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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:

Thank you for the opportunity to comment on The U.S. Department of Agriculture's ("the Department") proposed rule, "Supplemental Nutrition Assistance Program (SNAP): Requirements for Able-Bodied Adults without Dependents (ABAWDs)." The Oral Health Progress and Equity Network (OPEN) is deeply concerned by the potential of this proposed rule to further restrict food assistance, which supports the oral and overall health of low-income children and families. While we support the goal of helping SNAP participants obtain and keep quality jobs that support their economic security, the proposed rule would result in even more individuals losing access to nutrition assistance under SNAP, with a disproportionate impact on immigrants and people of color. **Losing access to food assistance programs will not result in increased employment and earnings and will harm oral health and exacerbate existing racial and ethnic inequities.**

As a large national network of individuals and local, state, and national organizations that believe that oral health is essential to overall health and wellbeing, OPEN collectively takes on America's oral health challenges so that everyone has an equitable chance to thrive. We submit the following comment to oppose the proposed rule and provide insight on the continuing challenges immigrants and people of color face in accessing services and supports and achieving optimal oral health. OPEN strives to ensure that all families have access to oral health coverage and care as well as other services, supports, and resources that make achieving positive oral health outcomes possible. Because we know how closely related nutrition and access to healthy foods are to oral health, and how closely related good oral health is to other health outcomes as well as employment and economic security, **we oppose the proposed rule and ask the Department to consider other ways of supporting the oral and overall health of SNAP participants.**

### ***SNAP Provides Integral Food Assistance and Protects Oral Health***

SNAP is our nation's most important anti-hunger program, providing food assistance to youth, working families, people with disabilities, seniors, and many more. SNAP helps approximately 39 million people in nearly 20 million households put food on the table.<sup>1</sup> In 2015, SNAP lifted

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<sup>1</sup> U.S. Department of Agriculture, "SNAP Participation," Food and Nutrition Service, September 2018, <https://fns-prod.azureedge.net/sites/default/files/pd/34SNAPmonthly.pdf>.

approximately 2.1 million African Americans (including 1 million children)<sup>2</sup> and 2.5 million Latinos (including 1.2 million children) out of poverty.<sup>3</sup> More than ten percent of Asian American and Pacific Islander (AAPI) families receive SNAP benefits,<sup>4</sup> while many more are likely eligible, but unenrolled due to cultural stigma and insufficient program outreach to AAPI groups.<sup>5</sup> Overall, research shows that SNAP is effective at reducing food insecurity;<sup>6,7,8</sup> according to one estimate, SNAP reduces food insecurity by approximately 30 percent.<sup>9</sup>

When individuals and families don't have access to nutritious foods, their oral health suffers. Barriers to accessing healthy foods are associated with higher sugar, less nutrient dense diets. In turn, these diets can lead to increased dental caries, the disease that causes cavities.<sup>10</sup> Additionally, periodontal disease (or gum disease) and gingivitis are associated with malnutrition, particularly inadequate levels of calcium, vitamin C, and folic acid.<sup>10</sup> Poor oral health can cause pain, tooth loss, and other oral health problems that can make it difficult to chew and eat, compromising nutrition and health.<sup>11</sup> About half of adults report difficulty biting or chewing because of the condition of their mouth and teeth.<sup>12</sup> **Because SNAP is such an important part of our nation's efforts to help families avoid hunger and afford nutritious foods, it is also an integral program for supporting oral health.**

### ***SNAP Already Has Time Limits and Work Requirements In Place***

Federal law currently limits non-disabled adults ages 18-49 without dependent children to just three months of SNAP benefits in a 36-month period unless they engage in work or job training activities at least half time.<sup>13</sup> Requiring a set number of work hours to be documented each

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<sup>2</sup> "SNAP Helps Millions of African Americans," *Center on Budget and Policy Priorities*, updated February 2018, <https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-african-americans>.

<sup>3</sup> "SNAP Helps Millions of Latinos," *Center on Budget and Policy Priorities*, updated February 2018, <https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-latinos>.

<sup>4</sup> "Congressional Tri-Caucus Denounces Cuts to the Supplemental Nutrition Assistance Program (SNAP)," *Congressional Asian Pacific American Caucus*, September 2013, <https://capac-chu.house.gov/press-release/congressional-tri-caucus-denounces-cuts-supplemental-nutrition-assistance-program-snap>

<sup>5</sup> Victoria Tran, *Asian Americans are Falling Through the Cracks in Data Representation and Social Services*, Urban Institute, June 2018, <https://www.urban.org/urban-wire/asian-americans-are-falling-through-cracks-data-representation-and-social-services>.

<sup>6</sup> Mabli, J., & Worthington, J. (2014). Supplemental Nutrition Assistance Program participation and child food security. *Pediatrics*, 133(4), 1-10.

<sup>7</sup> Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

<sup>8</sup> Nord, M. (2012). How much does the Supplemental Nutrition Assistance Program alleviate food insecurity? Evidence from recent programme leavers. *Public Health Nutrition*, 15(5), 811-817

<sup>9</sup> Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

<sup>10</sup> Scardina, G. A., & Messina, P. (2012). Good oral health and diet. *J Biomed Biotechnol*, doi: 10.1155/2012/720692.

<sup>11</sup> American Dietetic Association. (2007). Position of the American Dietetic Association: Oral health and nutrition. *J Am Diet Assoc*, 107, 1418-1428.

<sup>12</sup> Health Policy Institute. (2015). Oral health and well-being in the United States. American Dental Association.

<sup>13</sup> Center on Budget and Policy Priorities, "Unemployed Adults Without Children Who Need Help Buying Food Only Get SNAP For Three Months,"

month already causes many eligible people to lose needed assistance—particularly workers juggling multiple jobs and those with unpredictable and fluctuating work schedules.<sup>14</sup> When several states reinstated this time limit in 2016 after suspending it due to the Great Recession, at least 500,000 people lost SNAP benefits.<sup>15</sup> Many more geographic regions will now be required to reinstate the time limit if the proposed rule goes into effect. **Time limits harm vulnerable people by denying them food benefits when they most need it and exposing people to oral and systemic health problems associated with lack of access to nutritious food.** Overall, we support the current federal policy that allows states to request a waiver from the ABAWD time limit for a specified area with an unemployment rate of over 10% or an area with an insufficient number of jobs to provide employment opportunities. We also support the policy of providing states with the flexibility to define the area(s) in which it requests to waive the time limit.

### ***Immigrant Populations Already Experience Steep Barriers to Oral Health, and Additional Barriers to SNAP Participation Will Only Make this Issue Worse***

Under current federal law, a person must be a U.S. citizen or an eligible, lawfully-present non-citizen to qualify for SNAP benefits. Certain groups of immigrants may be eligible if they fulfill the other requirements,<sup>16</sup> but non-citizens are rarely eligible for SNAP (and undocumented immigrants never are). Even though requirements for who is eligible to enroll in SNAP haven't changed, immigrant households legally eligible for SNAP benefits stopped participating in the program at a higher-than-normal rate in 2018.<sup>17</sup> **Therefore, current SNAP policy already limits the extent to which immigrants can benefit from the oral and overall health supports food assistance provides.**

Immigrant communities already face greater barriers to accessing oral health care and good oral health, such as difficulty navigating the U.S. health system, absence of culturally and linguistically appropriate care, lack of transportation, and balancing the high cost of care with competing demands. Non-citizen immigrants have higher rates of dental caries and periodontal disease than people born in the U.S.<sup>18</sup> Immigrants are also more likely than native U.S. citizens

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<https://www.cbpp.org/unemployed-adults-without-children-who-need-help-buying-food-only-get-snap-for-three-months>.

<sup>14</sup> Heidi Goldberg and Liz Schott, "A Compliance-oriented Approach to Sanctions in State and County TANF Programs," Center on Budget and Policy Priorities, October 1, 2000. And LaDonna Pavetti, Michelle K. Derr, and Heather Hesketh, "Review of Sanction Policies and Research Studies," Mathematica Policy Research, March 10, 2003.

<sup>15</sup> Ed Bolen, Dottie Rosenbaum, Stacy Dean, et al., *More Than 500,000 Adults Will Lose SNAP Benefits in 2016 as Waivers Expire*, Center on Budget and Policy Priorities, March 2016, <https://www.cbpp.org/research/food-assistance/more-than-500000-adults-will-lose-snap-benefits-in-2016-as-waivers-expire>.

<sup>16</sup> *Supplemental Nutrition Assistance Program: Guidance on Non-Citizen Eligibility*, U.S. Department of Agriculture, June 2011, [https://fns-prod.azureedge.net/sites/default/files/snap/Non-Citizen\\_Guidance\\_063011.pdf](https://fns-prod.azureedge.net/sites/default/files/snap/Non-Citizen_Guidance_063011.pdf).

<sup>17</sup> Allison Bovell-Ammon, "Trends in Food Insecurity and SNAP Participation Among Immigrant Families of U.S. Born Young Children," *Children's HealthWatch*, November 2018, <http://childrenshealthwatch.org/study-following-10-year-gains-snap-participation-among-immigrant-families-drop-in-2018/>.

<sup>18</sup> Wilson, F. A., Wang, Y., Borrell, L. N., Bae, S., Stimpson, J. P. (2018). Disparities in oral health by immigration status in the United States. *Journal of the American Dental Association*, 149(6), 414-421.

to need tooth extractions and have lower rates of dental service utilization.<sup>19</sup> Because immigrants already face greater barriers to accessing oral health care and associated positive oral health outcomes, the proposed rule's disproportionate impact on immigrant populations will further harm the oral health of already marginalized populations.

Federal agencies have worked to overcome the barriers immigrants face to enrolling in benefits. Adopting policies such as this proposed rule will instead exacerbate disparities in immigrant access to the SNAP program.<sup>20</sup> **Given SNAP's record of alleviating poverty and food insecurity, and improving oral health, overall health, and employment outcomes, the Department should be working to remove the barriers immigrant families face in accessing SNAP rather than further restricting access and increasing oral and overall health disparities for immigrant families.**

### ***Oral Health is Closely Related to Employment***

#### **SNAP plays an important role in improving oral health and supporting employment.**

When people can't get the oral health care they need, and their oral and overall health suffers as a result, they are less likely to be able to find and keep work.<sup>21</sup> Almost a third of low-income adults report that the condition of their mouth and teeth impacts their ability to interview for a job and about 25% indicate that it causes them to take time off work.<sup>22</sup> Similarly, research demonstrates a connection between oral health and income, especially for low income women.<sup>23</sup> SNAP benefits support nutrition, which improves oral health outcomes, making people more likely to be able to get or maintain employment. The proposed rule would cause many people to lose access to SNAP benefits, putting them at risk for oral health problems that would compromise their ability to work. Given that the Department's stated goal of this proposed rule is to increase employment, **we encourage the Department to recognize the important role SNAP plays in improving oral health and supporting employment and not to enact the proposed rule, which could have the opposite impact on employment as intended.**

Lessons learned from TANF, SNAP, and other social programs demonstrate that work reporting requirements are not effective in connecting people to living-wage jobs.<sup>24</sup> Research shows that employment increases among individuals subject to work reporting requirements were modest and faded over time. In nearly all of approximately a dozen programs evaluated by the Center on Budget and Policy Priorities, employment among recipients *not* subject to

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<sup>19</sup> Wilson, F. A., Wang, Y., Stimpson, J. P., McFarland, K. K., & Singh, K. P. (2016). Use of dental services by immigration status in the United States. *Journal of the American Dental Association*, 147(3), 162-169.

<sup>20</sup> Robert Crosnoe, Juan Manuel Pedroza, Kelly Purtell, et al., *Promising Practices for Increasing Immigrants' Access to Health and Human Services*, U.S. Department of Health and Human Services, May 2012, <https://aspe.hhs.gov/system/files/pdf/76471/rb.pdf>.

<sup>21</sup> Larisa Antonisse and Rachel Garfield, *Relationship between work and health: Findings from a literature review*, Kaiser Family Foundation, August 2018.

<sup>22</sup> Health Policy Institute. (2015). Oral health and well-being in the United States. American Dental Association.

<sup>23</sup> Glied, Sherry, and Neidell, Matthew. "The economic value of teeth." *J of Human Resources* 45.2 (2010): 468-496. AND Hyde S, Satariano WA, Weintraub JA. "Welfare dental intervention improves employment & quality of life." *J Dent Res*. 2006; 85(1):79-84.

<sup>24</sup> Ladonna Pavetti, *Work Requirements Don't Cut Poverty, Evidence Shows*, Center on Budget and Policy Priorities, June 2016, <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>.

work reporting requirements was the same as or higher than employment among individuals subject to work reporting requirements within five years.<sup>25</sup>

Work reporting requirements are not only ineffective but have opportunity costs: The time that a SNAP recipient loses in low-intensity programs or low-wage jobs simply to meet requirements could be better spent obtaining skills and credentials, finding a quality job, and increasing their earnings.

Finally, by the Department's own estimates, the proposal would cause 755,000 individuals to lose SNAP benefits as a result of not meeting the ABAWD time limit work requirement and a 2.5% decrease in projected SNAP benefit spending. While reducing program enrollment will inevitably reduce spending on the program itself, it will increase costs and necessitate spending by federal and state governments in other ways. For example, hunger and food insecurity drove up health care costs by \$160 billion in a single year due to their role in contributing to hospitalizations, lost productivity, and poorer health.<sup>26</sup> The health care system will bear the burden of these costs in the form of increased hospital spending resulting from worsened or emergency oral and other health conditions. Additionally, other safety net programs will bear the burden of costs associated with lost productivity, including increased spending on unemployment benefits and TANF. Therefore, restricting the ability of individuals to receive SNAP benefits is unlikely to achieve the Department's goal of "saving taxpayers' money." **We urge the Department not to enact the proposed rule and to instead invest in strategies that support people to develop skills and access training that prepares them for jobs that pay living wages.**

### ***Implement innovative SNAP Policy Rather than Cutting Benefits***

For the reasons discussed above, we encourage the Department not to move forward with the proposed rule limiting states' ability to obtain waivers of the ABAWD time limit. Instead, **we urge the Department to consider innovative ways of using SNAP funding to improve oral and overall health and save taxpayer dollars.**

For instance, while SNAP can be used to purchase food and certain household items, currently, individuals cannot use SNAP benefits to purchase toothbrushes, toothpaste, dental floss or other products that are integral for maintaining oral and overall health. With no public assistance for dental hygiene products, families may go without them, increasing the risk of dental disease and its associated harms to health, employment and economic stability. Allowing families to use SNAP benefits to purchase dental hygiene products would support their oral and overall health and would also increase individuals' confidence and employability. **We encourage the Department to permit SNAP beneficiaries to use their benefits to purchase dental hygiene supplies such as toothbrushes, toothpaste and dental floss.**

### ***Conclusion***

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<sup>25</sup> Ibid.

<sup>26</sup> John T. Cook, Ana Paula Poblacion, *2016 Hunger Report, Appendix 2: Estimating the Health-Related Costs of Food Insecurity and Hunger*, Bread for the World, [http://www.bread.org/sites/default/files/downloads/cost\\_of\\_hunger\\_study.pdf](http://www.bread.org/sites/default/files/downloads/cost_of_hunger_study.pdf)

Adding additional barriers to accessing nutritious food will make it even more difficult for low-income and immigrant communities to maintain their oral health and find and maintain employment. **The proposed rule will harm oral and overall health, compromise economic opportunities, and exacerbate existing racial disparities. We urge the Department to withdraw the proposed rule in its entirety.** We encourage the Department to instead dedicate its efforts to advancing policies that truly support economic security by promoting the ability of immigrants and people of color to thrive.