



RESEARCH BRIEF #115

April 9, 2024

Adopting the Standard Medical Deduction Increased State SNAP Enrollment and Benefits

Yuwei Zhang, Jun Li, Dongmei Zuo, and Colleen M. Heflin

KEY FINDINGS

- The Supplemental Nutrition Assistance Program (SNAP) is a critical safety net program that helps reduce food insecurity among low-income households in the United States. However, many eligible households do not participate in SNAP due to burdensome administrative requirements.
- To make it easier for more older adults and people with disabilities to participate in SNAP, many states have adopted the Standard Medical Deduction (SMD) to simplify administrative requirements.
- Adoption of the SMD increased SNAP participation among eligible households by 20 percent and increased estimated annual SNAP benefits among the 21 participating states.

The Supplemental Nutrition Assistance Program (SNAP) is the largest food and nutrition assistance program in the United States. SNAP is a critical safety net program that helps reduce food insecurity among low-income U.S. households.¹ However, many eligible households do not participate in the program, including households with older adults and those with disabilities.² Additionally, burdensome administrative requirements such as complex application processes and extensive verification for eligibility worsen inequity in SNAP uptake and create disproportionate barriers for disadvantaged communities with high medical expenses.³⁻⁶

To make it easier for more older adults and people with disabilities to participate in SNAP, 21 states have adopted the Standard Medical Deduction (SMD) to simplify administrative requirements for households with older adults and people with disabilities claiming medical deductions. The SMD was designed as an alternative to the default federal medical deduction process, so that households with older adults and households with people with disabilities can verify that they incurred at least \$35 in out-of-pocket medical expenses to obtain deductions up to a state-specific deduction

amount.⁷ To ensure that SNAP expenditures did not increase, states had to reduce deductions elsewhere to get federal approval to adopt the SMD.

This brief summarizes findings from our [recent study](#)² that examined the associations between state SMD adoption and SNAP participation and benefits from 2004 to 2019. The study used national data from the SNAP Quality Control database, Characteristics of Supplemental Nutrition Assistance Program Households reports, and the American Community Survey.

SNAP Participation and Benefits among Eligible Households Increased when States Adopted the SMD

The study found that state implementation of the SMD led to a 20 percent increase in SNAP enrollment for eligible households. Similarly, the proportion of SMD-eligible households receiving SNAP increased by 4.7 percentage points. Benefit dollars for SMD-eligible households increased by approximately 19 percent, while benefit dollars for SMD-ineligible households *decreased* by 3.5 percent.

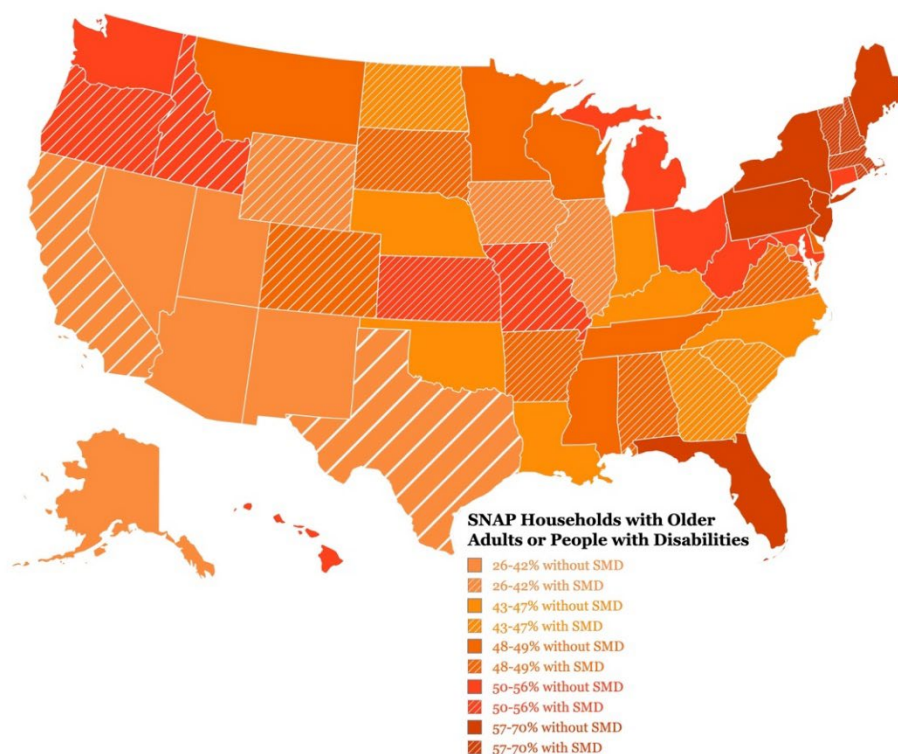


Figure 1: Share of Supplemental Nutrition Assistance Program (SNAP) Households Eligible for the Standard Medical Deduction (SMD) across States with and without the SMD in 2019

Data Source: Authors' calculations using publicly available data from the SNAP Quality Control database, 2004-19. *Note:* Only income eligible households with adults ages 60 or older or people with disabilities for the SMD in states that have adopted it.

Adopting the SMD Increased SNAP Participation of Older Adults and People with Disabilities

The SMD changed the composition of the SNAP caseload. The share of SMD-eligible SNAP households with older adults (ages 60+) and people with disabilities increased by 26 percent. These household types also had similar increases of 3.6 and 3.8 percentage

points in estimated SNAP participation rates. Additionally, the share of SMD-eligible households as a percentage of total SNAP households across U.S. states ranged from 26 percent to 70 percent in 2019 (see Figure 1). The mean and median shares across states were similar, at 49 percent and 48 percent. States with and without the SMD were also similar in their average shares of SNAP households that were eligible for the SMD at 49 percent.

States Should Consider Adopting SMD for Eligible Households to Help Reduce Administrative Barriers and Increase SNAP Participation

Our study demonstrates that easing medical deduction compliance requirements may be an effective approach to increasing SNAP participation among disadvantaged populations with high medical expenses, such as older adults and those with disabilities. However, policymakers considering adopting the SMD should also account for complex and interrelated issues like implementing cost-neutrality requirements (e.g. reductions in exemptions for other households), that may set one disadvantaged population against another.

Data and Methods

Data for each state and year are from the SNAP Quality Control database, which contains detailed information on an annual nationally representative sample of US households chosen for program integrity review in the SNAP Quality Control system. The study also used the Characteristics of Supplemental Nutrition Assistance Program Households reports (2004–19) and abstracted SNAP household counts and shares of households by household characteristics for each state and fiscal year. To calculate SNAP take-up for each household type, SNAP household counts were divided by estimated eligible population size, using American Community Survey data for 2004–19. Additional methodological details can be found in the [published paper](#).

References

1. Keith-Jennings, B., Llobrera, J., Dean, S. (2019). Links of the Supplemental Nutrition Assistance Program with food insecurity, poverty, and health: evidence and potential. *Am J Public Health*, 109(12):1636–40.
2. Li, J., Zuo, D., Heflin, C. (2023). Adoption Of Standard Medical Deduction Increased SNAP Enrollment And Benefits In 21 Participating States. *Health Affairs*, 42(8): 1173-1181.

3. Deshpande, M., Li, Y. (2019). Who is screened out? Application costs and the targeting of disability programs. *Am Econ J Econ Policy*, 11(4):213–48.
4. White House, Office of Management and Budget. (2021). Study to identify methods to assess equity: report to the president [Internet]. Washington (DC): OMB
5. Jenkins, JM., Nguyen, T. (2022). Keeping kids in care: reducing administrative burden in State Child Care Development Fund policy. *J Public Adm Res Theory*, 32(1):23–40.
6. Herd, P., Moynihan, D. (2020). Health Policy Brief: How administrative burdens can harm health. Health Affairs
7. State of Massachusetts, Executive Office of Health and Human Services. Standard medical deduction waiver [Internet]. Boston (MA): State of Massachusetts; [updated 2023 Jan 12.

Acknowledgements

A previous version of this research was presented at the Association for Public Policy Analysis and Management Fall Conference in Washington, D.C., November 18, 2022. This research was supported by the National Institute on Aging, National Institutes of Health (Grant No. P30AGO66583), awarded to the Center for Aging and Policy Studies, Syracuse University, in consortium with Cornell

University and the University at Albany. The authors thank William Clay Fannin, Gabriella Alfonso, and Katherine Hills (Maxwell School of Citizenship and Public Affairs, Syracuse University) for providing excellent research support.

Recommended Citation

Zhang, Y., Li, J., Zuo, D., and Heflin, C. (2024). Adopting the Standard Medical Deduction Increased SNAP Enrollment and Benefits. Lerner Center Population Health Research Brief Series. Research Brief #115. Accessed at: <https://surface.syr.edu/lerner/250/>

About the Authors

Yuwei Zhang (yzhan702@syr.edu) is a Ph.D. student in the Public Administration and International Affairs Program and a Graduate Research Associate in the Center

for Policy Research in the Maxwell School at Syracuse University (SU). **Jun Li** (jli208@syr.edu) is an Assistant Professor of Public Administration and International Affairs in the Maxwell School of Citizenship and Public Affairs at SU, a Faculty Associate in the Aging Studies Institute, and a Faculty Affiliate in the Center for Aging and Policy Studies and Center for Policy Research. **Dongmei Zuo** (dzu001@syr.edu) is a Postdoctoral Fellow at Emory University. **Colleen Heflin** (cmheflin@syr.edu) is an Associate Dean in the Maxwell School and Chair and Professor in Public Administration and International Affairs, a Senior Research Associate in the Center for Policy Research and Lerner Center for Public Health Promotion and Population Health, and an affiliate of the Center for Aging and Policy Studies in the Maxwell School at SU.

SYRACUSE UNIVERSITY LERNER CENTER FOR PUBLIC HEALTH PROMOTION & POPULATION HEALTH RESEARCH BRIEF SERIES

Series Editor - Shannon M. Monnat
426 Eggers Hall | Syracuse | New York | 13244
syracuse.edu | lernercenter.syr.edu

To access all our briefs, visit: <https://surface.syr.edu/lerner/>

The mission of the Syracuse University Lerner Center for Public Health Promotion & Population Health is to improve population and community health through research, education, and outreach focused on the social, spatial, and structural determinants of physical, mental, and behavioral health and health disparities.