September 20, 2019

Brandon Lipps
Acting Deputy Under Secretary
Food, Nutrition, and Consumer Services
Administrator
Food and Nutrition Service
United States Department of Agriculture
3103 Park Center Drive
Alexandria, VA 22302

Ref: Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program (SNAP)

Dear Deputy Under Secretary Lipps,

Thank you for the opportunity to comment on the above-captioned proposed rule. America’s Essential Hospitals is concerned that the proposed changes to eligibility requirements for the Supplemental Nutrition Assistance Program (SNAP) will significantly increase food insecurity and create negative downstream effects on health care outcomes in vulnerable communities.

America’s Essential Hospitals is the leading champion for hospitals and health systems dedicated to providing high-quality care to all. While our members represent just 6 percent of hospitals nationally, they provide 23 percent of all charity care nationwide, or about $5.5 billion, and 17.4 percent of all uncompensated care, or about $6.7 billion.¹ Charity and uncompensated care are provided at reduced rates or no cost for low-income patients without insurance or the means to cover their cost sharing responsibilities. The high cost of providing care to low-income and uninsured patients means our more than 300 member hospitals demonstrate an ongoing commitment to serving vulnerable patients. Essential hospitals provide specialized services vulnerable communities otherwise would lack (e.g. trauma centers, emergency psychiatric facilities, burn care); expand access with extensive networks of on-campus and community-based clinics; furnish culturally and linguistically appropriate care; train health care professionals; supplement social support services; and offer public health programs.

Essential hospitals’ commitment to caring for all people has made them providers of choice for patients, particularly the vulnerable. Racial and ethnic minorities made up 53 percent of member discharges in 2017. Further, in 2017, three-quarters of essential hospitals’ patients were uninsured or covered by Medicaid or Medicare. Our members work tirelessly to improve individual and population health by reducing disparities and promoting equitable, efficient care delivery.

Essential hospitals are uniquely positioned to tackle complex clinical and social needs. Our members are engrained in their communities as trusted and central resources. They reach outside their walls and into the community to address factors beyond clinical care that influence a person’s health, including social, economic, and environmental circumstances. These factors are known as social determinants of health (SDOH) and can include food insecurity, housing instability, lack of access to transportation, and interpersonal violence. Given the important connection between access to nutritious food and health outcomes, we submit the following comments to the Department of Agriculture (USDA).

1. **USDA should not finalize changes to eligibility requirements for SNAP that will increase food insecurity and ultimately worsen health outcomes.**

Under current USDA regulations, states have flexibility in making SNAP eligibility determinations through categorical eligibility, a policy that allows SNAP enrollment for individuals who already qualify for other benefits, including temporary assistance for needy families (TANF). Categorical eligibility is currently used in 43 states and allows individuals to qualify for SNAP if they receive cash or in-kind benefits through TANF. USDA proposes to redefine categorical eligibility requirements based on receipt of TANF benefits. Specifically, the department proposes a new definition of “benefits” that confer categorical eligibility. This new definition is two-fold: It requires that individuals receive “ongoing and substantial” benefits; and it would limit the types of noncash TANF benefits conferring categorical eligibility to those that focus on subsidized employment, work supports, and childcare.

America’s Essential Hospitals is concerned about how these changes would impact access to affordable, nutritious foods for already vulnerable families and communities, as well as the poor health outcomes this lack of access likely would cause. Food insecurity is a social determinant of health that occurs when individuals have limited or unreliable access to nutritious, substantial foods. Restricted availability of healthy meals often drives individuals to seek other measures to avoid starvation, including eating low-cost foods that lack nutritional value, skipping meals, and overeating during compressed periods of time. In 2017, more than 40 million people in the United States experienced food insecurity. Further, food insecurity disproportionately affects vulnerable populations and is driven by social, economic, and environmental factors. Neighborhoods with high rates of poverty often are “food deserts”—areas without fresh fruit, vegetables, and other healthful whole foods, generally because there are no grocery stores, farmers’ markets, or other such vendors available. Within communities served by

---

2 Ibid.
essential hospitals, more than 10 million individuals have limited access to healthy food.\(^4\)

Inadequate access to nutritious foods has well-documented links to negative physical and mental health outcomes. Although it often manifests as hunger, food insecurity conversely can result in obesity when individuals who lack access to nutritious food opt instead to consume cheaper, easily accessible, high-caloric foods with low nutritional value. Poor health and food insecurity often exacerbate each other, perpetuating a cycle of chronic illness that contributes to high health care costs and utilization.\(^5\) Research has drawn a direct link between food insecurity and myriad chronic health conditions—from diabetes to depression—in both adults and children.\(^6\)

Essential hospitals are acutely aware of the effect of food insecurity on the patients and communities they serve and have taken steps to confront this social determinant of health, including healthy food distribution onsite or through mobile units and healthy shopping and cooking demonstrations paired with food assistance. For example, essential hospitals in Massachusetts and Minnesota engage in partnerships with local food banks to offer a food pantry or distribute grocery bags onsite to patients experiencing food insecurity. Other essential hospitals operate community gardens that generate produce in neighborhoods near the hospital designated as food deserts. But essential hospitals cannot tackle the issue of food insecurity alone. It is incumbent upon the federal government to ensure that programs promoting access to nutritious food, including SNAP, are available to families and communities most in need.

Studies repeatedly show strong links between use of SNAP benefits and decreased rates of food insecurity, as well as improved health.\(^7,8\) Even USDA’s own report found that increased benefit levels for SNAP and expanded SNAP eligibility following the American Recovery and Reinvestment Act of 2009 improved the food security of low-income households.\(^9\) Limiting access to SNAP is sure to have the opposite effect. USDA estimates that 3.1 million individuals would lose access to the SNAP program if their proposals are finalized. Further, the downstream health effects of this change will be disproportionately felt by the communities served by essential hospitals. America’s Essential Hospitals urges USDA to recognize the critical link between food security and positive health outcomes and ensure continued access to critical programs, such as SNAP, by not finalizing its proposal.

---


2. **USDA should not implement changes that will create additional obstacles and further threaten the ability of vulnerable populations to access vital services.**

The Department of Homeland Security (DHS) recently finalized a rule that revises the definition of “public charge,” as it is used by immigration officials, to include public benefits such as non-emergency Medicaid and SNAP. Including Medicaid and SNAP in the public charge definition will deter otherwise-eligible individuals from enrolling in these programs and cause many of those currently receiving benefits to disenroll. Research shows that for the first time since 2007, enrollment in SNAP dropped by 20 percent.\(^\text{10}\) One study found one in five low-income individuals in immigrant families avoided enrolling in public benefit programs, including SNAP, due to fear of immigration consequences.\(^\text{11}\)

USDA’s proposal to limit categorical eligibility would exacerbate the strain other policy changes, like the public charge final rule, have placed on patients served by essential hospitals. The public charge rule already is decreasing Medicaid enrollment in communities served by essential hospitals. Compounding that impact is the USDA’s current proposal, which could increase by 3.1 million the number of people who face food insecurity. A lack of affordable, healthy food leads to worse health outcomes and threats to public health. **USDA should not make these proposed changes, which would harm communities already feeling the negative effects of other recent regulatory changes.**

*****

America’s Essential Hospitals appreciates the opportunity to submit these comments. If you have questions, please contact Senior Director of Policy Erin O’Malley at 202-585-0127 or eomalley@essentialhospitals.org.

Sincerely,

Bruce Siegel, MD, MPH
President and CEO

---
