



for every child

# NOURISHED FROM THE START

*The Role of SNAP in Promoting Healthy Childhoods*

MAY 2026

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## EXECUTIVE SUMMARY

**C**hildhood food insecurity remains one of the most urgent health and economic challenges in the United States. In 2024, nearly one in five U.S. households with children experienced food insecurity, affecting approximately 14.1 million children. Food insecurity ranges from anxiety about running out of food to skipping meals or going a full day without eating. While living in a low-income household is the primary reason for food insecurity, families with high housing and medical costs, transportation barriers, and limited access to grocery stores also experience food insecurity.

Over the past two decades, childhood food insecurity has followed a U-shaped pattern, rising during the Great Recession, declining through 2019, temporarily improving during COVID-era benefit expansions in 2021, and increasing again after those temporary supports expired. This trend demonstrates that public nutrition investments directly influence child food insecurity rates and are tied to poverty rates. As reflected in [Figure 2](#), even when the number of people experiencing income-poverty did not change, expanded government benefits provided enough income to reduce the experience of food insecurity and poverty for many.

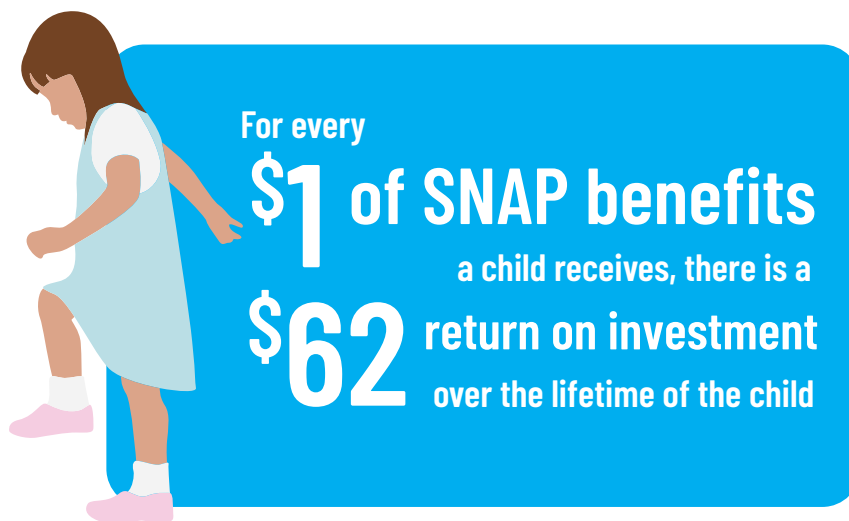
The consequences of childhood food insecurity are profound. Even when calorie intake may appear stable, diet quality often declines, increasing risks of nutrient deficiencies such as iron-deficient anemia and other long-term chronic illnesses. Food insecurity is strongly associated with anxiety, depression, behavioral challenges, and substance use. Adolescents experiencing food insecurity report higher rates of suicidal ideation and attempts. Academically, food-insecure students are more likely to struggle in reading and math, repeat grades, and fail to graduate from high school. Food insecurity undermines both immediate well-being and long-term stability.

The economic cost is substantial. Food insecurity cost an estimated \$179 billion annually in 2016 and roughly \$237 billion in 2025 in excess health care spending and lost productivity. Importantly, childhood food insecurity is best considered at the household level because a family that struggles to secure enough food impacts everyone in the home. This includes a child's ability to learn and develop and an adult's ability to work. Childhood food insecurity represents a moral, health, and fiscal crisis.

The Supplemental Nutrition Assistance Program (SNAP) is the nation's primary defense against family food insecurity. SNAP is sometimes referred to as Food Stamps; however, in 2008 the Food Stamps program was renamed the SNAP program. In 2024, SNAP served 41.6 million Americans, including millions of children. Most working-age adults receiving SNAP are employed or worked at least some of the year they received benefits, showing how SNAP helps families get through difficult periods, but does not replace sufficient and stable income.

SNAP is effective. SNAP participation reduces food insecurity rates by as much as one-third. Receiving SNAP benefits during pregnancy and early childhood supports healthy child birth, stronger brain development, and regular medical care. Long-term, children receiving SNAP are more likely to graduate high school, achieve adult

employment, and show improved health outcomes. Every dollar invested in SNAP during childhood is estimated to return sixty-two-dollar to the economy in long-term health savings and increased earnings. SNAP also stimulates local economies, generating about \$1.50 in local economic activity per dollar spent.



**Based on CBO estimates, more than**

**2 million children**

**will lose some or all of their food assistance as a result of SNAP changes in HR 1**

In July 2025, H.R. 1 (One Big Beautiful Bill Act) introduced major changes to SNAP, including \$186 billion in reduced funding and shifts in program cost from the Federal government to state governments. Federal administrative funding was reduced, work requirements expanded to older adults and certain caregivers, eligibility for many refugees and asylum seekers ended, and utility deductions were restricted. For the first time since its establishment, beginning in 2028, states will need to pay a portion of SNAP benefit costs tied to payment error rates. H.R. 1 also limits future updates to the Thrifty Food Plan (TFP), the formula used to set SNAP benefit levels, by requiring that any changes not increase the overall costs of the program. SNAP benefits will still be adjusted each year

for inflation. However, this change prevents the benefit levels from being revised upward to reflect changes in dietary guidelines.

These changes are projected to lower participation in the program and reduced benefit amounts. States facing new funding pressures may tighten eligibility or reduce support. Research consistently shows that losing SNAP benefits increases food insecurity and financial hardship. Work requirements historically increase administrative burden without producing sustained employment gains. Retailers in low-income communities may also lose customers and be forced to close, eliminating jobs and making it harder for families to get to a grocery store.


Youth perspectives reinforce these concerns. A 2025 poll of young people aged 14–24 showed strong support for SNAP and opposition to expanded work requirements and frozen benefits.

Young respondents emphasized that food affordability must keep pace with inflation and that stable nutrition is the foundation for learning and health.

Evidence shows that childhood food insecurity is widespread, harmful, and costly. SNAP remains one of the most effective public investments in child health and long-term economic opportunity.

## POLICY RECOMMENDATIONS

- **Establish a voluntary federal Child Impact Statement process**
- **Create SNAP waivers for households with children or pregnant people**
- **Restore federal food insecurity data collection**
- **Establish permanent state cross-agency Hunger Taskforces**
- **Require large health care providers to screen children for food insecurity**
- **Incentivize on-site social workers and food pantries in clinics**
- **Ensure employer wages reflect true cost of living**
- **Subsidize grocery stores in high-need communities**
- **Modernize SNAP technology to reduce administrative error**

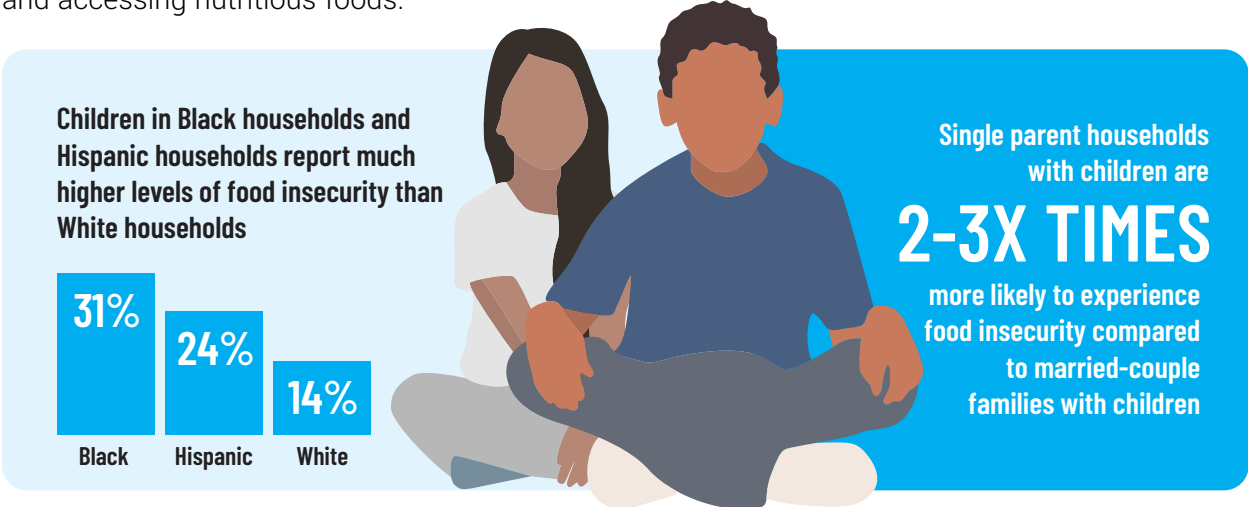
A close-up photograph of a person wearing a blue denim shirt, focused on cooking. Their hands are visible, one holding a white cloth and the other near a pan. The background is softly blurred, showing a kitchen setting with a wooden cutting board and a metal container.

**Create waivers to SNAP work requirements for all members of households with children or pregnant people**

# STATE OF CHILDHOOD FOOD INSECURITY IN THE U.S.

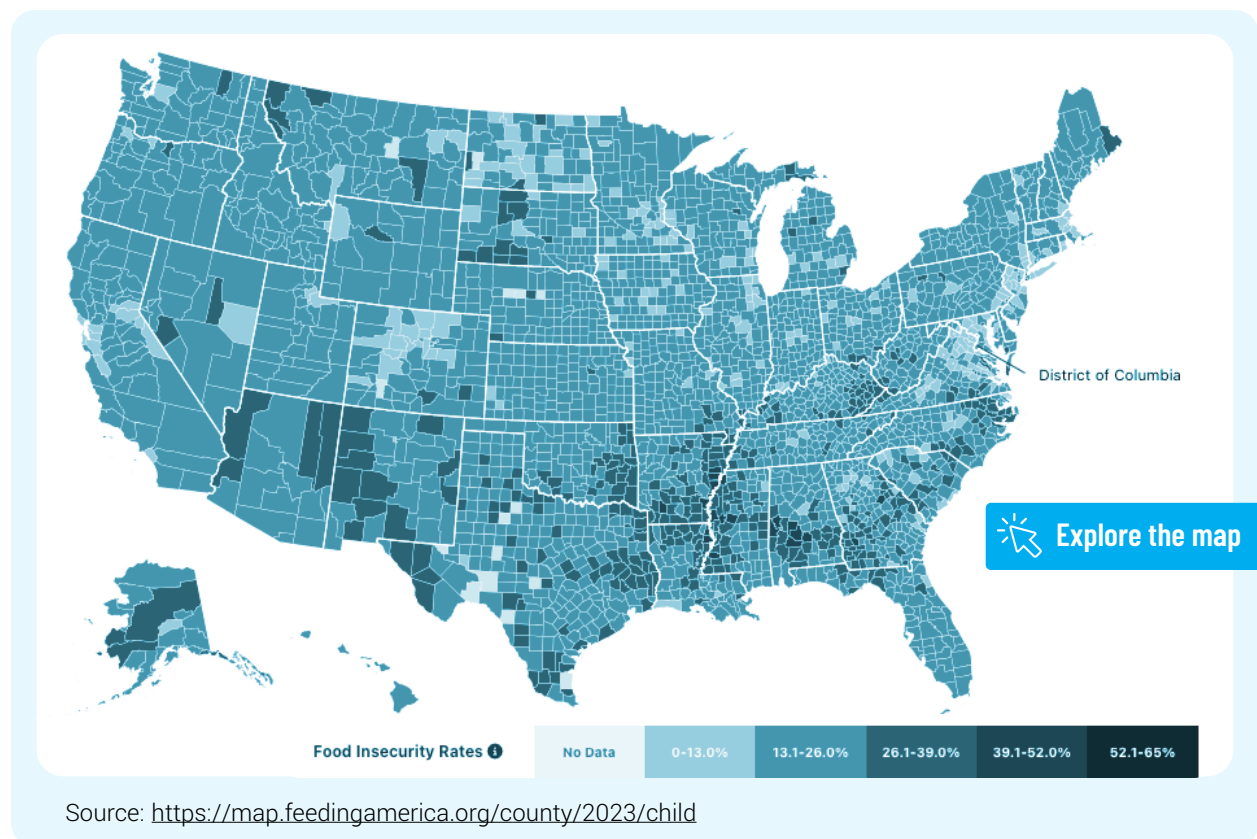
**N**early 1 in 5 children in the United States live in a food-insecure household, meaning individuals in the household lack consistent access to sufficient food for an active and healthy lifestyle. Food insecurity is a collective term that encompasses low food security (previously called food insecurity without hunger) and very low food security (previously called food insecurity with hunger). Food insecurity is a persistent public health issue. In 2024, the U.S. Department of Agriculture (USDA) estimated that 14.1 million children experienced food insecurity during the past year.<sup>1</sup> Children experience food insecurity in many ways, from seeing their caregivers worry about stretching food resources, to noticing caregivers cutting back on their own meals, and, in the most severe cases, going without nutritious food themselves or even skipping meals when there isn't enough to go around.

Food insecurity does not affect all households with children equally.<sup>1</sup> Food insecurity disproportionately affects households with young children: approximately 18% of households with children ages 0-5 are food insecure. Children in Black households and Hispanic households report much higher levels of food insecurity than White households (31% and 23.8% compared to 14.1%, respectively). As far as family structure, single-parent households with children are two to three times more likely to experience food insecurity compared to married-couple families with children, in part due to the added struggles that single parents face in caregiving and providing for the basic needs of their children. Since 2010, disparities in food insecurity between these populations have widened in part due to persistent barriers to healthy food access and worsening national financial insecurity.<sup>2</sup> Many of the communities that have historically suffered from systemic barriers to escaping poverty are also the communities that struggle with affording and accessing nutritious foods.




There are also geographic disparities in the prevalence of food insecurity among households with children across the United States. The Southern geographic region has the highest rate of food insecurity among households with children at 19.7%, followed by the Midwest (18.6%), the Northeast (17.6%), and lastly, the West (16.6%).<sup>1</sup> Rural households across all geographic regions report higher than average levels of food insecurity, potentially due to limited access to healthy foods, lack of reliable transportation, fewer employment opportunities, and higher rates of poverty. Although some states have disproportionately high numbers of households with food insecurity (e.g., Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, and Texas) this county-level map by Feeding America provides important context:

**Figure 1: Food Insecurity Among the Child Population in the United States**



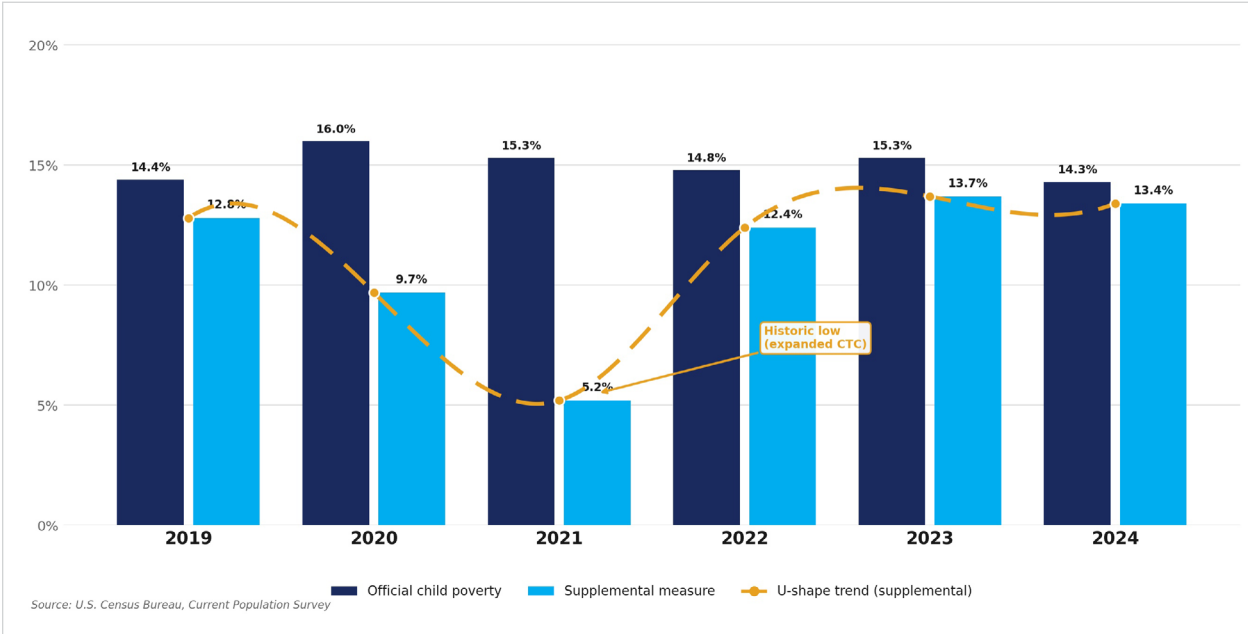
Food insecurity in households with children affects every single U.S. state and county; no geographic area is immune to this public health issue. Importantly, one in three food-insecure children live in homes with household incomes just over the eligibility threshold for federal nutrition programs. This means their households earn too much to qualify for food assistance, yet they still experience food insecurity.



**1 in 3 children**  
 who are food-insecure live in homes with household incomes just over the eligibility threshold for federal nutrition programs.

Over the past 20 years, there has been a U-shaped trajectory in national trends of food insecurity among households with children.<sup>1</sup> At the height of the 2008 Great Recession, the prevalence of food insecurity peaked at 21.0%. As the economy recovered over the next decade, rates steadily declined to 13.6% in 2019. At the onset of the COVID-19 pandemic, rates increased significantly to 14.8% in 2020. In 2021, food insecurity among households with children decreased to a historic low of 12.5%, likely due to pandemic-era expansions to the Child Tax Credit, Supplemental Nutrition Assistance Program (SNAP) benefits, and universal school meals. However, declining food insecurity trends were short-lived; the expiration of some of these temporary benefits drove food insecurity to higher levels in 2022 (17.3%) and 2023 (17.9%). The impact of social safety net programs have been clearly displayed in the declines in food insecurity when poverty reduction programs are expanded, with rates rising again when those expansions expired.

**Figure 2: Child Poverty Trends From 2019-2024**



Historically, one of the U.S. government’s core goals to improve the nation’s health has been to address food insecurity, and particularly to eliminate very low food security in children. In 2024, children in approximately 318,000 households experienced very low food security, meaning they experienced hunger, skipped meals, or went without food for a whole day due to lack of financial resources.<sup>1</sup> The proportion of households with very low food security among children has hovered around 1.0% each year over the past 20 years.

While food insecurity is strongly correlated with poverty, they are not synonymous. The 2024 USDA report estimated that 44% of households with children living at or below the federal poverty line were food insecure, meaning that 56% of children living in low income households were food secure. Conversely, food insecurity is observed among 10% of households with incomes well above the federal poverty line, suggesting other important factors are at play, such as:

**Inadequate Food Access.** The food environment can create physical and economic barriers for families to access nutritious foods. For example, areas with few or no grocery stores limit families' access to healthy, affordable foods like fruits, vegetables, whole grains, and more. Families who are food insecure, particularly rural families, may live in areas with fewer supermarkets and grocery stores, thus having fewer healthy food options. Furthermore, inadequate food access is influenced by the differential pricing of healthy versus unhealthy foods, such that healthy, nutrient-dense foods are more costly than nutrient-poor, often ultra-processed foods.<sup>3</sup>

**Lack Of Transportation.** For many people, reliable transportation is necessary to buy food. A 2017 national study showed that owning a car was a significant predictor of food security, while living in close proximity to a supermarket was not significantly associated with food insecurity.<sup>4</sup>

**Low Wage, Limited Employment, And Disability.** Approximately 60% of children in food-insecure households have at least one adult with full-time employment.<sup>5</sup> Despite this, they are either not able to work enough hours or earn enough income to cover the costs of food and other basic needs for their family. The probability of child food insecurity is three and a half times higher when adults in their home are unemployed. Adults may also face barriers to employment, particularly if they have a disability. In households where there is an adult with a disability that prevents them from working, the probability of child food insecurity is more than doubled.

Approximately  
**60%** of  
**children**  
in food-insecure  
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least one adult  
with a full-time job

**Housing Instability.** Families often pay a large share of their income on housing, which can affect their ability to afford food. As a result, housing instability and child food insecurity are deeply connected. Housing instability can mean frequent moves, difficulty paying rent, overcrowding, and more – there is no concrete definition. Although only 1-2% of children in the U.S. experience homelessness, housing instability can affect as much as 30% of U.S. children.<sup>6</sup> Housing instability can drive food insecurity, and food insecurity can also drive housing instability.

**Medical Costs.** USDA reports that adults with very low food security have high prevalences of one or more chronic health conditions, ranging from 5.1% for chronic obstructive pulmonary disease to 36.4% for hypertension.<sup>7</sup> For children, a 2025 study showed that children with chronic medical conditions (e.g., asthma, attention deficit/hyperactivity disorder, autism spectrum disorder, prediabetes or diabetes) were significantly more likely to report food insecurity than children without these conditions.<sup>8</sup> These differences could be attributed to the high costs of medical care, prescription medication, and specialized diets sometimes necessary for disease management. Similarly to housing, families where adults or children have chronic medical conditions can accrue significant medical debt and face a trade-off of paying for food versus paying for medical care and supplies.

**Cost-Of-Living Misalignment And Eligibility Thresholds.** Federal poverty guidelines, which determine eligibility for SNAP and other safety-net programs, are based on a national formula

that does not account for regional differences in housing, childcare, transportation, and medical costs. Because the poverty line was originally developed in the 1960s based largely on food expenditures and is now adjusted only for inflation, it often understates the income required to meet basic needs in high-cost areas. As a result, families living above the federal poverty threshold for nutrition assistance programs may still experience material hardship and food insecurity. Research shows that households between 130–200% of the federal poverty level (FPL) face elevated rates of food insecurity, particularly in high-cost metropolitan areas but do not qualify for programs like SNAP.<sup>9</sup> The Census Bureau’s Supplemental Poverty Measure, which is more detailed in accounting for family composition, household resources and expenditures, and geographic variation, may be a better indicator for national economic hardship and driver of food insecurity.<sup>10</sup>

**Structural Racism And Intergenerational Effects.** Many of these drivers of child food insecurity are compounded by longstanding racial and ethnic inequities that create and perpetuate unequal access to housing, education, employment opportunities, exposure to violence, and food access for minoritized racial and ethnic groups. Studies have shown that food insecurity can persist in families for multiple generations, where children who grow up in food-insecure households are significantly more likely to experience food insecurity as an adult and have children who also experience food insecurity.<sup>11–13</sup>

The national estimates on food insecurity provided above come from Census Bureau’s longstanding annual Current Population Survey Food Security Supplement (CPS-FSS). Because the CPS-FSS sample does not capture unhoused families, and higher-income families (>185% FPL) are screened out, the true estimates of child food insecurity are likely underestimated. Of note, the USDA terminated the administration of the CPS-FSS in 2025 after 30 years of continuous data collection. The loss of this critical data source results in a significant gap to monitor ongoing trends and disparities in child food insecurity as well as the ability to track impacts of new and ongoing policies.



# FOOD INSECURITY AND CHILDREN'S HEALTH OUTCOMES

**T**he consequences of food insecurity among children can be profound and long lasting. Decades of research have shown that food insecurity disrupts nearly every domain of healthy growth, behavior, and development across childhood. While this report summarizes the research on food insecurity and children's health outcomes, there is substantial evidence documenting the adverse effects of food insecurity on their caregivers' physical and mental health.

Most proximally, food insecurity affects children's dietary intake and diet quality. Children in food-insecure households report lower consumption of fruits and vegetables and higher consumption of sugar-sweetened beverages than children in food-secure households.<sup>14,15</sup> Children in food-insecure households may also be at risk for micronutrient deficiencies, especially calcium and iron.<sup>16,17</sup> One study found that in young children, food insecurity was associated with a 1.3-fold higher risk of iron-deficiency anemia, while in older children and adolescents, food insecurity was associated with a 1.7-fold higher risk.<sup>18</sup>

Another dimension of dietary intake is eating behavior. Youth exposed to food insecurity may be more inclined to engage in hiding food, nighttime eating, and binge eating to help cope with limited food resources.<sup>19</sup> In Project EAT, a large study of middle and high school students, food insecurity was associated with eating more fast food, fewer family meals, and skipping breakfast.<sup>20</sup> These eating behaviors may be shaped early by the experience of food insecurity and last into young adulthood. Among adolescents, past food insecurity predicted binge eating behaviors five years later.<sup>21</sup>

Poor diet quality and unhealthy eating behaviors during childhood can lead to long-term damage to metabolic health, called metabolic scarring.<sup>22</sup> Adolescents with food insecurity, even at marginal levels, have demonstrated a pattern of atherogenic dyslipidemia – a prominent driver of obesity, type 2 diabetes, and cardiovascular disease.<sup>19,23</sup> Indeed, emerging research suggests that adults who experienced food insecurity or food insufficiency during childhood are more likely to have poor cardiometabolic health in adulthood.<sup>24,25</sup> These links may stem from the chronic stress of food insecurity, combined with poor diet, which promotes visceral fat build-up – especially during key developmental periods like early childhood and adolescence.

Food insecurity adversely affects children's behavioral outcomes and mental health. Seminal research has shown that children in food-insecure families exhibited multiple behavioral issues, including oppositional or aggressive behavior, attention problems, irritability, hyperactivity, and somatization.<sup>26</sup> Food insecurity can continue to affect behavior problems years later. Persistent food insecurity in children led to higher risks of behavioral disorders two years later.<sup>27</sup> Further manifestations of poor mental health can emerge in adolescence. Food insecurity increases the risk of mental health conditions, including mood disorders, anxiety disorders, behavioral disorders, and substance disorders.<sup>28</sup> Most alarmingly, adolescents with food insecurity are more

likely to have suicidal ideation, suicide planning, and suicide attempts than their food-secure peers.<sup>29-31</sup>

For children and adolescents, food insecurity can operate as a powerful source of toxic stress.<sup>32</sup> Toxic stress, conceptualized by the Harvard University Center on the Developing Child, is defined as a strong, frequent, and prolonged stress response.<sup>33</sup> One of the key conditions of toxic stress is the absence of a protective relationship for healthy coping. Food insecurity and maternal depression share a bidirectional, reinforcing relationship.<sup>34</sup> Managing a limited food budget alongside other household expenditures can leave parents struggling to meet multiple demands while still providing support for their children.<sup>35</sup> Thus, food insecurity may act indirectly through parental mental health to adversely shape children's health and development.

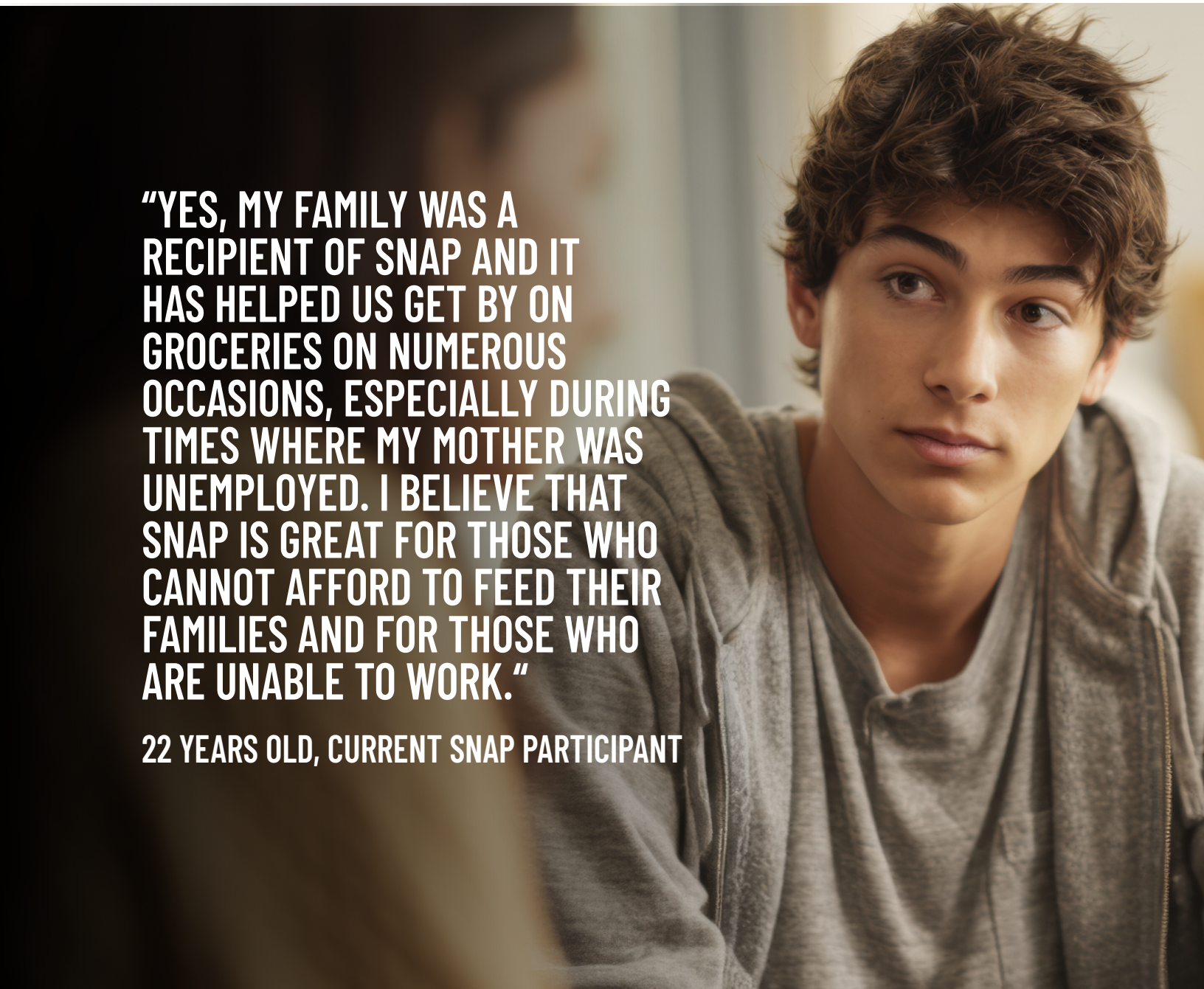
Food insecurity in children increases the odds of externalizing psychopathology and poor mental health, independent of poverty and other socioeconomic correlates. This potentially creates a dual safety threat: adolescents might be driven towards maladaptive health behaviors to cope with food insecurity, including alcohol, smoking, and marijuana use, while simultaneously facing an increased propensity for rule-breaking or criminal behavior.<sup>28,36</sup> Consequently, the toxic stress of food insecurity could translate into community safety risks. Food insecurity has been associated with increased risk of being a victim of assault and firearm injury.<sup>37</sup>

Beyond physical and mental health outcomes, research has consistently shown that food insecurity contributes to poorer academic achievement among children and adolescents.<sup>38</sup> Across many studies, this association is dose-dependent: the more severe or chronic the episodes of food insecurity, the worse the academic outcomes. Children with food insecurity demonstrate lower math and reading scores, greater delinquency and likelihood of repeating a grade, and lower high school graduation rates compared to their food-secure peers.<sup>39-43</sup> The disparities in academic outcomes by food insecurity can lead to significant implications for lifelong health and economic mobility. Lower educational attainment correlates with higher unemployment, lower wages, and lower economic mobility in adulthood.<sup>44</sup> In 2016, food insecurity was estimated to lead to \$5.5 billion in lost work and productivity. Combined with its total adverse physical and mental health effects, the total costs related to food insecurity totaled \$179 billion (adjusted to \$237 billion in 2025).<sup>45</sup>

This wealth of research has focused on children in households categorized as "food insecure" using the USDA measure. Marginal food security is a milder form of food insecurity that is often lumped with high food security. However, children in households with marginal food security are still at risk for many of the same behavioral, developmental, physical, and mental health outcomes as children in food-insecure households.<sup>46</sup> This suggests that any level of exposure to household food insecurity could be harmful to children, far before any overt changes to their dietary behaviors occurs.

Finally, much of the existing research on childhood food insecurity and well-being outcomes has used parent-reported food insecurity measures. It is well-documented that parents attempt to shield their children from the harmful experience of food insecurity.<sup>47</sup> Despite this, children display keen awareness of household food insecurity, have separate lived experiences from those of their parents, and exhibit their own coping strategies that parents may not know about.<sup>48</sup> Children's awareness can further be delineated into cognitive awareness (knowledge that food

resources are scarce and ways to acquire food), emotional awareness (anxiety, sadness, and other negative emotions related to food insecurity), and physical awareness (hunger, fatigue, and other physical manifestations).<sup>49</sup> The awareness of food insecurity can lead children to adopt strategies to better manage their food resources, such as cutting back their own diets to save food for their siblings, asking friends or family for food to bring home, and in some extreme cases, shoplifting, selling drugs, stealing money, or prostitution to generate income.<sup>49,50</sup>



**“YES, MY FAMILY WAS A RECIPIENT OF SNAP AND IT HAS HELPED US GET BY ON GROCERIES ON NUMEROUS OCCASIONS, ESPECIALLY DURING TIMES WHERE MY MOTHER WAS UNEMPLOYED. I BELIEVE THAT SNAP IS GREAT FOR THOSE WHO CANNOT AFFORD TO FEED THEIR FAMILIES AND FOR THOSE WHO ARE UNABLE TO WORK.”**

**22 YEARS OLD, CURRENT SNAP PARTICIPANT**

# STATE OF CHILDHOOD SNAP PARTICIPATION IN THE US

**N**utrition assistance programs have long played vital roles in alleviating food insecurity for U.S. children. For example, the Special Supplemental Nutrition Program for Women, Infants, and Children (also known as WIC) serves 6.7 million participants each month. Over 20 million U.S. children receive free or reduced-priced breakfast or lunch through the National School Lunch and School Breakfast Programs. By far, the largest of these programs is SNAP, serving 41.6 million low-income households in 2024, with over 30% of recipients being children.<sup>51,52</sup>

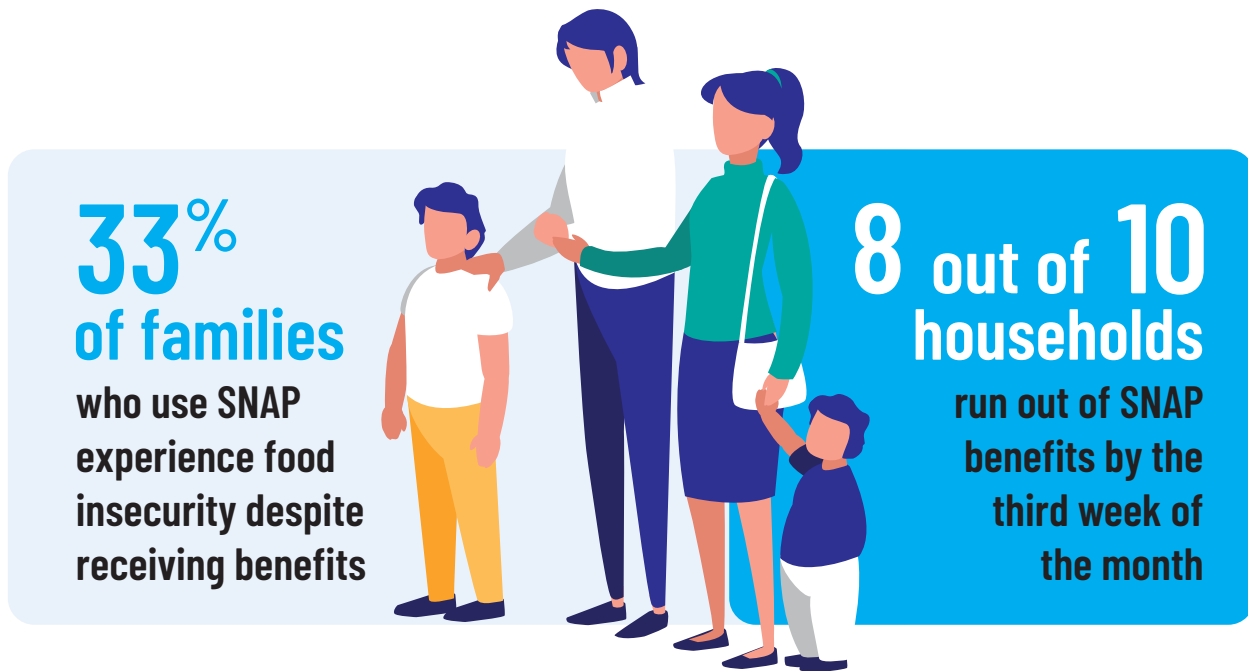
**30%**  
of the recipients of  
SNAP benefits are  
**children**

## SNAP OVERVIEW

SNAP is funded by the federal government and administered by states, leading to some variation in eligibility and program experience across the country. Monthly benefits are delivered through electronic benefit transfer (EBT) cards and can be used to purchase most grocery foods, but not prepared hot meals, alcohol, or non-food items. To be eligible to receive SNAP benefits, households' gross and net income must be below 130% of the federal poverty limit (FPL), net income below 100% of the FPL, and have \$2,450 or less in assets. Forty-four states have adopted Broad-Based Categorical Eligibility (BBCE), which gives states the option to increase the gross income limit up to 200% of the federal poverty limit, about \$64,000 annually for a family of four, and increases or removes the asset limit.<sup>53</sup> Adults aged 18–64 who do not have children 13 and younger or a physical or mental limitation documented by a medical provider must work or receive job training for 20 hours per week, or they can only receive SNAP for three months every three years.

**1 in 8**  
**families**  
that received SNAP lost  
their benefits during  
the recertification  
period in 2024

Individuals can apply for SNAP online or in-person at SNAP offices. Applicants must provide information about how many people are in the household, household income, and expenses like rent, mortgage, and utilities. After the application, participants are interviewed by a SNAP caseworker. Once approved, most households receive SNAP benefits for six or 12 months before needing to recertify. This recertification process can be burdensome and may cause eligible households to lose benefits. One in 8 families that receive SNAP lost their benefits during the recertification period in 2024.<sup>54</sup> For more information about SNAP eligibility and administration, see [here](#).



SNAP benefit amounts are set according to the USDA's Thrifty Food Plan (TFP). The TFP is the government's estimate of what a budget-healthy diet could be for families with limited resources, and it sets the benefit level for SNAP. From 1975-2021, the TFP was updated for inflation but did not consider changes in nutrition guidance or real-world food costs. To keep costs down, the TFP relied on unprocessed foods like dried beans, bulk grains, and raw ingredients.<sup>55</sup> While this food model meets calorie and nutrient targets on paper, it assumes that families have the equipment, skills, and time to shop and cook in this way. It is estimated that following the TFP would require 16 hours per week of food prep and cooking, much more than most working caregivers realistically have.<sup>56</sup> As a result, SNAP benefits were not enough for most households to meet their food and nutrition needs.<sup>9,57</sup> Around one-third of families who use SNAP experienced food insecurity while receiving benefits.<sup>58</sup> Nearly 8 out of 10 households run out of SNAP benefits by the third week of the month.<sup>59</sup> This monthly dynamic also has significant health effects, including increased risk for hypoglycemia hospital admissions for people with diabetes.<sup>60</sup>

Recognizing shortfalls in SNAP benefit amounts, the 2018 Farm Bill required an update to the TFP based on current food prices, science-based dietary guidance, and consumption patterns. The 2021 update found that the TFP underestimated the cost of a healthy diet, resulting in a 21% increase to SNAP benefits.<sup>61</sup> This was not an adjustment for inflation, but an adjustment to account for the cost of a nutritious diet for families on SNAP. Increasing benefits prevented 2.9 million people, including 1.3 million children, from experiencing many of the hardships associated with poverty.<sup>62</sup>

Household income and size determine monthly SNAP benefit amounts. The maximum amount a family of four can receive in Fiscal Year 2026 is \$994, or about \$8 per person per day.<sup>63</sup> The USDA recently estimated that following the 2025-2030 Dietary Guidelines for Americans would cost \$3 per meal, or \$9 per day.<sup>64</sup> Despite the recent increase in SNAP benefit amounts, healthy eating is still unaffordable for many SNAP participants.

## Thrifty Food Plan

**What the Thrifty Food Plan (TFP) means for families who receive SNAP.** While the TFP is designed to meet nutrition needs at the lowest cost, it makes assumptions that don't reflect how families eat.

### Local price variation

The TFP uses national price averages, but food can cost much more in rural areas and places that lack grocery stores.

### Time costs

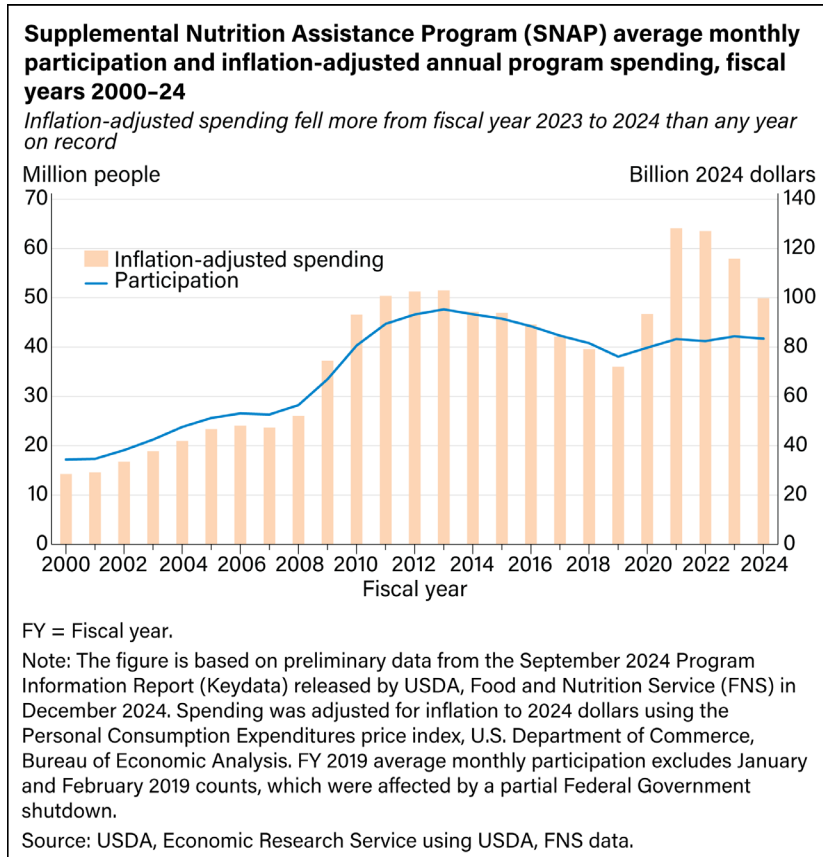
The TFP assumes families cook much of their food from scratch (and have the skills and financial means to do so), but this can be difficult for people working multiple jobs and caring for children.

## DEMOGRAPHICS AND TRENDS OF SNAP HOUSEHOLDS

### Trends in Participation Rates

SNAP is an entitlement program, meaning all eligible households can receive benefits without waiting lists or funding caps. SNAP participation is highly responsive to changes in the economy. Enrollment rises in recessions and falls when unemployment rates decline.<sup>65</sup> In 2019, before the COVID-19 pandemic, 16.9 million of the more than 20 million eligible households received SNAP, an 84% participation rate.<sup>66</sup> The pandemic increased economic hardship, increasing eligibility and enrollment. By 2022, 88% of the 38.2 million eligible households participated.<sup>67</sup> Participation rates vary by state. In 2022, Arkansas had the lowest participation rate, at 59% of eligible households, and 11 states had 100% participation.<sup>68</sup> There are differences in participation by state because states have different policies and procedures for SNAP administration, including the frequency of recertification, simplified reporting, user-friendly technology, and outreach to eligible households.<sup>69</sup> Less frequent recertification and online simplified reporting are especially important to help families maintain

**Figure 3: Average Monthly SNAP Participation from 2000-2024**



their benefits.<sup>70</sup> When families must recertify more frequently, they're more likely to experience administrative errors, such as forgetting documentation or paperwork getting lost, resulting in SNAP churn. SNAP churn is the loss of benefits during reapplication, despite still being eligible for SNAP. This leads to higher costs for states through additional staff time on applications and can result in food insecurity for families.

### Who Receives SNAP?

Households experiencing food insecurity, who recently added a new baby or family member, or had a job loss are more likely to enroll in SNAP.<sup>58</sup> In 2023, 83% of SNAP benefits went to families with children, an older adult, or a person with a disability.<sup>51</sup> In SNAP-enrolled households with children, over half had at least one working adult, and almost 90% had a working adult within a year of receiving SNAP benefits.<sup>51,71</sup> Losing a job is one of the most common reasons households begin receiving SNAP, and many people stop receiving SNAP benefits once they start working again. This demonstrates the success of SNAP as a safety net program: it provides a buffer in a time of financial uncertainty and allows families to get back on their feet. SNAP benefits go to households with very low incomes. Half of the benefits go to families with income below 50% of the federal poverty line, only about \$16,000 annually for a family of four, and SNAP benefits move 17% of households above the poverty line.<sup>51</sup> More SNAP participants live in urban areas overall, but a larger share of rural residents rely on SNAP.<sup>51</sup>

Disparities in SNAP participation remain. Less than 80% of eligible citizen children who live with non-citizen adults received benefits, reflecting the avoidance of benefits by many non-citizen parents even if they are eligible.<sup>66</sup> Other types of households with lower participation rates include those who are eligible for lower SNAP

Less than  
**80%**  
of eligible citizen  
**children**  
who live with  
non-citizen adults  
received benefits.

Close to  
**100%** of  
**children**  
who receive SNAP  
benefits receive free  
school meals.

An illustration of a man and a woman standing together, holding a long yellow tray with various food items like vegetables and bread. The man is on the left, wearing a grey t-shirt and brown shorts. The woman is on the right, wearing a pink tank top and blue shorts. They are both looking at the tray.

benefit amounts, Temporary Assistance for Needy Families (TANF) recipients, and adults aged 60 and older.

### SNAP's Relationship With Other Child Nutrition Programs

Children in households that receive SNAP are automatically eligible for other social services, including free and reduced-cost National School Lunch Programs, Summer EBT, and the Special Supplemental Program for Women, Infants, and Children (WIC). Over 90% of children who receive SNAP participate in

another social safety net program, most commonly Medicaid or the Children's Health Insurance Program, followed by WIC.<sup>72</sup> Children who receive SNAP are automatically eligible for the National

School Lunch and School Breakfast Programs. They do not have to complete paperwork or an application, which decreases stigma and burden for families, and saves millions of state and federal dollars in administrative costs. Close to 100% of children who receive SNAP receive free school meals.<sup>73</sup>

Districts and schools in high-poverty areas where at least 25% of students qualify for free school meals can opt into the Community Eligibility Provision (CEP) program, which automatically provides free meals to all students. This streamlines access and increases school meal participation, ensuring every child is fed. Additionally, CEP removes the social stigma of applying for free meal programs.<sup>74</sup>

SNAP plays an important role in preventing food insecurity among children and families across the United States. As an entitlement program, it ensures that all households can benefit during times of family economic hardship, such as a job loss, and creates a societal safety net during broader economic downturns and recessions. Efforts to align eligibility between safety net programs have strengthened SNAP's beneficial impacts, especially for children, by supporting them through multiple nutrition programs.

A close-up photograph of a young girl with dark skin, wearing a maroon school uniform, smiling and holding a golden-brown muffin in her hands. The background is blurred, showing other people in similar uniforms, suggesting a school cafeteria setting.

**"IT (SNAP) WAS VERY HELPFUL WHEN WE ONLY HAD ENOUGH MONEY FOR FOOD OR UTILITIES/HOUSING, NOT BOTH."**

**22 YEARS OLD, PREVIOUS SNAP PARTICIPANT**

# EFFECT OF SNAP ON IMPROVING CHILDREN'S HEALTH OUTCOMES

**S**NAP supports health and well-being outcomes for millions of children across several developmental domains.

## **Food Security And Diet**

**S**NAP reduces the odds of household and child food insecurity by about one-third.<sup>58,75</sup> Reducing food insecurity through SNAP has important spillover effects as it can benefit both children and their families' physical and mental health.

Despite SNAP's impact on food security, studies have found minimal differences between the diet quality or foods eaten by children who use SNAP and those who are income-eligible but do not participate.<sup>76</sup> Both groups face financial constraints that impact their ability to consistently purchase healthy foods.<sup>77,78</sup> However, children in higher-income households, whose families make too much to qualify for SNAP, have more nutritious diets than children on SNAP. Youth in SNAP households may face higher exposure to ultra-processed foods, reflecting broader economic and food access challenges rather than individual choice. Limited food budgets often require families to prioritize affordability and shelf stability when purchasing groceries.<sup>79</sup> More than 60% of SNAP participants say cost is their biggest barrier to healthy eating.<sup>77</sup> Analysis has found that while SNAP provides financial support, current benefits are often not enough to ensure access to a healthy diet.<sup>9</sup>

## **Child Health**

SNAP's positive impacts on health begin before birth and continue from childhood into adulthood. Babies born to mothers receiving SNAP are less likely to be underweight or born early.<sup>80,81</sup> In early childhood, SNAP participation is associated with improved cognitive development, language skills, and more regular pediatric well-visits.<sup>82-84</sup> Across childhood, it is consistently found that SNAP increases the likelihood of children being in good or excellent health.<sup>83,85-87</sup> In childhood and adolescence, SNAP may increase the likelihood that children can maintain a healthy weight and afford medical care, including dental and vision care.<sup>86-89</sup> For teens, SNAP may reduce depressive symptoms.<sup>90</sup>

## **Child Academic Achievement**

In addition to supporting health, SNAP participation supports academic achievement. Children who receive SNAP have greater educational attainment than children who were eligible but did not receive SNAP: SNAP improves high school graduation by 18 percent.<sup>91</sup> However, evidence also shows that when SNAP benefits run out within the month, student test scores and classroom behavior can worsen.<sup>92-94</sup> This underscores the importance of both access and adequacy to maximize SNAP's benefits for learning and success.

## **Long-Term Benefits**

SNAP not only improves health and educational attainment when children receive benefits

during childhood, but it also provides health and economic benefits that last into adulthood. Children who participate in SNAP are less likely to be food insecure later in life.<sup>95</sup> Childhood SNAP participation is associated with a lower likelihood of obesity and diet-related diseases like type 2 diabetes, high blood pressure, and heart disease in adulthood.<sup>96</sup> Additionally, SNAP participation in childhood improves adult employment and economic outcomes.<sup>96,97</sup>

Economically, investing in children's nutrition and decreasing food insecurity has a high return on investment. Research has shown that for \$1 of SNAP benefits a child receives, there is a \$62 return on investment over the lifetime of the child through reduced health care costs, improved educational attainment, and higher future earnings.<sup>97</sup>

### **Benefits For Caregivers And Families**

SNAP enrollment benefits the entire household, supporting caregivers and their children. By reducing food insecurity and financial strain, SNAP is associated with improved physical and mental health of parents and other caregivers, which can support their ability to care for their children.<sup>98,99</sup> SNAP participation is associated with \$1,400 lower annual healthcare spending for adults.<sup>100</sup> Because SNAP helps pay for grocery costs, it frees up limited family income for other needs like rent, utilities, transportation, and medical care.<sup>101,102</sup> By providing reliable access to food, SNAP supports parents and caregivers in meeting their families' basic needs.

### **Benefits For The Community**

The benefits of SNAP extend beyond individual families. Each dollar in SNAP benefits creates about \$1.50 in economic activity, supporting local grocery stores, farmers, and jobs across the food supply chain.<sup>103</sup> During economic downturns, SNAP acts as an automatic stabilizer for struggling communities, helping to sustain broader economic health while ensuring households continue to have access to food.



# H.R. 1 CHANGES TO SNAP

## OVERVIEW OF H.R. 1 SNAP POLICY CHANGES

In July 2025, House Resolution 1 (H.R. 1), the One Big Beautiful Bill Act, was passed, which marked a historic shift in the structure of SNAP. H.R. 1 included \$186 billion in cuts to SNAP, a 20% cut, while simultaneously increasing the deficit by \$3.4 trillion by providing tax cuts to corporations and higher-income Americans.<sup>104</sup> Overall, the law increases the costs states must pay to administer SNAP and will cause millions of low income people to lose SNAP benefits.

### Administrative Cost-Sharing

SNAP administrative expenses, or costs associated with program operations (e.g., personnel salaries, IT systems, overhead expenses) have always been funded in partnership between the federal government and states, with each paying 50% of the costs. However, under H.R. 1, starting in October 2026 states will need to pay 75% of administrative costs, while the federal government reduces its share to 25%. This will require states to find an estimated \$27 billion in their budgets to keep SNAP running through 2034, money that may otherwise go to education, health care, or public safety.<sup>105</sup> This will stretch already tight state budgets, which are required to be balanced each year.

### State Matching Funds

Since its establishment in 1964, SNAP benefits have been fully federally funded – until now. Starting in October 2027, some states will have to pay for a portion of SNAP benefits for the first time. Each state’s share will be based on its payment error rate – a measure of how accurately benefits are calculated – from 2025 or 2026, whichever is lower (see Figure 1 for error rate and percent match requirements). This will reduce federal spending by \$41 billion through 2034, and will require states to spend an estimated \$35 billion.<sup>106</sup>

Figure 4: Payment Error Rates and Corresponding Percent SNAP Match

Payment error rate	Percent SNAP match
Below 6%	0% benefit match
6-8%	5% benefit match
8-10%	10% benefit match
Over 10%	15% benefit match

In 2024, the average state payment error rate was 10.93%. Only nine states or territories had error rates below 6% (Idaho, Nebraska, Nevada, South Dakota, Utah, Vermont, the U.S. Virgin Islands, Wisconsin, and Wyoming). Under the new law, Georgia, which had a payment error rate of 15.65% in 2024, would need to find \$487 million in its state budget to continue providing SNAP benefits at its current level. Florida has a 15% error rate, which would cost \$984 million.<sup>107</sup> Even states with lower error rates will be hard-pressed to find this money in their budgets. For example, Washington state has an error rate of 6.06%, which will cost \$95 million annually. This change will be implemented on a staggered schedule for states with the highest error rates.

## MYTH

**Payment error rates show there is a lot of fraud in SNAP.**

## FACT

Payment error rates measure how accurately state and county agencies determine household eligibility and benefit amounts. They include overpayments, where households receive more benefits than they are entitled to, and underpayments, where they receive fewer benefits than they are entitled to.<sup>108</sup> It can be the result of agency error (due to under-staffing, outdated IT systems, changing SNAP policies) or recipient error. Payment error rates are not fraud or abuse, but generally represent accidental errors on the state's behalf.

States may respond to these new costs by increasing taxes, limiting SNAP eligibility, or possibly ending SNAP entirely. A New Jersey SNAP deputy director said, "I think it even goes down to, if one of my counties can't come up with the funding, and the state can't step in, that means we could potentially have one county lose the program."<sup>109</sup> Forty-four states currently opt into BBCE, which helps more working families qualify for SNAP. States may opt out of BBCE, resulting in fewer households being eligible for SNAP. This leaves low-income families, who make between 130% and 200% of the FPL (about \$64,000 for a family of four), without the assistance they need to buy food. Indiana already passed a bill ending BBCE.<sup>110</sup> The Congressional Budget Office estimated that 300,000 low-income people could completely lose SNAP or receive reduced benefits because of this change.<sup>106</sup> As mentioned earlier, if families lose SNAP, their children will no longer automatically qualify for no-cost school meals, magnifying food insecurity and increasing the risk for health problems and academic performance challenges. An estimated 96,000 children will lose access to both SNAP and no-cost school meals because of cuts to SNAP.<sup>106</sup> There is concern that some states may completely terminate SNAP because they cannot pay for these changes, ending a lifeline of food assistance for low-income households.

To reduce administrative costs, SNAP agencies may hire fewer staff or put off technology updates.

However, this may create a reinforcing cycle where errors increase due to overwhelmed staff or outdated technology, which then further increases the state's SNAP benefit cost share.



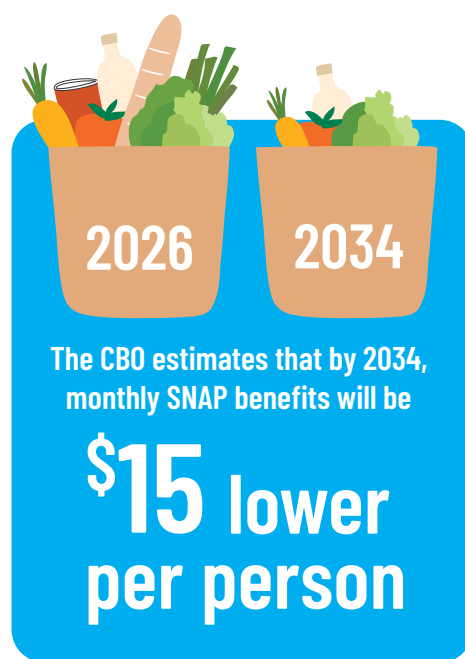
**96,000  
children**

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because of cuts to SNAP**

## Restricting Updates To The Thrifty Food Plan

In addition to modifying states' SNAP cost share, H.R. 1 also limits the future adequacy of SNAP benefits to purchase a nutritious diet by restricting updates to the Thrifty Food Plan (TFP).

The TFP is the food budget the USDA uses to determine monthly SNAP benefit amounts. The 2018 Farm Bill required regular TFP updates every five years to ensure it reflected current food prices and the latest nutrition science, helping to ensure SNAP can support a healthy diet for families and children. Under H.R. 1, the value of TFP is essentially "locked in," regardless of changes in food cost or nutritional guidance; any updates made are required to be cost-neutral. Over time, this will erode the value of the SNAP benefits. The CBO estimates that by 2034, monthly SNAP benefits will be \$15 lower per person as a result of this policy.<sup>106</sup> This will increase food insecurity and poverty among SNAP participants and make it more difficult for households to eat a nutritious diet and stay healthy. SNAP is already insufficient to meet the nutrition needs of growing children. By preventing future TFP updates, H.R. 1 is expanding the gap between what SNAP provides and what families need.



## Expanded Work Requirements

H.R. 1 expands SNAP's work requirements, which determines who can access food assistance during periods of unemployment and family changes, while notably leaving the SNAP Employment and Training (E&T) program – an already-burdened program – as-is. Starting in November 2025, able-bodied adults without dependents (ABAWDs) through age 64 (an increase from the previous age threshold, 55) must work, participate in certain employment training programs, or volunteer a minimum of 80 hours a month. This also applies to caregivers in families with a child aged 14 and older. Former foster youth, veterans, and homeless individuals lost their previous exemption from SNAP benefit time-limits. Individuals in these groups can only receive SNAP for three months every three years if they are not able to meet work requirements. The Congressional Budget Office estimates that 2.4 million people per month are expected to lose access to SNAP from the work requirement changes.<sup>106</sup>

The vast majority of SNAP participants who can work do work. Over half of working-age adults without disabilities work while receiving SNAP, including 55% of households with children.<sup>51,111</sup> Almost 90% of adults in households with children worked within one year of receiving SNAP.<sup>71</sup> Individuals are more likely to use SNAP when unemployed, but discontinue SNAP when their income rises. This shows SNAP is achieving its intended purpose of providing a temporary buffer of support. SNAP participants may face challenges, including unstable hours, gig jobs, and caregiving demands that can make maintaining the 20-hour per week work difficult, even when they want to work more. Furthermore, SNAP recipients may face difficulties meeting burdensome paperwork and reporting requirements even when they do work 20 or more hours a week.

## MYTH

**People who use SNAP don't work**

## FACT

**Over half of working-age people work while receiving SNAP, and 90% of working-age people work within a year of receiving SNAP.**

H.R. 1 limits states' ability to waive work requirements in response to high local unemployment. Previously, if an area had insufficient jobs, counties could apply for waivers to temporarily lift work requirements. This allowed families to maintain their SNAP benefits during economic downturns and acted as an economic stabilizer as benefits were spent at local retailers. In September 2025, 20 states used waivers due to high unemployment.<sup>112</sup> Now, states can only seek waivers when local unemployment is 10% or higher. This is a high threshold that will mean few families will be protected when there are insufficient local job opportunities.

By broadening and tightening work requirements, H.R. 1 removes support for families during periods of hardship. This increases the risk of food insecurity and poor health in areas with fragile labor markets and undermines SNAP's ability to prevent childhood food insecurity, promote child health, and support community economic stability.

### **Ending SNAP Eligibility For Asylum Seekers And Refugees**

H.R. 1 immediately ended SNAP eligibility for many asylum seekers and refugees, many of them children and families, who are lawfully present in the United States. Before this law, refugees, asylum seekers, parolees, and trafficking victims were eligible for SNAP immediately after entry through a humanitarian exception. Now, these groups must wait five years after entry or status grant before becoming eligible for SNAP. This significant policy change is expected to make 90,000 fewer people eligible for SNAP, many of whom have limited resources upon moving to a new country.<sup>106</sup>

## MYTH

**There are many undocumented immigrants who receive SNAP**

## FACT

**Undocumented immigrants are not, and have never been, eligible to receive SNAP benefits.**

## Revisions To Utility Allowances Reduce Benefits

H.R. 1 changes how utility and internet expenses are counted when determining a family's SNAP benefit, resulting in significant benefit cuts for hundreds of thousands of low-income households. The Standard Utility Allowance (SUA) is a deduction that allows low-income families who pay their own heating and utility bills to qualify for higher benefits. Until H.R. 1 passed, families who received any amount of assistance from the Low-Income Home Energy Assistance Program automatically qualified for the SUA. This supported many families who lived in rental housing. Under the new law, only households with an elderly or disabled member can claim the SUA. As a result, about 600,000 households will lose \$100 per month in SNAP benefits. In addition, H.R. 1 now excludes costs for internet access, which is essential for education and job searching, from utility deductions. This reduces SNAP benefits by about \$10 annually for two-thirds of households that receive SNAP.<sup>106</sup>

## Elimination Of SNAP-Ed

The Supplemental Nutrition Assistance Program Education (SNAP-Ed) was the nation's largest nutrition education program. It delivered evidence-based nutrition, cooking, and budgeting classes to children and families and supported policy, systems, and environmental interventions to improve the nutrition environment families live in.<sup>113</sup> For example, SNAP-Ed worked to increase nutritious foods in food pantries and add fresh fruits and vegetables in convenience stores. SNAP-Ed activities reached over 1.2 million people in 2024.<sup>114</sup> Research has shown that SNAP-Ed improved food security among participants.<sup>115</sup> Eliminating this program removes education to help families stretch the SNAP benefits and community efforts to build healthier food environments.

## IMPLICATIONS OF SNAP POLICY CHANGES

SNAP policy changes under H.R. 1 will disproportionately affect states, communities, and the children and families who rely on the program.

### Strained State Budgets

State budgets will be strained under the increased cost of operating SNAP. Under HR 1, states are expected to pay between 50–768% more to continue running SNAP as normal.<sup>116</sup> This cost shift to states will likely exacerbate inequalities in SNAP access as states make difficult budget choices and may narrow SNAP eligibility. States with high poverty rates and high error rates, who will have to pay more for SNAP, will be hit hardest. Oklahoma, Mississippi, New Mexico, and West Virginia have poverty rates higher than the national average and are expected to need to increase their state SNAP budget by more than 300%. These states may have to make difficult choices between reducing SNAP eligibility—and effectively violating the entitlement aspect of SNAP services—and reducing other critical services.

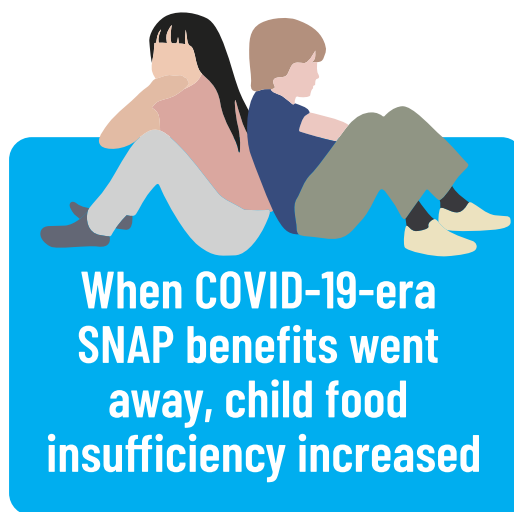
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## Reduced Responsiveness During Economic Downturns

One of the strengths of SNAP is its structure as an entitlement program, which allows it to expand and be responsive to economic shocks. Because states must have balanced budgets each year, SNAP may no longer be able to expand to meet increased needs during recessions, as states often receive less in taxes at these same times.<sup>117</sup> Fewer SNAP dollars circulating in the local economy will hurt food retailers and low-income households who need food.

## Increased Risk Of Food Insecurity And Poor Health

Loss of SNAP is associated with increased food insecurity. Food insecurity increases when families lose SNAP due to increased incomes.<sup>118</sup> During the COVID-19 pandemic, SNAP benefits increased, and all households received the maximum benefit for their household size. When the extra SNAP benefits went away, food insufficiency increased, and more children went hungry.<sup>119,120</sup> Households with children also had a more difficult time affording other expenses like rent, car payments, and medical expenses without extra SNAP dollars.<sup>121</sup> Moreover, increases in food insecurity are associated with increased health care costs, which could undermine intended federal budget savings.<sup>122</sup>



## Work Requirements And Administrative Burdens

Expanded work requirements mean increased documentation and reporting by SNAP participants. Work requirements have been found to cause eligible households to lose SNAP only because they cannot keep up with the paperwork requirements.<sup>123</sup> However, work requirements are not associated with improving employment or income.<sup>124,125</sup> States will face additional costs in tracking and verifying the employment status for more participants.

## Food System Spillover

Food retailers will be at risk of lost income due to SNAP cuts. One analysis estimates that 27,000 food retailers are at high risk of losing significant income due to SNAP cuts.<sup>126</sup> These stores are often the only food retailer in the area, and if they close, both SNAP participants and other neighbors will lose food access. Rural areas are especially at risk of losing food retailers.

## Inability To Measure The Impact Of SNAP Cuts Nationally

The USDA ended its Food Security Supplement survey, which was conducted annually to measure the prevalence of food insecurity nationally. This survey has been the gold standard for measuring food insecurity and provided policymakers, researchers, and advocates data on trends in food hardship that informed interventions. Discontinuing the Food Security Supplement will make it more difficult to fully know the real-time effects of cuts to SNAP. A lack of data limits the ability of community organizations to allocate resources effectively, advocate for needed changes, and hold agencies accountable for outcomes.

# YOUTH PERCEPTIONS OF SNAP POLICY CHANGES FROM H.R. 1 THAT WILL AFFECT FAMILIES WITH CHILDREN

In 2025, a national text message poll engaged more than 600 U.S. youth and young adults aged 14–24 to understand their perceptions of recent changes to SNAP, including new work requirements and limits to future benefit increases. One in three respondents reported current or previous use of SNAP.

Most youth (more than 80%) viewed SNAP positively, describing it as “crucial for reducing child hunger” and noting how it “helps low-income people pay for food.” Many referenced direct family benefit, especially during times of hardship or crisis, saying, “SNAP was an extremely valuable resource for us, and made it such that we could have reliable meals and food on the table.”

More than **80%** of youth viewed SNAP positively

Nearly half of youth (46%) opposed the new work requirements. They expressed concern because **“the job market is really finicky right now, and people still deserve to eat no matter what”** (20 years old, never SNAP participant). There was particular concern about the extension of the rules **“Especially for parents of teens, they’re still parents”** (17 years old, never SNAP participant) and feeling that **“it is assuming and enforcing a rigid sense of family life. That law presumes that a teen can care for themselves and that people who DON’T work are just uninterested in working, but there are a number of reasons for these types of situations to occur.”** (24 years old, previous SNAP participant) Youth expressed concern that this rule will limit access to the safety net, **“I think it’s wrong that these people will lose what they need to survive just because they don’t have young children.”** (23 years old, never SNAP participant)

**73%** opposed new policies limiting future SNAP benefit increases

Most youth (73%) opposed new policies limiting future SNAP benefit increases, emphasizing that **“the buying power needs to match the price”** (23 years old, previous SNAP participant) and warning that, without adjustment for food cost inflation, **“It will make it so that you won’t be actually getting anything out of the dollars you’re literally only be getting scraps for what you’re being given in SNAP”** (20 years old, previous SNAP participant) Youth recognized food affordability as a basic right, with only 12% in favor of the benefit limits.

Youth will be impacted by the changes to SNAP and their lived experiences and perspectives as future voters should be considered in SNAP policy design and implementation.

# INNOVATIVE SOLUTIONS TO REDUCE FOOD INSECURITY AND IMPROVE CHILDREN'S HEALTH

## FEDERAL ACTIONS

**R**ather than focusing narrowly on individual program eligibility changes, Congress should adopt child-centered legislative safeguards that recognize food insecurity as a household-level issue with long-term consequences for child health and economic productivity. Two complementary actions would better protect children while preserving legislative flexibility.

### **The Federal Government Should Employ Child Impact Statement On Proposed Legislation That Impacts Children**

First, Congress should establish a voluntary Child Impact Statement process – globally referred to as Child Rights Impact Assessments – to assess the likely effects of proposed legislation on children. Similar processes are in place in many countries throughout the world and align with the United Nations Convention on the Rights of The Child, Article 12, which provides every child with the right to be heard in judicial or administrative proceedings which may affect children. This process could be housed at either the Office of Management and Budget or the Government Accountability Office and made available upon request by any member of Congress. The assessment would systematically examine how proposed legislation affects children's health, nutrition, development, and family stability, with particular attention to low-income households. Making the process voluntary preserves congressional prerogative while providing lawmakers with timely, credible evidence to inform debate and avoid unintended harm to children. Over time, this would normalize consideration of child impacts in federal policymaking – beyond SNAP – without imposing new procedural mandates.

### **The Federal Government Should Create Waivers To Work And School Eligibility Requirements For SNAP Enrollment For Households With Pregnant People Or Children**

Second, Congress should create a categorical waiver from work and school-related eligibility requirements for any household in which a pregnant person or a person under age 18 resides. Currently, under H.R. 1, pregnant people are themselves exempt for work and schooling requirements – however, only the pregnant person is exempt. As previously noted, food insecurity is a household level condition. This approach explicitly recognizes that food insecurity is not an individual problem but a household condition that directly affects children's well-being. Waiving such requirements in households with children would reduce administrative churn, prevent sudden loss of food assistance during critical developmental periods, and protect pregnant people and caregivers whose labor—paid and unpaid—is essential to child health. By prioritizing household stability during pregnancy and childhood, this policy would promote better health, educational attainment, and long-term economic outcomes, yielding returns that extend well beyond the immediate safety net.

Together, these measures would shift the policy frame from short-term individual compliance to long-term national investment in children. By institutionalizing Child Impact Statement and aligning eligibility rules with household realities, Congress can protect the most vulnerable members of society while supporting a healthier, more productive future workforce.

### **The Federal Government Should Restore Food Insecurity Data Collection**

Congress should restore federal food insecurity data collection by reinstating the Current Population Survey Food Security Supplement (CPS-FSS), which the USDA terminated in 2025 after 30 years of continuous measurement. The CPS-FSS has been the gold standard for tracking food insecurity trends and disparities across demographic groups, geographies, and income levels, and its elimination leaves federal, state, and local governments, as well as community organizations and researchers, without the data needed to assess the real-time impacts of cuts to nutrition programs and allocate resources effectively. Without reliable, nationally representative food insecurity data, policymakers cannot know whether nutrition programs are working or whether vulnerable children and families are being left behind. Congress should direct the USDA to resume administration of the CPS-FSS immediately and establish statutory protections to prevent future termination of this critical data infrastructure.

## **STATE ACTIONS**

### **State Should Establish Hunger Taskforces**

States should establish standing, cross-agency Hunger Taskforces with formal legislative authority to assess food insecurity, model the impacts of SNAP reductions, and design state-specific mitigation strategies. These taskforces should integrate departments of human services, health, education, child welfare, and labor, alongside legislative leadership, to ensure coordinated action. Authorizing legislation should empower taskforces to recommend benefit supplements, administrative simplification, emergency food investments, and alignment with other state programs such as school meals, WIC, and child tax credits. Embedding these bodies in statute with public accountability mechanisms, rather than as ad hoc advisory groups, would improve responses to food insecurity during periods of federal retrenchment.

### **States Should Require Large Medical Providers To Screen Children For Food Insecurity And Connect Families To Support**

States should require large medical providers, defined as health systems and practices above a threshold size established by state law, to implement routine food insecurity screening for all pediatric patients using the validated Hunger Vital Sign™.<sup>127</sup> The American Academy of Pediatrics and the Food Research & Action Center created a toolkit to support the implementation of food insecurity screening into pediatric clinics.<sup>128</sup> The tool can be included in any patient intake form and should be included at every visit. The questions ask:

1. "Within the past 12 months, we worried whether our food would run out before we got money to buy more."
2. "Within the past 12 months, the food we bought just didn't last, and we didn't have money to get more."<sup>129</sup>

Research shows that children who live in households that lack access to food are more likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently. Yet food insecurity is frequently invisible at pediatric visits unless providers actively ask. Screening requirements should be paired with a mandatory warm referral pathway: when a child screens positive, providers must connect the family to a licensed social worker who can assist with benefit enrollment and access to community food resources.

Where feasible, states should further incentivize large providers to embed food support directly within their clinical settings, consistent with Food is Medicine principles and the growing body of evidence on integrated care models. Patients reported numerous barriers to obtaining healthy food, including cost, transportation, and time. States should establish grant programs to help large providers hire on-site social workers and/or co-locate food pantries. Embedding food support within the pediatric medical home reduces barriers, builds family trust, and ensures that the identification of food insecurity leads to meaningful relief.<sup>130,131</sup>

## PRIVATE SECTOR AND PUBLIC-PRIVATE ACTIONS

### **Employers Should Ensure Wages Reflect The Cost of Living In Their Community**

The private sector can play an instrumental role in supporting families and children who experience food insecurity by ensuring wages are adequate to meet the cost of living, including basic food expenses. In many parts of the United States, a full-time worker earning minimum wage does not make enough to support a family of four, even when working year-round. When wages fail to keep pace with rising costs for housing, food, childcare, transportation, and healthcare, families are often forced to make difficult trade-offs that can undermine their health and well-being. Ensuring that wages reflect the true cost of living, through living wage policies, fair compensation practices, and regular wage adjustments, can help stabilize household budgets and reduce the risk of food insecurity. By aligning pay with the realities families face, employers can strengthen economic security, improve workforce stability, and contribute to healthier communities.

### **Local Governments Should Partner With Private Industry To Subsidize Grocery Stores And Modernize SNAP Administrative Systems**

Public-private partnerships can play a complementary role in preserving food access and system functionality when federal benefits are reduced. First, municipal governments should explore subsidized grocery store models that leverage public investment, private retail operations, and philanthropic capital to stabilize food access in high-need communities and areas with few or no grocery stores. Second, governments should expand technology partnerships and structured pro bono engagements with the private sector to modernize SNAP administrative systems, reduce transaction costs, and minimize churn and wrongful denials. Investments in user-centered design, eligibility automation, and interoperability across programs can help preserve program effectiveness and stretch limited public dollars, even in a constrained funding environment.

Together, these federal, state, and private-sector actions recognize that SNAP cuts under HR1 will not eliminate the need for food assistance but instead shift costs and risks. Coordinated policy responses are essential to prevent avoidable increases in food insecurity and the longer-term social and fiscal consequences that follow.

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