The Current State of Knowledge on SNAP Restrictions and Disincentives

Healthy Eating Research

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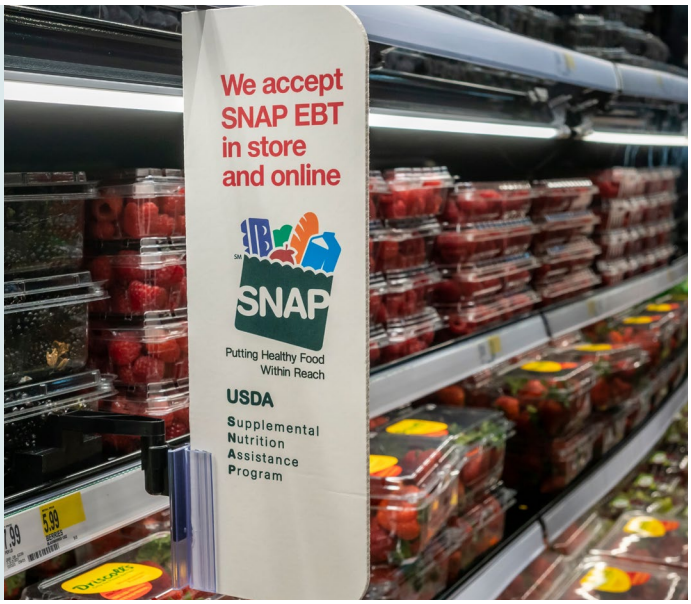
Little is known about the impacts of SNAP restrictions on the health of program participants. This brief provides a narrative review of published evidence on SNAP restrictions and combined incentive-disincentive approaches, highlighting the approaches' historical context, perceptions among program participants, and evidence of impact on SNAP participants' purchases and health. Additional studies are needed to rigorously evaluate the implementation process and intervention effects of SNAP restrictions and approaches pairing incentives with restrictions.



Introduction

Poor diet quality is a leading contributor to negative health outcomes across the U.S. People across all income levels struggle to eat a healthy diet, however, those with lower incomes face systemic, political, and structural barriers that limit financial resources and household food choices. Therefore, systems-level changes that have the greatest potential to improve the nutrition and health of all people in the U.S., particularly households with low incomes, are needed.

The United States Department of Agriculture (USDA) administers the Supplemental Nutrition Assistance Program (SNAP), which, in fiscal year 2024 served more than 41 million people in the U.S.[1] In 2023, 79% of households receiving SNAP benefits included a child, elderly individual, or nonelderly individual with a disability.[2] The goal of SNAP is to provide financial benefits to households with low incomes to supplement their grocery budgets, allowing them to afford nutritious foods.[3] There is a wide body of research demonstrating the many benefits of SNAP. The program: 1) reduces poverty, 2) generates economic activity, 3) reduces food insecurity, 4) reduces health care expenditures, and 5) improves health outcomes.[4-6]

About SNAP Benefits

SNAP benefits may be used at authorized retailers to purchase almost any food, with some exceptions (e.g., hot prepared foods). To receive benefits, individuals must meet work and income eligibility requirements. These requirements are determined by state agencies and do not account for varying costs of living across the country. SNAP is designed to supplement household food budgets and is not intended to fully cover monthly household food expenses; the average benefit per person per month was $187 in 2024.[7] The SNAP program is authorized under the Farm Bill, which was last enacted in December 2018 and has been extended twice since then. The current extension is set to end on September 30, 2025.

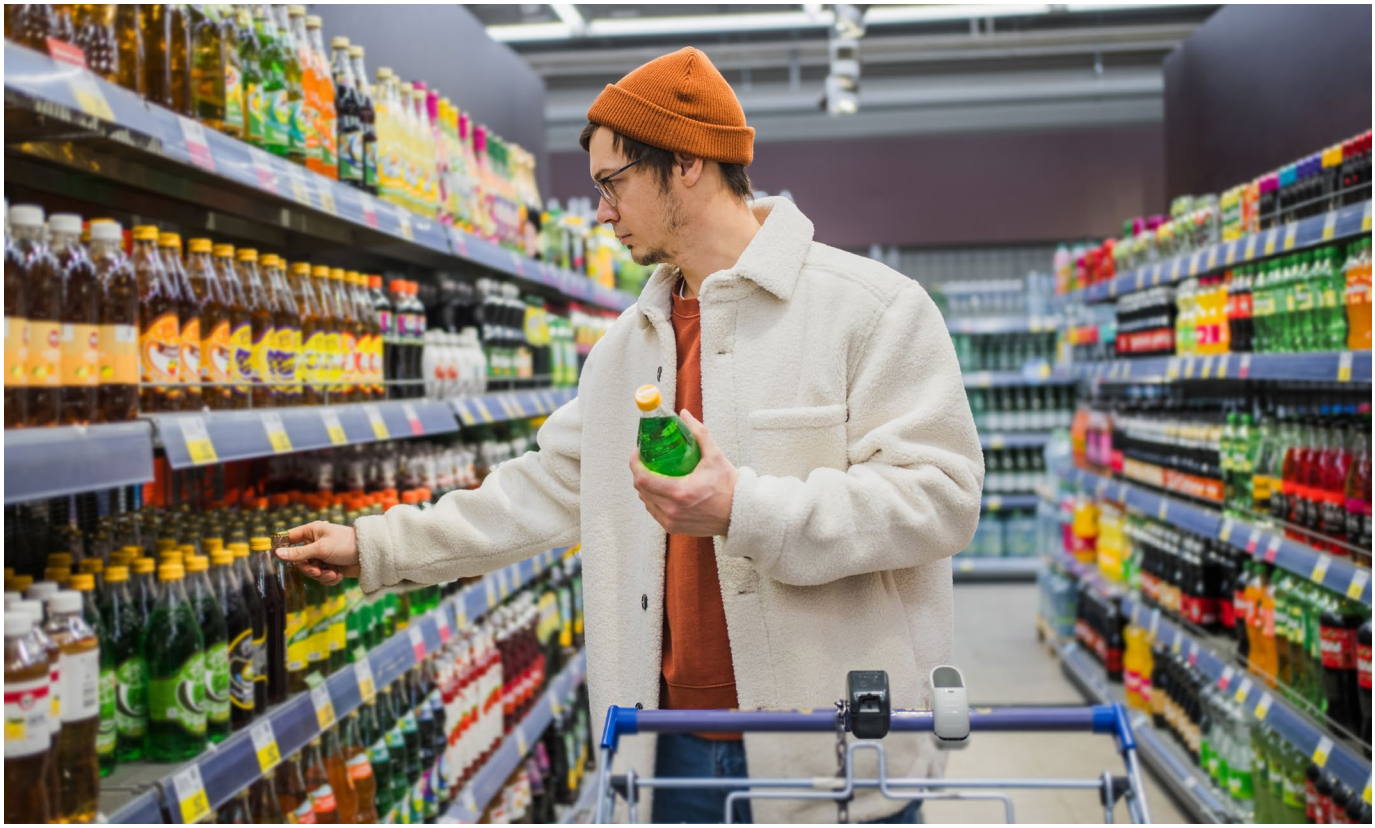
Some research suggests that adult SNAP participants have lower diet quality than income-eligible nonparticipants and higher-income nonparticipants.[8-10] Possible approaches to improve diet quality among SNAP participants have been considered in recent years, including:

1. increasing SNAP benefit amounts, which would provide households with more purchasing power to afford healthier foods;
2. expanding and investing in SNAP-Ed, which provides nutrition education for SNAP participants and supports policy, systems, and environmental interventions in communities;
3. implementing healthy incentive programs, which offer SNAP households more money to purchase healthy foods like fruits and vegetables;
4. restricting unhealthy foods and beverages from being purchased with SNAP benefits; and
5. combining disincentives with fruit and vegetable incentive approaches, which discourage or prevent unhealthy foods and beverages from being purchased while encouraging healthy purchases.

Despite numerous recommendations for strategies to improve nutrition in SNAP, questions remain as to which of the recommended strategies would be most effective at improving diet quality. One notable exception is healthy incentive programs, which have gained traction due to a growing body of evidence supporting their effectiveness, and thus have received federal and state government funding.

The first Fresh Fruit and Vegetable Pilot was authorized in 2002 as the Healthy Incentives Pilot (HIP). This pilot formed the foundation of multiple iterations of incentive programs that have continued to be reauthorized, including through the most recent 2018 Farm Bill as the Gus Schumacher Nutrition Incentive Program (GusNIP).[11] Large-scale evaluations of the program repeatedly show that participation is associated with higher fruit and vegetable intake and improved food security.[12-15] While healthy food incentive programs have been well-studied, far less is known about disincentives or purchasing restrictions.

This brief provides a narrative review of published evidence on SNAP restrictions and combined incentive-disincentive approaches (a means to discourage purchases while maintaining choice), highlighting the historical context, perceptions of program participants, and the evidence of impact on purchases and health.



Policy Relevance: Recent Action on SNAP Waivers

SNAP program rules and regulations can be modified through various mechanisms. Permanent changes to SNAP (e.g., program eligibility, benefit amounts) require congressional action, such as via the Farm Bill, or, more recently, budget reconciliation, which is a process by which budget-related legislation is considered and changes can be made to included programs.[16] Temporary program changes can be made through relief measures (e.g., COVID-19) or pilot waivers, which are requested by state governments and approved by federal government agencies. Pilot projects, also known as demonstration projects, provide a mechanism for USDA to temporarily waive SNAP requirements and regulations to test program changes and novel approaches. USDA Food and Nutrition Service (FNS) may approve waivers for a maximum of five years. While USDA FNS has the authority to grant waivers, Congress has the power to expand USDA's waiver authority, such as during emergencies.

In April 2025, USDA Secretary Brooke Rollins and HHS Secretary Robert F. Kennedy Jr. called for governors to submit waiver requests for testing strategies to promote nutritious food and limit what can be purchased with SNAP benefits.[17] Since then, the agency has moved quickly to approve and issue state waivers. Six states – Arkansas, Idaho, Iowa, Indiana, Nebraska, and Utah – were the first states to be approved.[18] On August 6, 2025, six more state waivers were approved – Texas, Oklahoma, Louisiana, Colorado, Florida, and West Virginia.[18] All waivers will go into effect starting in 2026.

USDA is encouraging states to restrict the purchase of "non-nutritious items like candy and soda" to improve health outcomes through SNAP;[18] however, guidance to states lack a clear definition of "non-nutritious items." This has led states to independently define the term in their waiver requests, resulting in inconsistent definitions and restrictions.[18] Inconsistencies in definitions may make it difficult to compare evaluation results across states and inhibit consistent implementation and enforcement.

Table 1. Examples of States' Waiver Restrictions

State	Target Implementation Date	Summary
Arkansas	07/01/2026	Restricts purchase of soda, fruit and vegetable drinks with less than 50% natural juice, unhealthy drinks, and candy.
Colorado	03/01/2026	Restricts purchase of soft drinks.
Florida	01/01/2026	Restricts purchase of soda and candy.
Idaho	01/01/2026	Restricts purchase of soda and candy.
Indiana	01/01/2026	Restricts purchase of soft drinks and candy.
Iowa	01/01/2026	Restricts purchase of all taxable food items as defined by Iowa Department of Revenue, such as candy and soda.[a]
Louisiana	01/15/2026	Restricts purchase of soft drinks, energy drinks, and candy.
Nebraska	01/01/2026	Restricts purchase of soda and energy drinks.
Oklahoma	01/01/2026	Restricts purchase of soft drinks and candy.
Texas	04/01/2026	Restricts purchase of sweetened drinks and candy.
Utah	01/01/2026	Restricts purchase of soft drinks.
West Virginia	01/01/2026	Restricts purchase of soda.

** Table modified from USDA FNS website: https://www.fns.usda.gov/snap/waivers/foodrestriction*

[a] See a full list of included items on pages 3-4 here: https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-foodrestriction-waiverApproval-Iowa.pdf

Historical Context

Policymakers and advocates have long debated testing SNAP purchase restrictions, weighing the effectiveness and ethics of this approach.[19] Proponents of restricting or disincentivizing unhealthy foods argue that such strategies may improve diet quality among SNAP participants. For example, many supporters of this approach emphasize that just as tobacco, a known harmful substance, is not allowed to be purchased with SNAP benefits, sugar-sweetened beverages (SSBs) should be restricted as they do not offer nutritional value and are harmful to human health.[19,20] Additionally, removing SSBs from SNAP-eligible foods better aligns SNAP with other federal nutrition programs such as WIC and school meal programs, which similarly restrict SSBs.[19]

In contrast, opponents of this approach argue that restriction policies unfairly limit food choices for people with low incomes and lead to increased stigmatization of program participants, which could in turn reduce program participation.[19] They also argue that food restrictions could have significant negative impacts on retailers, including that retailers may stop participating in SNAP due to decreased revenue and increased implementation costs.[19] Reduced retailer participation would have considerable implications on food accessibility and availability for SNAP participants.

Before Spring 2025, USDA had denied all requests for waivers to pilot restrictions on purchases of SSBs and candy with SNAP benefits. Approaches that combine fruit and vegetable incentives with total restrictions or disincentives are not currently implemented in the U.S. and no waiver requests for testing such a model have been submitted as of August 2025.

Key Findings of Literature Review: Disincentives, Restrictions, and Combination Approaches

A narrative review was conducted to assess the impact of SNAP disincentives, restrictions, and combined incentive-disincentive approaches on consumer purchasing, health, diet quality, and SNAP participant perceptions.

Searches of the peer-reviewed, academic, English-language literature published before July 2025 were conducted in PubMed to identify papers on SNAP disincentives, restrictions, and combination approaches. Included study designs were randomized controlled trials, experimental and quasi-experimental, simulation, observational, qualitative studies, and reviews. In total, 116 articles were screened, and 17 articles were reviewed for this brief.

Impact on Purchasing

Evidence on the impact of restricting purchases of SSBs, and at the same time incentivizing fruits and vegetables, is mixed. There is no consensus on which approach would be better suited to increasing purchases of fruits and vegetables or decreasing purchases of other foods high in added sugars.

Systematic reviews summarizing evidence from randomized controlled trials (RCTs) and modeling studies largely conclude that stand-alone restrictions could lead to a decrease in SSB purchases,[21,22] with one review stating that SSB expenditures could decrease by $1.60 to $4.80 for every $10 in restricted SNAP spending.[22]

An RCT by French and colleagues examined the effects of financial incentives and restrictions on food purchasing.[23] The RCT was conducted over a 12-week period among 279 SNAP-eligible nonparticipants and near-eligible households living in the Minneapolis-St. Paul metropolitan area. Participants received one of the following conditions: 1) control – amount equivalent to SNAP benefits; 2) incentive – receipt of an additional $0.30 for every $1.00 spent on eligible fruits and vegetables; 3) restriction – no purchase of SSBs, sweet baked goods, or candies with food benefits; or 4) incentive plus restriction – a 30% incentive for fruit and vegetables plus total restriction on SSBs, sweet baked goods, and candies. Purchases of SSBs decreased the most among the restriction-only group ($-1.40), compared to the incentive plus restriction ($-0.80) and control groups ($+1.50). However, the restriction-only group experienced the smallest increase in weekly purchases of fruit ($1.70) while the incentive plus restriction group experienced the largest increase ($4.80) in fruit purchases, compared to the control ($2.10). Weekly purchases of vegetables did not significantly change by group.

Another analysis of the same study examined the cyclical purchasing patterns of fruits and vegetables and foods high in added sugars.[24] This analysis found that all conditions increased fruit and vegetable purchasing for the first week, but expenditures declined in the second week and throughout the remainder of the month. The incentive arm spent the most on fruit and vegetables in the first week ($6.72) compared to the control, followed by the financial incentive plus restriction group ($6.44) and the restriction group ($5.32). The incentive plus restriction and restriction-only groups spent less on foods high in added sugar compared to the control groups in weeks 1 and 2 ($8.42 and $8.17 less, respectively). The restriction-only group spent less on foods high in added sugar than the control group throughout the benefit amount, although the difference declined significantly throughout the month. Expenditures for the incentive and control groups were cyclical, meaning households spent a disproportionately larger portion of their benefits early in the month, while restriction-only and incentive plus restrictions groups did not demonstrate this pattern.

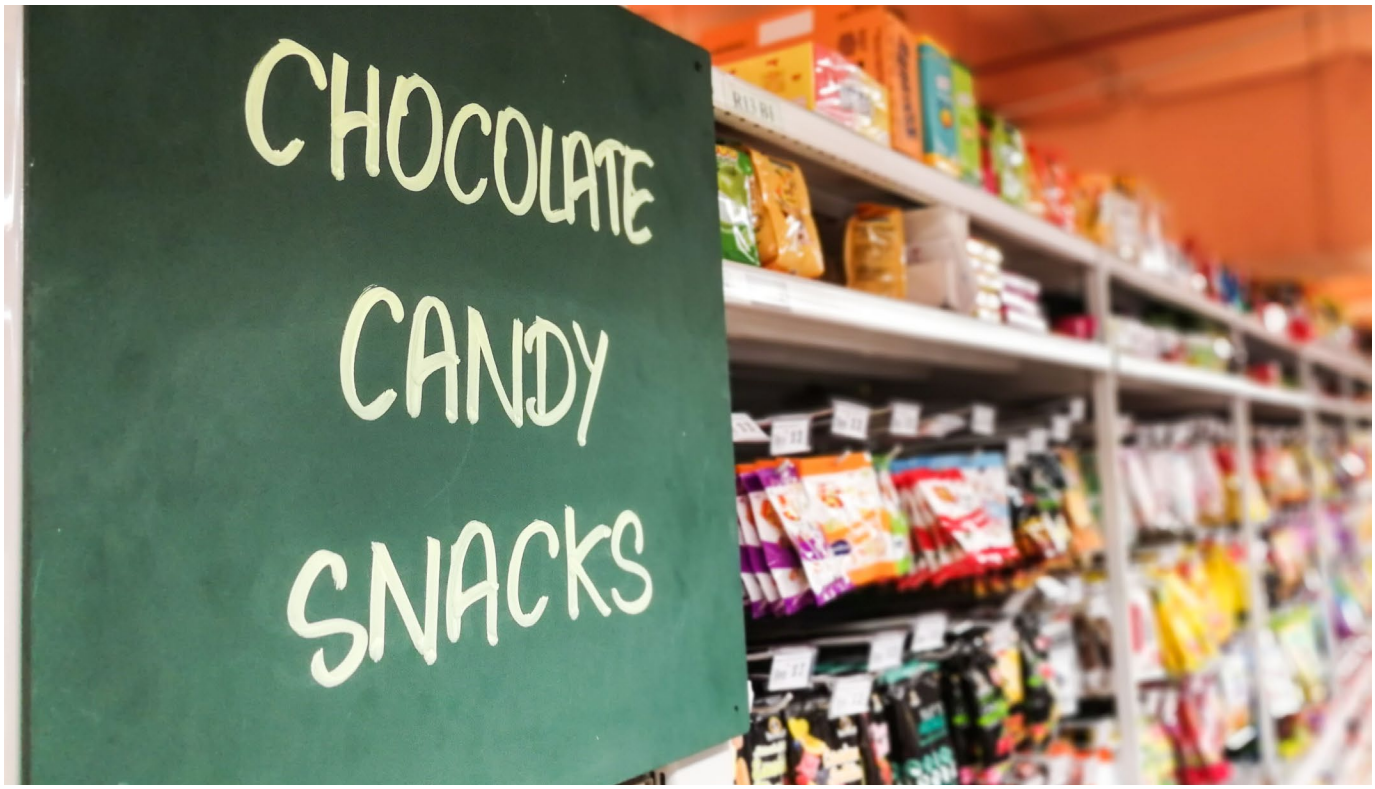
An RCT published by Harnack and colleagues in 2024 was conducted among 224 SNAP-eligible child-adult pairs living in the Minneapolis-St. Paul metropolitan area over a 20-week period, where all participants received a debit card loaded monthly to purchase food.[25] The study compared 1) total restriction of SSBs, sweet baked goods, and candy purchases, 2) a restriction paired with a 30% fruit and vegetable incentive, and 3) control (no restrictions or incentives), and found that spending on SSBs was significantly lower in the restriction ($2.66/week) and restriction paired with incentive ($2.06/week) groups compared to the control group ($4.44). There were no meaningful differences in fruit and vegetable spending across groups. This study did not include an incentive-only group.

A cross-sectional study of the 2012-2013 National Household Food Acquisition and Purchase Survey compared SNAP and non-SNAP household purchasing of SNAP-restricted foods to model how future restrictions may impact SNAP participant purchasing patterns.[26] The SNAP-restricted foods in the study included hot foods, hot prepared foods, alcohol, and vitamins and meal supplements. They found that SNAP participants and income-eligible non-participant households had similar expenditures on SNAP-restricted foods, suggesting that future restrictions may not result in changes to SNAP household purchases.

Impact on Health and Diet Quality

The evidence on the impact of restrictions and combined restriction and disincentive approaches on diet quality is mixed. Some studies found that the paired approach led to improved healthy eating index (HEI) scores—a validated measure of diet quality—and others saw no change in HEI scores from either intervention. Modeling studies indicate that there may be health gains from both approaches.

Harnack and colleagues published an RCT in 2016 conducted among 265 SNAP-eligible participants randomized into one of four conditions: 1) restriction – not allowed to buy sugar sweetened beverages, sweet baked goods, or candies; 2) incentive – a 30% financial incentive for fruits and vegetables; 3) incentive plus restriction; and 4) control – similar to normal SNAP benefits.[27] This study found that incentives plus restrictions, compared to the control group, reduced intake of energy, discretionary calories, SSBs, sweet baked goods, and candies, while improving overall HEI scores.[27] More specifically, restrictions and incentives plus restrictions significantly reduced energy intake per day (-105 kcal/day and -96 kcal/day, respectively) compared with the control arm (80 kcal/day). The only other significant association for the restrictions is that it significantly decreased HEI scores or worsened diet quality (-2.3 points) compared to the incentive group (+1.6 points).



The incentive plus restriction arm had the most significant increase in overall diet quality compared to the control (+4.1 points). All other nutrition-related findings were null. This study found that all experimental conditions reduced low or very low food security status among the participants, with the incentive group having the most significant change (-60.3 percentage points) compared to the control (-31.8 percentage points). Comparatively, Harnack's 2024 RCT found no differences or changes in observed nutrition or food security measures between conditions.[25] Their 2024 study lacked an incentive-only arm.

Modeling studies assessing the effects of SNAP restrictions on children's diets estimate that restricting SSB purchasing could reduce daily SSB intake by 108-112 grams per person, or about half a cup of soda.[28,29] BMI may decrease if children were to substitute SSBs for 100% juice or milk, however, it's unlikely that reductions would be significant enough to impact obesity prevalence, and reductions in BMI are only possible if SSBs are substituted for healthier beverages.[29] A microsimulation study compared 1) a 30% incentive for fruits and vegetables, 2) a fruit and vegetable incentive with total restrictions of SSBs, and 3) a combined incentive/disincentive providing a 30% incentive for fruits and vegetables and a 30% disincentive for purchasing SSBs, junk food, and processed meats.[30] The researchers concluded that over five years, the largest healthcare savings would result from the combined incentive/disincentive model. Another modeling study among adults suggests that banning SNAP purchases of SSBs could significantly reduce obesity prevalence and type 2 diabetes.[31]

Participant Perceptions

Across all studies examining perceptions of SNAP policy approaches, participants and non-participants consistently favor increasing benefit amounts and fruit and vegetable incentives, followed by combined fruit and vegetable incentives and restrictions on unhealthy items. The least favored approach across all respondents is restrictions on unhealthy foods (both candy and soda).

The most recently published perceptions study was conducted among 1,656 SNAP participants nationwide in June 2024.[32] Study participants favored increasing SNAP benefits (79%) and providing additional benefits for healthy foods compared to restrictions on candy (30%) and sugary drinks (29%).

A public opinion study on a nationally representative adult sample (n=1073, 387 SNAP participants and 686 non-participants) asked participants' perspectives of six potential SNAP approaches to improve diet quality[33] —1) sugary drink restriction, 2) candy restriction, 3) providing participants with more total benefits, 4) additional benefits only for purchasing healthful foods like fruits and vegetables, 5) providing a fruit and vegetable incentive with additional benefits based on the volume of fruits and vegetables purchased, and 6) increasing the frequency of benefit issuance. Of the six approaches, additional benefit dollars for fruit and vegetable purchases (83%), a 30% fruit and vegetable incentive (78%), and increased total benefits (76%) were the most favored among all respondents, while restricting sodas (63%) and candy (67%) were the least favored. SNAP participants favored additional total benefits (86%) and fruit and vegetable incentives (90%) significantly more than nonparticipants (75% and 77%, respectively), while nonparticipants significantly favored sugary drink restriction and candy restriction policies more than SNAP participants.[33]

In another study, 118 SNAP participants and 269 nonparticipants with food insufficiency (i.e., not having enough food to eat) were recruited and surveyed through Amazon's Mechanical Turk, an online crowdsourcing marketplace. Survey respondents significantly favored a SNAP program pairing healthy incentives with exclusions of sugary beverages compared to SNAP as-is (68% of participants and 83% of nonparticipants).[34] Another study conducted using Mechanical Turk among 202 SNAP participants and 368 nonparticipants with food insufficiency found similar results, with SNAP participants favoring fruit and vegetable incentives the most (SNAP participants 86%; nonparticipants 80%), followed by increasing total benefits (SNAP participants 84%; nonparticipants 73%), then pairing incentives with removing sugary drinks (SNAP participants 60%; nonparticipants 69%), and lastly, removing sugary drinks from purchases allowed under SNAP (SNAP participants 53%; nonparticipants 70%).[35] Similarly, when focus groups, including 73 SNAP participants and SNAP-eligible nonparticipants residing in Georgia, were asked about their views toward incentives for fruit and vegetable purchases and restrictions on SSBs, they had a more favorable view toward incentivizing fruits and vegetables.[36] Another survey of 3,024 adults across the U.S., including 418 SNAP participants and 2,606 non-eligible nonparticipants, found that respondents were most supportive of additional benefits for healthy foods (82%), followed by larger investments in SNAP-Ed (74%), removing sweetened beverages (69%), and lastly, providing more benefits (65%).[37] Among SNAP participants, support for removing sweetened beverages was significantly lower at only 54% of respondents.[37]

Limitations

The existing evidence on disincentives, restrictions, and combined approaches is limited in that these studies were experimental and relied on non-SNAP populations with similarly low incomes since federal waivers to pilot these interventions were not approved before 2025. Thus, these findings may not be generalizable to actual SNAP participants. Enacting these changes in SNAP (rather than SNAP-like programs) would require different interventions than the ones tested (e.g., the incentives and disincentives or restrictions would need to be integrated with SNAP EBT cards, all SNAP

participants in the pilot geography would need to be recruited, actual SNAP participants may make different purchase decisions than income-eligible nonparticipants, and effects may differ when scaled to a state-level). In addition, the intervention groups across studies are inconsistent, as some studies test incentives paired with total restrictions while others examine incentives paired with disincentives. The items included in restrictions and disincentives are also inconsistent across studies (i.e., only SSBs vs. SSBs, baked goods, and candies).

Future Research Needs

SNAP waivers are required, by law, to include an evaluation to determine the effects of the demonstration project. Historically, USDA has required that states seeking SNAP waivers submit rigorous evaluation plans and has denied waiver requests that did not meet their standards. To further the evidence, USDA should maintain its standards for rigorous evaluation plans and require that states evaluate purchases and consumption to assess the impact of SNAP restrictions and/or disincentives on diet quality. Evaluations should also assess potential unintended consequences of restrictions, such as reduced participation in the program among eligible individuals and/or retailers or increased stigma.

SNAP pilot studies are needed to rigorously evaluate the implementation process and intervention effects of SNAP restrictions and pairing incentives with restrictions. In addition to requiring rigorous evaluation plans for restriction waivers, USDA should encourage states to submit waiver requests for the combined approach.

USDA should work with state agencies and their research partners to ensure all are evaluating similar outcomes to allow for comparison of data across states. Efforts to evaluate recently-approved SNAP restrictions should examine:

SNAP Participation and Participant Experiences

- SNAP participation rates pre- and post-implementation;
- Differential impacts as measured by sociodemographic characteristics (e.g., income, race/ethnicity, region, household size); and
- Experiences of SNAP participants, including perceptions, stigma, stress, dignity, and autonomy.

Purchases, Health Outcomes, and Diet Quality

- SNAP participant purchasing decisions, including purchases made using personal funds (e.g., are people purchasing restricted foods with non-SNAP dollars);
- How SNAP waivers impact cross-border purchasing (e.g., do individuals living near a state border cross into states where waivers have not been approved);
- Substitution decisions and how substitutions affect diet quality; and
- Effects on SNAP participant diet quality, health outcomes, and food security, disaggregated by income.

Implementation and Retail Environment

- Federal and state costs over time;
- Changes to in-store marketing and price promotions of restricted items;
- Administrative burden, implementation challenges, and costs for state agencies, retailers, and industry compliance; and
- Retailer participation in the SNAP program by type and context (i.e., rural and urban).

Upon receiving evaluation data, USDA should compare data between states to determine if impacts of restriction approaches differ across outcomes, as well as whether restrictions on different items were more successful than others (e.g., restricting soda vs. soda plus candy vs. other items). Considering how to define included food categories will be important for future implementation as more states may seek to approve similar waivers.

Conclusions

USDA's recent actions to approve state waivers restricting the purchase of sweetened beverages and other unhealthy foods with SNAP benefits provide an opportunity for robust evaluations to better understand how altering eligible SNAP purchases may affect the health and diet quality of SNAP participants. Strong evaluations are critical as findings of these pilots may lead to future policy and program changes, which will have a direct impact on the lives of people who participate in SNAP. In the meantime, there is a large body of evidence supporting the use of fruit and vegetable incentives, thus larger financial and policy commitments to expand federal programs and further scale this approach are needed.

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About Healthy Eating Research

Healthy Eating Research (HER) is a national research program with funding provided by the Robert Wood Johnson Foundation. Technical assistance and direction are provided by Duke University under the direction of Mary Story PhD, RD, program director, and Megan Lott, MPH, RDN, deputy director. HER supports research to identify, analyze, and evaluate environmental and policy strategies that can promote healthy eating among children and prevent childhood obesity. Special emphasis is given to research projects that benefit children and adolescents and their families, especially among lower-income and racial and ethnic minority population groups that are at highest risk for poor health and well-being and nutrition related health disparities. For more information, visit ***www.healthyeatingresearch.org*** or follow HER on Twitter at ***@HEResearch.***