



# CITY OF PHILADELPHIA

*Department of Behavioral Health and Intellectual disAbility Services  
Promoting Recovery, Resilience & Self Determination*

**David T. Jones**  
Commissioner

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Deputy Commissioner

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Chief Medical Officer

March 29, 2019

Certification Policy Branch  
SNAP Program Development Division  
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:

I am writing on behalf of the City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) to express opposition to the United States Department of Agriculture's (USDA) Proposed Rule on Supplemental Nutrition Assistance Program (SNAP): Requirements for Able-Bodied Adults Without Dependents (ABAWDs), published in the Federal Register on February 1, 2019. The proposed rule represents a major departure from the way the program has operated for years and it introduces draconian and unjust restrictions, places the burden of proof on vulnerable individuals, and fails to account for the barriers to work that ABAWDs face. The proposed changes to SNAP will be detrimental to our mission strengthening, and serving individuals and communities so that all Philadelphians can thrive.

**SNAP has a broad impact on the populations we serve as well as Philadelphia at large.** The proposed rule would affect 40,000 Philadelphians, many of whom we serve.<sup>i</sup> DBHIDS provides a range of services for children, adults, and families including mental health services, substance use treatment services, early intervention services, and intellectual disAbility services. In 2017, 74,862 Philadelphia households receiving SNAP had one or more persons with a disability, accounting for 52% of Philadelphia's total SNAP recipient households.<sup>ii</sup>

**When hunger is not an issue, outcomes for individuals improve, including for those in recovery and those with disAbilities.** Research shows that SNAP is effective at reducing food insecurity,<sup>iii, iv, v</sup> by as much as approximately 30 percent.<sup>vi</sup> SNAP improves health outcomes, including physical and mental health.<sup>vii, viii, ix, x</sup> Additionally, it helps reduce stress for struggling individuals and families worried about finances, and stress is highly correlated with poor health outcomes.<sup>xi</sup> Various interventions and studies have furthermore shown positive links between food security and improved recovery outcomes,<sup>xii</sup> mental health,<sup>xiii</sup> and disAbilities.<sup>xiv</sup>

**The proposed new rule imposes red tape on vulnerable populations, potentially resulting in the disenrollment of otherwise eligible individuals from SNAP.** Under the current rules, ABAWDs must work or participate in an employment program for at least 20 hours a week to continue to receive benefits for more than three months over a 36-month period. While states can apply for waivers to exempt high unemployment areas, the proposed rule would raise the unemployment floor for waivers. This means that places like Philadelphia that have, because of employment conditions, been exempt for twenty years would suddenly have to contend with restrictions on SNAP for ABAWDs. While the proposed rule provides exemptions for certain classes of people, it places the burden on ABAWDs to prove they are exempt from work requirements. In the implementation of the new rule, confusion and complications arise, and people who are eligible for SNAP will face unprecedented logistical challenges in providing supporting paperwork, navigating county offices, and complying with reporting requirements in a timely

manner. Backlogs will have wide-ranging effects, resulting in increased program costs and ramifications not only for ABAWDs but for all people who rely on SNAP.

**Additionally, the proposed rule underestimates the barriers to work that ABAWDs in Philadelphia face, especially those with a history of substance abuse.** Philadelphia is taking nationally recognized action to fight the opioid epidemic, support individuals seeking treatment, and rebuild our most affected communities. Tens of thousands of Philadelphians struggling with opioid addiction may rely on SNAP for basic food assistance. Data showed that 15,529 people in 2017 had a primary diagnosis of OUD and received one or multiple Medicaid funded behavioral health services (a rate of 21.7 distinct individuals per 1,000 Medicaid beneficiaries).<sup>xv</sup> Given significant overlap between the populations receiving Medicaid and SNAP,<sup>xvi</sup> SNAP is a lifeline for many people on the road to recovery. However, the strict imposition of work requirements threatens to impede the progress of many individuals. Research demonstrates that people in recovery face significant barriers to obtaining employment and even volunteer work. In particular, it has been shown that methadone maintenance treatment patients have a harder time finding work than people undergoing other kinds of treatment.<sup>xvii</sup> For people with a history of substance abuse, having a chronic physical and/or mental health condition makes the odds of finding work much worse<sup>xviii</sup>—half the average, as found in a study in an urban environment.<sup>xix</sup> This data compounds the issue that many ABAWDs live in places where employment for which they qualify is not readily available. Thus, the proposed SNAP changes may even pose a risk to the recovery process. The last thing someone trying to focus on their recovery from Substance Use Disorder should be worried about is hunger and unnecessary paperwork.

SNAP is vital for many of the individuals we work with to reach their potential and flourish. The proposed changes to SNAP impose unnecessary barriers to their progress and their participation in our communities. I strongly urge you to leave the SNAP policy regarding ABAWDs intact, and to support measures that will increase food security for all Philadelphians.

Sincerely,



David T. Jones,  
Commissioner  
Department of Behavioral Health and Intellectual disAbility Services

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<sup>i</sup> Food Policy Advisory Committee General Meeting – January 18, 2018.

<sup>ii</sup> U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

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

<sup>iv</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>v</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>vi</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>vii</sup> Hartline-Grafton, H. (2017). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Washington, DC: Food Research & Action Center.

<sup>viii</sup> Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.

<sup>ix</sup> Mayer, V. L., McDonough, K., Seligman, H., Mitra, N., & Long, J. A. (2016). Food insecurity, coping strategies and glucose control in low-income patients with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.

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