**Model template for commenting on proposed SNAP rule for individuals working in the health care or public health sector**

[Date]

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:

As an [individual/organization] in the [health care/public health] sector, [I/we] take this opportunity to comment in opposition to USDA’s Proposed Rulemaking on SNAP requirements and services for Able-Bodied Adults Without Dependents (ABAWDs).

The proposed changes 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.

[Fill in information about you, your city or your organization’s mission, the population you serve, the services you provide, etc.]

**SNAP matters**

SNAP is a critical health intervention and support for vulnerable Americans. Research shows that:

--Food insecurity increases the risk of negative physical and mental health outcomes

--SNAP decreases food insecurity;

--SNAP is associated with decreased health care costs; and

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

**Food insecurity increases the risk of negative physical and mental health outcomes**

Food insecurity is a risk factor for negative psychological and health outcomes.[[1]](#endnote-1) (The U.S. Department of Agriculture defines food insecurity as a “lack of consistent access to enough food for an active, healthy life.”[[2]](#endnote-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]](#endnote-3),[[4]](#endnote-4),[[5]](#endnote-5)

In addition, because of limited financial resources, those who are food insecure —with our 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]](#endnote-6),[[7]](#endnote-7),[[8]](#endnote-8) postponing or forgoing preventives or needed medical care;[[9]](#endnote-9),[[10]](#endnote-10) and forgoing the foods needed for special medical diets (e.g., diabetic diets).[[11]](#endnote-11) Not surprisingly, research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs.[[12]](#endnote-12),[[13]](#endnote-13)

[Insert information about food insecurity in your state and/or community. Individual with additional information, e.g., share patient/client stories and use findings cited in <http://frac.org/research/resource-library/hunger-health-impact-poverty-food-insecurity-poor-nutrition-health-well> ]

**SNAP decreases food insecurity**

Overall, research shows that SNAP is effective at reducing food insecurity.[[14]](#endnote-14),[[15]](#endnote-15),[[16]](#endnote-16) According to one estimate, SNAP reduces food insecurity by approximately 30 percent.[[17]](#endnote-17) SNAP, therefore, is an effective anti-hunger program, and more eligible people need to be connected to the program given the current high rates of food insecurity n the nation. Nearly one in eight American households experience food insecurity during the year.[[18]](#endnote-18)

**SNAP is associated with decreased health care costs**

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

**SNAP is associated with improved physical and mental health**

SNAP improves children, adult, and senior health outcomes, including physical and mental health.[[23]](#endnote-23) For instance, SNAP increases the probability of self-reporting “excellent” or “good health,”[[24]](#endnote-24) lowers the risk of poor glucose control (for those with diabetes),[[25]](#endnote-25) and has a protective effect on mental health.[[26]](#endnote-26)*Journal* SNAP also helps reduce stress for struggling individuals and families worried about finances, and stress is highly correlated with poor health outcomes.[[27]](#endnote-27)

[Insert information about the positive impacts that SNAP has for health and well-being and for economic activity for local communities—see, e.g., information contained in <http://frac.org/wp-content/uploads/frac-facts-snap-strengths.pdf> and <http://frac.org/research/resource-library/snap-public-health-role-supplemental-nutrition-assistance-program-improving-health-well%E2%80%90being-americans>]

[Insert information about how SNAP works in your practice/community. Share patient/client stories.]

**Proposed Rule Undermining Congress Should Be Rejected**

[I/We] strongly oppose the proposed rule that would expose even more people to the arbitrary food cutoff policy by limiting state flexibility regarding area waivers and individual exemptions. By the Administration’s own calculating, the proposed rule would take food away from 755,000 low-income Americans, cutting food benefits by $15 billion over ten years. The administration does not estimate any improvements in health or employment among the affected population.

The proposed rule would make it harder for areas with elevated unemployment rates to qualify for waivers of the time limit by adding a 7 percent unemployment rate floor as a condition. [If applicable, describe any areas in the state that might have unemployment rated under 7 percent but still have a lack of jobs for low-income adults. Describe how this will negatively impact your state, organization, or health care/public health sector – e.g., note any diet-related chronic disease rates in you state/community and how these rates will likely worsen if people do not have access to SNAP. Discuss how providers in nonwaived areas will likely face increased administrative burden as patients seek verification of unfitness for work.]

The Administration’s proposed rule seeks to end run Congress, which just concluded a review and reauthorization of SNAP in the 2018 Farm Bill and did not make the changes proposed.

Based on the research examining the relationship between SNAP and health, [I/we] strongly oppose the proposed rule that will limit SNAP eligibility, and therefore, negatively impact the health and well-being of vulnerable Americans and increase health care utilization and costs.

Sincerely,

[Insert name, credentials, title, affiliation, and mailing address]

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