



Getting Medicare right

December 2, 2019

VIA ELECTRONIC SUBMISSION

RE: FNS-2019-0009-0001, Supplemental Nutrition Assistance Program: Standardization of State Heating and Cooling Standard Utility Allowances

Dear Administrator Miller:

The Medicare Rights Center (Medicare Rights) appreciates the opportunity to comment on the proposed rule, "Standardization of State Heating and Cooling Standard Utility Allowances." 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.

Because of our focus on the needs of older adults and people with disabilities, we are very concerned to see the Food and Nutrition Service (FNS) propose a rule that would adversely impact these populations by cutting billions from the Supplemental Nutrition Assistance Program (SNAP).¹ Such a change would exacerbate existing health and financial challenges for people with Medicare and put more people at risk of serious harm. We strongly oppose this proposed rule and urge the FNS to withdraw it in its entirety.

Too often on our National Consumer Helpline, we hear from older adults and people with disabilities who are struggling to make ends meet, and who must choose between paying for health care, housing, and food. These callers are not alone. Over five million older adults were food insecure in 2017,² and the problem is so extreme for people with disabilities that the U.S.

¹ 84 Fed. Reg. 52813.

² Ziliak & Gunderson, "The State of Senior Hunger in America 2017" (May 2019), <https://www.feedingamerica.org/research/senior-hunger-research/senior>.

Department of Agriculture (USDA) has designated disability as a risk factor for food insecurity, even in moderate-income households.³

SNAP plays a critical role in addressing hunger and food insecurity among people with Medicare and is also an effective anti-poverty initiative—connections that must be protected and strengthened, not undermined. The links between SNAP and improved nutrition and between improved nutrition and better health are well established,⁴ and food insecurity among older adults has been linked with poor or fair health status and many chronic illnesses.⁵ This means that a loss of SNAP benefits would negatively affect the obvious—hunger and food security—and would also damage the overall health and well-being of millions, including tens of thousands of people with Medicare.⁶

Under current law, states adjust household SNAP benefits based on a state-specific Standard Utility Allowance (SUA). This SUA is calculated by the state, taking into account the utility costs and rates specific to that state, and is then approved by the USDA. This policy allows SUAs to accommodate state differences and provides states flexibility in how they calculate the applicable costs. The proposed rule would eliminate this needed flexibility. It would standardize and cap SUA calculations across the country and deny states the ability to set their own standards. As the agency notes, this change would substantially cut essential SNAP benefits for millions by slashing 4.5 billion dollars from the program over 5 years.⁷

³ 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>.

⁴ 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, <https://www.ncbi.nlm.nih.gov/pubmed/25644357>; 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, <https://www.ncbi.nlm.nih.gov/pubmed/25973830>; Berkowitz et al., “Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults,” *JAMA Internal Medicine* 177(11), 2017, <https://www.ncbi.nlm.nih.gov/pubmed/28973507>; Srinivasan & Pooler, “Cost-Related Medication Nonadherence for Older Adults Participating in SNAP, 2013-2015,” *American Journal of Public Health* 108(2), 2018, <https://www.ncbi.nlm.nih.gov/pubmed/29267062>; 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, <https://www.ncbi.nlm.nih.gov/pubmed/28683219>; Szanton et al., “Food assistance is associated with decreased nursing home admissions for Maryland’s dually eligible older adults,” *BMC Geriatrics* 17(1), 2017, <https://www.ncbi.nlm.nih.gov/pubmed/28738897>.

⁵ Food Research & Action Center, “The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being” (December 2017), <https://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>.

⁶ Laura Wheaton, “Estimated Effect of Recent Proposed Changes to SNAP Regulations,” Urban Institute (November 2019), https://www.urban.org/sites/default/files/publication/101368/estimated_effect_of_recent_proposed_changes_to_snap_regulations.pdf.

⁷ 84 Fed. Reg. 54812.

For these reasons, we urge FNS to withdraw this proposal in its entirety. Rather than seeking to cut benefits, the agency must do more to ensure all Americans have access to the nutritional resources they need to build and maintain their health. This includes making sure those who would benefit from SNAP and other assistive programs are aware of their eligibility and have the tools and information necessary to enroll and stay enrolled.

Thank you for the opportunity to provide comments on this proposed rule. For additional information, please contact Lindsey Copeland, Federal Policy Director, at 202-637-0961 or lcopeland@medicarerights.org or Julie Carter, Senior Federal Policy Associate, at 202-637-0962 or jcarter@medicarerights.org.

Sincerely,

A handwritten signature in cursive script that reads "Fred Riccardi".

Frederic Riccardi
President
Medicare Rights Center