

September 23, 2019

VIA ELECTRONIC SUBMISSION

## RE: FNS–2018–0037, Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program

Dear Secretary Perdue:

The Medicare Rights Center (Medicare Rights) appreciates the opportunity to comment on the proposed rule, "Revision of Categorical Eligibility in the Supplemental Nutrition Assistance Program." Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to over three million people with Medicare, family caregivers, and professionals.

Based on this experience, we know that for many older adults and people with disabilities, food insecurity is an ongoing challenge. Too often on our National Consumer Helpline, we hear from people with Medicare who are struggling to make ends meet, and who are facing impossible choices as a result—like whether to pay rent, purchase needed medications, or buy groceries. Our callers are not alone. Over five million older adults were food insecure in 2017,<sup>1</sup> and adults living with disabilities experience a food insecurity rate almost three times higher than non-disability households.<sup>2</sup> The U.S. Department of Agriculture (USDA) itself has noted this disparity, flagging disability as a risk factor for food insecurity, even among moderate-income earners.<sup>3</sup>

Fortunately, there is help available. We are often able to connect qualifying individuals with programs that can help them meet basic needs, like the Supplemental Nutrition Assistance Program (SNAP). SNAP is a critical safety net for people with Medicare, many of whom live on

<sup>&</sup>lt;sup>1</sup> Ziliak & Gunderson, "The State of Senior Hunger in America 2017" (May 2019), https://www.feedingamerica.org/research/senior-hunger-research/senior.

<sup>&</sup>lt;sup>2</sup> Jones, Deondre, FRAC, "SNAP Matters for People with Disabilities" <u>https://frac.org/blog/snap-matters-people-disabilities</u>. <sup>3</sup> US Dept of Agriculture, "Disability Is an Important Risk Factor for Food Insecurity," AMBER WAVES MAGAZINE (May 6, 2013), https://www.ers.usda.gov/amber-waves/2013/may/disability-is-an-important-risk-factor-for-food-insecurity.

fixed incomes and have limited financial resources. In 2016, over 40% of SNAP households had at least one adult age 50 or older,<sup>4</sup> and over one in four SNAP participants, equivalent to more than 11 million individuals in 2015, had a disability.<sup>5</sup>

Accordingly, we are very concerned that the proposed rule would change SNAP's categorical eligibility requirements in ways that would restrict access to the program, causing serious harm to the older adults and people with disabilities we serve. Our fears are well founded, as even the USDA confirms this likely outcome. In the proposed rule, the agency specifically notes that "households with one or more elderly individual(s) and/or earned income would be disproportionately affected," and that "approximately 13.2 percent of all SNAP households with elderly members will lose benefits."<sup>6</sup>

Importantly, while the loss of SNAP alone would have a significant, detrimental impact on millions of Americans—including many people with Medicare—the program does not exist in a vacuum, and neither would the effects of the proposed eligibility changes. The links between SNAP, improved nutrition, and better health outcomes are well established.<sup>7</sup> Older adults receiving SNAP are less likely to forgo needed medicine due to cost, and SNAP participation has also been linked to reduced hospital and nursing home admissions among older adults, resulting in millions of dollars in savings.<sup>8</sup> This means that a loss of SNAP benefits would not only negatively affect the obvious—hunger and food security—but would also damage the health care system writ large, as well as the health, safety, and well-being of those in need.

<sup>&</sup>lt;sup>4</sup> Dean, Olivia; et al, AARP Public Policy Institute, "Supplemental Nutrition Assistance Program (SNAP) Provides Benefits for Millions of Adults Ages 50 and Older" (April 2018), <u>https://www.aarp.org/content/dam/aarp/ppi/2018/04/snap-provides-benefits-for-millions-ofadults-ages-50-and-older.pdf</u>.

<sup>&</sup>lt;sup>5</sup> Carlson, Steven; Center on Budget and Policy Priorities, "SNAP Provides Needed Food Assistance to Millions of People with Disabilities" (June 14. 2017), <u>https://www.cbpp.org/research/food-assistance/snap-provides-needed-food-assistance-to-millions-of-people-with</u>.

<sup>&</sup>lt;sup>6</sup> 84 FR 35575.

<sup>&</sup>lt;sup>7</sup> See, e.g., Mabli & Ohls, "Supplemental Nutrition Assistance Program participation is associated with an increase in household food security in a national evaluation," *Journal of Nutrition* 145(2), 2015, <u>https://www.ncbi.nlm.nih.gov/pubmed/25644357;</u> Nguyen et al., "The Supplemental Nutrition Assistance Program, Food Insecurity, Dietary Quality, and Obesity Among U.S. Adults," *American Journal of Public Health* 105(7), 2015, <u>https://www.ncbi.nlm.nih.gov/pubmed/25973830;</u> Berkowitz et al., "Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults," *JAMA Internal Medicine* 177(11), 2017, <u>https://www.ncbi.nlm.nih.gov/pubmed/28973507;</u> Srinivasan & Pooler, "Cost-Related Medication Nonadherence for Older Adults Participating in SNAP, 2013-2015," *American Journal of Public Health* 108(2), 2018, <u>https://www.ncbi.nlm.nih.gov/pubmed/29267062;</u> Samuel et al., "Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland," *Population Health Management* 21(2), 2018, <u>https://www.ncbi.nlm.nih.gov/pubmed/28683219;</u> Szanton et al., "Food assistance is associated with decreased nursing home

<sup>&</sup>lt;u>https://www.ncbi.nlm.nih.gov/pubmed/28683219;</u> Szanton et al., "Food assistance is associated with decreased nursing home admissions for Maryland's dually eligible older adults," *BMC Geriatrics 17*(1), 2017, <u>https://www.ncbi.nlm.nih.gov/pubmed/28738897.</u>

<sup>&</sup>lt;sup>8</sup> Dean, Olivia; et al, AARP Public Policy Institute, "Supplemental Nutrition Assistance Program (SNAP) Provides Benefits for Millions of Adults Ages 50 and Older" (April 2018), <u>https://www.aarp.org/content/dam/aarp/ppi/2018/04/snap-provides-benefits-for-millions-ofadults-ages-50-and-older.pdf</u>.

In addition, this proposal runs counter to the intentions of categorical eligibility, which are to streamline SNAP enrollment and administration.<sup>9</sup> The USDA estimates the proposed changes would increase the agency's SNAP administrative costs by \$2.31 billion, while at the same time causing more than three million people to lose benefits.<sup>10</sup> And that "households that remain eligible for SNAP and new SNAP applicants will face additional burden associated with the application process, at a cost of approximately \$5 million annually."<sup>11</sup> Ballooning costs while creating hardships for SNAP recipients and stripping millions of needed assistance is not streamlining, nor is it sound policy.

For these reasons, we strongly oppose the proposed rule and urge the USDA to withdraw it in its entirety. Rather than seeking to restrict SNAP eligibility in a purported but ineffective effort to streamline processes, we encourage the agency to instead steward the program in ways that prioritize those it serves. This includes informing those who would benefit from the program of its availability and pursuing meaningful administrative simplifications that do not threaten to undermine their health and economic security.

Thank you for the opportunity to provide comments on this proposed rule. SNAP plays a critical role in addressing hunger and food insecurity. We look forward to working with you to protect and strengthen both the benefit and access to it. For additional information, please contact Lindsey Copeland, Federal Policy Director, at 202-637-0961 or <a href="https://www.loopland.com">loopland@medicarerights.org</a> or Julie Carter, Senior Federal Policy Associate, at 202-637-0962 or <a href="https://www.loopland.com">jcarter@medicarerights.org</a>.

Sincerely,

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<sup>9</sup> 84 FR 35574. <sup>10</sup> 84 FR 35575. <sup>11</sup>*Id*.