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**Feedback on the Upcoming White House Conference on  
Hunger, Nutrition, and Health**

Response Submitted by Benefits Data Trust

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## Introduction

Benefits Data Trust (BDT) is a national nonprofit that harnesses the power of data, technology, and policy to provide efficient and dignified access to assistance, improving health and financial security. Together with a national network of government agencies and other partners, we streamline public benefits systems and directly connect eligible families and individuals to programs that help pay for food, healthcare, housing, and more. Since 2005, BDT has secured more than \$9 billion in benefits for households across the country, building pathways to economic mobility and a more equitable future.

We bring more than 15 years of experience using data, technology, and human-centered design to conduct targeted outreach and connect eligible people to essential benefits and services such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Medicaid. This experience informs our public policy recommendations.

We applaud the Biden administration for hosting the White House Conference on Hunger, Nutrition, and Health, with the goal of ending hunger and increasing nutrition by 2030. Access to food is essential to physical and psychological health, with food insecurity leading to negative ripple effects across a person's lifetime. A nation that cannot address hunger will face the consequences, including increased morbidity and mortality, higher health care costs, heightened disparities, and lower trust in government.

Given the power of public benefits to address hunger, nutrition, and health, the White House Conference is a major opportunity for the Biden administration to make public benefits efficient, effective government services that people can rely on.

For years, public benefits policy has prioritized preventing fraud and abuse over promoting efficiency, effectiveness, or equity. This has exacerbated rather than reduced racial and other inequities. As a result, benefits are hard to access and use, with more than \$60 billion in assistance going untapped annually, and millions of children, older adults, veterans, and families needlessly going hungry.<sup>1</sup> Government agencies collect the same information and documentation repeatedly and enforce archaic rules that prevent eligible people from receiving assistance. Given advances in data and technology, the Biden administration has the opportunity to advance *true* program integrity that prevents fraud and abuse *and* ensures that eligible people receive assistance efficiently and equitably. It will require policies based on the lived experience of people accessing benefits.

These comments spell out specific steps that the federal government can take to advance true program integrity, leveraging public benefits in order to end hunger, improve nutrition, and improve health by 2030.

**The White House Conference is a major opportunity for the Biden administration to make public benefits efficient, effective government services that people can rely on.**

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## The Untapped Power of Public Benefits

**Public benefits are a powerful tool to decrease hunger, increase nutrition, and improve health.** Assistance reduces hunger, lifts people out of poverty, and substantially decreases mortality rates.<sup>3</sup> Benefits can help people better manage chronic disease, including conditions where diet is important such as high blood pressure, diabetes, and human immunodeficiency virus (HIV).<sup>4</sup> For specific populations, food assistance like SNAP can help reduce hospitalizations, reduce nursing facility utilization, and improve medication adherence.<sup>5</sup> Benefits are associated with improved health outcomes for children that can last a lifetime.<sup>6</sup> We hear about the positive effect of public benefits from our clients when they are able to access benefits<sup>7</sup>:

*“I’m 65 years old and my husband has cancer - we do the best we can to survive on his monthly [Social Security] payments, but without food stamps to cover our food costs we don’t eat.”*

*“I believe now we can make better choices about what I eat...better options. This will definitely improve my diet.... thank you all!” – 22-year old client from New York City, NY*

**\$60 billion in  
untapped benefits  
each year**

There is a major opportunity to leverage public benefits to end hunger and improve nutrition and health by 2030. Even before the pandemic, more than \$60 billion in benefits to pay for food, healthcare, and more were going untapped each year.<sup>8</sup>

Reasons for eligible individuals not enrolling in benefits, even when desperately needed, can inform policy changes to improve benefit take-up and address hunger, nutrition, and health. Many do not know about available assistance or have been given confusing information about their eligibility. Others feel uncomfortable accepting help – even when that help has positive ripple effects for their health and the health of their communities. Others are worried their participation will mean someone else more needy may not get help. One senior we spoke with last year said<sup>9</sup>:

*“As for SNAP, I always knew it existed. But since there was a shame issue, it was literally hunger that drove me to it. I remember I was quite amazed...if I don’t do this, I won’t eat.” - Colorado*

People experience the complexity of multiple public benefit systems which dampen participation. As a contact center that helps people apply for benefits, we often hear how overwhelming this experience can be<sup>10</sup>.

*“I got to the point where...I thought 'well forget the whole thing I will just eat less. I'm not going to go through this-it's too much stress'" – 78-year old client from North Carolina*

This same complexity – with multiple benefits that have multiple rules – can stymie government and the private sector from making the situation better.

## Benefits Data Trust's Efforts

BDT was created to improve access to benefits by providing dignified services, engaging with government on policy and system change initiatives, and partnering with health care organizations and institutions of higher education. Since its inception in 2005, we have submitted more than a million applications and secured more than an estimated \$9 billion in benefits and services.

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Our process includes the following innovations:

- Using data to identify individuals who are likely eligible for benefits but not already enrolled;
- Multiple modes of communication to let people know they are eligible, on behalf of state governments, health care organizations, and institutions of higher education;
- Specialized software that allows for telephonic screening and application for more than a dozen benefits at a time;
- Personalized letters to explain which documentation is needed, electronic document management, and mobile document upload;
- Automated submission of applications; and
- Personalized trouble-shooting to help ensure applications are completed

With our partnerships with state government agencies, municipal government agencies, institutions of higher education, and health care organizations, we have learned what works and what does not in the complex public benefit landscape.

We have also seen the power of the federal government in supporting these efforts. For example, with the help of a federal waiver and with the support of many organizations including BDT, Pennsylvania just implemented “on-demand” interviews that will enable SNAP participants to conduct required interviews without a scheduled appointment.<sup>11</sup> Several state WIC agencies have used existing data to identify individuals likely eligible for WIC, notified those individuals, and helped them apply.<sup>12</sup>

## Recommendations for the White House Conference on Hunger, Nutrition, and Health

Accessing needed assistance does not have to be as hard as it is – and the federal government can help. Following is a list of our recommendations for improving access.

### A. Support states in modernizing public benefits

The federal administration has done a tremendous amount to modernize benefit and improve access, including:

- Responding to the COVID-19 pandemic by offering flexibility in enrollment, reporting, and appointment requirements;
- Issuing customer service and equity Executive Orders to improve access for all eligible persons<sup>13</sup>; and
- Implementing the American Rescue Plan Act's (ARPA's) \$390 million WIC modernization fund, including cross-benefit adjunctive eligibility, more outreach, improving the WIC certification journey, and more integration with the rest of the healthcare system.

Despite these efforts, barriers still remain. In our work advising states who are modernizing public benefits, we are aware of barriers faced at the federal level. Supporting states in modernizing public benefits will be especially important in coming months, with expected impacts of the end of the COVID-19 Public Health Emergency (PHE), including losses of Medicaid coverage. As we face the end of the PHE, the federal government can support states in ensuring the eligible individuals retain access to benefits, and newly ineligible individuals know their options for accessing other available assistance.

We urge the Biden administration to take the following steps to support states in modernizing public benefits.

**A1. Make it easier for individuals to understand their public benefit options (White House Conference Pillar 1).** Despite meeting the eligibility criteria for multiple public benefit programs, individuals often connect to only a subset of programs for which they are eligible. For example, nearly three million low-income older adults and persons with disabilities are eligible for but not enrolled in the Medicare Savings Programs (MSPs) and Part D Low-Income Subsidy (LIS)/Extra Help.<sup>14</sup> Medicare beneficiaries who do not access LIS are much less likely to fill essential medications, including for cancer and Hepatitis C.<sup>15</sup>

As more people know about the assistance available to them, more will be able to access them. States have engaged in innovative ways to let people know which benefits are available to them. For example, a peer-reviewed study found that conducting targeted SNAP outreach and providing telephonic application assistance to Medicaid enrollees aged sixty and older *tripled* enrollment in SNAP.<sup>16</sup> This intervention was observed to address equity considerations, with increased enrollment for Black individuals, individuals with non-English primary languages, and older adults.<sup>17</sup> Randomized controlled trials in four states found that data matching between WIC and programs that confer adjunctive eligibility<sup>18</sup> (including SNAP and Medicaid) and using that data to

conduct low-cost short message service (SMS) text-based outreach can be an effective strategy to increase enrollment.<sup>19</sup>

Cross-benefit outreach and enrollment assistance can be a particularly successful strategy for states to connect individuals with needed benefits. We recommend that the Biden administration provide funding and guidance to support successful outreach and enrollment activities. In particular, the administration should consider:

- **Creating dedicated (or braided) funding that facilitates cross-benefit outreach and enrollment activities.** Even when funding is available to government agencies and community-based organizations to promote benefits access, it is typically focused on one (or just a few) benefits, causing efforts to become siloed. Dedicated and coordinated funding can help state agencies fund cross-benefit outreach.
- **Evaluating where states could use more guidance in order for states to feel more comfortable engaging in cross-benefit outreach activities and enrollment activities.** Leveraging data that government agencies already have on hand can unlock opportunities to increase enrollment across benefit programs, but many agencies grapple with data security and privacy concerns that can make them hesitant to take advantage of these opportunities. For example, specific guidance on data-sharing between benefit programs to facilitate outreach and enrollment can help states reach across silos to help eligible individuals access benefits. When states express hesitance for how eligibility could be streamlined across two programs, joint guidance from both federal agencies overseeing those benefits would help spur positive changes.

**A2. For all federally funded benefits, ensure that people can apply and get application assistance by phone, online, and in person (Pillar 1).** We often hear that phone-based application assistance can be very helpful for applicants, especially for individuals with difficulty traveling or navigating a website. As one client told us<sup>20</sup>:

*"I am extremely grateful! The support I received was a relief and I was so pleased to be able to complete the applications over the phone. I tried to apply before, but it seemed so complicated..."* – New York City, NY

*"I didn't have to go down to the...office [to apply for food assistance] and risk COVID so I was glad to do it over the phone."* – Raleigh, NC

The Affordable Care Act made health care coverage much easier to obtain, in part by requiring states to offer options to meet Medicaid application requirements by phone, online, or in person.<sup>21</sup> Application assistance is also required to be offered by phone, online, or in person.<sup>22</sup> During the pandemic, the administration has shown flexibility and innovation in allowing other benefits to utilize phone and internet connections to access assistance. It is time to take advantage of what we've learned during the pandemic and extend assistance by phone, online, or in person across benefits – to reduce access gaps and ensure true program integrity and equity.

We recommend that the Biden administration make it easier to meet public benefit by phone and online. In particular, the administration should consider:

- **Allowing the broad use of telephonic signatures to complete required documents by phone.** SNAP and other benefits allow for telephonic signatures, alongside appropriate security and verification measures.<sup>23</sup> For example, in the Office of Management and Budget’s (OMB’s) April 2022 memorandum to paperwork reduction act agencies, OMB suggested eliminating ink and other signature requirements when allowable.<sup>24</sup> Going further, and expanding the use of telephonic signatures across benefits will allow for better access to benefits.
- **Allowing for remote applications and remote application assistance.** We are able to assist clients with accessing multiple benefits at once, because many benefits allow for remote application assistance. Expanding the availability of this option will improve access to essential benefits. For example, the new Affordable Connectivity Program (ACP) created by the bipartisan Infrastructure Investment and Jobs Act offers enormous potential to offer free- and low-cost access to high-speed internet (in conjunction with low-cost plans offered by internet service providers).<sup>25</sup> The reach and impact of ACP is potentially huge - across education, health care, and accessing other basic needs. However, the Federal Communications Commission (FCC) is only allowing remote phone-based application submission by specific internet providers. Following other public benefits like Medicaid and SNAP, the FCC should allow remote application assistance by programs who use proven safeguards that other agencies have employed to prevent fraud and abuse.
- **Promote other online and phone functions.** In addition to aiding enrollment, technology also allows for improving the beneficiary experience once enrolled. For example, in nine states, individuals participating in WIC still must travel to their WIC office in person, or mail in their WIC card, in order to get benefits loaded onto their card each month. There is compelling evidence that these “offline electronic benefit transfer (EBT)” systems have negatively impacted WIC enrollment rates during the COVID-19 pandemic.<sup>26</sup> The administration should support states transitioning to online functionality, including online WIC EBT systems.

**A3. Make it easier to schedule and complete required interviews (Pillar 1).** Public benefits like SNAP and WIC often require an interview to obtain and maintain access to assistance. In our experience, completing the interview requirement can be a major barrier. BDT’s past projects with states suggest that barriers in the certification process may prevent eligible individuals from enrolling. In pilot outreach programs, among those who expressed interest in enrolling in WIC, only a subset completed the certification process. Key drop-off points included scheduling a certification appointment and attending the appointment.<sup>27</sup>

We recommend that the Biden administration ease the process of scheduling and completing required interviews. In particular, the administration should consider:

- **Investing in digital tools to make scheduling and completing required interviews.** Digital tools that make easier for applicants to schedule, prepare for, and attend certification appointments could potentially help more families successfully enroll in benefits. Digital tools can help, including online tools to request, schedule, and/or reschedule appointments; and



tech-enabled appointment reminders. Updating technology and systems can be a key part of how the administration leverages available funds, including ARPA's \$390 million fund to improve WIC access.

- **Encouraging states to take advantage of options for easing the scheduling and completing appointments.** For example, SNAP's on-demand interview option (which do not require scheduled appointments) provides states with a way of encouraging increased completion of required interviews.
- **Evaluating how pandemic-era waivers to simplify interview processes impacted enrollment and continue those waivers (as possible and appropriate) that improved access.**

**A4. Make it easier to verify eligibility (Pillar 1).** Verifying documentation is another area where an individual can face major barriers in accessing and maintaining benefits. States and localities have engaged in creative solutions for allowing documents to be uploaded using multiple methods. For example, Minnesota WIC's policies allow documentation obtained by phone to satisfy income, residence, and identification requirements.<sup>28</sup>

In addition, the federal government could do more to help states verify eligibility using existing data sources such as the Federal Data Services hub and the National Verifier/Lifeline.<sup>29</sup>

- **Leverage federal data sources to streamline verification processes.** Federal data sources such as the Federal Data Services Hub (used to assist with Medicaid, Advanced Premium Tax Credit, and Basic Health Program eligibility verification) and the National Verifier (used to assist with Lifeline and ACP eligibility verification) could be expanded to help states more easily verify documents and reduce the frustration of applying for and maintaining benefits.<sup>30</sup> They offer secure, verified information that states can use. We can improve the system by allowing more benefits to utilize these tools. For example, state agencies can use the Federal Data Services Hub to verify Medicaid eligibility but are not allowed to use that same information to verify SNAP eligibility. States should be allowed to leverage the Federal Data Services Hub to verify eligibility. The National Verifier could be leveraged to expand beyond its existing programs. to reduce the burden of multiple verifications on states and individuals.
- **Encourage states in allowing mobile upload of documentations.** With the prevalence of mobile phone technology, mobile upload of documentation should be allowed across benefits. For example, as the Center on Budget and Policy Priorities reported this week, "in Pennsylvania, the ability to upload verification documents via mobile application has resulted in 5.4 million verifications submitted through the app across benefit programs including Medicaid since its launch in 2017."<sup>31</sup>

**A5. Safeguard SNAP's current access to a broad range of food to meet different cultural and nutritional needs (Pillars 1 and 3).** Given this conference's focus on hunger, nutrition, and health, there may be pressure to restrict SNAP benefits to certain foods. With our experience connecting hundreds of thousands of people to benefits, we know that restrictions can be counterproductive because nutrition needs are not universal. For example, a qualitative research study described the nuances of food choice for people on SNAP<sup>32</sup>:

*“Latasha, who has six children, several of whom have different food allergies, struggles to keep up with the varied food items that are safe for each child... For Eduardo’s diabetes management, the necessity of eating to avoid hypoglycemic incidents was paramount, which included trying to keep snacks and juice on hand at all times... Scott was suffering from rapid weight loss associated with HIV and had been advised by his nutritionist to eat more calories...”*

**A6. Make it easier for states to understand their options for improving benefit access (Pillar 1).**

There are a myriad of state options and waivers that states can pursue to streamline eligibility and enrollment. Federal agencies have innovated in ways to help states understand the options available to them. For example, the Centers for Medicare and Medicaid Services (CMS) hosts a dynamic set of tools to share waiver and state plan documentation. The United States Department of Agriculture (USDA) issues a valuable SNAP state options report outlining which policies states have selected. The most recent SNAP state options report, for example, made clear that only a minority of states have taken advantage of options to simplify eligibility for self-employed workers, seniors, and people with disabilities.

We recommend that the Biden administration consider the following:

- **Publish annual SNAP and WIC state options reports to help states understand the options available to them to streamline outreach and enrollment.** USDA has long published annual SNAP State Options reports that states and stakeholders have found extremely valuable, but in recent years those reports have been delayed. We urge the administration to promptly resume publishing the SNAP State Options report<sup>33</sup> and to start publishing a WIC state options report.
- **Follow CMS’ example and publish SNAP and WIC waiver approval documents, in addition to reporting which waivers are approved for different states.** These documents can provide states and other policy makers with valuable peer learning regarding how innovation can improve SNAP and WIC.<sup>34</sup>

**A7. Support public benefits research (Pillar 5).** Understanding the power of public benefits, and the best way to improve them, relies on research. We are pleased to see research as a pillar for the Conference. We recommend that the administration consider:

- Encouraging states to publish data that can be used to analyze how well a benefit is taken up among eligible individuals, including numbers of applications, denial rates, denial reasons, disenrollment rates, and disenrollment reasons, disaggregated by demographic factors important for equity.
- Funding research to understand (1) issues related to equity and access to public benefits; and (2) the relationship of public benefits to economic, health, and education (especially higher education) outcomes.
- Funding quantitative, qualitative, and mixed-methods research that includes individuals with lived experience in research design and planning.
- Providing guidance to states regarding engaging in equity research, including considerations for disaggregating data, defining equity, and measuring equity.

## B. Engage the health care sector to increase access to public benefits

Since 2018, we have worked with health care organizations such as Medicaid managed care organizations and health systems to help connect their members and patients to public benefits. Peer-reviewed research has consistently demonstrated that participation in SNAP improves health outcomes and decreases avoidable care costs across Medicare, Medicaid, and commercial insurance.<sup>35</sup> There is enormous potential for health care organizations to include benefits access in their population health work, which the Department of Health and Human Services is harnessing through the movement to value-based care. The administration has taken steps to encourage the health care sector to efficiently connect patients with benefits, including:

- Engaging with state Medicaid programs to address health-related social needs, such as through 1115 waivers, flexible service programs, care coordination, value-added services, and “in lieu of” services;
- Encouraging states to require their Medicaid managed care plans to partner with community based and/or non-profit organizations to demonstrably address beneficiaries’ social needs and report on outcomes;
- Establishing new pathways to recognizing and addressing social needs in Medicare, including through Accountable Care Organizations and other value-based models; and
- Engaging in innovative uses of data to serve people with health-related social needs, including the Office of the National Coordinator’s work advancing social drivers of health within health information systems.

Because of the power of SNAP and other benefits to improve health and reduce health care costs, benefit access is an important part of population health. We recommend the following for the Biden administration to support.

**B1. Provide more concrete expectations and incentives around connecting Medicaid and Medicare members to other public benefits (Pillar 2).** CMS has engaged with states, Medicaid health plans, and Medicare health plans to move health care systems toward value-based care, including engagement in social needs interventions that work. Access to public benefits decreases mortality, improves health (including management of diet-related diseases), and can decrease health care costs. But, in part because public benefit screening and application assistance can be arduous, time-intensive, and outside of the health care sector’s traditional scope, efforts to connect members to public benefits have varied in scope and effectiveness.

We recommend that CMS strengthen its expectations around public benefits so that members are screened for and offered assistance with obtaining and maintaining public benefit coverage. For example, in its scope of services for pre-paid health plans, North Carolina specifies that the health plan is responsible for in-person assistance — including filling out and submitting applications — for SNAP and other programs that can improve health and family well-being.<sup>36</sup> We would like to see CMS follow the evidence that public benefit access is an essential tool in reaching its population health goals and increase expectations that benefits assistance be provided with dignity and at scale. These expectations of application assistance at scale can be tied to quality goals, funding, and other support.

**B2. Support health care plans and providers with access to information about enrollment in public benefits (Pillar 2).** In our work with health plans, we hear that they often lack sufficient and timely access to data on what public benefits their members are not enrolled in.. Sharing such information (with the member’s consent) can improve population health and promote health equity. For example:

- Knowledge of a member’s enrollment status in public benefits is helpful for determining opportunities to connect that member with assistance.
- Information about upcoming renewal requirements can be helpful in reminding members to keep their contact information up to date with state systems and offering targeted assistance for people who need help renewing their benefit.
- Knowing which members have been recently disenrolled from public benefits can help plans and providers identify who is at risk of losing access to basic assistance.

We are glad to see that the Office of the National Coordinator for Health Information Technology (ONC) and its partners are working on making social drivers of health needs and interventions part of a standardized and well-adopted part of Health Information Systems, including electronic health records. We are also glad to see the Trusted Exchange Framework Common Agreement (TEFCA) includes government benefits as a data element that can be shared and look forward to its implementation and further opportunities to guide the process.

We recommend that, in the process of including public benefits information into health information systems, care is taken to consider which information would be most helpful for plans and providers. For example, data on upcoming renewals and recent disenrollments may be particularly helpful for identifying members with application assistance needs. Routinely updating information is also important, as members can come on and off public benefits frequently.

**B3. Provide additional guidance on data-sharing for the purposes of connecting members to public benefits (Pillar 2).** States and health plans are eager to share public benefit enrollment data in order to better serve members. We recommend that the Biden administration support these efforts by providing additional guidance on data-sharing, across government agencies like state SNAP, WIC, and Medicaid agencies, as well as with Medicaid Managed Care Organizations and health information exchanges for the purpose of benefits outreach and streamlining enrollment in other benefit programs.

The administration should encourage states to securely share data with Medicaid managed care plans for the purposes of benefits outreach and enrollment, and provide examples of where this has been done successfully. For example, Pennsylvania’s Department of Human Services shares SNAP enrollment data with Medicaid health plans for the purpose of ensuring access to public benefits for health plan members.

## C. Engage the higher education sector to increase access to public benefits

As part of our work to improve economic mobility, we work to improve college students' access to public benefits such as SNAP and financial aid to improve college access and success. We partner with colleges to offer one-on-one phone assistance to students to determine eligibility and submit applications for multiple benefits.<sup>37</sup> We provide technical assistance to colleges to identify students who are likely eligible for benefits and provide targeted outreach to those students about benefits for which they are eligible. Finally, our text-message-based chatbot, Wyatt®, provides students with free, personalized assistance completing the Free Application for Federal Student Aid (FAFSA).<sup>38</sup>

We are pleased to see the important administrative actions of the Biden administration to improve college student access to benefits and financial aid, including:

- Issuing guidance to states and institutions around implementation of the temporary SNAP exemptions for college students during the COVID-19 Public Health Emergency (PHE)
- Informing Pell-eligible students about the Emergency Broadband Benefit<sup>39</sup>;
- Providing guidance to institutions of higher education about uses of Higher Education Emergency Relief funding for connecting students to public benefits; and
- Temporarily waiving FAFSA verification requirements for most students through the 2022-23 application year, and encouraging institutions to do the same, making it easier for low-income applicants to complete the process and receive financial aid during the pandemic.

Increasingly, today's college students are parents or caregivers, the first in their families to go to college, financially independent, and/or seeking retraining for a new career. Facing unique stressors as they juggle responsibilities at home and at school, millions of these students struggle to pay for college and afford basic needs such as food, childcare, housing, and healthcare each year. Yet in 2018, the United States Government Accountability Office (GAO) conservatively estimated that nearly *two million students were eligible for but not participating in SNAP*.<sup>40</sup> Students who lack this assistance may drop out, leaving them with unfinished degrees, debt, and dimmer prospects. We make the following recommendations:

**C1. Clearly explain eligibility requirements for SNAP (Pillar 1).** SNAP rules for college students are complex and clear information about eligibility is scarce.<sup>41</sup> For example, current SNAP regulations state that students are “disqualified from applying for SNAP unless” they meet one of several exemptions. This language is confusing and contributes to the myth that students are not eligible to apply for SNAP even if they have need. As recommended in the 2018 GAO report, this language should be reframed affirmatively, such as, “students can qualify for SNAP if they meet the following criteria” to eliminate confusion and emphasize the cases that enable students to apply for SNAP.<sup>42</sup>

We also recommend that USDA and the Department of Education immediately issue targeted guidance to Pell-eligible students and students with \$0 Expected Family Contribution, institutions of higher education, and state and local agencies responsible for administering SNAP clarifying that these students qualify under current pandemic policies, and may continue to qualify under regular SNAP policy. The guidance should encourage outreach and provide training to ensure that

eligible students can participate in SNAP now and do not lose SNAP unnecessarily when the pandemic policies end if students would qualify under non-pandemic SNAP policies.

**C2. Update SNAP eligibility to reflect today's college students (Pillar 1).** Under pre-pandemic rules, college students who are enrolled at least half-time qualify for SNAP only if they work at least 20 hours per week or meet one of several exemptions.<sup>43</sup> Under those pre-pandemic rules, many eligible students did not enroll in SNAP because they (and sometimes even their institutions of higher education) did not think they were eligible. As a result, millions of SNAP-eligible students miss out on food assistance and face food insecurity.

Currently, under pandemic rules, students may temporarily qualify for SNAP if they have an \$0 Expected Family Contribution or are deemed work study eligible per their FAFSA. The Century Foundation estimates that this change affected up to 3 million college students,<sup>44</sup> who may now face a cliff at the end of the PHE when the temporary rules are scheduled to expire. Particularly given the forthcoming end of the PHE, we urge the Administration to call on Congress to update and streamline student eligibility for SNAP using pre-verified information, including for students with a \$0 Expected Family Contribution and undergraduate students who file the FAFSA as an independent and meet standard SNAP eligibility requirements. Exemptions that rely on existing financial aid indicators are easier for students, institutions, and SNAP agencies to understand and administer, ensuring that eligible students who face food insecurity can access SNAP.

**C3. Make it easier for states and institutions of higher education to streamline public benefit outreach and enrollment for students (Pillar 1).** States and institutions of higher education have several options for leveraging data to improve access to public benefits for students. First, we recommend that the federal government leverage the 2021 Consolidated Appropriations Act<sup>45</sup>, which allows the Department of Education to enter into data sharing agreements with federal and state agencies for the purpose facilitating targeted outreach to students about and streamlining enrollment for SNAP, WIC, Temporary Assistance for Needy Families (TANF), Medicaid, and Supplemental Security Income (SSI). Second, we recommend that the Department of Education release guidance for how certain data sources, such as from the FAFSA and Lifeline tools, can be leveraged to identify students likely eligible for benefit programs, conduct ongoing outreach, and streamline access. For example the Department of Education could build on its ongoing efforts and strengthen outreach to Pell eligible students about their categorical eligibility for the ACP.

## Conclusion

We look forward to continuing to work with the Administration to proactively help people enroll in benefits, equip other sectors to connect people to assistance, help government make reforms to streamline access to assistance, and increase solutions to improve access to assistance. Public benefits have the potential to save lives and reduce suffering. With these specific actions, the federal government can improve access to assistance, reduce hunger, and improve nutrition and health. Thank you for your attention to these matters.

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<sup>1</sup> The \$60 billion figure is based on BDT estimates of the dollar amount of benefits that eligible individuals are not enrolled in based on the most recent government data publicly available in 2019 for Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, Children’s Health Insurance Program (CHIP), the Earned Income Tax Credit (EITC), and Pell Grants.

<sup>2</sup> White House Conference on Hunger, Nutrition, and Health. [White House Conference Pillars](#).

<sup>3</sup> Brian P Lee, Jennifer L Dodge, and Noral A. Terrault. [Medicaid Expansion and Variability in Mortality in the USA: A National, Observational Cohort Study](#). The Lancet Public Health 7:1 (December 2, 2021) (Linking Medicaid expansion to decreased mortality).

Signe-Mary McKernan, Caroline Ratcliffe, and Breno Braga. [The Effect of the US Safety Net on Material Hardship Over Two Decades](#). Journal of Public Economics 197 (May 2021) (Increased participation in TANF, SNAP, Medicaid, and CHIP decreases hunger and other material hardship).

Danilo Trisi and Matt Saenz, Center for Budget and Policy Priorities. [Economic Security Programs Cut Poverty Nearly in Half Over Last 50 Years](#) (November 26, 2019).

Laura Wheaton and Victoria Tran, Urban Institute. [The Antipoverty Effects of the Supplemental Nutrition Assistance Program](#). (February 2018) (SNAP removed 8.4 million people from poverty in one year).

Colleen M. Heflin, Samuel J. Ingram, and James P. Ziliak. [The Effect of the Supplemental Nutrition Assistance Program on Mortality](#). Health Affairs (November 2019) (Finding SNAP receipt associated with a one to two percentage drop in mortality).

Benjamin D. Sommers. [State Medicaid Expansions and Mortality, Revisited: A Cost-Benefit Analysis](#). American Journal of Health Economics 3:3 (Summer 2017) (Data suggests that one life is saved annually for every 239 to 316 adults gaining Medicaid).

Intisar Khanani, Jon Elam, Rick Hearn, Camille Jones, and Noble Maseru. [The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities](#). American Journal of Public Health 100 Suppl 1 (S1): S204-9 (February 2010) (WIC associated with lower infant mortality and decreased racial disparities).

Sarah Kliff. [The I.R.S. Sent a Letter to 3.9 Million People. It Saved Some of Their Lives](#). New York Times (December 10, 2019)

<sup>4</sup> Chinedum O. Ojinnaka and Colleen Heflin. [Supplemental Nutrition Assistance Program Size and Timing and Hypertension-related Emergency Department Claims Among Medicaid Enrollees](#). Journal of the American Society of Hypertension 12:11 (November 2018) (Higher SNAP benefit amounts are associated with fewer emergency department visits for hypertension)

Hilary Hoynes, Diane Whitmore Schanzenbach, and Douglas Almond. [Long-Run Impacts of Childhood Access to the Safety Net](#). American Economic Review 106:4 (April 2016) (Access to food stamps in childhood associated with reduced incidence of metabolic syndrome)

Sommers 2017, at note 3 above (Following Medicaid expansion, the largest drop in mortality was among individuals with HIV)

<sup>5</sup> Laura J. Samuel, Sarah L. Szanton, Rachel Cahill, Jennifer L. Wolff, Pinchuan Ong, Ginger Zielinskie, and Charles Betley. [Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland](#). Population Health Management (April 2018) (Seniors dually enrolled in both Medicaid and Medicare saw a decrease in hospitalization following receipt of SNAP benefits)

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Jennifer A. Pooler and Mithuna Srinivasan. [Association Between Supplemental Nutrition Assistance Program Participation and Cost-Related Medication Nonadherence Among Older Adults with Diabetes](#). JAMA Internal Medicine 179:1 (2019) (Seniors enrolled in SNAP more likely to comply with diabetes medication adherence)

Sarah L. Szanton, Laura J. Samuel, Rachel Cahill, Ginger Zielinskie, Jennifer L. Wolff, Roland J. Thorpe Jr., and Charles Betley. [Food Assistance is Associated with Decreased Nursing Home Admissions for Maryland’s Dually Eligible Older Adults](#). (Seniors dually enrolled in both Medicaid and Medicare are less likely to need nursing facility care when enrolled in SNAP)

<sup>6</sup> Taryn W. Morrissey and Daniel P. Miller. [Supplemental Nutrition Assistance Program Participation Improves Children’s Health Care Use: An Analysis of the American Recovery and Reinvestment Act’s Natural Experiment](#). Academic Pediatrics 20:6 (August 2020) (Increases in SNAP benefits associated with less healthcare delayed due to cost for children)

Michel H. Boudreaux, Ezra Golberstein, and Donna D. McAlpine. [The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program’s Origin](#). Journal of Health Economics 45:161-175 (2016) (Childhood exposure to Medicaid associate with meaningful improvement in adult health)

<sup>7</sup> BDT client quotes from 2021.

<sup>8</sup> See note 1, above.

<sup>9</sup> Kaley Maltz. [New Research Show Ways to Reduce Stigma among Older Adults Accessing Benefits](#). BDT Broadcast (January 31, 2022)

<sup>10</sup> BDT client quote from 2020.

<sup>11</sup> Pauline Abernathy. [Helping States and Families Prepare for the End of the Pandemic Emergency Declaration](#). BDT Broadcast (April 7, 2022).

<sup>12</sup> Center on Budget and Policy Priorities and Benefits Data Trust. [Assessing Your WIC Certification Practices](#) (2022).

<sup>13</sup> [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#) (January 20, 2021); [Executive Order on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government](#) (December 13, 2021)

<sup>14</sup> National Council on Aging. [Take Up Rates in Medicare Savings Programs and Part D Low-Income Subsidy](#) (June 22, 2020)

<sup>15</sup> Stacie B. Dusetzina et. al. [Many Medicare Beneficiaries Do Not Fill High-Price Specialty Drug Prescriptions](#). Health Affairs 41:4 (April 2022)

<sup>16</sup> Amy Finkelstein and Matthew J. Notowidigdo. [Take-Up and Targeting: Experimental Evidence from SNAP](#). *The Quarterly Journal of Economics*. 134(3):1505-1556 (August 2019)

<sup>17</sup> Finkelstein 2019, at note 16 above.

<sup>18</sup> Adjunctive eligibility can be described as follows: “To simplify program administration under what is called ‘adjunctive eligibility,’ an applicant who receives SNAP, Medicaid, or Temporary Assistance for Needy Families (TANF) cash assistance is automatically considered income-eligible for WIC...” Steven Carlson, Zoë Neuberger, and Dottie Rosenbaum. [WIC Participation and Costs Are Stable](#). Center on Budget and Policy Priorities (July 19, 2017).



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<sup>19</sup> Jess Maneely and Zoë Neuberger. [Using Data Matching and Targeted Outreach to Enroll Families with Young Children in WIC: Lessons Learned from State Pilots](#). Center for Budget and Policy Priorities and Benefits Data Trust (January 5, 2021).

<sup>20</sup> BDT client quotes from 2020 and 2021

<sup>21</sup> 42 CFR 435.907

<sup>22</sup> 42 CFR 435.908

<sup>23</sup> 7 CFR 273.2(c) (Telesignature safeguards used in SNAP)

<sup>24</sup> Executive Office of the President, Office of Management and Budget. [Memorandum for Heads of Executive Departments and Agencies re. Improving Access to Public Benefits Programs Through the Paperwork Reduction Act](#) (April 2022)

<sup>25</sup> The White House. [Fact Sheet: President Biden and Vice President Harris Reduce High-Speed Internet Costs for Millions of Americans](#) (May 2022)

<sup>26</sup> Aditi Vasan, Chén C. Kenyon, and Christina A. Roberto. [Association of Remote vs In-Person Benefit Delivery with WIC Participation During the COVID-19 Pandemic](#). JAMA. 2021;326(15):1531–1533. (On average, states with offline EBT systems experienced a 9.3 percent relative decline in participation during the pandemic (January 2019 – January 2021) at a time when overall participation increased nationally, suggesting that offline systems are a powerful disincentive for WIC enrollment.)

<sup>27</sup> See Jess Maneely and Zoë Neuberger. [Using Data Matching and Targeted Outreach to Enroll Families with Young Children in WIC: Lessons Learned from State Pilots](#). Center for Budget and Policy Priorities and Benefits Data Trust (January 5, 2021).

<sup>28</sup> Center on Budget and Policy Priorities and Benefits Data Trust. [Assessing Your WIC Certification Practices](#) (2022).

<sup>29</sup> For more information on the federal data services hub and the national verifier, see Sonal Ambegaokar, Zoë Neuberger, and Dorothy Rosenbaum. [Opportunities to Streamline Enrollment Across Public Benefit Programs](#). Center on Budget and Policy Priorities and Social Interest Solutions (November 2, 2017)

<sup>31</sup> Suzanne Wile, Jennifer Wagner, Farah Erzouki, and Jennifer Sullivan. [States can Reduce Medicaid’s Administrative Burdens to Advance Health and Racial Equity](#). Center on Budget and Policy Priorities and CLASP (July 19, 2022)

<sup>32</sup> Eliza Whiteman Kinsey, Roxanne Dupuis, Megan Oberle, Carolyn C. Cannuscio, and Amy Hillier. [Chronic Disease Self-Management Within the Monthly Benefit Cycle of the Supplemental Nutrition Assistance Program](#). Public Health Nutrition 22:12 (May 20, 2019).

<sup>33</sup> USDA. [SNAP State Options Report](#)

<sup>34</sup> Centers for Medicare and Medicaid Services. [Medicaid State Plan Amendments](#) (website containing approved Medicaid State Plan amendments, by state and topic). Centers for Medicare and Medicaid Services. [State Waivers List](#) (website containing 1115 waiver requests, approvals, reports, and evaluation).

<sup>35</sup> Laura J. Samuel, Sarah L. Szanton, Rachel Cahill, Jennifer L. Wolff, Pinchuan Ong, Ginger Zielinskie, and Charles Betley. [Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland](#). Population Health Management (April 2018) (Seniors dually enrolled in both Medicaid and Medicare saw a decrease in hospitalization following receipt of SNAP benefits)

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Sarah L. Szanton, Laura J. Samuel, Rachel Cahill, Ginger Zielinskie, Jennifer L. Wolff, Roland J. Thorpe Jr., and Charles Betley. [Food Assistance is Associated with Decreased Nursing Home Admissions for Maryland’s Dually Eligible Older Adults](#). (Seniors dually enrolled in both Medicaid and Medicare are less likely to need nursing facility care when enrolled in SNAP)

Seth A. Berkowitz et. al. [Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults](#). *Annals of Internal Medicine* 174:12 (2021) (Higher enrollment by older adults in the Supplemental Nutrition Assistance Program (SNAP) is associated with fewer hospital and long-term care admissions as well as emergency room visits – and an estimated Medicaid cost-savings of \$2,360 per person annually)

<sup>36</sup> State of North Carolina Department of Health and Human Services. [Request for Proposal for Prepaid Health Plan Services](#), revised and restated January 25, 2019, Section (V)(C)(6)(v)(b)(3)(ii). (“The [pre-paid health plan] shall, at a minimum...Provide in-person assistance securing health-related services that can improve health and family well-being, including assistance filling out and submitting applications, at a minimum to: a) Food and Nutrition Services; b) Temporary Assistance for Needy Families; c) Child Care Subsidy; and d) Low Income Energy Assistance Program.”)

<sup>37</sup> [National Non-Profit Organization Connects Students with Needed Public Benefits](#). BDT Broadcast (December 9, 2020)

<sup>38</sup> [Building Innovative Tools to Support College Students](#). BDT Broadcast (February 10, 2022)

<sup>39</sup> U.S. Department of Education. [Department of Education Launches Outreach Campaign to Millions of K-12 Students and Federal Pell Grant Recipients Now Eligible for Monthly Discounts on Broadband Internet Service](#) (May 12, 2021)

<sup>40</sup> United States Government Accountability Office. [Better Information Could Help Eligible College Students Access Federal Food Assistance Benefits](#) (December 2018).

<sup>41</sup> See, e.g., Tom Hilliard and Denisha Hobbs. Best [Kept Secrets: The Federal Government Expanded SNAP Eligibility for College Students, But Many Never Heard About it](#) (2022) (information about SNAP eligibility for students is not always up to date on state websites).

<sup>42</sup> United States Government Accountability Office. [Better Information Could Help Eligible College Students Access Federal Food Assistance Benefits](#) (December 2018).

<sup>43</sup> 7 U.S.C. 2015(e). See also USDA. [Students](#)

<sup>44</sup> The Century Foundation. [Congress Made 3 Million College Students Newly Eligible for SNAP Food Aid. Here’s What Must Come Next](#) (February 2, 2021).

<sup>45</sup> Consolidated Appropriations Act of 2021, PL 116–260, Div. FF, Title VII, Sec. 702(m)(1) amending Sec.483(c)(3) of the Higher Education Act of 1965