



August 28, 2019

Program Design Branch  
SNAP Program Development Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive  
Alexandria, VA 22302

Re: FNS-2018-0037 Revision of Categorical Eligibility in the Supplemental Nutrition Assistance; submitted electronically via <http://www.regulations.gov>

Dear Sir or Madam;

Trinity Health appreciates the opportunity to provide comments to the United States Department of Agriculture Food and Nutrition Service's above-referenced notice of proposed rulemaking. We are deeply concerned the proposed rule would negatively impact access to necessary food and nutrition assistance for more than 3 million people by the Administration's own estimates, including near-poor working families, seniors, people with disabilities, and children. Further, if finalized, the policies outlined in this rule could increase health care spending—including federal spending for Medicare and Medicaid.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. Our People-Centered Health System puts the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. Trinity Health includes 94 hospitals as well as 109 continuing care locations that include PACE, senior living facilities, and home care and hospice services. Our continuing care programs provide nearly 2.5 million visits annually. Committed to those who are poor and underserved, Trinity Health returns \$1.1 billion to our communities annually in the form of charity care and other community benefit programs. We have 35 teaching hospitals with graduate medical education (GME) programs providing training for more than 2,000 residents and fellows in 184 specialty and subspecialty programs. We employ approximately 133,000 colleagues, including more than 7,800 employed physicians and clinicians, and have more than 15,000 physicians and advanced practice professionals committed to 16 Clinically Integrated Networks (CINs) that are accountable for approximately 1.5 million lives across the country through alternative payment models (APMs). Further, we have provided care for more than one million patients who have gained Medicaid coverage since 2014 and we celebrate their health improvements and see the economic benefits of this coverage in our communities.

As informed by Catholic Social Teaching, Trinity Health is committed to advancing policies that support the integral development of individuals. **We believe that access to food is a fundamental human right and basic need and support identifying effective policies to**

## **ensure adequate food, nutrition and economic stability for all individuals and families.**

We support policies that provide greater support for individuals and families so that they can learn the skills necessary to contribute to the well-being of their families and communities. Unfortunately, as written, the proposed regulation provides barriers to food assistance while providing little to no additional support for those who would now be required to participate in education and training programs in order to continue to receive food assistance.

## **Food Insecurity Increases Suffering and Health Care Costs**

Our health care providers report regularly the undue suffering and illness experienced by patients and their families when there is food insecurity. This witnessed experience is supported by an extensive body of research, which reveals a consistent and strong correlation between food insecurity and poor health outcomes across the life cycle. Food insecurity among children is linked to increased risks of poor diets, the development of chronic health conditions including asthma and anemia, cognitive and behavioral problems, anxiety and depression, and poorer general health. Food insecurity among working-age adults is associated with poorer diet quality; multiple chronic conditions, including hypertension, coronary heart disease, diabetes, and kidney disease; and poorer general and mental health. And among seniors, food insecurity is linked to poorer diets, chronic conditions such as diabetes and anemia, worse general health, depression, more limitations in daily activities, and decreased quality of life.<sup>1</sup> Though to a lesser degree than with food insecurity, research suggests that marginal food security, defined by at least one reported indication of stress related to having insufficient food (but not as many indications as those considered food insecure), is also linked with adverse health outcomes among young children and caregivers.<sup>2</sup>

In fact, the food insecurity measure used in the United States was developed by the USDA—the same agency proposing to restrict access to nutrition through this proposed rule—in conjunction with other agencies, policy makers, and academics, in part because of the negative health outcomes that were thought to be associated with food insecurity<sup>3</sup>. Poorer health outcomes lead to increased cost across the health system, including for federal Medicare and Medicaid programs. As a result of the policies included in this proposed rule, federal spending on health may increase.

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<sup>1</sup> For summaries of the extensive research on the health consequences of food insecurity, see Barbara A. Laraia, “Food Insecurity and Chronic Disease,” *Advances in Nutrition: An International Review Journal*, 4(2):203-212, 2013, <http://advances.nutrition.org/content/4/2/203.full>; Alisha Coleman-Jensen, William McFall, and Mark Nord, “Food Insecurity in Households with Children,” EIB-113. U.S. Department of Agriculture, Economic Research Service, May 2013, [https://www.ers.usda.gov/webdocs/publications/43763/37672\\_eib-113.pdf?v=41424](https://www.ers.usda.gov/webdocs/publications/43763/37672_eib-113.pdf?v=41424); and Craig Gundersen and James P. Ziliak, “Food Insecurity and Health Outcomes,” *Health Affairs*, 34(11):1830-1839, 2015, [http://gatonweb.uky.edu/Faculty/Ziliak/GZ\\_HealthAffairs\\_34\(11\)\\_2015.pdf](http://gatonweb.uky.edu/Faculty/Ziliak/GZ_HealthAffairs_34(11)_2015.pdf).

<sup>2</sup> John T. Cook *et al.*, “Are Food Insecurity’s Health Impacts Underestimated in the U.S. Population? Marginal Food Security Also Predicts Adverse Health Outcomes in Young U.S. Children and Mothers,” *Advances in Nutrition: An International Review Journal*, 4(1):51-61, 2013, <http://advances.nutrition.org/content/4/1/51.long>.

<sup>3</sup> Seth A. Berkowitz, Sanjay Basu, James B. Meigs, and Hillary K. Seligman, “Food Insecurity and Health Care Expenditures in the United States, 2011-2013,” *Health Services Research*, June 13, 2017, <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12730/full>.

Researchers in the United States, using national survey data to capture out-of-pocket expenses and insurance payments for two years after a household experiences food insecurity, found on average, after adjusting for a range of socioeconomic and demographic characteristics expected to affect food security and spending on health care (both out-of-pocket and paid by insurance, including Medicare and Medicaid), people in food-insecure households spend roughly 45 percent more on medical costs in a year (\$6,100) than people in food-secure households (\$4,200). Annual health care costs are \$4,400 higher among those with diabetes, \$2,200 higher among those with hypertension, and \$5,100 higher among those with heart disease.<sup>4</sup>

Canadian researchers, using linked survey and administrative data on 67,000 working-age adults in Ontario province, show that public health care expenditures are substantially higher for food-insecure people, even after adjusting for other socioeconomic and demographic characteristics that might affect either food security or costs. The findings are particularly compelling because the study occurred in the context of Canada's universal health care system, alleviating concerns that the observed differences are due to differences in access to health insurance. The researchers found that individuals in households with moderate food insecurity are a third more likely to use health care services — and expenses among these health care users are a third higher — than those in food-secure households. As food insecurity increases, so do health care costs. Individuals in households with the most severe food insecurity are 71 percent more likely to use health care services, and the expenses of these health care users are 76 percent higher than those in food-secure households.<sup>5</sup> The United States and Canada have similar definitions of food insecurity, thus this research is applicable to the U.S.

Food insecurity is also associated with greater use of health care services. Adults in food-insecure households are about 50 percent more likely to visit an emergency room and be admitted to a hospital—and remain hospitalized about 50 percent longer—than adults in food-secure households. Food-insecure seniors are more likely to utilize health care services, including office visits, overnight stays in a hospital, and emergency rooms, than food-secure seniors.<sup>6</sup>

Overall, the SNAP program is associated with improved health and reduced health care costs. On average, SNAP participants are more likely to report excellent or very good health than low-income non-participants and early access to SNAP among pregnant mothers and in early childhood improved birth outcomes and long-term health as adults. Further, elderly SNAP

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<sup>4</sup> Seth A. Berkowitz, Sanjay Basu, James B. Meigs, and Hillary K. Seligman, “Food Insecurity and Health Care Expenditures in the United States, 2011-2013,” *Health Services Research*, June 13, 2017, <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12730/full>.

<sup>5</sup> Valerie Tarasuk *et al.*, “Association Between Household Food Insecurity and Annual Health Care Costs,” *Canadian Medical Association Journal*, 187(14):E429-E436, October 6, 2015, <http://www.cmaj.ca/content/187/14/E429>.

<sup>6</sup> Seth Berkowitz, Hilary K. Seligman, and Sanjay Basu, “Impact of Food Insecurity and SNAP Participation on Healthcare Utilization and Expenditures,” University of Kentucky Center for Poverty Research Discussion Paper Series, DP2017-02, 2017, [http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1105&context=ukcpr\\_papers](http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1105&context=ukcpr_papers); and Vibha Bhargava and Jung Sun Lee, “Food Insecurity and Health Care Utilization Among Older Adults in the United States,” *Journal of Nutrition in Gerontology and Geriatrics*, 35(3):177-192, 2016, <http://www.tandfonline.com/doi/abs/10.1080/21551197.2016.1200334>.

participants are less likely than similar non-participants to forgo their full prescribed dosage of medicine due to cost and SNAP may help low-income seniors live independently in their communities and avoid hospitalization.<sup>7</sup>

### **Trinity Health is a Committed Partner in Addressing Food Insecurity and Improving Nutrition in the Communities We Serve**

Trinity Health recognizes the importance of access to healthy foods and the impact it has on the health of individuals, families, and communities. In 2016, Trinity Health launched the Transforming Communities Initiative (TCI) to advance community partnerships that focus on improving the health and well-being in communities. The American Hospital Association honored TCI as one of five programs to receive their 2019 Dick Davidson NOVA Award for outstanding collaboration for healthier communities. TCI is an innovative funding model and technical assistance initiative supporting eight communities using policy, system, and environmental (PSE) change strategies to prevent tobacco use and childhood obesity, as well as address social determinants of health.

The TCI childhood obesity prevention and reduction efforts have impacted nearly 260,000 youth in the 8 selected communities and resulted in:

- Increased collaboration with schools to improve food and beverage choices and increasing physical activity
- Creation of economic opportunity through food system development through partnerships with local communities
- Community assessment and action planning focused on improving public school policy and environment
- Nutrition and physical activity policy and practice assessments
- Engagement of local school and district staff at multiple sites
- Focus on cross-site coordinated work to promote school wellness
- Development of policy and environmental changes in early childcare settings as well as community food access

Trinity Health is also partnering with others in the city of Hartford, Connecticut to address that community's challenges in accessing healthy food. The Health Hartford Hub (HHH) project is a collaborative effort to address Hartford's food desert and positively impact the health of Hartford residents, especially those living in the city's North End/Promise Zone neighborhoods. The HHH project is proposed to be located on four acres in north Hartford and will be anchored by a ground floor full service supermarket, a second floor restaurant/café, and adjacent parking. A planned mixed-use development on a separate parcel across an existing street will include a multi-story building with ground floor, retail space, and approximately 24 units of mixed-income housing above. Retail space of the mixed-use building is anticipated to include other health

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<sup>7</sup> Steven Carlson, Brynne Keith-Jennings, "SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs, January 2019, Center on Budget and Policy Priorities, <https://www.cbpp.org/sites/default/files/atoms/files/1-17-18fa.pdf>

promoting services, such as a health clinic, a community teaching kitchen, and/or wellness center, and may include other complementary retail tenants. Trinity Health provided a \$1.5 million letter of interest to support the project's development in 2018.

In addition, our Holy Cross Hospital in Fort Lauderdale has played an instrumental role in assisting private parochial schools with enrolling, implementing, and sustaining participation in The National School Lunch Program - a federally assisted meal program. School participation in this program opened access to portion controlled-nutritious school breakfast and lunches to thousands of eligible and hungry children. The impact on the individual family household's budget was also positively impacted by their child's enrollment in this free/reduced rate meal program. The hospital also partners with the local parks and recreation centers, libraries, and housing authority sites to provide access to the Summer Food Service Program, federally funded under the U.S. Department of Agriculture (USDA) and, in Florida, administered by the Florida Department of Agriculture and Consumer Services to provide access to more than 164,000 meals during the summer months to children out of school and lacking access to nutritious meals. Some students report that these are the only meals they receive during the summer months. Year round efforts to increase access to fresh fruits and vegetables is a priority in the Broward Community, especially those areas identified as food deserts. A food collaborative made up of governmental and non-governmental agencies provides year-round delivers fresh produce to 25 neighborhood sites and a mobile school pantry provides five Title I schools with a monthly farmers market so that families have access to fresh fruits and vegetables in existing food deserts.

### **SNAP Fills a Critical Need in Our Communities**

Our commitment to advancing access to healthy food is strong and evidenced by the TCI program and examples of the Healthy Hartford Hub project and the efforts by Holy Cross Hospital as described above. Trinity Health also connects patients to organizations like Catholic Charities across the country to provide critical services, such as food, to those in need. We do as much as we can for our communities, but cannot do it alone. We are partners with the government in providing access to food to our communities and need all the available tools at our disposal to accomplish this—the SNAP program is crucial to ensuring that individuals in need have access to adequate food. If finalized, beneficiaries in twenty-one out of the twenty-two states across our footprint will lose SNAP eligibility and access vital nutrition services.

### **Modification of Broad-Based Categorical Eligibility**

Existing broad-based categorical eligibility (BBCE) in the SNAP program provides states the flexibility to raise the income eligibility limits so that low-income working families on the cusp of eligibility can receive food and nutrition services. In addition, states are able to adopt less restrictive asset tests so that individuals, including seniors and people with disabilities, can save modestly without being penalized by losing eligibility. This policy encourages work and savings among low-income households, the proposed rule would restrict this flexibility.

The majority of states and D.C. have opted to use this flexibility and this policy has broad bipartisan support, as evidenced by Congress repeatedly rejecting proposals that that would cut SNAP by rolling back BBCE, most recently in the farm bill enacted last year.

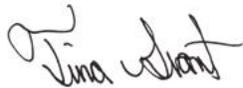
**Trinity Health urges the USDA to withdraw the proposed rule to ensure continued access to necessary food and nutrition for the estimated 3 million beneficiaries who stand to lose SNAP eligibility—including children who would lose access to free lunch and breakfast at school.** Access to food and proper nutrition is a major factor in determining health outcomes, and the proposed rule will adversely affect the health of those who stand to lose SNAP coverage.

## **Conclusion**

The proposed rule would result in fewer people receiving SNAP benefits and more individuals will lack access to adequate sources of nutrition—which is inconsistent with the values Trinity Health holds around human dignity. The link between food insecurity and poorer health and increased health expenditures is now well-documented—this rule is not only inhumane and shortsighted, but is inconsistent with the goals of improving overall health in our country and lowering the cost of care. In addition, there is a significant possibility the policies proposed in this rule could lead to increased health care costs—including for Medicare and Medicaid.

Trinity Health appreciates the opportunity to comment on this proposed rule. If you have questions on our comments, please feel free to contact me at [granttw@trinity-health.org](mailto:granttw@trinity-health.org) or 734-343-1375.

Sincerely,



Tina Weatherwax Grant, JD  
Vice President, Public Policy and Advocacy