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Heart
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September 21, 2019

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

Re: Docket No. FNS-2018-0037

Dear Madame or Sir:

On behalf of the American Heart Association (AHA), including the American Stroke Association, and more than 33 million volunteers and supporters, we want to express our concerns regarding the U.S. Department of Agriculture's (USDA) Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP). The proposed changes would hurt our most vulnerable communities by leading to greater food insecurity and fewer nutritious meals, particularly for children. The proposed rule should be withdrawn.

The AHA is the nation's oldest and largest voluntary organization dedicated to building healthier lives free from heart disease – the leading cause of death in the United States. Our nonprofit and nonpartisan organization is committed to our goal of improving the cardiovascular health of all Americans, including vulnerable and under-resourced communities who are at greater risk for developing chronic disease. The AHA funds innovative research to accelerate advances in preventing heart disease and stroke; works to advance strong public health policies; and provides critical tools and information to health care providers, patients, and families to prevent and treat these deadly diseases.

Despite being one of our costliest and most prevalent chronic diseases, cardiovascular disease (CVD) is largely preventable, and its prevalence and costs can be reduced by adopting healthy habits such as eating a nutritious diet. Among modifiable risk factors, poor dietary habits are a leading cause of death and disability. In particular, low-income people who struggle to put food on the table – let alone healthy food – are at a greater risk for developing CVD.

For more than 50 years, SNAP has been vital in addressing food insecurity in the United States. SNAP has a positive impact on health, educational attainment, and economic self-sufficiency;¹ indeed, food insecurity costs the United States \$178 billion in preventable health care, educational, and lost work productivity.² SNAP benefits insulate many vulnerable populations from food insecurity, including the underemployed, children, people with disabilities, and older Americans. Food insecurity is associated with diabetes, heart disease, obesity, high blood pressure, chronic kidney disease, and depression,³ and reduced participation in SNAP could cause a spike in the prevalence of chronic conditions associated with poor nutrition.⁴

Under this rule, 3.1 million vulnerable people would lose SNAP benefits. This amounts to \$3 billion a year in benefits cut to veterans, active duty military, children, seniors, and those with disabilities.⁵ Approximately three million seniors live in food insecure households and could be effected by the change in eligibility.⁶ In addition, more than 150,000 people with disabilities would lose SNAP benefits.⁷ Further analysis shows that in 20 states, more than 10 percent of households would be removed from SNAP. Texas, where the American Heart Association is headquartered, would be hardest hit with almost 389,000 people losing benefits.⁸

Families experiencing food insecurity may choose to forgo other necessary expenses to help stretch the budget, such as forgoing medicine, medical treatment, or rationing food. These coping strategies exacerbate existing chronic conditions and compromise health.⁹ Changes to SNAP eligibility not only make it difficult for participants to feed their families at home, but also has a snowball effect for other programs – particularly for children.

¹ American Heart Association. *Farm Bill Policy and the Supplemental Nutrition Assistance Program (SNAP)*. March 2017. https://www.heart.org/-/media/files/about-us/policy-research/prevention-nutrition/farm-bill-policy-and-snap-ucm_494779.pdf?la=en&hash=04F17D764DE4D3C7900B45B58A83A378E83D1597. Accessed September 17, 2019.

² Cook JT, Poblacion A. *Estimating the Health-Related Costs of Food Insecurity and Hunger*. Bread for the World https://www.bread.org/sites/default/files/downloads/cost_of_hunger_study.pdf. Accessed September 17, 2019.

³ Ibid.

⁴ Food Research and Action Center. *Hunger and Health: The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being*. 2017. <http://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>. Accessed October 5, 2018.

⁵ U.S. Department of Agriculture. Proposed Rule: "Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program," *Federal Register* 84, no. 142 (July 24, 2019). <https://www.federalregister.gov/documents/2019/07/24/2019-15670/revision-of-categorical-eligibility-in-the-supplemental-nutrition-assistance-program-snap>. Accessed September 17, 2019.

⁶ National Council on Aging. *SNAP and Senior Hunger Facts*. <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>. Accessed September 17, 2019.

⁷ Ibid.

⁸ Mathematica. *Impact of Proposed Policy Changes to SNAP Categorical Eligibility by State*. 2019. <https://www.stateofobesity.org/new-research-analyzes-state-level-impact-of-usda-proposal-to-end-snap-broad-based-categorical-eligibility/>. Accessed September 17, 2019.

⁹ Food Research and Action Center. *Hunger and Health: The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being*. 2017. <http://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>. Accessed September 17, 2019.

The Negative Effects on Children

Children whose pregnant mothers had access to SNAP have shown lower rates of infant mortality and low birthweight,¹⁰ and children who participate in SNAP have a decreased likelihood of developing obesity, high blood pressure, heart disease, and diabetes¹¹ – all of which are costly, preventable chronic conditions. In addition, children who receive SNAP experience fewer hospitalizations than similar children who do not have access to SNAP.¹² Food insecurity is also linked with poor educational performance and academic outcomes in children.^{13, 14, 15, 16}

School Meal Access

Although not addressed in the proposed rule, it has been widely reported that the planned changes to SNAP would result in more than half a million children losing their automatic eligibility for free school meals.^{17, 18} We do not understand why this was not included in the Regulatory Impact Analyses; the Administration's review should include all adverse impacts, especially when children are affected. For many children, school may be their only opportunity to receive a healthy meal. Preventing children from automatically receiving eligibility can increase the paperwork and certification burden on both the parents and school food service programs, as well as stigmatize the child. Cutting children from automatic school meal eligibility puts children at additional risk for food insecurity and poor health and educational outcomes, and there is a compounding effect of losing access to both SNAP and free school meals that further threatens the health and development of children. If USDA moves forward with these eligibility changes to SNAP, the agency must consider and acknowledge all of the downstream effects of the rule.

WIC

The proposed rule will increase the paperwork burden on families accessing WIC services, particularly in certain rural states. SNAP and WIC work in tandem to

¹⁰ Shapiro, I. *The Safety Net's Impact: A State-by-State Look*. Center on Budget and Policy Priorities. August 2016. <http://www.cbpp.org/blog/the-safety-nets-impact-a-state-by-state-look>. Accessed September 17, 2019.

¹¹ Hoynes H, Schanzenbach DW, Almond D. Long-run impacts of childhood access to the safety net. *American Economic Review*. 2016; 106(4): 903-934.

<http://gspp.berkeley.edu/assets/uploads/research/pdf/Hoynes-Schanzenbach-Almong-AET-2016.pdf>. Accessed September 26, 2018.

¹² Cook JT, et al. Child food insecurity increases risks posed by household food insecurity to young children's health. *Journal of Nutrition*. 2006.

¹³ Jyoti DF, Frongillo EA, Jones SJ. Food insecurity affects school children's academic performance, weight gain, and social skills. *Journal of Nutrition*, 135, 2831-2839. 2005.

¹⁴ Shanafelt A, Hearts MO, Wang Q, Nanney MS. Food insecurity and rural adolescent personal health, home, and academic environments. *Journal of School Health*, 86(6), 472-480. 2016.

¹⁵ Nelson BB, Dudovitz RN, Coker TR, Barnert ES, Biely C, Li N, Szilagyi PG, Larson K, Halfon N, Zimmerman FJ, Chung PJ. Predictors of poor school readiness in children without developmental delay at age 2. *Pediatrics*, 138(2), e20154477. 2016.

¹⁶ Howard LL. Does food insecurity at home affect non-cognitive performance at school? A longitudinal analysis of elementary student classroom behavior. *Economics of Education Review*, 30, 157-176. 2011.

¹⁷ Khimm S. "Trump plan failed to note that it could jeopardize free school lunches for 500,000 children, Democrats say," *NBC News*, July 19, 2019. <https://www.nbcnews.com/politics/white-house/trump-plan-failed-note-it-could-jeopardize-free-school-lunches-n1035281>.

¹⁸ Fadulu L. "500,000 Children Could Lose Free School Meals Under Trump Administration Proposal," *New York Times*, July 30, 2019. <https://www.nytimes.com/2019/07/30/us/politics/free-school-meals-children-trump.html>

provide nutrition support for a targeted population at a critical time of growth and development. Congress has allowed for SNAP, Medicaid, and the Temporary Assistance for Needy Families (TANF) participation to reduce the administrative process when certifying individuals for WIC. Subsequently, nearly 75 percent of WIC participants are able to waive certification requirements as a result of their participation in another federal program. Changing SNAP eligibility could mean a delay in access to or a decline in participation of WIC. In addition, cutting access to SNAP – and subsequently WIC – can cost more in health care spending: for every dollar spent on WIC, Medicaid cost savings for the first 60 days after birth range from \$1.77 to \$3.13 for newborns and mothers combined, and \$2.84 to \$3.90 for newborns alone.¹⁹ A drop in WIC participation can lead to higher Medicaid spending.

Department of Defense Education Activity (DoDEA)

One in three children who attend schools on military bases that are run by the DoDEA are eligible for free or reduced-price lunches. A change to SNAP eligibility for these families means that more than 6,500 children could be in danger of losing access to healthy meals at school.²⁰ Cutting access to SNAP and meals served at DoDEA schools could have a devastating impact on military families facing financial challenges.

Conclusion

In closing, we urge USDA to withdraw the proposed rule on Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP). By making it more difficult to access SNAP benefits, the proposed rule could increase the number of people who are food insecure and adversely affect health outcomes – particularly for children who would be affected not just through SNAP, but school meals, WIC, and DoDEA as well.

If you have any questions or need any additional information, please do not hesitate to contact Kristy Anderson, Senior Government Relations Advisor at (202) 785-7927 or kristy.anderson@heart.org.

Sincerely,



Robert A. Harrington, M.D., FAHA
President
American Heart Association

¹⁹ U.S. Department of Agriculture. *The Savings in Medicaid Costs for Newborns and their Mothers from prenatal Participation in the WIC Program*. 1990. <https://www.fns.usda.gov/wic/savings-medicaid-costs-newborns-and-their-mothers-resulting-prenatal-participation-wic-program>. Accessed September 17, 2019.

²⁰ McFadden C, Romo C, Abou-Sabe, K. et. Al. "Why are many of America's military families going hungry?" NBC News, July 12, 2019. <https://www.nbcnews.com/news/military/why-are-many-america-s-military-families-going-hungry-n1028886>.