



Association of State Public Health Nutritionists
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November 22, 2019

SNAP Certification Policy Branch,
Program Development Division
Food and Nutrition Services
3101 Park Center Drive
U.S. Department of Agriculture
Alexandria, VA 22302

Re: Notice of Proposed Rule Making Regarding Supplemental Nutrition Assistance Program (SNAP) Standardization of State Heating and Cooling Standard Utility Allowances -- RIN 0584-AE69

Dear SNAP Certification Policy Branch,

The Association of State Public Health Nutritionists (ASPHN), an Affiliate of the Association of State and Territorial Health Officials, is composed of more than 400 public health nutritionists leading statewide nutrition efforts programs in 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 and on Facebook at www.facebook.com/asphn.

ASPHN appreciates this opportunity to comment on the United States Department of Agriculture's (the Department) Proposed Rule regarding Supplemental Nutrition Assistance Program (SNAP) Standardization of State Heating and Cooling Standard Utility Allowances.

Under current law, a state-specific Standard Utility Allowance (SUA) is calculated by the state and approved by the Department. The current law permits states to adjust SUAs to accommodate variations in utility costs and rates, and allows each state some degree of tractability in how it calculates those costs when taking into account the utility expenses of each SNAP household. By and large, utility expenditures are comprised of usage and cost. The overall cost a household pays for usage of utilities varies from state to state. In the proposed rule, the federal government would regulate and cap the methodology for

calculating SUAs across all states. The Department believes standardizing the SUA methodology would perfect program consistency.⁽¹⁾

The calculations used in the proposed rule will limit the use of SUAs to those in the 80th percentile, or below, of low-income people. Unfortunately, the rule may not sufficiently consider the ensuing impact to low-income people at the 85th or higher percentiles. This is particularly alarming as there are currently 21 states using SUAs exceeding the 85th percentile to assist SNAP households experiencing very high utility costs.⁽¹⁾ This “one-size-fits-all” rule will force some states to lower the value of their allowed utility expenditures which will in turn will reduce SNAP benefits for millions of households. This proposal only aims to exacerbate the struggle many Americans face in affording both food and utilities.

Upon implementation of the proposed rule, the Department forecasts a savings in Federal SNAP spending, of roughly \$4.5 billion over five years 2021-2025. To accomplish this savings the Department’s proposed rule will lower the monthly benefits of 19 percent of all SNAP households.⁽¹⁾ Nineteen percent might not sound like a sizeable percentage but when it is 19 percent of a very large number then 19 percent becomes notable. Over 40 million people received SNAP benefits, in July 2017. ⁽²⁾ Subsequently, if the proposed rule goes into effect, nearly 8 million people may very well see their SNAP benefits adversely diminished.

The proposed rule can also have far-reaching reverberations on local economies. It is estimated that every \$1 of SNAP benefits produces between \$1.50 and \$1.80 in total economic activity. The Department reports more than 87 percent of SNAP benefits are cashed in at local stores, farmer’s markets, and supermarkets, as well as at local grocery stores. ⁽³⁾ In this way, SUA proposed cuts could severely limit the purchasing power and consumption of food in low income households, negatively affect nutrition intake and quality, and result in more disorderly marketing and distribution of less healthy foods in local economies.

A loss or reduction in SNAP benefits may well have a detrimental impact on the health and well-being of low-income children, older adults, people living with disabilities, and low income families. Food insecurity, even marginal food insecurity, has been associated with the exacerbation of damaging and expensive health problems; such as diabetes, obesity, hypertension, pregnancy complications, heart disease and stroke, disability, poor oral health, and premature mortality. ^(4, 5, 6, 7, 8, 9, 10, 11) Research has linked food insecurity in children with lower health status, low birth weight, birth defects, iron deficiency anemia, more frequent colds, asthma, stunted growth and development, mental health problems, and poor educational performance and academic outcomes—all of which will have very costly health and economic consequences both in the short and long term. ^(12, 13, 14, 15, 16, 17, 18, 19, 20, 21) Research indicates household food insecurity as a convincing forecaster of increased health care costs. ⁽²²⁾ In 2014 direct and indirect health care-related costs of hunger and food insecurity were assessed at \$160 billion. ⁽²³⁾

As clearly stated on the Department's website "SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency." (24) Hence, the Department's commitment should be to strengthen SNAP's impact not weaken it by making injurious cuts in benefits to more than 8 million SNAP recipients. ASPHN staunchly opposes the proposed "one-size-fits all" rule and requests the Department to withdraw the rule and instead work with states directly to improve their SUA's under existing flexibility.

Sincerely,



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President, ASPHN Board of Directors

References

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