



## JAMA Forum

# Opportunities to Promote Food and Nutrition Security as the Federal Public Health Emergency Ends

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The federal [public health emergency](#) for COVID-19, which has been in place since early 2020, will end on May 11, 2023. It gave the federal government flexibility to waive or modify certain eligibility requirements for social safety net programs such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP) to assist households most affected economically by the pandemic. As a result, the emergency declaration has played a key role in increasing access to federal safety net programs during a time of great need. Ending the public health emergency will likely reduce participation in these programs among those who are eligible, worsening the major public health problems of food insecurity and poor nutrition, which disproportionately affect historically underserved populations. In 2021, 33.8 million people in the US experienced food insecurity, and poor nutrition is a leading cause of mortality.<sup>1,2</sup> Health care professionals can play a critical role in helping to diminish potential harm by encouraging eligible patients to participate in social safety net programs that promote food and nutrition security.

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## Key Changes to the Social Safety Net

Of all the federal nutrition assistance programs, SNAP will be most affected when the public health emergency ends. SNAP helps more than [41 million individuals in the US](#) buy food each month, reducing the prevalence of food insecurity nationwide. This program has been critical throughout the pandemic and has experienced unprecedented growth.<sup>3</sup> During a 3-month period at the beginning of the pandemic, the number of people SNAP served grew by more than [6 million](#), likely preventing millions of households from becoming food insecure.

However, the conclusion of the public health emergency will also mean the end of several important policies. Emergency benefit allotments ended in March 2023. These allotments allowed all SNAP households to receive an additional \$95 monthly in benefits or an additional benefit valued up to the maximum benefit for their household size (eg, \$658 monthly for a family of 3), whichever value was greater. Most SNAP participants will lose about [\\$90 per month on average](#), even as food costs sharply increase. Beginning July 1, 2023, the temporary SNAP benefits authorized under the public health emergency for certain college students in need will also be phased out, and the 3-month time limits for nondisabled adults without dependents who fail to meet work requirements will once again be enforced.

Also terminated is continuous Medicaid enrollment, which ended on March 31, 2023. It is estimated that as many as [15 million people](#) (one-sixth of the 90 million individuals currently enrolled in Medicaid) could lose coverage. This change is significant for SNAP and other federal nutrition assistance programs because millions of people join these programs through Medicaid. Enrollment in Medicaid confers automatic income eligibility for free school meals and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Put another way, lower participation in Medicaid will translate to missed opportunities for SNAP and other federal nutrition assistance programs to reach households in need. Reductions in SNAP enrollment will likely increase health care costs because participation in SNAP is associated with reductions in annual Medicaid spending of about \$2360 per person.<sup>4</sup>

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Practically speaking, these changes also create an enormous administrative burden on states, which administer the programs and now will separately process SNAP and Medicaid eligibility. In the coming months, they will need to simultaneously redetermine Medicaid eligibility as SNAP administrative flexibilities expire. This change is expected to lead to delays in receipt of benefits and may deter eligible individuals from enrolling.

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## Ways Health Care Professionals Can Support Food and Nutrition Security

As a first step, all health professionals should understand the federal tools available to address food insecurity and poor nutrition. The US Department of Agriculture (USDA) administers more than 15 nutrition assistance programs, which together [serve 1 in 4 individuals in the US annually](#). The largest are SNAP, WIC, and school meals, which are highly effective at reducing food insecurity, improving health and well-being, and reducing health care costs.<sup>5-7</sup>

Upcoming changes to several of these programs will further strengthen their impact. The USDA has proposed rules to better align [school meal nutrition standards](#) and the WIC food packages with the latest [Dietary Guidelines for Americans](#). In addition, the [2022 Omnibus Appropriations bill](#) made permanent the summer electronic benefit transfer (EBT) program, which provides resources for families whose children receive free or reduced-price school meals to purchase food during the summer. Beginning in the summer of 2024, this will provide more than 29 million children with \$40 per month in benefits.

These are significant changes that can dramatically affect food and nutrition security, but they will not have their maximum impact if the programs are underused. About half of individuals who are eligible for WIC are not enrolled, 1 in 5 eligible for SNAP do not participate, and only a fraction of the children who eat school meals also participate in summer meal programs—gaps likely to be exacerbated by the unwinding of the public health emergency.<sup>8-10</sup>

To close these gaps, all health care professionals should screen patients for food insecurity and refer them to appropriate federal nutrition assistance programs. Through the White House Conference on Hunger, Nutrition, and Health's [national strategy](#), the Biden Administration has committed to universally screen for food insecurity in federal health care systems and incentivize payers and health care professionals to screen for food insecurity.

Several health care professional societies already are leading the way, but more action is needed. The American Academy of Pediatrics, along with the nonprofit [Share Our Strength](#), has [committed](#) to train members to screen patients for nutrition insecurity and refer them to federal and community nutrition resources. The American College of Physicians recently released a [position statement](#) calling food insecurity “a threat to public health in the United States,” arguing that policy makers and medical professionals must do more to comprehensively address food and nutrition insecurity and bolster public health.

Physicians and other health professionals should also be aware of other key strategies that benefit patients struggling with food insecurity or poor nutrition. “Food is medicine” approaches, such as medically tailored meals or produce prescription programs, can effectively treat or prevent diet-related health conditions and reduce food insecurity. The [Medicaid Section 1115 Demonstration projects](#) give states additional flexibility to improve access to nutritious foods for Medicaid beneficiaries. The [Gus Schumacher Nutrition Incentive Program](#), administered by the USDA, provides incentives to income-eligible consumers to buy more fruits and vegetables and supports clinicians' prescriptions for fresh fruits and vegetables.

Longer-term solutions for health professionals to explore include updating medical education to incorporate teaching about health impacts of food and nutrition insecurity and the federal tools available to address these problems. In addition, researchers can study the effects of food and nutrition insecurity on health and health care and identify concrete ways to address these challenges.

## Conclusion

With the ending of the federal public health emergency, the US is at an inflection point when millions of eligible individuals may begin to underuse critical nutrition benefits. Physicians and other health professionals can serve as a key front line of defense to help ensure those eligible for federal nutrition assistance programs remain enrolled. Dedicated efforts to screen and refer eligible individuals and families will surely help boost participation and thereby advance food and nutrition security for millions of people.

### ARTICLE INFORMATION

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