



FLORIDA IMPACT

**SENIOR SNAP: WHY THE STANDARD MEDICAL DEDUCTION**  
*is Important for Florida's Seniors*



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## Introduction

The Supplemental Nutrition Assistance Program (SNAP) is a federal program administered by the U.S. Department of Agriculture (USDA). (18) The Food and Nutrition Service arm of the USDA works with state agencies, nutrition educators, and neighborhood and faith based organizations to ensure those in need make informed decisions about applying for SNAP and have access to the program. (18) SNAP helps alleviate poverty and decrease food insecurity among seniors.

Data for this project were gathered from research articles, websites, through literature and policy reviews, with an aim toward looking at the benefits of SNAP in improving nutrition and health in the elderly. We also examine the effectiveness of the SNAP Standard



Medical Expense Deduction (SMED) in increasing senior participation in SNAP in four states (case studies) and report that SNAP enables most low-income seniors to have adequate dietary intake and nutrients necessary to promote health and manage certain chronic conditions common to seniors. Additionally, SNAP contributes to the local economy and works to decrease healthcare expenditures. Despite the benefits of SNAP, senior participation has been low. Deductions for out-of-pocket medical expenses were implemented for SNAP participating seniors to better reflect the budget amounts they have available for food and to help increase their benefit allotment. However, senior participation remains low partly due to the burdensome medical expense verification process. In an effort to overcome the barrier to senior participation, the USDA began implementing SMED projects in 2009 by qualifying certain states through a waiver. We noted an increase in senior participation in the years following SMED implementation.

In 2016, 8.6 million Americans, aged 60+, faced the threat of hunger in the United States. (9) SNAP helps millions of low income seniors (60 years and older) balance their

expenses.(38) It takes away the hard choice between buying medicine or food that many seniors face monthly.

Nationally, only an estimated 45 percent of eligible seniors participate in SNAP, compared to 88 percent of non-elderly eligible adults. (1) Research has shown SNAP helps reduce food insecurities and improves nutritional status in low-income seniors by providing additional income.(3, 56, 57) Research suggests food insecure seniors are 2.33 times more likely to have fair or poor health relative to other seniors.(8, 59) For instance, poor management of Type 2 diabetes may be related to inadequate dietary intake resulting from food insecurity for seniors.(55, 61) Similarly, studies have shown food insecurity to be associated with negative outcomes for mental health and the well-being of seniors as well as act as a barrier to the proper management of many chronic conditions affecting the elderly.(58, 60, 61, 62)

SNAP's MED allows seniors to deduct out-of-pocket medical expenses from their net income used to determine eligibility and benefit amount. (7) In 2012, only 12% of senior or disabled SNAP participants used the out of pocket medical expense deduction. (5) This low percentage could be due to mobility, technology, and or difficulties providing necessary documentation for out-of-pocket medical expense deductions. One possible solution is a standard medical expense deduction (SMED) that simplifies the verification requirements for medical deductions and provides greater benefits for eligible seniors with out-of-pocket medical expenses over 35 dollars.

## **Senior Snap and Nutrition/Health**

The supplemental nutrition program is the most important anti-hunger program for Americans.(20) According to data from USDA's Food and Nutrition Service in FY 2018 SNAP has served an average of 40.6 million low-income individuals.(19) Food insecurity is a household level condition characterized by limited access to adequate and nutritious food.(17) USDA classifies food security in two categories: low food security (i.e., reduced quality and variety of food, insecurity without hunger) and very low food security (i.e.,

reduced food intake, food insecurity with hunger).(17) Regardless of the classification, hunger generally occurs as a result of food insecurity. The Center for American Progress reported in 2012 that 5.3 million seniors 60+ were food insecure. (14) Food insecurity, even marginal food security, is associated with some of the most serious and costly health problems in the nation. Among older adults, the chronic health conditions linked to food insecurity include: congestive heart failure, depression, diabetes, history of a heart attack, hypertension, lower cognitive function, obesity (primarily among women), osteoporosis, peripheral arterial disease, and poor or fair health status, among others. (77) Moreover, additional studies on food insecurity in seniors found 60% were more likely to report depression, 53% to report a heart attack, 52% to develop asthma, and 40% to report congestive heart failure.(16) As baby boomers age, the number of seniors experiencing hunger is expected to increase by 50% or more by 2025.(10) Inconsistent meals and high salt, high calorie, and unhealthy meals aggravate conditions such as diabetes, congestive heart failure, and hypertension. In addition, poor nutrition in seniors weakens muscles and causes calcium deficiency which if prolonged can cause weak bones making seniors prone to falls. (22) In fact, data from the National Council on Aging reveal one out of every four Americans age 65+ falls each year. (22) An older adult dies from a fall every 19 minutes. (22) In the older adult population, falls are the leading cause of fatal injury. (22) Poor nutrition also weakens the body's immune system, thereby reducing the body's ability to fight infections, prolongs the recovery process post-surgery, and slows wound healing processes. (31) A nutritious diet is an important part in the management of these chronic conditions.

Proper nutrition can help to alleviate some of these conditions. Hence, SNAP helps promote health in seniors. A growing body of research extols the virtues of SNAP participation as a crucial source of support for nutrition, and just as importantly, health, learning, and economic security for participants across the lifespan. (78) Proper nutrition helps wounds heal faster and promotes faster recovery from illnesses. (32) Research has shown SNAP participants eat as much nutritious food as non-eligible SNAP individuals. (43) In a study on SNAP and food insecurity, researchers found SNAP participation reduced the likelihood of food insecurity by 30% and the likelihood of being very food insecure by



20%.(35) Seniors with SNAP benefits have better nutritional status than their eligible non-participating counterparts.(43)

Further, according to the Center on Budget Policies and Priorities, Medicare covers 47 million mostly older Americans.(19) Seniors participating in SNAP are less likely to require

hospitalizations than eligible non participating seniors.(4) A study on Maryland's Medicare/Medicaid seniors found seniors participating in SNAP were less likely to enter nursing homes early.(4) They also were less likely to be hospitalized than their nonparticipating eligible counterparts.(4) The study concluded that SNAP reduced hospital admissions in low-income seniors.(4) Moreover, SMED gives more food buying ability to seniors and allows them to afford more nutritious foods at local grocery stores or farmers markets.(43)

### **Senior Snap and Health Expenditures/Economy**

U.S. healthcare spending reached 3.3 trillion in 2016.(21) A study showed healthcare expenditures are largely influenced/driven by hospital admissions and utilization.(28) Under the Supplemental Poverty Measure (SPM), 7.7 million older adults in fair or poor health had incomes 200% below the poverty level in 2016.(47) Additionally, health care costs directly related to hunger are estimated at 130.5 billion dollars each year, with 16.1 billion dollars due to hospitalizations, 29.2 billion dollars to depression, and 19.7 billion dollars to related suicides.(32) For every dollar spent toward feeding a food insecure American, \$50 is saved in Medicaid cost. (32) Medicare spending in 2016 was estimated at 672.1 billion dollars and is expected to grow 7.4 percent per year through 2026.(28) A healthy aging population leads to decreased health care costs. According to the Center for Medicare/Medicaid, the top five

chronic illnesses often affecting Medicare beneficiaries are high blood pressure, high cholesterol, Ischemic heart disease, arthritis, and diabetes.(30) Genetics, family history, and lifestyle including diet are all potential causes of these illnesses. Low nutrient intake/food insecurity can contribute to worsen certain chronic illnesses in the elderly and consequently increase hospital admissions. (75) A study of inpatient hospital admissions of patients with hypoglycemia from 2000 to 2008 in California revealed 27% were due to hypoglycemia from low income during the last week of the month compared patients admitted at the beginning of the month.(75) The author hypothesized the increase in hypoglycemia admissions was likely due to dwindling food supply.(75) A healthy diet, with prescribed medications, is important in the management of these illnesses as well as preventing exacerbation.



Moreover, SNAP helps the local economy. In fiscal year 2017, SNAP participants redeemed close to 63 billion dollars in food purchases, thereby supporting local retailers of all sizes.(63) Food purchases are an important part of revenue and support for small businesses.(63) In 2009, during the last recession, 50 billion dollars in SNAP benefits redeemed by participants generated about 85 billion dollars in local economic activity.(63) It was estimated that during the recession, every SNAP dollar redeemed produced \$1.70 in economic activity.(20)

### **Benefits of Improving Senior SNAP Participation**

According to data from the USDA, 5.2 million SNAP eligible seniors did not participate in the program in the 2013 fiscal year. (33) Barriers to senior SNAP participation included stigma, misinformation, isolation, mobility/transportation, technology, limited

English proficiency, a complex application process, excessive verification demands for medical expenses, lost documentation/receipts, and required re-verification of unchanged medical expenses. These factors constitute major obstacles to elderly SNAP participation and utilization of out-of-pocket medical expenses for SNAP benefit calculations. (38)

At the federal level, the SMED was started in 2011 as a strategy to increase senior participation. (65) Many states are implementing strategies to overcome barriers to senior SNAP participation. In addition, several states are partnering with community organizations for senior SNAP outreach efforts. (66) In a national evaluation surveying of nearly 6,500 households, investigators found SNAP participation was associated with increases in food security.(36)

### **Benefits of SMED: Improves Administrative Efficiency**

SNAP administrative activities are centered on reviewing and determining eligibility of cases, monitoring participating merchants, and anti-fraud activities. (38) When caseworkers are determining eligibility, verification of unreimbursed out-of-pocket medical expenses is a requirement for seniors claiming out-of-pocket medical expense deductions.(38) Those verifications are excessive in some states.(38) According to Federal SNAP rules, users must show proof of out-of-pocket medical expenses. For instance, a senior living alone is required to show receipts of prescriptions medications, and receipts of doctors' visits for which they incurred out of pocket expenses. Additionally, caseworkers may require verification that a procedure or particular medication is medically necessary if they find the procedure/prescription questionable. (50)

SMED allows a standard amount to be deducted for all eligible seniors showing proof of out-of-pocket medical expenses over 35 dollars a month. (38) Standardizing out-of-pocket medical expenses makes verifications less complex and less time consuming for caseworkers. It also will decrease the time for processing cases and simplifies documentation of expenses.



Sixteen states have received USDA waivers to implement SMED (38), which allows these states to standardize medical deductions for seniors participating in SNAP.

### **Benefits of SMED: Increasing Benefit Amounts for Most Seniors**

Gross income and maximum allowable benefit amounts are used to calculate the SNAP benefit allotment for seniors. (50) In a state with \$155 in SMED, for example, an individual that documents out-of-pocket medical expenses of at least \$35 may claim the larger standard deduction of \$155 without having to itemize the additional expenses. Seniors with out-of-pocket medical expenses higher than the standard limit are allowed to itemize their deductions. (52)

According to data from the USDA, most SNAP participants spend most of their benefit allotment in the first two weeks.(20, 15) A common reason is that the funds allocated are not enough to sustain participants through the month.(20) According to one study, an additional \$30 per month per person in SNAP benefits would lead to increased spending of about \$19 per person on food.(20) For seniors, that increase in food spending could increase their intake of nutritious foods.

### **Four Case Studies on the Implementation of SNAP and SMED**

The following case studies show data on senior SNAP participation for four states. Participation before and after SMED implementation are highlighted.

#### *SMED in Alabama, Arkansas, Kansas, and Massachusetts*

Senior participation differs from state to state. Respectively, in 2017, the proportions of elderly living in Alabama, Arkansas, Kansas and Massachusetts, and were 16.1%, 16.3%, 15%, and 15.8%, (39).

Alabama began implementing SMED in 2014. (49) In 2012, the average senior SNAP participation rate was 57,198. That number increased to 71,100 in 2015 and 67,700 SNAP

households had at least one senior. (48) In 2016, 804,000 Alabama residents benefited from SNAP, 38% of participants were in households with seniors or disabled. (73) These numbers show an increase in average senior SNAP participation since the SMED was implemented.



In 2007, on average 25,000 senior residents in Arkansas participated in SNAP. (49) The SMED demonstration project was implemented in Arkansas in 2011. The Standard Medical Deduction was \$103 for medical expenses.(51) In 2015, On average 35,800 seniors participated in SNAP.(48) An increase of

over 10,000 seniors since 2007.(48, 49) In fiscal year 2017, 388,000 Arkansas residents participated in SNAP, 128,000 of participants were in households with an elderly or disabled person.(69) There has been a steady increase in senior SNAP participation since SMED implementation which has, most certainly, contributed to decreasing the number of food insecure seniors in Arkansas.

In Kansas, senior SNAP participation rose on average from 14,000 in 2012 to 21,700 in 2015.(48, 49) In 2016, 234,000 Alabama residents participated in SNAP. (74) 79,560 of these participants were in households with at least one senior or disabled person.(74) These increases in participation contributes to reducing the number of food insecure seniors.

In 2012, on average 124,692 seniors participated in SNAP in the state of Massachusetts. (49) In 2013, it began implementing the SMED. In 2015, the SMED in Massachusetts for seniors 60+/disabled persons was \$155.(51) In fiscal year 2017, SNAP reached 764,000 residents in Massachusetts, 46% or 351,440 were members of a household which included at least one senior or disabled person(68) The standardization of medical deductions increased senior participation and improved their quality of life.

In 2016, food insecurity among seniors in Alabama, Arkansas, Kansas, Massachusetts were noted to be 17.2%, 26.1%, 15.6%, and 11%. (75) Increasing the number of seniors participating in SNAP consequently reduces the number of food insecure seniors. Along with



implementing SMED, states agencies and advocacy groups have engaged in community outreach to inform households with seniors about SMED.(50) States are also training caseworkers to promote efficient use of the deduction.(50) Additionally, training of

advocates and groups working with seniors such as food banks, soup kitchens, and meals on wheels has helped to raise awareness in the elderly population.(50) As has been noted, post SMED implementation data for the three states reveal an increase in elderly SNAP participation following SMED implementation. This translates to a decrease in the number of food insecure seniors in all three states.

### **Could Florida Qualify for a USDA Waiver to Implement SMED?**

In 2011, food insecurity among seniors in Florida was estimated to be 8.9% (54). In 2015, 511,600 seniors were receiving SNAP. (67) In 2016, 49.1% of Florida seniors over 65 lived 200% below poverty (SPM).(47) Florida could qualify for a SMED waiver, which would permit the implementation of SMED in Florida. In order to receive qualification for a SMED waiver by the USDA, states are required to choose one of two approaches: the cost neutrality approach or the estimate approach. (52) An adoption of either position will allow the state to implement SMED. The cost neutrality approach requires states to demonstrate zero increase in the cost of SNAP overall if SMED is implemented. (52) In other words, the implementation of SMED must be cost neutral. Many of the 16 states currently implementing SMED are using this approach by making some modest changes to the Standard Utility Allowance (SUA).(52). All states are required to update their SUA annually to reflect the changes in utility costs.(53)

Most SMED states wait for the annual change in the SUA to make an adjustment that also allows it to accommodate the SMED. The adjustment is usually done by slightly decreasing the dollar amount for the SUA following the annual update. The difference then is used to offset the cost of SMED implementation. This typically has little consequence for SNAP beneficiaries overall while yielding significant benefits for seniors. The estimate approach is less common. (52) It requires the use of data on out-of-pocket medical expenses incurred by people with various medical conditions.(52) An average medical expenditure then is estimated.(52) States also are required to consider other beneficiaries and to not allow policies that positively affect one group disproportionately over other groups.(52)

All things considered, SMED benefits seniors by increasing SNAP benefits for most seniors, encouraging senior participation, and improving administrative efficiency. For many older Americans experiencing chronic conditions, food is medicine. (32) In light of the rapidly growing senior population, increasing senior participation in SNAP and making it easier for them to claim medical benefit deductions by using SMED could be a policy intervention to combat food insecurity and hunger in the elderly.

## Conclusion

4.6 million seniors 65 or older lived at or below the official poverty measure in 2016. Nationally, 42.4% of older adults were 200% below the poverty line in 2016.(47) By 2025, the number of seniors is expected to significantly increase.(39) Further, the number of food insecure seniors is expected to increase by at least 50%.(34) SNAP benefits, which puts more food dollars in the hands of seniors, has shown to continually be an effective way of helping low income seniors access nutritious food.(43) Data show that SNAP substantially reduces food insecurity among seniors.(43) In addition, research has found SNAP seniors are less likely to be hospitalized, less likely to prematurely enter a nursing home, and more likely to recover faster from surgery.(29,37)

Standardizing medical expense deductions for elderly SNAP participants will greatly contribute to overcoming the difficult verification process, help increase senior participation,

increase benefit amounts, decrease food insecurities in the elderly population, and increase dietary intake of nutritious food.(3,7) SMED is an investment that will, over the long run, help the growing population of food insecure seniors afford nutritious foods and decrease healthcare expenditures.(12) A study published in 2016 estimated the direct and indirect health-related costs of hunger and food insecurity in the US to be 160 billion dollars for 2014 alone. (45) It follows that preventing hunger or helping those at risk of hunger become self-sufficient is a health intervention to promote health and wellbeing as well as help in the management of certain chronic illnesses in the elderly population. However, many eligible seniors are not enrolled in SNAP, many more are not aware of the medical deductions, and those who are aware face limitations in providing proof of out-of-pocket medical expenses. States already have begun to tackle this problem by training caseworkers, streamlining applications, and locating and assessing seniors who are food insecure. Most states are providing help to seniors for SNAP applications. (38) Furthermore, increasing senior SNAP participation will help boost the local economy by bringing cash to participating merchants. In 2010, 64.4 billion in SNAP benefits were redeemed at supermarkets, superstores, wholesalers, farmers markets, and other types of stores. (27) It will also help decrease the number of food insecure seniors, improve senior nutritional status, improve health outcomes, and decrease health expenditures. (27)

A dual approach of increasing senior participation in SNAP and standardizing out-of-pocket medical expenses will decrease the number of food insecure seniors. In addition, senior focused outreach efforts will help inform seniors of SNAP/SMED benefits. As seniors become food secure, they will live happier, healthier, longer, and more productive lives.

**About the author:**

*This paper was prepared by Nadine Kabore in collaboration with Trudy Novicki, CEO of Florida Impact, as a part of a Capstone Project for the University of Miami Masters in Public Health degree. The project was advised by Dr. Dietz.*

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