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September 23, 2019

Program Design Branch
Program Development Division
Food and Nutrition Service
USDA
3103 Park Center Dr.
Alexandria, VA 22302

Re: Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP), Docket ID Number FNS-2018-0037.

Dear SNAP Program Design Branch:

Thank you for the opportunity to comment on USDA's Notice of Proposed Rule Making on a Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP). We believe that this rule change will have a profound negative impact on the health of Americans, and dramatically increase the cost of health care through both its impact on underlying health factors (access to healthy foods) and the increase in administrative burden for benefits programs that will reach well beyond SNAP. We believe that the small potential program savings will be dwarfed by these greater costs.

Bi-State Primary Care Association is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State's combined Vermont and New Hampshire membership includes 29 Community Health Centers (CHCs) delivering primary care at 126 sites and serving over 315,000 patients. Part of our providers' mission is to serve everyone, regardless of ability to pay, and to deliver comprehensive medical services. We provide preventive and primary care that helps achieve the best possible health outcomes and contains overall costs within the system. Access to good, nutritious food is a key part of that work. Food access is an underlying cause of chronic illness, touching primary care, oral health, and behavioral health:

> "I have a patient who is bipolar but also an insulin dependent diabetic, HTN and has elevated cholesterol. Because of her bipolar she has had a hard time holding down a job, which often means she is food insecure. I can always tell when she is out of work and food insecure because her diabetic numbers (Ha1c and blood glucose) and her blood pressure reading spike up because she is eating the high in carbohydrate, heavily processed foods that unfortunately are staples at most of the local food shelves, rather than the fresh fruits and vegetables, high protein, low carbohydrate foods that improve her health and wellbeing."

> "I work in [the local Community Health Center]. My husband works in our local elementary school. He has learned in working with troubled kids at the elementary school level that one of

> the first questions he asks when kids are acting up and getting into trouble at school is "When did you last eat? What did you have to eat?" The stories he shares are heartbreaking with kids going without dinner the night before because there wasn't food in the house, missing breakfast because there wasn't food in the house and then not being able to get to school early enough to partake in the free breakfast program. So, they are behaving badly and being disruptive in class because they are hungry and it is affecting their behavior."

This type of anecdotal evidence from our providers is backed up time and again by studies in peer reviewed journals. Patients from food insecure households are 47% more likely to visit an ER, 47% more likely to have a hospital admission, and they have 54% more days spent in the hospital after admission (Berkowitz, Seligman et al, AJMC, 2018). On the flip side, SNAP benefits can reduce hospital visits; higher SNAP benefits are associated with lower pregnancy-related ER visits (Arteaga, Heflin & Hodges, Pop Res & Pol Rev, 2018), reduced child ER visits for asthma (Heflin, Arteaga et al, Soc Sci & Med, 2019), and fewer high blood pressure visits to the ER (Ojinnaka & Heflin, Jl Am Soc Hypertens, 2018). People in food insecure households are twice as likely to develop diabetes, even after accounting for differences in age, gender, race, physical activity, smoking, alcohol consumption (Tait, C.A. et al, PloSOne, 2018). The cost of health care for a patient with diabetes is 2.3 times greater than a patient without diabetes (American Diabetes Association, Accessed 7/16/19). Furthermore, we know that food insecurity leads our patients directly into making tough choices – in Vermont 56% of households accessing charitable food have to choose between paying for food and paying for medical care, in New Hampshire the number is 64% (Feeding America, Hunger Survey).

The proposed SNAP rule change would cut off 3.1 million people from SNAP benefits, and disrupt free school lunches for 500,000 children, while the potential savings are connected to only 4% of the program budget.

These numbers underestimate the impact because Categorical Eligibility has served two very important policy goals for states. First, it allows us to help households reach long term financial stability by allowing them to start saving without losing benefits and to escape the trap of cycling in and out of assistance programs with incomes on the edge of qualifying. Second, it helps us align eligibility for other assistance programs, such as Medicaid, to allow integrated eligibility systems. This flexibility reduces confusion, reduces administrative costs, and is part of helping states eliminate benefit cliffs that create barriers to leaving poverty. Any minor programmatic savings from this proposed rule change will quickly be erased as households struggle to finally work their way out of needing public assistance and the costs of managing benefits programs go up.

It will not be easy, and may be impossible, to bridge the gap in the safety net that would be created by eliminating Categorical Eligibility. It removes a keystone that holds together a whole network of benefits. Our providers are well aware that they are operating within such a network and that taking away any one piece could cause the system to fall apart.

In the world of food access, the safety net of charitable food donations pieced together locally is not, and never will be, sufficient on its own. Patients need access to food at grocery stores that are open regular hours, have a broad range of items, and are on public transportation routes. Because SNAP is

integrated with mainstream grocery stores, it is the program we most rely on for that access. As one health center leader offered:

> "At one particular event we watched an elderly woman almost run to an area where someone had brought in some veggies that were free for the taking and she inhaled them as she almost guarded them with her arm so no one would take any from her. It was in that moment that I knew we had to do more. [Our largest town] is gifted with a great food shelf that gets plenty of donations has a large space and plenty of dedicated volunteers. What I witnessed [in the rural towns where some of our clinics operate] is anything but that. They have two volunteers and one little closet in a church. . . . another town's food shelf is open for 1 hour one day a month. That is not enough to support those with food insufficiencies."

Our health centers work to supplement the current programs available for food security with their own initiatives, from hosting community dinners to providing free produce shares from local farms to running summertime lunch programs for kids. But they rely on SNAP and free school lunches *alongside* these efforts as they design treatment plans for their food insecure patients. For example:

> "We have a 50-year-old female patient living with her husband and four children, ages 5-11. She has Medicaid and receives SNAP benefits. At her PE 6 months ago, she stated that she had begun following the Keto diet and that 'my insulin needs have been lowered since starting the diet one week ago.' At that time, her A1C was 7.8 and her weight, 267lbs. Patient was sent home with Grateful Hearts meals provided by our health center– low sodium, low sugar prepared meals filled with veggies that are free to those looking for a change in diet or food insecure. Six months later, her A1C is 7.4 and her weight 259lbs. This patient has stated that because of her SNAP benefits, she is able to afford the foods that allow her to lose the weight. Her meals consist of salads, eggs, veggies, chicken, etc. Losing the weight enables her to become more active, something that has been difficult in the past."

Our medical providers already struggle to provide effective care to vulnerable community members. They are finding ways to have a significant, positive impact on health through programs that help ensure an adequate, high quality diet. We ask that the USDA not take away tools that are crucial to this work. If you have any questions, please contact Helen Labun at hlabun@bistatepca.org or 802-229-0002, ext. 215. Thank you for your consideration.

Sincerely,

Tess Stack Kuenning, CNS, MS, RN
President and Chief Executive Officer
Bi-State Primary Care Association