

115TH CONGRESS
1ST SESSION

S. 1707

To amend the Food and Nutrition Act of 2008 to provide for a standard medical expense deduction under the supplemental nutrition assistance program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

AUGUST 2, 2017

Mrs. GILLIBRAND introduced the following bill; which was read twice and referred to the Committee on Agriculture, Nutrition, and Forestry

A BILL

To amend the Food and Nutrition Act of 2008 to provide for a standard medical expense deduction under the supplemental nutrition assistance program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “SNAP Standard Med-
5 ical Expense Deduction Act of 2017”.

6 **SEC. 2. STANDARD MEDICAL EXPENSE DEDUCTION.**

7 Section 5(e)(5) of the Food and Nutrition Act of
8 2008 (7 U.S.C. 2014(e)(5)) is amended—

1 (1) in the paragraph heading, by striking “EX-
2 CESS MEDICAL” and inserting “MEDICAL”;

3 (2) by striking subparagraph (A) and inserting
4 the following:

5 “(A) STANDARD MEDICAL DEDUCTION.—

6 “(i) IN GENERAL.—Subject to clause
7 (ii), a household containing an elderly or
8 disabled member shall be entitled, with re-
9 spect to expenses other than expenses paid
10 on behalf of the household by a third
11 party—

12 “(I) if the amount of actual costs
13 of allowable medical expenses incurred
14 by the elderly or disabled member for
15 a month, exclusive of special diets, is
16 equal to or greater than \$35, to a
17 standard medical deduction for each
18 month of an amount equal to—

19 “(aa) for fiscal year 2018,
20 \$140; and

21 “(bb) for fiscal year 2019
22 and each subsequent fiscal year,
23 the applicable amount during the
24 preceding fiscal year, as adjusted
25 to reflect changes for the 12-

1 month period ending the pre-
2 ceding June 30 in the Consumer
3 Price Index for All Urban Con-
4 sumers: Medical Care published
5 by the Bureau of Labor Statis-
6 tics of the Department of Labor;
7 or

8 “(II) if the amount of actual
9 costs of allowable medical expenses in-
10 curred by the elderly or disabled mem-
11 ber for a month, exclusive of special
12 diets, is greater than the sum of the
13 amount of that standard medical de-
14 duction and \$35, to a deduction equal
15 to the amount of those actual costs.

16 “(ii) EFFECT ON STATE AUTHORITY
17 TO ADJUST STANDARD MEDICAL DEDUC-
18 TION.—Nothing in this subparagraph pre-
19 cludes—

20 “(I) a State that has an ap-
21 proved standard medical deduction as
22 of the date of enactment of the SNAP
23 Standard Medical Expense Deduction
24 Act of 2017 in an amount that is
25 greater than the amount of the stand-

1 ard medical deduction described in
 2 item (aa) or (bb) of clause (i)(I), as
 3 applicable, from continuing in effect
 4 that standard medical deduction; or

5 “(II) the Secretary from approv-
 6 ing a standard medical deduction in
 7 an amount that is greater than the
 8 amount of the standard medical de-
 9 duction described in item (aa) or (bb)
 10 of clause (i)(I), as applicable.”; and

11 (3) in subparagraph (B)—

12 (A) in the subparagraph heading, by in-
 13 serting “ACTUAL COSTS” before “DEDUCTION”;
 14 and

15 (B) in clause (i), by striking “excess med-
 16 ical expense deduction” and inserting “actual
 17 costs deduction described in clause (i)(II) of
 18 that subparagraph”.

19 **SEC. 3. REPORTS AND STUDIES.**

20 (a) STATE PERFORMANCE ON ENROLLING ELIGIBLE
 21 SENIORS AND INDIVIDUALS WITH DISABILITIES IN LOW-
 22 INCOME HEALTH AND NUTRITION BENEFITS.—Section
 23 17 of the Food and Nutrition Act of 2008 (7 U.S.C. 2026)
 24 is amended by adding at the end the following:

1 “(m) STATE PERFORMANCE ON ENROLLING ELIGI-
 2 BLE SENIORS AND INDIVIDUALS WITH DISABILITIES IN
 3 LOW-INCOME HEALTH AND NUTRITION BENEFITS.—

4 “(1) DEFINITIONS.—In this subsection:

5 “(A) COVERED PROGRAM.—The term ‘cov-
 6 ered program’ means—

7 “(i) the supplemental nutrition assist-
 8 ance program;

9 “(ii) the Medicare part D low-income
 10 subsidy under section 1860D–14 of the So-
 11 cial Security Act (42 U.S.C. 1395w–114);
 12 and

13 “(iii) the Medicare Savings Program,
 14 as defined in section 1144(c)(7) of the So-
 15 cial Security Act (42 U.S.C. 1320b–
 16 14(c)(7)).

17 “(B) DISABLED INDIVIDUAL.—The term
 18 ‘disabled individual’ means a member of a
 19 household described in any of paragraphs (2)
 20 through (7) of section 3(j).

21 “(C) ELDERLY INDIVIDUAL.—The term
 22 ‘elderly individual’ means a member of a house-
 23 hold who is not less than 60 years old.

24 “(2) REPORTS.—

“(A) IN GENERAL.—Not later than June 30, 2018, and June 30 of each year thereafter, the Secretary, in collaboration with the Secretary of Health and Human Services and the Commissioner of Social Security, shall submit to the committees described in subparagraph (B) a report that assesses the effectiveness of each State in enrolling eligible elderly individuals and disabled individuals in each covered program.

“(B) COMMITTEES DESCRIBED.—The committees referred to in subparagraph (A) are—

“(i) of the House of Representatives—

“(I) the Committee on Agriculture;

“(II) the Committee on Ways and Means; and

“(III) the Committee on Energy and Commerce; and

“(ii) of the Senate—

“(I) the Committee on Agriculture, Nutrition, and Forestry; and

“(II) the Committee on Finance.

1 “(3) SPECIFIC MEASURES.—The report sub-
2 mitted under paragraph (2)(A) shall include, with
3 respect to the previous fiscal year—

4 “(A) an estimate of the number of elderly
5 individuals and the number of disabled individ-
6 uals, by State, who were eligible for each cov-
7 ered program;

8 “(B) an estimate of the number of elderly
9 individuals and the number of disabled individ-
10 uals, by State, who participated in each covered
11 program;

12 “(C) an estimate of the number of elderly
13 individuals and the number of disabled individ-
14 uals who were eligible for all 3 covered pro-
15 grams;

16 “(D) an estimate of the number of elderly
17 individuals and the number of disabled individ-
18 uals who participated in all 3 of the covered
19 programs; and

20 “(E) an estimate of—

21 “(i) the number of individuals whose
22 eligibility for each covered program was
23 initiated through an application with the
24 Social Security Administration;

1 “(ii) the number of individuals de-
 2 scribed in clause (i) who qualified for each
 3 covered program; and

4 “(iii) the number of individuals de-
 5 scribed in clause (i) who participated in
 6 each covered program.

7 “(4) PERFORMANCE INNOVATIONS.—The report
 8 submitted under paragraph (2)(A) shall include a
 9 description of best practices of one or more States
 10 with the best performances for that fiscal year, or
 11 the most improved performances from the previous
 12 fiscal year, under each of the measures described in
 13 paragraph (3).”.

14 (b) STUDIES ON DISABILITY AND FOOD INSECU-
 15 RITY.—Section 17 of the Food and Nutrition Act of 2008
 16 (7 U.S.C. 2026) (as amended by subsection (a)) is amend-
 17 ed by adding at the end the following:

18 “(n) STUDIES ON DISABILITY AND FOOD INSECU-
 19 RITY.—

20 “(1) DEFINITION OF DISABLED INDIVIDUAL.—

21 “(A) IN GENERAL.—In this subsection, the
 22 term ‘disabled individual’ means a member of a
 23 household described in any of paragraphs (2)
 24 through (7) of section 3(j).

“(B) INCLUSIONS.—In this subsection, the term ‘disabled individual’ includes a member of a household who, as determined by the Secretary—

“(i) is not considered disabled under subparagraph (A); but

“(ii) has a physical, mental, or sensory condition that limits the daily activities of the individual.

“(2) STUDIES.—The Secretary—

“(A) shall carry out a study—

“(i) on the relationship between disability and food insecurity for disabled individuals;

“(ii) on the effectiveness of Federal food assistance programs in responding to the causes of food insecurity in households with disabled individuals; and

“(iii) making recommendations for how Federal food assistance programs could be improved to better meet the needs of households with disabled individuals; and

“(B) in collaboration with the Civil Rights Division of the Department of Justice, shall

1 carry out a study on the best practices of
2 States in complying with—

3 “(i) section 504 of the Rehabilitation
4 Act of 1973 (29 U.S.C. 794) and the
5 Americans with Disabilities Act of 1990
6 (42 U.S.C. 12101 et seq.) regarding prac-
7 tices to avoid discrimination on the basis
8 of disability, such as through provision of
9 reasonable accommodations, in carrying
10 out Federal food assistance programs; and

11 “(ii) section 508 of the Rehabilitation
12 Act of 1973 (29 U.S.C. 794d) regarding
13 the comprehensive use of adaptive tech-
14 nologies for disabled individuals in access-
15 ing Federal food assistance programs.

16 “(3) REPORT.—Not later than 1 year after the
17 date on which the studies are completed under para-
18 graph (2), the Secretary shall submit to the Com-
19 mittee on Agriculture of the House of Representa-
20 tives and the Committee on Agriculture, Nutrition,
21 and Forestry of the Senate a report describing the
22 results of the studies, including such recommenda-
23 tions as the Secretary considers appropriate.”.

24 (c) REPORT ON STANDARD MEDICAL DEDUCTION.—

25 Section 17 of the Food and Nutrition Act of 2008 (7

1 U.S.C. 2026) (as amended by subsection (b)) is amended
2 by adding at the end the following:

3 “(o) REPORT ON STANDARD MEDICAL DEDUC-
4 TION.—Not later than 2 years after the date of enactment
5 of the SNAP Standard Medical Expense Deduction Act
6 of 2017, the Secretary shall submit to the Committee on
7 Agriculture of the House of Representatives and the Com-
8 mittee on Agriculture, Nutrition, and Forestry of the Sen-
9 ate a report that—

10 “(1) identifies which States were most effective
11 at increasing the use by individuals in the State of
12 the standard medical deduction authorized under
13 section 5(e)(5)(A) during the period covered by the
14 report; and

15 “(2) provides an assessment of which factors
16 were important in increasing the use of the standard
17 medical deduction by individuals in the States identi-
18 fied under paragraph (1).”.

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