



April 2, 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:

The Cystic Fibrosis Foundation is dedicated to curing cystic fibrosis and providing all people with the disease the opportunity to lead full, productive lives by funding research and drug development, promoting individualized treatment, and ensuring access to care. Nutrition is a vital component of care for patients with CF. Due to increased resting energy expenditure combined with poor absorption of dietary fat, adults with CF require a higher daily caloric intake than the average adult, making nutrition every bit as important to their care regimen as treatments. Furthermore, inability to access a nutritious diet can have a devastating impact on the quality of life for an individual with CF.

We would like to thank you for the opportunity to comment in opposition to USDA's Proposed Rulemaking on SNAP requirements and services for adult SNAP participants without diagnosed disabilities or dependents in the household, referred to in SNAP as Able-Bodied Adults Without Dependents (ABAWDs). We are deeply concerned that the proposed changes could cause harm to some adults living with cystic fibrosis.

SNAP Matters for Health

Access to healthy food is a critical aspect of health: extensive research has found that food insecurity is associated with poorer health outcomes.¹ Food insecurity is associated with higher rates of some of the most serious and costly chronic conditions, including hypertension, coronary heart disease, cancer, asthma, diabetes, cystic fibrosis, and other serious health conditions. Adults who experience food insecurity are also more likely to report lower health status overall than those with high food security.²

¹ 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>.

² Christian A. Gregory and Alisha Coleman-Jenson, "Food Insecurity, Chronic Disease, and Health Among Working-Age Adults," United States Department of Agriculture, July 2017, <https://nopren.org/wp-content/uploads/2017/08/ERS-Report-Food-Insecurity-Chronic-Disease-and-Health-Among-Working-Age-Adults.pdf>.

SNAP is the primary source of nutrition assistance for many low-income people. In a typical month of 2017, SNAP helped about 42 million low-income Americans afford a nutritious diet. It provides important nutritional support for low-wage working families, low-income seniors, and people with disabilities living on fixed incomes: 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.³ Research shows that SNAP reduces poverty and food insecurity, and that over the long-term, these impacts lead to improved health and economic outcomes, especially for those who receive SNAP as children.⁴

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 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.⁵

The Proposed Rule Could Harm People with Serious Health Conditions.

The proposed rule would limit states' flexibility to mitigate the harmful effects of the time limit for childless unemployed or underemployed adults. Without this flexibility, it's likely that many people could lose access to nutrition assistance. For people with serious health conditions like cystic fibrosis, limiting access to nutrition assistance could have serious repercussions for their health.

Under current regulations, states can request a waiver of the time limit for areas within the state that have 10 percent or higher unemployment rates or, based on other economic indicators, have a "lack of sufficient jobs." In addition, states have discretion to exempt a limited number of individuals from the time limit.

The proposed rule would make it harder for areas with elevated unemployment rates to qualify for waivers by setting a 7 percent unemployment rate floor as a condition and eliminating other useful ways in which a state can demonstrate a lack of sufficient jobs for this group of SNAP participants. As a result, states would be unable to request waivers for some areas where unemployed adults cannot find work.

Limiting access to nutrition assistance could be particularly harmful for people with significant health care needs, who may also have trouble maintaining their health while keeping a job. Many people turn to public assistance programs because they face significant

³ 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>.

⁴ Center on Budget and Policy Priorities, "Chart Book: SNAP Helps Struggling Families Put Food on the Table," February 14, 2018, <https://www.cbpp.org/research/food-assistance/chart-book-snap-helps-struggling-families-put-food-on-the-table>.

⁵ 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.)

health or family challenges that limit their ability to work or reduce their ability to compete for a limited supply of jobs. Physical and mental health conditions that impede an individual's ability to work or limit the amount or kind of work they can maintain are much more common among people who receive public benefits than among the general population, research shows.⁶ Taking access to nutrition assistance away from people with serious health conditions could negatively affect their health, which could make it even more difficult for them to maintain employment.

While many adults in the CF community can and do work, their health status can change suddenly, and they often face lengthy and unexpected hospital stays and periods in which their health status renders them unable to work. These adults may not qualify as disabled under federal law yet may nonetheless be unable, at least temporarily, to meet the work requirements for SNAP. Under current SNAP rules, states have room for autonomy in eligibility determinations under the 12% ABAWD exemption. This exemption is important for adults with CF who experience sudden changes in their health status and are unable to meet the 80 hour a month work requirement for SNAP, which would otherwise result in their benefits being limited to 3-months or losing benefits altogether. Improved survival among patients with CF has been associated with improved nutrition, and if adult CF patients lose their SNAP benefits under these new requirements there could be severe impacts on their health status.⁷

For these reasons, we oppose the proposed rule that would threaten nutrition assistance for many more low-income people by limiting state flexibility to implement area waivers and exempt individuals. By the Department's own calculations, the proposed rule would take food away from 755,000 low-income Americans, cutting food benefits by \$15 billion over ten years. The Department does not estimate any improvements in health or employment among the affected population and simply concludes that two-thirds of those individuals made newly subject to the time limit "would not meet the requirements for failure to engage meaningfully in work or work training."

The Department's proposed rule seeks to do what Congress rejected just last year in the 2018 Farm Bill. The rules governing areas' eligibility for waivers and individual exemptions have been in place for nearly 20 years. In that time, the waiver rules have proven to be reasonable, transparent, and manageable for states to operationalize.

We oppose the changes in the proposed rule that would limit important flexibility for states.

Sincerely,



Mary B. Dwight
SVP, Policy & Advocacy
Cystic Fibrosis Foundation

⁶ Pamela L. Loprest and Elaine Maag, "Disabilities among TANF Recipients: Evidence from the NHIS," Urban Institute, May 2009, <http://www.urban.org/research/publication/disabilities-among-tanf-recipients-evidence-nhis>.

⁷ S.C. Bell, A.R. Bowerman, C.A. Davies, I.A. Campbell, D.J. Shale and J.S. Elbrn, "Nutrition in adults with cystic fibrosis," *Journal of Clinical Nutrition*, 1998, [https://www.clinicalnutritionjournal.com/article/S0261-5614\(98\)80061-7/pdf](https://www.clinicalnutritionjournal.com/article/S0261-5614(98)80061-7/pdf)