October 15, 2026

On behalf of the undersigned organizations representing anti-hunger, food and beverage manufacturing, packaging manufacturers, and retail below, we appreciate the opportunity to share our perspective on the implementation and operation of the Supplemental Nutrition Assistance Program ("SNAP") demonstration projects previously approved by the U.S. Department of Agriculture ("USDA") under Section 17(b) of the Food and Nutrition Act. While we support the stated goal of improving public health, we offer concerns with the pilot framework below.

Legal Authority

USDA lacks the legal authority to grant waiver requests to waive the statutory definition of "food" eligible for purchase with SNAP benefits. The definition of food is in statute, and while USDA has the regulatory authority to waive specific regulatory provisions, the requested pilot project does not fall within the statutory scope of permissible projects. In addition, the process of public comments for the waivers - both in effect and those vacated through *Aragon v. Rollins* - does not cure the findings of the court that vacated the five state waivers.

Robust Evaluations

As these demonstration projects are implemented and enforced, we strongly encourage the Food and Nutrition Administration ("FNA") to work with state administrators on a robust evaluation plan. Given the public's interest in this topic, all evaluation data should be made publicly available, while protecting individual health information as well as proprietary or confidential business information. Robust evaluation plans should be required before any waiver is granted.

In the justification for these waiver approvals, USDA stated that these were approved to reduce chronic disease rates and improve diet quality among SNAP participants. Therefore, USDA should set a floor for evaluations that provides evidence associated with those theories. Purchase data is not an adequate proxy for measuring public health outcomes.

At a minimum, USDA should require that state evaluations include the following standardized components, baseline measures and appropriate comparison group, statistically significant samples and adjusting for confounding factors:

- Participant health outcome data (including indicators related to diabetes, hypertension, and obesity such as glycated hemoglobin, body weight, fasting blood insulin, fasting blood glucose and body composition scans (DXA));
- Consideration of Program participants' use of GLP-1 medication;
- Measures of physical activity and biochemical markers;
- Quantitative data on meals eaten outside of the home with foods not purchased at SNAP-authorized retailers;
- Purchase and consumption of food items not restricted by the Project with SNAP dollars;

- Non-SNAP dollars spent to purchase the food items that were restricted;
- Cost data on SNAP participants who are also enrolled in Medicaid or Medicare and whether these restrictions affected health expenditures; and
- Changes in SNAP beneficiaries' diet patterns, sustainability of these diet pattern changes, and noticeable impacts of these projects.

In addition to public health data, USDA should require that states evaluate whether there is an impact on programmatic efficiency and SNAP participant experience. Those evaluations should include:

- Any impacts the restrictions had on participants' shopping routines, both positive and negative;
- Changes to participation in SNAP;
- State costs for data infrastructure, program administration, education and outreach to households and retailers;
- Private sector costs and impacts for upgrades to point-of-sale systems, training staff and managing customer interactions, and managing inventory, as well as store closures or withdrawal from participation as an eligible SNAP retailer.

Restrictions Inefficiencies

Significant burden has been placed on the retailers to comprehend and comply with this new regulatory burden without a clear and measurable benefit to the efficiency of the Program. Retailers are tasked with creating a list of eligible and ineligible food items, adding complexity to the retail environment which houses 650,000 food and beverage products with 20,000 new items added annually. Each pilot has different variations, which requires different compliance schemes. Any regulatory burden of this nature should be associated with a clear and measurable benefit, which is not evident in this instance given the lack of evaluations and justifications for foods restricted. Further, given USDA's lack of statutory authority, some of the pilot programs have been vacated causing additional confusion for customers and retailers about the parameters of the restrictions.

The undersigned organizations would strongly urge a more comprehensive review of measurable public health outcomes through partnerships with federal, state, nonprofit, and private sector stakeholders, and for these evaluations and their processes to be made publicly available.

Sincerely,

The Alliance to End Hunger
American Bakers Association
American Beverage Association
Can Manufacturers Institute
The Independent Bakers Association

National Association of Convenience Stores
National Confectioners Association
National Grocers Association
North American Millers' Association
SNAC International
Tea Association of the U.S.A, Inc.
United States Hispanic Business Council