



April 1, 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:

On behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO) and our 33 community-based health care organizations, 29 of which are Federally Qualified Health Centers (FQHCs), thank you for the opportunity to comment on this proposed regulation on SNAP requirements and services for some adult SNAP participants without diagnosed disabilities or dependents in the household, referred to in SNAP as Able-Bodied Adults Without Dependents (ABAWDs). AAPCHO members serve more than 630,000 patients annually and are dedicated to promoting the health status of medically underserved Asian America, Native Hawaiian and Pacific Island populations (AANHPIs) in the U.S., its territories, and its freely associated states. The primarily low-income AANHPI patients and communities our members serve rely on a number of supports to maintain their health and wellbeing, including food assistance.

AAPCHO members focus on providing services that are uniquely appropriate to their patient populations including: comprehensive primary medical care, culturally and linguistically appropriate health care services, and non-clinical enabling services such as interpretation and case management. On average, AAPCHO's health centers have a higher percentage of patients age 65+ than other health centers (10% vs. 7%). Our members also have a much higher rate of patients who are Limited English Proficient (LEP) (50% vs. 23%), with some health centers serving as many as 99% LEP individuals. AAPCHO members also provide a higher average number of enabling service encounters (9274 vs. 4953) than other health centers in response to the needs of our patients.<sup>1</sup>

We are very concerned about this proposed rule's impact on the AANHPI community and their ability to maintain a healthy, nutritious diet. This rule would result in people in our communities losing food assistance due harmful time limits on SNAP eligibility benefits—and would have a profound and negative impact on their health and wellbeing.

As providers of primary health care, AAPCHO members know first hand that access to healthy food is a critical aspect of health. This is supported by extensive research: food insecurity is

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<sup>1</sup> HRSA Uniform Data System, 2013

associated with poorer health outcomes.<sup>2</sup> It is also associated with higher rates of some of the most serious and costly chronic conditions, including hypertension, coronary heart disease, cancer, asthma, diabetes, and other serious health conditions. Among AANHPIs, Asian Americans are 18 percent more at risk for diabetes than non-Hispanic white adults, and the prevalence of diabetes is three times greater in Native Hawaiians and Pacific Islanders.<sup>3</sup>

Furthermore, research has shown that food insecurity is a key contributor to higher medical costs in the United States. Fourteen percent of the U.S. population (41.6 million Americans) report being food insecure, with an average additional \$1,863 in health care expenditures per year (\$6,072 vs. \$4,208), or \$77.5 billion in additional health care expenditures annually.<sup>4</sup>

SNAP plays a critical role in helping our patient and communities get nutritious food, and SNAP helped about 42 million low-income Americans afford a nutritious diet. Close to 70 percent of SNAP participants are in families with children, and more than one-quarter are in households with seniors or people with disabilities.<sup>5</sup>

Regrettably, federal law limits SNAP eligibility for childless unemployed and underemployed adults age 18-50 (except for those who are exempt) to just three months out of every three years unless they can maintain and document an average of 20 hours of employment per week. This time limit harms vulnerable people by denying them food benefits at a time when they most need it and it does not result in a significant increase in employment or earnings.<sup>6</sup>

### **The Proposed Rule Could Harm AANHPI Individuals with Serious Health Conditions.**

The proposed rule would limit states' flexibility to mitigate the harmful effects of the time limit. Without this flexibility, it's likely that many people could lose access to SNAP. What is more, the proposed rule will disproportionately hurt communities of color and the AANHPI community.

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<sup>2</sup> World Health Organization, <https://www.who.int/hia/evidence/doh/en/index3.html>, see also Craig Gundersen and James P. Ziliak, "Food Insecurity and Health Outcomes," *Health Affairs*, November 2015, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>.

<sup>3</sup> Diabetes and AAPIs, White House Initiative on Asian Americans and Pacific Islanders

<sup>4</sup> Seth A. Berkowitz M.D., M.P.H., Sanjay Basu M.D., Ph.D., James B. Meigs M.D., M.P.H., Hilary K. Seligman M.D., M.A.S., "Food Insecurity and Health Care Expenditures in the United States, 2011–2013," Health Research Service, June 13, 2017, <https://www.ncbi.nlm.nih.gov/pubmed/30171678>

<sup>5</sup> Steven Carlson and Brynne Keith-Jennings, "SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs," Center on Budget and Policy Priorities, January 17, 2018, <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>.

<sup>6</sup> A 2002 study that looked at recipients after leaving SNAP found that while many were employed, they had low earnings, and between one-third and roughly two-thirds of SNAP leavers had household incomes below the poverty line. (This study did not examine the effects of the time limit on employment.) See Elizabeth M. Dagata, "Assessing the Self-Sufficiency of Food Stamp Leavers," Economic Research Service, USDA, September 2002, <https://www.ers.usda.gov/publications/pub-details/?pubid=46645>. More recent research finds small increases in employment, but much larger decreases in SNAP participation. For example, one recent working paper found that the time limit increased work by 2 percentage points, but decreased participation by 10 percentage points. (Timothy Harris, "Do SNAP Work Requirements Work?" Upjohn Institute Working Paper, 19-297, [https://research.upjohn.org/cgi/viewcontent.cgi?article=1315&context=up\\_workingpapers](https://research.upjohn.org/cgi/viewcontent.cgi?article=1315&context=up_workingpapers).)

The Department acknowledges that the proposed changes “have the potential for disparately impacting certain protected groups.” If the proposed rule results in higher rates of people of color losing SNAP benefits, this could exacerbate existing racial and ethnic disparities in health status.

Limiting access to food and nutrition assistance could be particularly harmful for people with significant health care needs, such as diabetes or hypertension, who may also have trouble maintaining their health while keeping a job. Without access to SNAP, health will deteriorate making it more difficult to work. This vicious cycle will repeat time and again.

AAPCHO strongly opposes the proposed rule that would threaten nutrition assistance for many low-income AANHPI individuals and families and expose them to an arbitrary SNAP food access cutoff policy that harms our communities. Food security is a critical component of health and healthy communities. The Department should rescind this rule that limits state flexibility to implement area waivers and exempt individuals.

Sincerely,

A handwritten signature in black ink that reads "Adam P. Carbullido". The signature is written in a cursive, flowing style.

Adam P. Carbullido  
Director of Policy and Advocacy