AMERICAN ACADEMY OF FAMILY PHYSICIANS

April 10, 2019

Brandon Lipps, Administrator
U.S. Department of Agriculture
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 Administrator Lipps:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the proposed rule titled, "Supplemental Nutrition Assistance Program: Requirements for Able-bodied Adults Without Dependents" as published by the Food and Nutrition Service in the February 1, 2019, *Federal Register*.

The AAFP supports the development of healthy food supply chains in supplemental nutrition programs to broaden the availability of healthy food to those who need it. Family physicians are encouraged to counsel all patients on nutrition, physical activity, and behavioral strategies to prevent inappropriate weight gain and obesity. Family physicians also participate in local, state and national efforts to improve nutrition and encourage physical activity for both children and adults. The nation's largest and most important food safety net, the Supplemental Nutrition Assistance Program (SNAP), is critical to addressing social determinants of health (SDOH) in communities served by family physicians across the country. Since an estimated one-fifth of Americans depends on federal food assistance programs to supplement their diet, these programs have significant relevance to any efforts to improve nutrition and, thus, reduce preventable disease.

The AAFP has concerns with the proposed rule since it proposes to limit current Supplemental Nutrition Assistance Program (SNAP) requirements and services. Current law already includes strong work requirements. In fact, over 75 percent of SNAP recipients work during the year they receive benefits.[1] We are concerned that the rule ignores this fact and will increase the prevalence of hunger and poor nutrition, both of which are associated with poor health.

Health promotion and prevention of disease are critical and foundational components of primary care and family medicine. We are concerned about the proposed rule and its potential to negatively impact the health and well-being of vulnerable Americans and increase health care utilization and costs. Household food insecurity is a strong predictor of higher health care

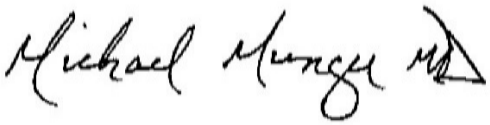
1133 CONNECTICUT AVE., N.W., STE. 1100 | WASHINGTON, DC 20036-4305 | (800) 794-7481 | (202) 232-9033

utilization and increased health care costs.[2,3] Food insecurity is also a risk factor for negative psychological and health outcomes.[4] Individuals who face persistent hunger are at risk for experiencing many deleterious health impacts. This includes an increased prevalence and severity of diet-related diseases, such as obesity, type 2 diabetes, heart disease, stroke, and some cancers.[5,6,7] In addition, because of limited financial resources, those who are food insecure — with or without existing disease – may use coping strategies to stretch budgets that are harmful to health, such as engaging in cost-related medication underuse or non-adherence,[8,9] postponing or forgoing preventive or needed medical care,[10,11] and forgoing the foods needed for special medical diets (e.g., diabetic diets).[12]

The costs to society of preventable illness are tremendous. According to the U.S. Centers for Disease Control and Prevention, obesity is estimated to cost the US $147 billion per year.[13] Diabetes care in the US costs $327 billion annually.[14] Food insecurity undermines health, but the converse is also true. For example, a national study revealed that SNAP participation was associated with lower health care costs.[15] On average, low-income adults participating in SNAP incurred nearly 25 percent fewer health care costs in 12 months than low-income adults not participating in SNAP.[16] These decreases applied to both employer-based insurance and public insurance programs.[17]

The AAFP strongly opposes the application of this new policy to the program. The proposed rule would expose more patients of family physicians to a rigid federal food cutoff policy by limiting state flexibility regarding area waivers and individual exemptions. We appreciate the opportunity to comment and welcome the opportunity to work with you to address the nutrition needs of low-income individuals. Please contact Sonya Clay, Government Relations Representative at 202-655-4905 or sclay@aafp.org with any questions or concerns.

Sincerely,



Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine
Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.

[1] Carlson, S and Keith-Jenning, B, the Relationship Between SNAP and Work, Center for Budget and Policy Priorities, 2013, https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care
[2] Tarasuk, V., Cheng, J., de Oliveira, D., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, 187 (14), E429-436.
[3] Berkowitz, S. A., Basu, S., Meigs, J. B., & Seligman, H. (2017). Food insecurity and health expenditures in the United States, 2011-2013. *Health Services Research*, 53(3), 1600-1620.
[4] Hartline-Grafton, H. (2017). *The Impact of Poverty, Food Insecurity, & Poor Nutrition on Health and Well-Being.* Washington, DC: Food Research & Action Center.
[5] Feeding America, 2018, *Importance of Nutrition on Health in American*, retrieved: https://www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-nutrition
[6] Franklin B. Jones, A., Love, D., Puckett, S., Macklin, J., & White-Means, S. (2012). Exploring mediators of food insecurity and obesity: a review of recent literature. *Journal of Community Health*. 37(1), 253-264.
[7] Gregory, C., A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease, and health among working-age adults. *Economic Research Report*, 235. Washington, DC: U.S. Department of Agriculture, Economic Research Service
[8] Herman, D., Afulani, P., Coleman-Jensen, A., & Harrison, G. G. (2015). Food insecurity and cost-related medication underuse among nonelderly adults in a nationally representative sample: *American Journal of Public Health*, 105(10), 48-59.
[9] Knight, C. K., Probst, J. C., Liese, A., D., Sercy, E., & Jones, S.J. (2016). Household food insecurity and medication "scrimping" among US adults with diabetes. *Public Health Nutritioin*, 19(6), 1103-1111.
[10] Mayer, V. L., McDonough, K., Seligman, H., Mitra, N., & Long, J. A. (2016). Food insecurity, coping strategies and glucose control in low-income patients with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.
[11] Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine*, 21, 71-77
[12] Seligman, H. K., Jacobs, E. A., Lopez, A., Tschann, J., & Fernandez, A. (2012). Food insecurity and glycemic control among low-income patients with type 2 diabetes. *Diabetes Care*, 35(2), 233-238
[13] U.S. Centers for Disease Control and Prevention, 2019, National Center for Chronic Disease Prevention and Health Promotion, *Health and Economic Costs of Chronic Disease*, https://www.cdc.gov/chronicdisease/about/costs/index.htm
[14] American Diabetes Association, 2018, *Economic Costs of Diabetes*, retrieved http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html
[15] Carlson S. and Keith Jennings,B. SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs, Center for Budget and Policy Priorities Report, January, 2018, retrieved: https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care
[16] Carlson and Keith-Jennings, CBPP, 2018
[17] Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA Internal Medicine*, 177(11), 1642-1649