currently or ever employed. <sup>(12)</sup> The proposed SNAP rules with time limits definitely do not address any of these barriers to long term employment and in fact, will only exacerbate the current state of food insecurity and health inequity among scores of fellow Americans.

These new limits to SNAP participation will eradicate a vital safety net for countless Americans who most need help, including ABAWDs with seasonal jobs, veterans, and individuals with mental illness. For able bodied adults without dependents who are part of a family unit and have caretaking responsibilities for family members who are not their direct dependents (e.g. elderly, disabled, young children) being required to be employed

80 hours per month could have a major deleterious impact on a family's sustainability. People who work more annual hours than mandated by a work requirement but who have irregular hours could fail to meet a work requirement of a set number of hours per week or month, and would also be at increased risk.

SNAP is the primary source of nutrition assistance for millions of low-income people. In a typical month of 2017, SNAP helped nearly 42 million low-income Americans afford a nutritious diet. While SNAP provides only a modest benefit — just \$1.40 on average per person per meal in 2017 — it forms a critical foundation for the health and well-being of low-income Americans, lifting millions out of poverty and improving food security. <sup>(13)</sup>

The proposed reforms to waivers will severely limit the ability of states to meet the needs of their people based on the unique circumstances and economic status of the state. The proposed changes will also increase the administrative burden of states to implement the new restrictions. The proposed reforms seem especially harsh for rural areas where there are too few job and employment opportunities.

In conclusion, ASPHN strongly opposes the Proposed Rule: Supplemental Nutrition Assistance Program (SNAP): Requirements for Able-Bodied Adults without Dependents RIN 0584-AE57 as it will expose millions of our fellow Americans to the ravishes of poverty, devastating food insecurity, dire and costly health risks, life-threatening diseases, and discrimination.

Protecting and improving the public's health is a critically important role for our government and the nation. It is unfortunate that far too many Americans struggle with poverty, food insecurity, inadequate dietary intake, obesity, and costly chronic diseases. SNAP mitigates many of these problems and improves the overall health and well-being of our most vulnerable Americans. In fact increasing access to SNAP and enhancing SNAP benefit levels would further strengthen SNAP's role in improving overall public health, cut healthcare costs, and bolster the country's economic stability.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin Stanton". The signature is fluid and cursive, with the first name "Robin" being more prominent than the last name "Stanton".

Robin Stanton, MA, RDN, LD

President, ASPHN Board of Directors

## References

1. Gundersen, C., & Ziliak, J. P. (2015). Food insecurity and health outcomes. *Health affairs*, 34(11), 1830-1839.
2. 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), e48-e59.
3. 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), 319-342.
4. 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. *Preventive medicine*, 83, 41-45.
5. 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.
6. 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(1), 71-77.
7. 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.
8. Burkhardt, M. C., Beck, A. F., Kahn, R. S., & Klein, M. D. (2012). Are our babies hungry? Food insecurity among infants in urban clinics. *Clinical pediatrics*, 51(3), 238-243.
9. Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Cmaj*, 187(14), E429-E436.
10. Berkowitz, S. A., Basu, S., Meigs, J. B., & Seligman, H. (2017). Food insecurity and health care expenditures in the United States, 2011–2013. *Health Services Research*, published online ahead of print.
11. Cook, J. T., & Poblacion, A. P. (2016). Estimating the Health-Related Costs of Food Insecurity and Hunger. *The Nourishing Effect: Ending Hunger, Improving Health, Reducing Inequality (2016 Hunger Report)*. Washington, DC: Bread for the World Institute.
12. United States Department of Agriculture. *Evaluation of SNAP Employment and Training Pilots: Fiscal Year 2017 Annual Report to Congress*
13. Carlson, S., & Keith-Jennings, B. (2018). SNAP is linked with improved nutritional outcomes and lower health care costs. *Center on Budget and Policy Priorities*, 17.