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Community Health Care Association of New York State

September 23, 2019

Program Design Branch
Program Development Division
Food and Nutrition Service, USDA
3101 Park Center Dr.
Alexandria, VA 22302
Docket ID: [FNS-2018-0037]

Submitted electronically via regulations.gov

RE: [FNS-2018-0037], Revision of Categorical Eligibility in the Supplemental Nutrition Assistance

The Community Health Care Association of New York State (CHCANYS) is opposed to the proposed rule to eliminate the broad-based categorical eligibility (BBCE) provision in the Supplemental Nutrition Assistance Program.

CHCANYS is the Primary Care Association for New York’s federally-qualified health centers (FQHCs), operating as an advocate and voice for FQHCs across the State. New York’s FQHCs are non-profit, community run health centers located in medically underserved areas, providing comprehensive primary care, including reproductive health services, to over 2.3 million patients annually. FQHCs see a high proportion of low-income patients, many of which are eligible for SNAP and other social programs. In New York State, 89% of FQHC patients live below 200% of the federal poverty level. 70% of FQHC patients live below 100% of the federal poverty level.

The BBCE provision gives states the flexibility to operate SNAP programs best suited for their communities and ensures that recipients of SNAP do not face a looming benefit cliff in the event of modest savings or an increase in wages. Historically, New York State has used the BBCE provision to increase both the income and asset limits for SNAP, making the program available for an increased number of individuals who truly need the program to access nutritional food for themselves and their families.

SNAP enables families to buy the food that they need and the Federal government has claimed it is “highly effective at reducing food insecurity” for low-income populations.¹ Food insecurity increases the risk for chronic illness and is linked to high health care costs – in fact, food insecurity among children has been linked to higher rates of chronic disease in adulthood.² However, the Federal government has stated that SNAP’s benefits extend beyond the immediate goal of alleviating hunger and reducing long

¹ *Long-term benefits of the Supplemental Nutrition Assistance Program.* (December 2015). Accessed from: https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/documents/SNAP_report_final_nonembargo.pdf

² *SNAP Is Linked with Improved Health Outcomes and Lower Health Care Costs.* (January 17, 2018). Keith-Jennings, B. Accessed from: <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>



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term health care costs; SNAP has also been proven to improve health in the short-term and improve short and long-term academic performance and educational achievement, in turn resulting in greater economic self-sufficiency.³ SNAP has also been effective in combating obesity – children who live in families that receive SNAP benefits have been linked to reductions in body mass index (BMI).⁴ Finally, increased levels of SNAP purchasing power increases the likelihood that a child has received a check up in the past 12 months, and decreases the likelihood that a child had an emergency room visit, missed school, or delayed medical care in the past 12 months due to cost.⁵

Most SNAP recipients are families; however SNAP also helps low-income seniors live independently in their communities, avoiding institutionalization and hospitalization.⁶ The Urban Institute estimates that of the 3.6 million people who could lose SNAP benefits from the proposed changes, more than 750,000 are in households with seniors.⁷ Many seniors are retired and are therefore likely to live on fixed incomes. Changes to SNAP eligibility or benefit level will fundamentally upset existing household budgets on housing, transportation, and health care costs – which may be unforeseen and especially significant for seniors. Food-insecure seniors are 65% more likely to be diabetic, 57% more likely to have congestive heart failure, 91% more likely to have asthma, and are 2.3 times more likely to suffer from depression.⁸

The Urban Institute estimates that 318,000 individuals at risk of losing SNAP benefits under the proposed rule are in households that have adults with disabilities.⁹ Just as described with seniors above, individuals with disabilities often cannot work, and therefore they too are living on fixed incomes that would be upset by changes to SNAP eligibility. Individuals with disabilities have a higher rate of food insecurity as compared to other groups; SNAP serves as a safeguard to prevent individuals with disabilities from going hungry.¹⁰

³ *Long-term benefits of the Supplemental Nutrition Assistance Program.* (2015).

⁴ *The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being.* (December 2017). Accessed from: <https://www.frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>

⁵ *The real value of SNAP benefits and health outcomes.* (2017). Hoynes, H., & Bronchetti, E., & Christensen, G. University of Kentucky Center for Poverty Research Discussion Paper Series, DP2017-03. Accessed from: <http://www.ukcpr.org/research/discussion-papers>

⁶ *SNAP Is Linked with Improved Health Outcomes and Lower Health Care Costs.* (2018).

⁷ *How Households with Seniors and Adults with Disabilities Are Affected by Restricting Broad-Based Categorical Eligibility for SNAP.* (September 2017). Waxman, E., & Joo, N. Accessed from: https://www.urban.org/sites/default/files/publication/101028/how_households_with_seniors_and_adults_with_disabilities_are_affected_by_restricting_broad-based_categorical_eligibility_for_snap_3.pdf

⁸ *The Consequences of Senior Hunger in the United States: Evidence from the 1999–2014 NHANES.* (August 2017). Ziliak, JP., & Gundersen, C. Accessed from: <https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/senior-health-consequences-2014.pdf>

⁹ *How Households with Seniors and Adults with Disabilities Are Affected by Restricting Broad-Based Categorical Eligibility for SNAP.* (September 2017).

¹⁰ *Disability Is an Important Risk Factor for Food Insecurity.* (May 6, 2013). Coleman-Jensen, A., & Nord, M. US New York City Office 111 Broadway, Suite 1402, New York, New York 10006 T 212-279-9686 F 212-279-3851 Albany Office 90 State Street, Suite 600, Albany, New York 12207 T 518-434-0767 F 518-434-1114



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SNAP is a critical tool used by the US to help more than 38 million people to meet their basic nutritional needs every month. According to the Center on Budget Policy and Priorities, SNAP enrollees are more likely to report excellent or very good health as compared to low-income individuals not enrolled in the program. The proposed rule would likely result in more individuals becoming prone to hunger, and subsequently experience adverse health outcomes and life circumstances as a result. The removal of the BBCE provision will require low-income workers to choose between qualifying for benefits or seeking a higher paying job. Ultimately, the rule could result in more than 3 million people losing their SNAP benefits nationwide.

CHCANYS and New York's health centers are extremely concerned with the lasting effects of this rule on the health of our patients. We implore the Administration to abandon the proposed rule and continue to allow states to take advantage of the BBCE provision.

For any follow up, please contact Marie Mongeon, Policy Analyst: mmongeon@chcanys.org.

Department of Agriculture, Economic Research Service. Accessed from:

<https://www.ers.usda.gov/amberwaves/2013/may/disability-is-an-important-risk-factor-for-food-insecurity>.

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