



Bipartisan Policy Center

Improving Food and Nutrition Security During COVID-19, the Economic Recovery, and Beyond

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Executive Summary

The COVID-19 pandemic has had a significantly adverse impact on food and nutrition security, though this was mitigated by increased support for federal food and nutrition programs. Poverty increased as businesses closed and families experienced job losses. Access, availability, and affordability of nutritious foods has been challenging given consumer financial constraints and supply chain disruptions.

Food insecurity is defined as being uncertain of having, or unable to acquire, enough food because of insufficient money or resources.¹ Specific estimates of food insecurity during COVID-19 vary based on multiple factors, including timing, population surveyed, and methodology, and range from 8% to 38%.^{2,3,4} USDA reported that food insecurity affected 10.5% of U.S. households in 2020, noting the prevalence of food insecurity did not change from 2019.⁵ It is likely that the benefit increases and flexibilities provided by the COVID-19 recovery legislation helped to prevent the increase in overall food insecurity. Food insecurity is historically more common among certain population groups, including seniors, people who have low incomes, and Black, Latinx, and Native American communities.^{6,7,8,9} USDA's 2020 data showed that households with Black individuals and households with children did experience significant increases in food insecurity during the pandemic even as overall food insecurity stayed the same.¹⁰

While there is no official U.S. government definition of nutrition security, the term has been used to mean “consistent access, availability, and affordability of foods and beverages that promote well-being and prevent (and if needed, treat) disease.”¹¹ Nutrition security is concerned with diet quality in addition to food access. According to the Centers for Disease Control and Prevention (CDC), having obesity and other diet-related conditions, such as Type 2 diabetes, increases the risk of severe illness from COVID-19 and may triple the risk of hospitalization.^{12,13} A recent study concluded that 63.5% of the 906,849 COVID-19 hospitalizations as of November 18, 2020 could be attributed to diabetes, obesity, hypertension, or heart failure, meaning the hospitalizations could have been prevented if the individuals did not have these conditions.¹⁴ Understanding how health status can affect conditions like COVID-19 can drive public health strategies to improve nutrition, and ultimately, health.

Congressional and administrative actions have been pivotal in addressing food and nutrition insecurity caused by COVID-19. In 2020-2021, Congress passed five major pieces of legislation, appropriating about \$35 billion in specific funding, plus additional spending as might be necessary, for programs that are key to addressing food access challenges related to COVID-19.^a Congress also allowed for waivers and

^a The \$34.6 billion primarily consists of \$16.65 billion for increased participation and associated costs in the Supplemental Nutrition Assistance Program (SNAP), \$8.8 billion in additional funding for Child Nutrition Programs in response to the pandemic, \$1.4 billion for increased participation and associated costs in the

flexibilities in implementing the federal nutrition programs. While these federal actions were decisive in stemming what could have been much higher rates of food insecurity, further investment and policy changes are needed.

This brief is the first in a series of three by the Bipartisan Policy Center's Food and Nutrition Security Task Force and provides recommendations for bipartisan, consensus-based recommendations for improving food and nutrition security during COVID-19 and the economic recovery. Implementation of the policy recommendations in this brief can also support food and nutrition security during future public health emergencies, economic downturns, and recessions.

Federal nutrition programs, such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the school meals programs are vital to preventing and reducing food and nutrition insecurity. The programs are among our nation's most important, proven, and cost-effective public interventions, and they should be bolstered if our nation is to build on the lessons learned from the COVID-19 economic and public health crisis. Improvements to the programs, such as flexibilities and waivers, can help to ensure the programs better meet the needs of individuals and families during such emergencies. Strengthening the charitable food sector and emergency food assistance and forming key partnerships between the public and private sectors are also key. These factors should be taken into consideration when designing policies to promote food access, nutrition and health equity.

The Bipartisan Policy Center's Food and Nutrition Security Task Force makes the following nine high-level policy recommendations to improve food and nutrition security in response to COVID-19 and the economic recovery:

- Develop a standardized federal definition for "nutrition security" in consultation and collaboration with stakeholder groups.
- Elevate policy issues related to food and nutrition security by hosting a White House Conference on Food, Nutrition, Hunger, and Health in early 2022.
- Extend through the public health emergency or beyond the COVID-19-related nutrition program flexibilities and waivers that provide access to key federal food and nutrition assistance programs. Ensure federal agencies have the authority to grant needed waivers and flexibilities during times of future economic downturns, recessions, and public health emergencies.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), including \$500 million to increase the Cash Value Voucher and \$400 million to modernize the program, \$1.25 billion for The Emergency Food Assistance Program (TEFAP), and almost \$2 billion for U.S. territories, as well as \$900 million for the Senior Nutrition Program under the Administration for Community Living (ACL), \$1 billion to establish the Pandemic Emergency Assistance Fund for Temporary Assistance for Needy Families (TANF) recipients, \$400 million in additional funding for the Emergency Food and Shelter Program under the Federal Emergency Management Agency (FEMA), and \$150 million in additional funding for the Maternal, Infant, and Early Childhood Home Visiting Program under the Health Resources and Services Administration (HRSA).

- Support an increase in accessibility, availability, and intake of fruits and vegetables in all forms in federal feeding programs, such as SNAP, WIC, P-EBT, Summer EBT, and USDA Emergency Food Distribution programs, to improve nutrition security.
- Ensure the necessary technology infrastructure to modernize service delivery and provide equitable access to federal nutrition programs and program components.
- Ensure all individuals, especially those who are at disproportionate risk of food and nutrition insecurity, have equal access to affordable nutritious foods to promote health. Examine and address the social determinants of health and their impact on food and nutrition security during COVID-19.
- Provide funding for federal research and programs that address food and nutrition security impacted by COVID-19 and to prevent adverse outcomes during future public health emergencies.
- Given the disproportionate impact of COVID-19 on communities of color, older Americans, and people with obesity and diet-related chronic conditions, enact and implement programs targeting these populations that address the linkages between health care and the community and social determinants of health.
- Maintain program flexibilities, increase investments in emergency food assistance, and support and incentivize the distribution of foods to families with a focus on increased access to nutritious foods and improved dietary quality.

The task force acknowledges that recommendations included in this report could add to federal spending beyond current law and provides several considerations for offsets. However, the task force does not endorse any potential pay-fors specifically.

Introduction

The public health and economic challenges caused by COVID-19 exacerbated inequities in food and nutrition security. Lack of access to affordable, nutritious foods and poor diet quality can have profound impacts on health outcomes, health care costs, our children’s ability to learn and grow, and economic growth and prosperity. While policies, such as temporary flexibilities and benefit increases for programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the school meal programs, have been enacted to address these food and nutrition security challenges caused by the pandemic, many of them are temporary and do little to strengthen our country’s ability to address future public health crises and economic downturns. Congress and the Biden administration have a unique opportunity to build on policy changes and lessons learned from the pandemic and enact additional policy changes that further improve access to affordable healthy foods and diet quality.

To address these issues, the Bipartisan Policy Center launched in May 2021 a bipartisan Food and Nutrition Security Task Force comprising 18 distinguished public and private sector leaders. This brief is the first in a series of three, and provides bipartisan, consensus-based recommendations for improving food and nutrition security during COVID-19 and the economic recovery.

The U.S. Department of Agriculture (USDA) defines household food security as “access by all members at all times to enough food for an active, healthy life,” while food insecurity is defined as “the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”¹⁵ USDA estimates that in 2019, prior to COVID-19, 10.5% (13.7 million) of U.S. households were food insecure, meaning they were “uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food.”¹⁶ In 2019, 4.1% (5.3 million) of U.S. households had very low food security, meaning that normal eating patterns of some household members were disrupted at times during the year.^{17,18} In 2020, USDA estimated that 10.5% of U.S. households were food insecure, the same level as the year before, and 3.9% of U.S. households had very low food security, a slight drop from the year before.¹⁹ Benefit increases and flexibilities provided by the COVID-19 recovery legislation likely helped to prevent the increase in overall food insecurity. However, the prevalence of food insecurity did significantly increase for households with children from 13.6% in 2019 to 14.8% in 2020, and for households with Black, non-Hispanic individuals from 19.1% to 21.7%.²⁰

While there is no official U.S. government definition of nutrition security, the term has been used to mean “consistent access, availability, and affordability of

foods and beverages that promote well-being and prevent (and if needed, treat) disease.”^{21, 22} In addition to food access, nutrition security addresses diet quality and health, key given that 42% of American adults²³ and 19% of children have obesity.²⁴ Six in 10 Americans have at least one chronic condition, such as heart disease, Type 2 diabetes, or cancer—many of which are related to poor diet and obesity.²⁵ COVID-19 and its associated economic downturn has significantly impacted access to nutritious foods and Americans’ eating habits. The U.S. Centers for Disease Control and Prevention (CDC) notes that several chronic conditions are associated with increased risk of severe illness from COVID-19.²⁶

BPC has a history of engaging on issues related to food and nutrition security. BPC’s [Lots to Lose](#) report, launched in 2012, provided recommendations for addressing obesity across issue areas, including food and farm policy, healthy communities, healthy families, healthy schools, healthy workplaces, public awareness and marketing, and contained a case study focused on the U.S. Department of Defense. BPC’s 2018 SNAP Task Force report, [Leading with Nutrition: Leveraging Federal Programs for Better Health](#), provides recommendations for strengthening nutrition in SNAP, our nation’s largest federal feeding program.

IMPACT OF COVID-19 ON FOOD AND NUTRITION SECURITY

The dual economic and health crises driven by COVID-19 deepened the disparities experienced by certain subpopulations. The reality of food insecurity in certain communities was confirmed by research and data, and made more visible through media reports of long lines at food banks and pantries across the country.

Multiple data sources provide estimates of food and nutrition security during COVID-19, and they differ in their methodology, time period, and limitations. As a result, estimates may not be comparable. Estimates vary in whether they use data reported at the household or individual level, the population addressed, the specific measure captured, the time period, and their methodology. For example, the U.S. Census Household Pulse Survey (HPS) is designed to capture near real-time information and relies on self-reported data through online survey questions that ask about food insufficiency in the last seven days. In comparison, the National Food Security Surveys that provide the data for USDA’s statistics is an annual supplement to the monthly Current Population Survey that asks about respondents’ experiences over the previous 12 months. The method of collecting data regarding food and nutrition security should be considered when examining rates of food and nutrition insecurity related to COVID-19.

Given the differences in methodologies, time periods, and other variables, estimates of food insecurity vary widely, from as low as 8% to as high as 38%. Though USDA did not find a change in food insecurity levels between FY 2019 and FY 2020, most other research has found increases due to the pandemic.

Early estimates of food insecurity showed that it may have reached as high as 38% nationwide in March and April 2020, with lower-income households experiencing even higher rates.²⁷ Results from a March 2020 survey of more than 1,400 households with incomes less than 250% of the federal poverty level showed that 44% of all households were food insecure, including 48% of Black households, 52% of Hispanic households, and 54% of households with children.²⁸

The Brookings Institution found that although food insecurity decreased from April 2020 to June 2020, 27.5% of households with children were food insecure at the end of that period.²⁹ Since the COVID-19 outbreak, the HPS has been tracking rates of food insufficiency and other hardships among Americans. The survey found that the percentage of people who reported that their household did not have enough to eat sometime during the past seven days ranged from a high of 13.7% during December 9-21, 2020 to a low of 8.1% during April 14-26, 2021.³⁰

Research estimates that 13.5% of older adults (60+) face food insecurity, which is an increase of almost 60% compared to pre-COVID rates. These rates are particularly high among Hispanic and Black older adults.³¹ Meals on Wheels reports that before the pandemic, 83% of low-income seniors experiencing food insecurity were not receiving the meals they needed.³² Accessing meals has become even more difficult as senior centers and congregate feeding sites shut down due to the pandemic.

Feeding America projects that 42 million people in the U.S. (one in eight) will experience food insecurity in 2021, compared with 35 million people (one in nine) in 2019. The 2021 projection includes one in six children and 21% of Black individuals, compared with 11% of white individuals.³³

IMPLICATIONS OF DIET QUALITY AND NUTRITION SECURITY ON COVID-19 OUTCOMES

As COVID-19 diagnoses and hospitalizations increased, research examined the link between diet-related chronic conditions, including obesity status, and worse outcomes from COVID-19. Research published in June 2021 found that high diet quality was associated with lower risk of COVID-19 and severe COVID-19, and this relationship may be stronger for those living in “areas with higher socioeconomic deprivation.”³⁴ The CDC states that having obesity increases the risk of severe illness from COVID-19 and may triple the risk of hospitalization.³⁵ The CDC also reports that having Type 2 diabetes and some heart conditions, conditions that are impacted by diet quality, can increase the risk of severe illness from COVID-19.³⁶ Poor cardiometabolic health is not only a major risk factor for increased severity of COVID-19, but it also can lead to higher risk of hospitalization and in-hospital mortality. A recent study concluded that of the 906,849 COVID-19 hospitalizations as of November 18,

2020, an estimated 20.5 could be attributed to the person having diabetes, 30.2% to obesity (body mass index > 30 kg/m²), 26.2% to hypertension, and 11.7% to heart failure. Jointly, 63.5% of COVID-19 hospitalizations would have been preventable were it not for these four diet-related conditions.³⁷ Understanding how health status can affect conditions like COVID-19 can drive public health nutrition strategies to improve nutrition, and ultimately, health.

Disparities in access to healthy food, diet quality, and obesity that are rooted in longstanding, systemic inequities³⁸ have contributed to adverse COVID-19 outcomes among certain racial/ethnic populations. Access to nutritious food has been consistently identified as a key social determinant of health (SDOH), defined by the CDC as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.”³⁹ It is a multifaceted concept that includes factors like employment, access to health care, transportation, housing, and food security. Healthy People 2030 outlines five key areas of the SDOH: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.⁴⁰

Nutrition-related chronic conditions such as hypertension, diabetes, and obesity, which are associated with severe COVID-19, disproportionately affect communities of color, including Black, Latinx, Native American, and Native Hawaiian and Pacific Islander populations.^{41, 42} A study examining the rates of hospitalizations and deaths related to COVID-19 in five New York City boroughs found that the Bronx had the highest rates. This area also has higher rates of obesity and chronic conditions due to poverty and food insecurity, making the area's predominantly non-white residents more vulnerable to the impacts of COVID-19.⁴³

Although USDA's Annual Household Food Security Report does not clearly report data for Native American communities, other studies have examined the extent of food insecurity that exists in these communities. Native Americans make up less than 2% of the U.S. population, but they experience some of the highest rates of food insecurity and diet-related chronic illnesses.⁴⁴ One in nine Americans experiences food insecurity, while one in four Native Americans experiences food insecurity.⁴⁵ According to a 2017 study published in the *Journal of Hunger and Environmental Nutrition*, Tribal communities averaged a food insecurity rate of 25% over a 10-year period.⁴⁶

Due to the alarming rates of food insecurity within these communities, USDA operates the Food Distribution Program on Indian Reservations (FDPIR), and families can also access SNAP. However, authorized grocery stores may not be easily accessible. During COVID-19, many states approved Tribal governments as The Emergency Food Assistance Program (TEFAP) recipient agencies to address the increased rates of food insecurity among these communities.

IMPACT OF THE FEDERAL NUTRITION PROGRAMS ON FOOD AND NUTRITION SECURITY DURING COVID-19

Ensuring that all Americans have access to affordable, nutritious foods is foundational to our nation's health, education, national security, and economic priorities. The federal nutrition programs are among our nation's most important, proven, and cost-effective public interventions, and they must be supported if our nation is to eliminate food insecurity, promote nutrition security, and build on the lessons learned from the COVID-19 economic and health crises.

Federal nutrition programs, such as SNAP, can have a profound effect on families by reducing poverty and food insecurity. SNAP provides cash-like benefits through electronic benefit transfer (EBT) cards for low-income recipients to purchase food. In 2015, the program reduced the poverty rate by 17% and lifted more than 8 million people out of poverty. The reduction was even greater among children.⁴⁷ SNAP can reduce the overall prevalence of food insecurity by as much as 30%, and is even more effective among children and those with "very low food insecurity." Research has shown that after families with children received SNAP benefits for six months, food insecurity among children dropped by approximately one-third.⁴⁸

Not only are the federal nutrition programs effective ways to help struggling families access needed nutrition, a growing body of research demonstrates that SNAP, WIC, and the child nutrition programs positively impact health and development. For example, compared to low-income nonparticipants, SNAP participants are more likely to report excellent or very good health.⁴⁹ Older SNAP participants are less likely than older nonparticipants to forgo their full dosage of prescribed medications due to cost.⁵⁰ Additionally, low-income adult SNAP participants incur nearly 25% less in medical care costs per year than low-income nonparticipants after controlling for factors that impact medical care spending, with savings even higher for those with hypertension and coronary heart disease.⁵¹

Among older adults, unfortunately only 48% of those who are eligible to participate in SNAP do, increasing the risk for food insecurity among those who do not participate.⁵² Seniors may be less likely to participate in SNAP due to mobility issues, lack of access to technology, stigma, and misinformation about how the program works and who can qualify.⁵³ Senior nutrition programs authorized as part of the Older Americans Act provide congregate or home-delivered meals, but only about 10% of low-income older adults receive them.⁵⁴

WIC provides nutritious foods, nutrition education, and referrals to health and other social services to low-income women, infants, and children up to age 5 who are at nutritional risk. In addition to the program's many health

benefits, including a lower infant mortality rate and better infant feeding practices,⁵⁵ research examining the impact of the program found that every \$1 invested in prenatal WIC participation saves \$2.48 in medical, educational, and productivity costs.⁵⁶

The National School Lunch Program (NSLP), School Breakfast Program (SBP), summer meals programs, and Child and Adult Care Food Program (CACFP) are important sources of calories and nutrients for the children who participate in those programs. In fiscal year 2019, prior to COVID-19, 29.6 million children participated in the NSLP and 14.8 million in the SBP on a given school day. Research shows that meals provided through the NSLP are healthier than those brought from home or obtained elsewhere.⁵⁷ Between 2003-2004 and 2017-2018, the percentage of children consuming food of poor nutritional quality from schools decreased by more than half, from 56% to 24%.⁵⁸

Federal nutrition programs helped to increase access to food and meals for food-insecure households during the COVID-19 pandemic. SNAP, WIC, and the school meal programs were key federal programs for addressing food insecurity. One analysis conducted by the New York Times found that SNAP grew by 17% from March 2020 to June 2020, which was three times faster than any previous three-month period.⁵⁹ The Center on Budget Policy and Priorities reported that enrollment in some states, including Florida, Georgia, and Michigan, increased 30% or more between February 2020 and May 2020.⁶⁰ Data on participation and costs for the major federal nutrition programs during FY 2019-2021 is included in Appendix 2.

USDA granted waivers that made accessing and administering the federal nutrition programs easier. While WIC participation previously required an in-person appointment, WIC agencies were allowed to issue benefits remotely and for an extended period, and conduct telehealth visits with clients. Additionally, due to supply issues, states expanded the approved foods list for WIC, particularly with regard to package size or formulation.⁶¹ USDA granted schools the ability to shift and provide meals under the Seamless Summer Option (SSO) or the Summer Food Service Program (SFSP) without the congregate feeding requirement, which allowed all children to receive meals at no cost without having to consume the meal at a central location.⁶² Home delivery, meal pickup, and distributions were conducted at schools to connect children with nutritious meals while keeping families and staff safe. Eligible children across the country also received Pandemic Electronic Benefits Transfer (P-EBT), a supplementary grocery benefit that was issued to families of low-income children due to school meals being less accessible because of school closures. P-EBT was critical in ensuring families who rely on school meals to feed their children had the needed funds to purchase food for their children when not in school full time. P-EBT was modeled after the Summer EBT pilot program, a

10-year-old demonstration project for families with children certified to receive free or reduced-price school meals during the year to receive funds to buy food during summer. Summer EBT has been shown to both reduce food insecurity and improve diet quality among participating children.⁶³

USDA also created the Farmers to Families Food Box Program to support markets impacted by food service closures and help meet the rising number of people across the country who were food insecure. USDA purchased fresh produce, dairy, and meat products and used local and regional aggregators to pack and distribute the items in more than 173 million boxes of food to food banks and nonprofits across the country. The program ran from May 2020 through May 2021.

OTHER ISSUES DRIVING FOOD AND NUTRITION INSECURITY

Broader factors drive poverty, and therefore, food and nutrition insecurity. These factors, including insufficient wages, lack of affordable child care, health care and housing challenges, and structural racism, contributed to food insecurity during the pandemic. Policies to address these social determinants, such as the Child Tax Credit (CTC), should help to reduce poverty and food insecurity. For example, the CTC is estimated to reduce child poverty by 40% and reduce the racial wealth gap for millions of households with children.⁶⁴ We urge policymakers to extend this credit and explore other ways to address other determinants of food and nutrition insecurity. For more information about the impact of the CTC and recommendations for expanding it, refer to the Bipartisan Policy Center's recent reports, [The Effects of the Child and Dependent Care Tax Credit on Child Care Affordability](#) and [How to Sensibly and Permanently Expand the Child Tax Credit and Earned Income Tax Credit](#).

Food and Nutrition Security Provisions in Past COVID-19 Relief Legislation

Congress passed several major pieces of legislation in 2020 and 2021 to address COVID-19 response and recovery through supplemental appropriations, separate from continuing resolutions and regular appropriations bills. Increasing funding and flexibilities in accessing and administering the federal food and nutrition programs is a major component of these laws. Excluding continuation of annual funding and FY 2021 regular appropriations for USDA's Food and Nutrition Service, Congress appropriated \$35.3 billion in specific funding,^b plus additional spending as might be necessary^c for programs that are key to addressing food access challenges related to COVID-19. Congress also allowed for waivers and flexibilities in implementing the federal nutrition programs. The Congressional Research Service, using estimates from the Congressional Budget Office and correspondence with USDA, states that the spending beyond the \$35.3 billion could be at least \$21 billion.⁶⁵ The specific provisions are outlined in Appendix 3.

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA) was the first major piece of federal legislation to address the COVID-19 pandemic. Enacted on March 18, 2020, the legislation included multiple provisions aimed at addressing food insecurity. FFCRA gave USDA the authority to approve state requests to issue emergency supplemental benefits to SNAP households during the pandemic; established P-EBT benefits to replace the value of missed free school meals; temporarily suspended SNAP time limits; and expanded USDA authority to waive certain program requirements for federal nutrition programs.

^b The \$34.6 billion primarily consists of \$16.65 billion for increased participation and associated costs in SNAP, \$8.8 billion in additional funding for Child Nutrition Programs in response to the pandemic, \$1.4 billion for increased participation and associated costs in WIC, including \$500 million to increase the Cash Value Voucher and \$400 million to modernize the program, \$1.25 billion for TEFAP, and almost \$2 billion for U.S. territories, as well as \$900 million for the Senior Nutrition Program under the ACL, \$1 billion to establish the Pandemic Emergency Assistance Fund for TANF recipients, \$400 million in additional funding for the Emergency Food and Shelter Program under FEMA, and \$150 million in additional funding for the Maternal, Infant, and Early Childhood Home Visiting Program under HRSA in HHS.

^c Additional spending for such sums as may be necessary funded the 15% increase in monthly SNAP benefit level, waivers for NSLP and WIC, operational expenses to set up the Summer EBT program, emergency relief for school meal and child and adult care food programs, and purchases by the Secretary of Agriculture of commodities for emergency distribution.

FFRCA included more than \$1 billion in nutrition assistance funding, including \$500 million for WIC, \$400 million for TEFAP, and \$250 million for senior nutrition programs, which allowed approximately 25 million additional home-delivered and prepackaged meals to be provided to low-income seniors. The legislation also included commodity support for food banks and other emergency food providers.⁶⁶

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

Enacted on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was a substantial piece of legislation providing nutrition assistance during the pandemic, with a total cost of \$2.3 trillion. This legislation included the first round of direct payments to Americans, loans for small businesses, and support for farmers and ranchers. It aimed to further prevent and reduce food insecurity, and included funding for various programs including SNAP, TEFAP, and the child nutrition programs.

For SNAP, the legislation included \$15.5 billion, but it did not provide increased benefits or flexibilities to the eligibility guidelines. The funding aimed to assist with the increased caseload of new participants. For child nutrition programs, \$8.8 billion was provided to ensure that school children received meals while school was not in session. Flexibility waivers allowed for noncongregate feeding, parent pickup, and extension of mealtimes. To address food insecurity among older adults, the law provided \$500 million in emergency funds for Older Americans Act congregate and home-delivered meals, and nutrition and related services for Native American Programs.⁶⁷

The TEFAP program received \$450 million to ensure food banks could provide food to Americans in need. Additionally, \$100 million was provided for the FDPIR, which provides USDA Foods to income-eligible households living on Indian reservations and to Native American households residing in designated areas near reservations or in Oklahoma. USDA also created a plan to partner with national, regional, and local distributors to purchase up to \$3 billion in fresh produce, dairy, and meat, and to connect food producers with consumers through the Farmers to Families food box program.⁶⁸

FY 2020 CONTINUING RESOLUTION AND FY 2021 OMNIBUS APPROPRIATIONS AND CORONAVIRUS RELIEF PACKAGE

The FY 2020 Continuing Appropriations Act (CR) and FY 2021 Omnibus Appropriations and Coronavirus Relief Package (Consolidated Appropriations Act, 2021), enacted October 1, 2020 and December 27, 2020, respectively, included several provisions focused on increasing benefit levels and extending COVID-19-related program flexibilities, in addition to the continuation of annual funding and FY 2021 appropriations for Food and Nutrition Service programs. The CR extended SNAP administrative flexibilities previously authorized and funded through the end of FY 2021. In addition, school meal and WIC program flexibilities allowed by the FFCRA were extended until September 30, 2021. Importantly, the FY 2021 Consolidated Appropriations Act provided through supplemental appropriations a 15% increase in monthly SNAP benefit levels through June 2021. It also included funding for state administrative costs for SNAP and SNAP online purchasing. The Appropriations Act also included \$400 million for emergency food assistance through TEFAP and \$175 million for senior nutrition programs. Annual appropriations for the Child Nutrition Programs were increased through the Consolidated Appropriations Act, 2021, which fully funded the Summer EBT program at \$42 million, provided \$30 million for school equipment assistance grants, and provided \$21 million for the WIC Farmers' Market Nutrition Program.

AMERICAN RESCUE PLAN ACT OF 2021

On March 11, 2021, the American Rescue Plan (ARP) was signed into law, providing \$12 billion in investments to assist families still struggling with food insecurity related to COVID-19. ARP also extended nutrition assistance flexibilities passed in prior legislation, and provided new funding and additional flexibilities needed to increase food and nutrition security among families in need.

ARP included funding to extend the P-EBT program through summer 2021. For SNAP, it extended the benefit increase through September 2021, provided added resources for administration of SNAP at the state level, and increased food assistance in Puerto Rico and other territories. It also provided funding for USDA to make improvements to technology for online purchasing in SNAP. The legislation included up to \$880 million for WIC to strengthen and modernize the program, focused on innovation and outreach to increase participation and retention. It also included a four-month increase in the WIC monthly cash value benefit to purchase fruits and vegetables. ARP allowed young adults through the age of 24 to receive meals and snacks at homeless shelters through CACFP. The legislation also provided \$37 million for the Commodity Supplemental Food Program (CSFP), which provides USDA-purchased foods to certain low-income seniors,⁶⁹ and \$750 million for the Older Americans Act nutrition programs.

OTHER ADMINISTRATIVE ACTIONS

In August 2021, USDA updated the Thrifty Food Plan (TFP), used as the basis for SNAP benefit allotments, for the first time in 15 years to reflect current food costs and more accurately align allotments with these costs. The TFP is defined by the USDA as “a national standard for a nutritious diet at a minimal cost” and was developed in 1975.⁷⁰ The bipartisan 2018 Farm Bill required that the TFP be reevaluated every five years. As of May 2021, prior to the 2021 update, the average monthly cost for a family of four comprising two adults and two children ages 6-8 and 9-11 was \$687.40.⁷¹ When the new benefit levels take effect and the temporary 15% increase in benefit levels expires on October 1, 2021, monthly SNAP benefits will increase from pre-COVID-19 benefit levels by about \$36 per person per month, a permanent increase of more than 20%.⁷² A recent USDA report based on a nationally representative survey of SNAP participants found that lack of affordability was the most common barrier to a healthy diet, cited by 61% of SNAP participants.⁷³ The task force [applauds](#) this update to the TFP.

AMERICAN FAMILIES PLAN AND AMERICAN JOBS PLAN

The Biden administration has outlined several bold proposals for strengthening food and nutrition security in its American Families Plan and American Jobs Plan. The American Families Plan includes the following policies, totaling \$45 billion in nutrition assistance:

- Invest \$25 billion in the Summer EBT program to make it permanent.
- Invest \$17 billion in the Community Eligibility Provision to reimburse a higher percentage of meals at the free reimbursement rate for children in low-income school districts and lower the CEP eligibility threshold for elementary schools to 25% of students participating in SNAP.
- Expand direct certification so that 9.3 million additional children will be automatically enrolled for school meals based on Medicaid and Supplemental Security Income data.
- Create a \$1 billion healthy foods incentive demonstration to support schools in their expansion of healthy food offerings.
- Expand SNAP eligibility to formerly incarcerated individuals convicted of a drug-related felony.

The American Jobs Plan includes \$100 billion in bonds and grants to modernize public schools. A portion of this funding would be used to improve school kitchens so they can prepare more nutritious meals and reduce their environmental impact.

Policy Recommendations

The task force believes that the enormous investments by the federal government, charitable food system, food industry, nonprofit organizations, and other stakeholders in addressing the alarming increase in need for food assistance caused by COVID-19 and its impact on our economy were pivotal in stemming what could have been an even more dramatic increase in food insecurity and other adverse impacts on our society.

However, additional proactive policy changes are needed to ensure food and nutrition security in both the short term and long term. The nine high-level policy recommendations and additional subrecommendations outlined in this brief build on COVID-19 recovery policies that have already been implemented, aim to improve program administration, allow for waivers and flexibilities, and increase funding to ultimately ensure that federal nutrition programs are accessible and effective during times of need. Other policy recommendations aim to address the underlying diet-related chronic conditions that have been linked to worse outcomes from COVID-19 and reduced immunity. Policy recommendations also help to improve the response to future pandemics and public health emergencies.

COSTS OF RECOMMENDED POLICY CHANGES

The task force acknowledges that recommendations included in this report could add to federal spending beyond current law. Unless offset, increased spending would add to public debt and could create a future economic burden on children and families.

These increased expenditures could be addressed without violating congressional budget protocol in various ways: 1) Recommendations that are temporary and address a national emergency could be excluded from required PAYGO requirements; 2) The federal health care cost implications beyond the conventional 10-year budget scoring window could be considered for recommendations for permanent investments that improve nutrition or diet quality, as these policies may save public health care expenditures long term; 3) Potential pay-fors, or offsets, that change permanent law and have a direct, near-term budget impact could include reductions in federal subsidies

for specified commodities, increased corporate or individual income taxes, elimination of the corporate tax deduction for child-directed advertising of foods of poor nutritional value or modified amortization of advertising expenses, increased excise taxes on alcoholic beverages, or excise taxes on sugar-sweetened beverages. Funding nutrition programs through targeted taxes on products or activities that do not promote health would increase the public health impact.

Some of the task force’s recommendations could reduce future expenditures by improving health outcomes and reducing federal health care and other preventable costs. For example, investment in diet and lifestyle interventions aimed at prevention of costly diet-related chronic health conditions,⁷⁴ such as Type 2 diabetes and cardiovascular disease, could save costs long term.^{75,76}

Please note that the task force does not endorse any potential pay-fors specifically.

ELEVATE FOOD AND NUTRITION SECURITY WITHIN THE FEDERAL GOVERNMENT

POLICY RECOMMENDATION 1

Develop a standardized federal definition for “nutrition security” in consultation and collaboration with stakeholder groups.

While food security is defined by USDA as enough food for an active, healthy life, this construct does not consider the type of food that is available or consumed. Nutrition security involves regular access, availability, and affordability of not just enough food, but a pattern of eating and drinking that promotes well-being and prevents—and if necessary—treats, disease.⁷⁷ Research has found that people who are food insecure have increased risk for diet-related conditions such as obesity, diabetes, hypertension, heart disease, stroke, cancer, and associated conditions. This relationship persists even after adjusting for age, sex, employment, marital status, race/ethnicity, smoking, insurance status, family size, education, and income.⁷⁸ COVID-19 and its associated economic downturn has significantly impacted access to nutritious foods and Americans’ eating habits.

Across agencies, the definitions of food and nutrition security sometimes vary. While there is not an official definition of nutrition security, USDA has used the term to mean “having consistent access, availability, and affordability of foods and beverages that promote well-being and prevent (and if needed, treat) disease, particularly among our nation’s most socially disadvantaged populations.”⁷⁹ The task force appreciates that USDA Secretary Tom Vilsack has stated that addressing nutrition security is a priority, and USDA has made critical investments to that end.^{80, 81} To support new research and program investments in nutrition-related interventions, educational initiatives, guidelines, incentives and improved surveillance, a standard definition of nutrition security that addresses the impact of diet quality should be created and adopted across government agencies.

POLICY RECOMMENDATION 2

Elevate policy issues related to food and nutrition security by hosting a White House Conference on Food, Nutrition, Hunger, and Health in early 2022.

The last White House Conference on Food, Nutrition, and Health was held in December 1969 under President Nixon with a goal to end hunger, in America and improve the nutritional well-being of all Americans. Since this conference, rates of obesity and diet-related chronic conditions have increased significantly, with the prevalence of adult obesity tripling from 13% in 1960-1962⁸² to 42% in 2017-18,⁸³ and obesity among children increasing from 5% in 1971-1974⁸⁴ to 19% in 2017-18,⁸⁵ leading to skyrocketing health care spending and worsening health outcomes. A new White House Conference on Food, Nutrition, Hunger and Health would bring together federal, state, and local officials as well as anti-hunger, food system, nutrition, and health experts from across the country and those with lived experiences of hunger to address the systemic issues related to food and nutrition security and reimagine the national food system for the next 50 years.

The central goal of the conference would be to establish a vision for a whole-of-government approach and effective policy to address food and nutrition insecurity, diet-related chronic illness, corresponding nutrition and health disparities, and opportunities to advance U.S. farming, ranching, and other food-sector innovation businesses and jobs by 2030. Additional topics the conference may explore include the root causes of hunger, limitations in the food supply chain, and the relationship between economic mobility and food insecurity. At the conference, special consideration should be given to the impact the COVID-19 pandemic has had on food and nutrition security and food supply chains, and to the bidirectional relationships between nutrition-related conditions like diabetes, obesity, and hypertension and severity of COVID-19, population resilience, and corresponding inequities.

Another goal of the conference would be to create a high-level task force comprising stakeholders across government and the private sector. The multistakeholder task force would collaborate to create a vision and plan with program and policy solutions to address the issues discussed at the conference. The task force would examine policy and program solutions related to food and nutrition security, diet-related chronic conditions, health equity, agriculture workforce, and sustainability. This task force could advise on the development of a standard definition of nutrition security, as recommended previously. Lastly, a report could be produced to detail the conference findings and proposed policy changes to improve food and nutrition security nationally by 2030.

The task force appreciates that the House of Representatives has included in its FY 2022 minibuss appropriations package (H.R. 4502) \$2.5 million for the Office of Management and Budget to convene a conference on Food, Nutrition, Hunger, and Health and to develop a roadmap to end hunger and improve nutrition by 2030.

FEDERAL FOOD AND NUTRITION PROGRAMS

POLICY RECOMMENDATION 3

Extend through the public health emergency or beyond the COVID-19-related nutrition program flexibilities and waivers that provide access to key federal food and nutrition assistance programs. Ensure federal agencies have the authority to grant needed waivers and flexibilities during times of future economic downturns, recessions, and public health emergencies.

Much of the COVID-19-focused legislation passed by Congress in 2020 and 2021 has focused on flexibilities and waivers for federal nutrition programs to improve food and nutrition security. We urge Congress to grant—and USDA to exercise—the authorities needed to continue these flexibilities and waivers through the COVID-19 public health emergency, and potentially the economic recovery, which could extend beyond the public health emergency. Congress and USDA may also want to make some of the COVID-19-related waivers permanent. The task force recommends that USDA conduct an evaluation of the temporary program flexibilities and waivers to determine the costs and benefits of making them permanent. Some states have already ended their public health emergency declarations, resulting in a reduction in SNAP benefits, for example. USDA should work with states administering the programs to

ensure households do not experience a reduction in benefits or accessibility to programs, resulting in food and nutrition insecurity.

The federal nutrition programs provide emergency food assistance, and act as economic stabilizers during times of economic downturns, recessions, and public health emergencies. Waivers and flexibilities should address the unique needs of the public health emergency or other crisis. We urge Congress to provide federal agencies with the needed authorities to allow them to quickly issue needed waivers and flexibilities in response to future public health emergencies and economic downturns or recessions.

To achieve this, we make the following subrecommendations for each program:

- *Supplemental Nutrition Assistance Program*: Continue to temporarily waive or limit work requirements, including the able-bodied adults without dependents (ABAWDs) time limit. Extend certification periods and allow states administrative flexibilities to ensure households can access the program.
- *Special Supplemental Nutrition Program for Women, Infants, and Children*: Grant permanent nationwide waiver authority so that each state does not have to grant its own waivers. Extend program flexibilities, such as online enrollment and benefit redemption. Direct USDA's Food and Nutrition Service (FNS) to provide greater direction on what states must include in their disaster plans, including a plan to quickly allow for product substitutions in food packages.
- *Pandemic EBT*: Extend and transition P-EBT into a permanent EBT program for children that provides benefits when schools are closed for more than five consecutive days, such as during the summer, school breaks, and unanticipated school closures, such as during a pandemic or natural disaster.
- *School Meal Programs, Summer Meals Programs – Summer Food Service Program (SFSP)/Seamless Summer Option (SSO)*: Maintain waivers and flexibilities that allow schools to serve meals that meet nutrition standards to all children at no cost. Extend area eligibility and noncongregate feeding waivers, including allowance of parent/guardian meal pickup, and consider strategies to support access to summer meals, such as permanently eliminating congregate feeding as a requirement in situations when it is hard to reach students. Extend waivers that allow flexibilities for mealtimes and serving of meals.
- *Fresh Fruit and Vegetable Program (FFVP)*: Extend waivers that allow flexibilities with FFVP, such as alternate sites and parent pickup.
- *Child and Adult Care Food Program*: Extend waivers that allow schools to serve after-school meals through CACFP without the requirement that they be served in a congregate setting with an enrichment activity. Continue to allow young adults ages 18-24 experiencing homelessness to access meals and snacks through the program.

- *Senior Nutrition Programs:* Extend waivers regarding eligibility for providing meals to older adults and congregate feeding flexibilities that consolidate meals for home delivery or contactless delivery, to ensure safety of older adults during public health emergencies. Consider permanent flexibilities due to access and health limitations. Increase food and nutrition security and connect seniors with nutritious foods by providing additional resources for the Senior Farmers Market Nutrition Program, and increase funding for the Older Americans Act home-delivered nutrition programs. Integrate Senior Nutrition Programs, like Meals on Wheels, with child nutrition programs, such as home-delivered meals served in Summer Feeding Programs, to make access to nutritious foods and meals for multigenerational families easier.
- *The Emergency Food Assistance Program:* Extend waivers and flexibilities, such as distributing prepared meals, requesting early delivery of foods, and using administrative funds to hire more staff, to increase access for recipients during times of economic downturns and recessions, including those caused by public health emergencies.

TIMELINE FOR COVID-19 RELIEF MEASURES

End of Public Health Emergency

As vaccination rates increase, some states are allowing their public health emergency declarations to expire. These policy decisions have implications for access to programs and benefits impacting food and nutrition security. States should consider the implications of ending their public health emergency declarations on food and nutrition security. USDA should work with state government agencies that administer federal nutrition programs to ensure continued access to programs and benefits.

Unless otherwise noted, the task force recommends that COVID-19 waivers and flexibilities be extended at least until the expiration of the federal public health emergency declaration. School-related COVID-19 waivers and flexibilities should be extended at least until the end of the school year in which the federal public health emergency declaration expires. A phase-down of benefits should be considered to not impose an abrupt impact on food banks and individuals receiving benefits.

Impact and Timing of Economic Recovery

The National Bureau of Economic Research has concluded that there was a two-month recession during March and April 2020, the shortest on record.⁸⁶ While the end of the recession and improvement in the unemployment rate are promising signs of economic recovery, the recovery has not been equitable, and many households have yet to recover from job losses or cuts. According to researchers at the University of New Hampshire's Carsey School of Public Policy, in almost every state, lower-wage industries are down more than jobs in higher-wage industries. Although economic activity in the first quarter of 2021 was up in 14 states relative to February 2020, 35 states have smaller economies than they did prior to COVID-19.⁸⁷

Food and nutrition security efforts should continue throughout the economic recovery. Waivers and flexibilities granted during the pandemic should continue while the federal public health emergency declared by the U.S. Department of Health and Human Services (HHS) remains in effect. As families are already seeing the negative impacts of state public health emergency declarations ending, it is important to ensure that food and nutrition resources are available and accessible regardless of state decisions. In determining the need for additional waivers, program flexibilities, or temporary increases in benefit levels during this recovery and in times of future economic downturns or recessions, the unemployment rate should be considered. However, while the national unemployment rate is a robust economic indicator, it does not capture underemployment or significant disparities by race/ethnicity, gender, age, geographic location, or other factors. Although hardship rates related to difficulty in covering usual expenses, paying rent, and having enough food to eat have declined from their peak in December 2020, these challenges are still widespread.⁸⁸

Consideration should also be given to the widening gender and racial/ethnic labor force participation gaps. Research indicates that the labor force participation rate (LFPR) of mothers overall was about 3.5 percentage points lower in March 2021 than January 2020, while fathers' LFPR was down only 1 percentage point. Mothers of children under the age of 5 and those who are unmarried were also disproportionately impacted in the economic recovery.⁸⁹ In December 2020, the unemployment numbers revealed that all 140,000 jobs lost were held by women,⁹⁰ and most if not all of them were women of color.⁹¹ Communities of color are disproportionately impacted by the economic effects of COVID-19. Workers of color are often the first to be laid off during economic downturns, and they are often the last to be rehired during recoveries.^{92, 93} As the economy recovers, the impact on all populations should be examined to determine the actual pace of recovery and to accurately identify the food and nutrition security needs that still exist.

POLICY RECOMMENDATION 4

Support an increase in accessibility, availability, and intake of fruits and vegetables in all forms in federal feeding programs, such as SNAP, WIC, P-EBT, Summer EBT, and USDA Emergency Food Distribution programs, to improve nutrition security.

Through COVID-19 relief legislation, the WIC program saw a temporary increase in the monthly cash value benefit for the purchase of fruits and vegetables from \$9-\$11 to \$35 per person per month. Prior to the pandemic, only about 10% of Americans met the Dietary Guidelines for Americans' recommendation that half the plate consist of fruits and vegetables at every meal.⁹⁴ People living in poverty are even less likely to meet fruit and vegetable recommendations.⁹⁵

To further improve nutrition security, the task force recommends extending the additional monthly fruit and vegetable cash value benefit in WIC and creating a new monthly fruit and vegetable benefit in other federal nutrition programs, such as SNAP, WIC, P-EBT, and Summer EBT. The benefit could be used for purchases of fruits and vegetables in all forms (e.g., fresh, frozen, canned, dried) that are minimally processed without added sugars or sodium, and redeemable at all authorized retailers where the program benefits may otherwise be used. This benefit should also be usable in authorized farmers' market programs, such as Double Dollars or Double Up Food Bucks programs, which promote additional purchases of fruits and vegetables. It is important that this benefit supplement—rather than supplant—existing benefit levels provided through the federal programs.

POLICY RECOMMENDATION 5

Ensure the necessary technology infrastructure to modernize service delivery and provide equitable access to federal nutrition programs and program components.

It is imperative that all communities have access to affordable, high quality broadband to access federal nutrition programs and program components. Prior to COVID-19, USDA had begun conducting pilots to test online purchasing in federal nutrition programs such as SNAP. The FY 2021 Consolidated Appropriations Act created a task force for WIC modernization to examine the current program rules and regulations and offer recommendations to improve regulatory flexibility related to online purchasing. To ensure accessibility

and safety for program participants during the pandemic, USDA authorized states beyond the pilot to allow online purchasing in SNAP. We urge USDA to permanently allow online enrollment and online purchasing in SNAP and increase the number of retailers that participate in online purchasing. In WIC, online enrollment and benefit redemption should be extended to additional states through USDA's online purchasing pilot. Technology solutions should be customer-friendly and ensure equitable access to programs.

USDA should also consider requiring all states to have a backup network for SNAP EBT so that when a state issuer processor is down or performing maintenance, SNAP benefits can still be used. Sufficient funding should be provided for state administrative expenses to support modernization of program infrastructure and operations.

POLICY RECOMMENDATION 6

Ensure all individuals, especially those who are at disproportionate risk of food and nutrition insecurity, have equal access to affordable, nutritious foods to promote health. Examine and address the social determinants of health and their impact on food and nutrition security during COVID-19.

While overall diet quality has improved slightly⁹⁶ or remained stable⁹⁷ during the last two decades, disparities based on income level, education, race, and ethnicity have persisted or worsened.⁹⁸ Certain populations, such as frontline workers and racial and ethnic minority groups, were disproportionately impacted by COVID-19. It is important to further understand and address how to ensure equitable access to nutritious foods to reduce and prevent diet-related chronic conditions. We recommend that data be collected on the impact of COVID-19 on food and nutrition security and program participation for subpopulations based on sex, age, race, ethnicity, sexual orientation, gender identity, disability status, rural/urban location, and geography. Solutions should be provided to address any disproportionate impact, which may entail closing program eligibility gaps, improving customer service, and increasing outreach and application assistance. Additionally, we urge research on the impact of COVID-19 recovery programs on food and nutrition security among subpopulations and on how nutrition programs helped improve health, well-being, and other outcomes during the COVID-19 pandemic.

As noted previously, SDOH are defined as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.”⁹⁹ COVID-19 affected SDOH in many ways. Congress should require a report assessing the role of SDOH in exacerbating food and

nutrition insecurity during COVID-19. The report should include actionable recommendations on how to improve SDOH to positively impact food and nutrition security in future public health emergencies or other disasters.

POLICY RECOMMENDATION 7

Provide funding for federal research and programs that address food and nutrition security impacted by COVID-19 and to prevent adverse outcomes during future public health emergencies.

Funding for research and programs that aim to prevent adverse outcomes during future public health emergencies should be increased. Congress should invest in relevant research at USDA, Centers for Medicare and Medicaid Services (CMS), CDC, National Institutes of Health (NIH), and Department of Defense (DOD) to identify interconnections between COVID-19, food and nutrition, child and adult nutrition program participation, and performance in school, the workforce, and the military, as well as corresponding racial/ethnic and other disparities.

In addition, funding for the CDC's Division of Nutrition, Physical Activity, and Obesity, which is at about \$57 million in FY 2021, could be at least doubled to allow for continued capacity building and scaling of community interventions at the state and local levels and other priorities. Significant new funding for the CDC's Social Determinants of Health program, as part of an overall increase in funding for CDC's National Center for Chronic Disease Prevention and Health Promotion, is also important to improve health and prevent worse health outcomes for conditions like COVID-19. President Biden's FY 2022 budget request includes \$153 million for the Social Determinants of Health program, a major increase from the current FY 2021 funding level of \$3 million.¹⁰⁰ Increased funding for CDC's Racial and Ethnic Approaches to Community Health (REACH) program, focused on addressing racial and ethnic health disparities, is also important for addressing the disparities in diet-related chronic conditions linked to poor outcomes from COVID-19.

Funding should also be provided for research at NIH on the interconnections between nutrition, immunity, diet-related chronic conditions, and COVID-19, and on ways to strengthen immunity and lessen severity of illness from infectious diseases through better nutrition. This research could examine the impact of changes in food access and purchasing behavior during COVID-19 on diet quality, and the subsequent impact on future risk for diet-related chronic and infectious diseases.

HEALTH CARE AND COMMUNITY CONNECTIONS

POLICY RECOMMENDATION 8

Given the disproportionate impact of COVID-19 on communities of color, older Americans, and people with obesity and diet-related chronic conditions, enact and implement programs targeting these populations that address the linkages between health care and the community and social determinants of health.

The health care sector can play a role in improving food and nutrition security in response to COVID-19, particularly in collaboration with community partners. Communities of color,¹⁰¹ older Americans,¹⁰² and people with obesity and diet-related chronic conditions¹⁰³ are more likely to suffer worse outcomes from COVID-19.

The following programs and policies targeting these populations that link health care providers and community-based programs and initiatives can address food and nutrition security, improving COVID-19-related outcomes and strengthening immunity against future infectious diseases:

- To allow nutrition to be considered in service delivery and payment models, nutrition should be added as a priority area within the Center for Medicare and Medicaid Innovation (CMMI) at CMS.
- A Medicare pilot program could be created to address the critical link between diet, chronic illness, and the health of older adults through the home delivery of medically tailored meals. This would increase access to nutritious meals and allow meals tailored for specific conditions, including diet-related chronic conditions, to be delivered to Medicare recipients to ultimately improve health outcomes.¹⁰⁴
- A produce prescription (RX) program could be established to allow health care providers to prescribe healthy foods to prevent and reduce nutrition-related chronic conditions that may have a negative impact on illnesses like COVID-19. These programs can help to improve nutrition security, particularly among populations most at risk for adverse outcomes from COVID-19. They are being developed and implemented across the country at the local level, and have been shown to increase consumption of healthy foods and to improve health outcomes. For example, DC Greens ran Produce Rx, a produce prescription program that was created in partnership with DC Farmers' Markets from 2012 to 2017. The

program increased well-patient visits by 54%, and of the program's 120 participants, 50% decreased their body mass index.¹⁰⁵

- Congress should expand Medicare coverage for medical nutrition therapy, a specialized type of nutrition counseling provided by a registered dietitian, to additional diet-related health conditions to address adverse outcomes from nutrition-related chronic conditions that may have a negative impact on illnesses like COVID-19. Currently, medical nutrition therapy is covered through Medicare Part B for only a limited number of conditions.¹⁰⁶
- To address obesity, a condition impacting more than 40% of the U.S. adult population¹⁰⁷ and increasing the risk of worse outcomes from COVID-19,¹⁰⁸ Congress should expand the eligibility of providers to bill Medicare for delivery of intensive behavioral therapy (IBT) to include registered dietitians. The U.S. Preventative Services Task Force recommends that IBT not be limited only to primary care providers in the primary care setting,¹⁰⁹ while the National Academies of Science, Engineering, and Medicine “rates dietary counseling performed by a trained educator such as a [registered] dietitian as more effective than by a primary care clinician.”¹¹⁰ Research has shown that IBT provided by dietitians for people with overweight or obesity results in significant weight loss at an appropriate rate of one to two pounds per week.¹¹¹ This policy change would improve coordinated, interdisciplinary care while increasing efficiency and reducing health care costs, as Medicare reimbursement for registered dietitians is 85% of primary care providers’ fees.¹¹² The Treat and Reduce Obesity Act, which would allow Medicare Part D to cover obesity treatment drugs and expand the types of health care providers qualified to provide IBT, has been estimated to decrease federal spending by approximately \$25 million over a 10-year budget window.¹¹³
- The Medicare Diabetes Prevention Program (DPP) is an evidence-based program that is a partnership of public and private organizations working to prevent or delay Type 2 diabetes.¹¹⁴ It consists of a group-based, structured diet, physical activity, and behavior change intervention focused on achieving and maintaining weight loss. While the program is available at no charge to Medicare participants who qualify, uptake has been low. Uptake could be enhanced by increasing the number of DPP providers and conducting outreach in communities at increased risk for Type 2 diabetes. Providing a virtual option for the program is also particularly important for increasing participation and retention.
- Demonstration projects can be created to address the impact on health disparities of Medicare and Medicaid reimbursement for interventions that address a SDOH. For example, these could include cooking classes that address food insecurity and lack of access to nutritious foods or other population health initiatives. These projects could also help to identify and address barriers to anchor health institutions providing social services to the community and support community programs that improve food and nutrition security and health.

EMERGENCY FOOD ASSISTANCE

POLICY RECOMMENDATION 9

Maintain program flexibilities, increase investments in emergency food assistance, and support and incentivize the distribution of foods to families with a focus on increased access to nutritious foods and improved dietary quality.

Millions of families relied, and continue to rely on, the charitable food sector due to the COVID-19 pandemic. Long lines at food banks and food distribution centers highlighted the devastating impact of the COVID-19 pandemic on food and nutrition security. As economic challenges persist, to support food distribution through the charitable food sector, Congress should provide additional funding for TEFAP food purchases through the end of FY 2022. Emergency food providers need additional food to meet the unprecedented demand in communities nationwide. TEFAP is the backbone of the charitable food system, and more funding will ensure food banks can continue to meet the need. The charitable food sector added new partners during the pandemic, with many emergency feeding organizations partnering with schools, restaurants, and other community organizations to provide access to nutritious foods.

USDA and Congress should establish a greater focus on procurement of fresh fruits and vegetables in USDA Food Distribution Programs to improve dietary quality and ensure those living with food and nutrition insecurity are better able to meet the Dietary Guidelines for Americans' recommendation to make half the plate consist of fruits and vegetables. To meet this goal, USDA should use the existing fresh produce supply chain to distribute a wide variety of high quality fresh fruits and vegetables to those in need. Congress and USDA should take the lessons learned through the pandemic and temporary programs to strengthen USDA procurement, with a focus on a more equitable approach to procurement that innovates to meet the incredible demand for fresh produce, and places value on a wide variety of fresh produce, including local produce when geographically and seasonally feasible.

Congress and USDA should also identify funding for the donation of agriculture products to charitable food organizations. Funding can also be provided to local and regional food banks to reimburse farmers or food producers for costs associated with harvesting, processing, packaging, and transporting agriculture products donated to charitable food organizations. It will be important to ensure that donated products are not limited to those of lower quality. The

charitable food sector should also have access to the necessary funding to improve infrastructure, including refrigeration and freezer space, to be able to store and provide fresh, nutritious foods.

Schools, restaurants, and community organizations can also play a role in feeding communities during times of increased need and should be granted the necessary authorities to do so. During COVID-19, schools often served as community meal sites, feeding children through the school meal programs while using other funds to serve adults. Through collaboration with nonprofits, restaurants also served as temporary food distribution sites. These models should be replicated during future disasters and emergencies. Additionally, the Federal Emergency Management Agency (FEMA) should be authorized to provide funding at the state and local levels to support restaurant and nonprofit partnerships as they provide meals for communities in need during public health emergencies.

To promote nutrition security, the charitable food sector and their partners should adopt nutrition guidelines for donated foods. These guidelines can convey a commitment to nutrition and enable staff to prioritize improving the nutritional quality of foods donated and distributed.¹¹⁵

Conclusion: Food and Nutrition-Related Opportunities to Reduce the Impact of Future Pandemics

While we do not know if or when there will be another pandemic, by implementing the evidence-based, bipartisan policy recommendations in this brief, we may be able to reduce the impact of a future public health emergency, recession, or economic downturn on food and nutrition security, and our nation's health and well-being. Using the federal nutrition programs to their full potential and ensuring accessibility, availability, and adequacy of benefits for people in need are imperative during emergencies and economic downturns. When designed with diet quality and health in mind, the federal programs can also be used to improve nutrition, and reduce and prevent diet-related chronic and infectious disease outcomes. Food and nutrition security challenges are multifaceted. When examining the food and nutrition-related opportunities to reduce the impact of future pandemics, there is a need for real, structural solutions to ensure a more equitable food system that supports food and nutrition security for all.

Appendix 1: Glossary of Federal Food and Nutrition Services and Other Relevant Programs and Benefits

CACFP	Child and Adult Care Food Program: Provides nutritious meals to children and elderly individuals in day care settings. In FY 2019, CACFP served 4.8 million people per day on average (4.7 million children and 137,000 adults) at a cost of \$3.7 billion. In FY 2020, it served 4.3 million individuals per day on average (4.1 million children and 107,000 adults) at a cost of \$3.0 billion.
CSFP	Commodity Supplemental Food Program: Improves the health of low-income seniors by supplementing their diets with nutritious USDA Foods. In FY 2019, CSFP had 703,000 participants and cost \$259 million. In FY 2020, the program had 692,467 participants and cost \$286 million.
CTC	Child Tax Credit: The American Rescue Plan increased the amount of the child tax credit from \$2,000 to \$3,000 or \$3,600 per child, depending on the age of the child, for 2021. Families will receive the credit through advance monthly payments of \$250 or \$300 per month, beginning in July 2021. The cost for the credit through the American Rescue Plan is \$1.9 trillion.
CVB	Cash Value Benefit: Provides WIC program participants with additional funds to purchase fruits and vegetables. The American Rescue Plan temporarily allowed state agencies to provide participants with up to \$35 per child and adult, per month.
FDPIR	Food Distribution Program on Indian Reservations: Provides USDA Foods to income-eligible households living on Indian reservations and to Native American households residing in designated areas near reservations or in Oklahoma. In FY 2019, this program received \$153 million in funding and served 83,800 individuals; in FY 2020, it received \$160.2 million through regular appropriations. The program also received \$100 million in funding through the CARES Act.
FFVP	Fresh Fruit and Vegetable Program: Provides free fresh fruits and vegetables as snacks during the school day in elementary schools. In FY 2019, \$171.5 million was made available for this program, and \$193.5 million was made available in FY 2020.
NSLP	National School Lunch Program: Provides low-cost or free nutritious lunch to children in school. In FY 2019, NSLP served 29.6 million individuals per day at a cost of \$14.2 billion; in FY 2020, it served 22.4 million individuals per day at a cost of \$10.2 billion.
P-EBT	Pandemic Electronic Benefit Transfer Program: Provides temporary emergency nutrition benefits to eligible schoolchildren to replace the value of missed free school meals when schools were closed due to the COVID-19 pandemic. In FY 2020, 7.05 million individuals participated in P-EBT per month on average, at a total cost of \$10.67 billion.
SBP	National School Breakfast Program: Provides low-cost or free nutritious breakfast to children in school. In FY 2019, 14.8 million children participated in SBP per day at a cost of \$4.5 billion; in FY 2020, 12.3 million children participated per day at a cost of \$3.5 billion.
SFMNP	Senior Farmers Market Nutrition Program: Provides low-income seniors with coupons that can be exchanged for eligible foods (fruits, vegetables, honey, and fresh-cut herbs) at farmers' markets, roadside stands, and community-supported agriculture (CSA) programs. In FY 2020, the program served 725,686 participants and cost \$20.6 million.
SFSP	Summer Food Service Program: Provides free meals and snacks to children during the summer months. In FY 2019, 142 million meals were served at a cost of \$475 million; in FY 2020, 1.3 billion meals were served at a cost of \$4.3 billion.

SNAP	Supplemental Nutrition Assistance Program: Provides nutrition benefits to supplement the food budgets of low-income individuals and families. In FY 2019, SNAP served 35.7 million individuals at a cost of \$60.4 billion; in FY 2020, the program served 39.9 million individuals at a cost of \$79.2 billion.
SSO	Seamless Summer Option: Encourages school food authorities participating in the SBP or NSLP to provide meals in low-income areas during the summer. Costs are included under the National School Lunch Program and National School Breakfast Program.
TEFAP	The Emergency Food Assistance Program: Makes commodity food available to state agencies, which in turn distribute the food to nonprofit community agencies that assist low-income people in need. TEFAP cost \$764 million in FY 2019 and \$972 million in FY 2020.
TFP	Thrifty Food Plan: The lowest-cost of four USDA food plans that describe how much it can cost to eat a healthy diet. The TFP is the basis for SNAP allotments. In August 2021, USDA updated the TFP to more accurately reflect current food prices, what Americans typically eat, dietary guidance, and the nutrients in food items. The updated TFP increases SNAP benefits by an average of about \$36 per person per month from pre-pandemic levels.
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children: Provides nutritious foods, nutrition education, and referrals to health and other social services to low-income women, infants, and children up to age 5 who are at nutritional risk. In FY 2019, WIC served 6.4 million individuals and cost \$5.3 billion; in FY 2020, the program served 6.2 million individuals at a cost of \$4.69 billion.

Appendix 2: Cost of and Participation in Select Federal Food and Nutrition Assistance Programs from FY 2019-FY 2021

	FY 2019		FY 2020		FY 2021*	
	Cost	Participation	Cost	Participation	Cost	Participation
CACFP	\$3.74 billion ¹	4.8 million individuals per day ¹	\$3.02 billion ¹	4.3 million individuals per day ¹	\$2.6 billion ²	N/A
CSFP	\$259 million ¹	703,000 individuals ¹	\$286 million ¹	692,467 individuals ¹	\$207.6 million ²	663,487 individuals per month ²
FFVP	\$171.5 million made available ³	N/A	\$193.5 million made available ⁴	N/A	\$202.9 million made available ⁵	N/A
NSLP	\$14.20 billion ¹	29.6 million individuals per day ¹	\$10.32 billion ¹	22.4 million individuals per day ¹	\$5.18 billion ²	9.6 million individuals per day ²
P-EBT	N/A	N/A	\$10.68 billion ²	7.14 million individuals per month on average ²	\$9.18 billion ²	5.7 million individuals per month on average ²
SBP	\$4.55 billion ¹	14.8 million individuals per day ¹	\$3.55 billion ¹	12.3 million individuals per day ¹	\$1.98 billion ²	6.5 million individuals per day ²
SFMNP	\$20.99 million ⁶	832,111 individuals ⁶	\$21.08 million ⁷	725,686 individuals ⁷	N/A	N/A
SFSP	\$475 million ¹	2.7 million individuals per day ¹	\$4.31 billion ¹	5.59 million individuals per day ¹	\$8.67 billion ²	N/A
SNAP	\$60.40 billion ¹	35.7 million individuals ¹	\$79.12 billion ¹	39.9 million individuals ¹	\$72.9 billion ²	41.9 million individuals per month ²
TEFAP	\$764 million ¹	785 million pounds distributed ¹	\$771 million ¹	719 million pounds distributed ¹	\$675 million ²	N/A
WIC	\$5.26 billion ¹	6.4 million individuals ¹	\$4.96 billion ¹	6.2 million individuals ¹	\$3.27 billion ²	6.3 million individuals per month ²

*Data for FY 2021 is preliminary and represents October 2020 to May 2021.

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Appendix 3: Overview of Major Food and Nutrition Security Provisions in Federal COVID-19 Recovery and Response Legislation and Administrative Actions^d

	Families First Act	CARES Act	2020 Continuing Resolution	FY 2021 Omnibus Appropriations & Coronavirus Relief Package	American Rescue Plan	Notable Agency Actions
Bill name and PL #	P.L. 116-127: Families First Coronavirus Response Act (FFCRA)	P.L. 116-136: Coronavirus Aid, Relief, and Economic Security (CARES) Act	P.L. 116-159: Continuing Appropriations Act, 2021 and Other Extensions Act	P.L. 116-260: Consolidated Appropriations Act, 2021	P.L. 117-2: American Rescue Plan (ARP) Act of 2021	N/A
Date enacted	March 18, 2020	March 27, 2020	October 1, 2020	December 27, 2020	March 11, 2021	Various
SNAP	<ul style="list-style-type: none"> • States can request waivers from USDA to provide temporary, emergency SNAP benefits to qualified households up to the maximum monthly benefit. Open-ended funding was authorized but not appropriated by this provision. • Work and work training requirements for SNAP are temporarily suspended. • States may waive certain in-person interview requirements for SNAP applications and recertifications. 	<ul style="list-style-type: none"> • \$15.5 billion in additional funding to cover waiver authorities granted in FFCRA and anticipated increased participation in SNAP. 	<ul style="list-style-type: none"> • Allows states to extend SNAP administrative flexibilities through September 30, 2021 with open-ended funding. 	<ul style="list-style-type: none"> • Increases monthly SNAP benefit level by 15% based on June Thrifty Food Plan through June 30, 2021, with open-ended funding, and simplifies state administrative process for those increases. • \$100 million for state administrative costs through FY 2021. • \$5 million in additional assistance for SNAP online purchasing and technology improvements. • Excludes Pandemic Unemployment Compensation from household income eligibility for SNAP, extends SNAP eligibility to college students eligible for work study programs or with expected family contribution of 0 with open-ended funding. • Directs Secretary to issue report on redemption rate and account balance monthly from January 2021 to June 2021 and shortens statutory waivers for certain SNAP quality control requirements through June 30, 2021 with open-ended funding. 	<ul style="list-style-type: none"> • \$1.15 billion for SNAP: <ul style="list-style-type: none"> • \$15 million for management and oversight of program. • \$1.135 billion for grants to state agencies for FY 2021-2023, with 75% of funds distributed based on share of households participating in program in most recent 12-month period and 25% of funds distributed based on increased number of households that participated in program in the same period. • Extends through September 2021 the temporary 15% increase in maximum SNAP benefit established in December Consolidated Appropriations legislation. • \$25 million to retailers and farmers markets to expand SNAP online purchasing and assistance, including development of mobile payment technologies, so SNAP participants can order and buy groceries online easier. 	<ul style="list-style-type: none"> • On April 1, 2021, pursuant to a January 22 Executive Order, USDA started providing additional benefits to households that had not received at least \$95 per month in increased benefits through emergency allotments during the pandemic (the poorest households). • On August 16, 2021, USDA announced an update to the Thrifty Food Plan, to take effect October 1, 2021. SNAP benefits will permanently increase an average of \$36 per person per month from pre-pandemic levels.

^d The funding in this table is limited to funding appropriated through the continuing resolution and supplementary appropriations only, and does not reflect any funding from regular appropriations. Provisions listed under FY 2021 Omnibus Appropriations & Coronavirus Relief Package are from the Coronavirus Response and Relief Supplemental Appropriations Act in the package, and not Fiscal Year 2021 appropriations bills that are also part of the package.

	Families First Act	CARES Act	2020 Continuing Resolution	FY 2021 Omnibus Appropriations & Coronavirus Relief Package	American Rescue Plan	Notable Agency Actions
Child Nutrition Programs: School Meals, Summer Meals Programs, and CACFP	<ul style="list-style-type: none"> Allows Secretary of Agriculture to grant waivers for certain requirements of school meal programs, including waivers that increase federal costs, during school closures. Allows Secretary to grant a nationwide waiver to states to provide meal and meal supplements with appropriate safety measures and modify nutrition content if necessary. Grants USDA authority to allow CACFP sites to operate as noncongregate sites. <p><i>Note: Open-ended funding was authorized but not appropriated by this provision.</i></p>	<ul style="list-style-type: none"> \$8.8 billion in additional funding for Child Nutrition Programs so children can receive meals when school is not in session. 	<ul style="list-style-type: none"> Allows USDA Food and Nutrition Service to spend at a higher rate during the Continuing Resolution to ensure Summer EBT program will be fully operational by May 2021 with open-ended funding. Extends waivers for NSLP and WIC included in FFCRA until September 30, 2021 with open-ended funding. 	<ul style="list-style-type: none"> Emergency relief for school meal and CACFP to continue operating with open-ended funding. 	<ul style="list-style-type: none"> Expands eligibility for CACFP at emergency homeless shelters from age 19 to age 25 during the pandemic through open-ended mandatory funding. 	<ul style="list-style-type: none"> USDA Food and Nutrition Service has granted several nationwide waivers, including the area eligibility waiver that allows school districts and nonprofits to serve free meals to all children through the summer meals programs without eligibility determinations. This waiver has been extended through the school year that ends in June 30, 2021. Relying in part on authority granted by FFCRA, FNS also created and operated Emergency Meals to You from March to August 2020, where, in collaboration with private partners, the program mailed food boxes to rural students who were unable to receive free or reduced-price school meals due to school closures.
WIC	<ul style="list-style-type: none"> \$500 million to provide access to nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or are laid off due to the COVID-19 emergency. Allows Secretary of Agriculture to grant waivers of physical presence requirement for enrollment and reenrollment. Allows Secretary of Agriculture to grant waivers of administrative requirements to serving WIC participants. 		<ul style="list-style-type: none"> Extends waivers for NSLP and WIC included in FFCRA until September 30, 2021 with open-ended funding. 	<ul style="list-style-type: none"> Required USDA to establish a food delivery models task force in WIC to enable participants to have safe alternatives to traditional food purchasing methods. 	<ul style="list-style-type: none"> \$490 million to improve WIC by allowing states to temporarily boost the Cash Value Voucher (allows participants to purchase fruits and vegetables) value from \$9-11/month to \$35/month for women and children for four months during the pandemic. \$390 million to modernize the WIC program. 	<ul style="list-style-type: none"> On March 24, 2021, USDA notified WIC state agencies of the option to boost cash value vouchers by more than three times the current amount for 4 months.
P-EBT	<ul style="list-style-type: none"> Created the Pandemic Electronic Benefit Transfer (P-EBT), "an option for states to provide a SNAP-like benefit, when a school is closed five or more days, to households with children who would have received free or reduced-price school meals if not for the closure" and authorized and appropriated such amounts as are necessary. 			<ul style="list-style-type: none"> Provides clarification that states can issue P-EBT benefits to children under age 6 who live in SNAP households and reside in areas with closed or reduced-operation schools/child care facilities without need for enrollment verification. Also simplifies P-EBT implementation for states. 	<ul style="list-style-type: none"> Allows the P-EBT program to be implemented during any school year the COVID-19 public health emergency designation is in effect and for the benefits to be extended through the summer and without change to appropriation of such amounts as are necessary. 	<ul style="list-style-type: none"> On January 22, 2021, USDA announced an increase in P-EBT by approximately 15%. On April 25, 2021, USDA announced the expansion of P-EBT with funding and authority from the American Rescue Plan.

	Families First Act	CARES Act	2020 Continuing Resolution	FY 2021 Omnibus Appropriations & Coronavirus Relief Package	American Rescue Plan	Notable Agency Actions
Emergency Food Distribution	<ul style="list-style-type: none"> \$400 million for TEFAP to assist local food banks to meet increased demand for low-income Americans during the emergency. Of the total, \$300 million is for the purchase of nutritious foods and \$100 million is to support the distribution of commodities 	<ul style="list-style-type: none"> \$450 million for the TEFAP program, \$150 million of which could be used to distribute commodities. 		<ul style="list-style-type: none"> \$400 million for TEFAP through September 30, 2021, with 20% (\$80 million) allowed to be used for commodity distributions. 	<ul style="list-style-type: none"> \$400 million in additional funding for Emergency Food and Shelter Program, a FEMA-administered program that supports local social service organizations in providing services during economic, non-disaster-related emergencies. 	<ul style="list-style-type: none"> On June 4, 2021, USDA announced an investment of \$1 billion in TEFAP: <ul style="list-style-type: none"> \$500 million for emergency food assistance. Up to \$400 million to purchase food for food banks from local and regional producers and socially disadvantaged producers. Up to \$100 million in infrastructure grants to build food bank capacity and greater reach in underserved areas.
Commodities	<ul style="list-style-type: none"> Allows Secretary of Agriculture during FY 2020 to purchase commodities for emergency distribution in any area during the public health emergency designation using such amounts as are necessary through September 30, 2020. 	<ul style="list-style-type: none"> According to the Congressional Research Service, USDA used “\$500 million in unobligated funds for the Office of the Agricultural Secretary from the CARES Act [that Secretary was allowed to use to purchase commodities for emergency distribution during the PHE] for the Farmers to Families Food Box Program.” The funds weren’t allocated specifically for this program, but USDA assessed the program to fit within the purpose. 	<ul style="list-style-type: none"> Allows USDA Food and Nutrition service to spend at a higher rate during the Continuing Resolution to provide supplemental USDA Foods to low-income seniors and some low-income women, infants and children up to age 6 with open-ended funding. 	<ul style="list-style-type: none"> \$13 million to the Commodity Supplemental Food Program, with 20% allowed to be used through September 30, 2021. \$1.5 billion “to purchase and distribute agricultural products ... to individuals in need, including through delivery to nonprofit organizations that can receive, store, and distribute food items,” among other purposes. The money would go, at least in part, to the Farmers to Families Food Box Program. 	<ul style="list-style-type: none"> \$37 million in additional funding for Commodity Supplemental Food Program, the program providing supplemental food to low-income people aged 60 or older. Removed the expiration date for the Farmers to Families Food Box Program, without change to appropriation of such amounts as are necessary. 	<ul style="list-style-type: none"> On April 17, 2020 with funding and authority from FFCRA, CARES, and existing authorities, USDA created the Coronavirus Food Assistance Program to provide direct relief to farmers and ranchers for lost commodities markets. Part of this program was the Farmers to Families Food Box Program that provided foods from suppliers to public and nonprofit “feeding organizations.” USDA has allocated \$6 billion and spent about \$4 billion on Farmers to Families Food Box program up to the end of 2020. On April 23, 2021 with funding from the American Rescue Plan, USDA announced an increase in food assistance for low-income seniors through \$37 million in additional support for Commodity Supplemental Food Program.

	Families First Act	CARES Act	2020 Continuing Resolution	FY 2021 Omnibus Appropriations & Coronavirus Relief Package	American Rescue Plan	Notable Agency Actions
Additional Provisions	<ul style="list-style-type: none"> • \$250 million for the Senior Nutrition Program in the Administration for Community Living (ACL) in HHS that provides home-delivered and prepackaged meals to low-income seniors. Includes \$160 million for Home-Delivered Nutrition Services, \$80 million for Congregate Nutrition Services, and \$10 million for Nutrition Services for Native Americans. • \$100 million for USDA to provide nutrition assistance grants to U.S. Territories – Territories do not participate in SNAP but receive capped block grants. 	<ul style="list-style-type: none"> • \$480 million for the Senior Nutrition Program and \$20 million for Native American Programs in ACL. • \$100 million for the Food Distribution Program on Indian Reservations, split evenly between facility improvements/equipment upgrades and costs related to additional food purchases. • \$200 million for USDA to provide nutrition grants to U.S. Territories. 		<ul style="list-style-type: none"> • \$175 million for Senior Nutrition Programs within ACL, including \$7 million for Tribal nutrition programs, along with increased flexibility to area agencies on aging and state units on aging to meet nutrition needs safely. • \$614 million to Puerto Rico and America Samoa for nutrition assistance, with \$15 million of that amount set aside for the Northern Mariana Islands. • \$75 million for the Gus Schumacher Nutrition Incentive Program with authority for the Secretary to reduce matching requirements for these funds. • \$20 million to the Agricultural Research Service to fill gaps in nutrition research through study of connection between agriculture production and human nutrition and health. 	<ul style="list-style-type: none"> • \$1 billion to establish the Pandemic Emergency Assistance Fund to provide funds to needy families affected by the pandemic, which can include emergency food aid and assistance for nonfood expenditures. • \$150 million in additional funding for Maternal, Infant, and Early Childhood Home Visiting, a HRSA program under HHS that connects pregnant women and families to supports and benefits, including WIC and SNAP. • \$1 billion for USDA to provide nutrition grants to U.S. Territories. 	
Total Specific Funding: \$35.3 billion	\$1.25 billion	\$26.6 billion		\$2.807 billion	\$4.642 billion	

Sources:

Congress.gov; The White House; House Appropriations Committee, Democratic Majority Staff; Congressional Research Service; Congressional Budget Office; USDA, HHS, Food and Research Action Center; Feeding America; Kaiser Family Foundation; Holland & Knight LLP; Grant Thornton LLP; Boodell & Domanskis LLC; Akin Gump Strauss Hauer & Feld LLP

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