CHILDREN'S HealthWatch
301 Albany Street
3rd Floor
Boston, MA 02119
Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org

October 18, 2025

Joint Committee on Children, Families and Persons with Disabilities

The Honorable Robyn Kennedy, Chair
State House, Room 312-D
Boston, MA 02133

The Honorable Jay Livingstone, Chair
State House, Room 146
Boston, MA 02133

RE: Testimony on bills heard by the Committee during the Department of Transitional Assistance (DTA) hearing on September, 16 2025

Chair Kennedy, Chair Livingstone and distinguished members of the Joint Committee on Children, Families and Persons with Disabilities:

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch in support of several bills that provide basic needs for families with children, and in opposition to bills that block access to basic needs. Children's HealthWatch seeks to achieve health equity for young children and their families by advancing research to transform policy. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care in urban emergency departments and primary care clinics in four cities: Boston, Minneapolis, Little Rock, and Philadelphia. Headquartered at Boston Medical Center, since 1998, we have interviewed over 80,000 caregivers and analyzed data from those interviews to determine the impact of public policies on the health and development of young children and their families' well-being.

We write in **strong support** of the following bills heard by the Committee during its hearing on September, 16, 2025:

- An Act establishing basic needs assistance for residents (H.207) & An Act establishing basic needs assistance for Massachusetts immigrant residents (S.117)
- An Act to lift kids out of deep poverty (H.214/S.118)
- An Act establishing a diaper benefits pilot program (H.220/S.151)

H.207: An Act establishing basic needs for residents
S.117: An Act establishing basic needs assistance for Massachusetts immigrant residents

In 1996, the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) barred immigrants living in the country 5 years or less, and later those with Deferred Action for Childhood Arrivals (DACA) or Temporary Protected Status (TPS), from several safety net programs, including the Supplemental Nutrition Assistance Program (SNAP) and cash benefits. These restrictions not only stripped families of benefits for which they had previously been eligible, but to this day, continue to foster fear of immigration-related consequences for enrolling in benefit programs, known as the "chilling effect".[1–3]

Recognizing the harmful health and economic consequences of this exclusion, Massachusetts temporarily provided state-funded food and cash benefits to its immigrant residents from 1997 to 2002. However, when the temporary expansion expired at the end of 2002, many immigrant families again

CHILDREN'S HealthWatch
30 N Albany Street
3rd Floor
Boston, MA 02119
Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org

became ineligible for SNAP and cash benefit programs and have been ever since. This exclusion harms the health and well-being of immigrant families and limits entire communities' ability to meet their basic needs.[4,5] Now, following the passage of the federal One Big Beautiful Bill Act, additional groups of legally present immigrants – refugees, immigrants granted asylum, victims of human trafficking and domestic violence – have also been stripped of eligibility for SNAP.

These exclusions have real consequences for immigrant children and families. Food insecurity and economic instability are both harmful to health both in short and long-term, posing negative consequences for children's learning, growth, development, and future health outcomes. Research demonstrates compared to children of US-born adults, children of immigrants are more likely to be food insecure and in poor health, particularly among those most recently arrived.[6,7] Excluding immigrants from food and cash assistance exacerbates inequities, and often has a ripple effect on US citizen family members, as immigrant families may forgo benefits for which their children are eligible due to fear.[8] This has become all the more heightened during the current federal administration and the escalation of militarized enforcement and anti-immigrant rhetoric.[9–12]

H.207/S.117, filed by Representative Cabral and Senator DiDomenico, would restore and expand state-funded benefits to legally present immigrants currently left out of SNAP, helping families with low incomes across the Commonwealth afford food. Further, S.117 would provide state-funded cash benefits to legally present immigrants currently left out of Transitional Aid to Families with Dependent Children (TAFDC).

Access to basic needs, including food, housing, utilities, and health care, is critical for the health and development of young children as well as parents' mental and physical health. Decades of research from Children's HealthWatch and others has shown SNAP to be effective in reducing food insecurity, improving health outcomes, reducing health care costs, and supporting educational success.[13–18] Importantly, participating in SNAP also "frees up" dollars in a household budget, allowing for more money each month to go towards other much-needed, health-promoting costs, such as rent, utilities, and healthcare.[19–23] When families have their nutrition and/or cash assistance terminated or reduced, they are more likely to experience increased child hospitalizations, maternal depression, and food insecurity.[24,25]

Immigrants are essential and integral members of our communities. Ensuring everyone can meet their basic needs sustains the fundamental building blocks of a healthy, prosperous Commonwealth. H.207/S.117 is an opportunity for Massachusetts to step up to provide for its lawfully present immigrants when the federal safety net has failed them. This bill would cost the legislature only between $15-20 million dollars, yielding an incredibly high return on investment through supporting child and family health across our state.[26]

H.214/S.118: An Act to lift kids out of deep poverty

CHILDREN'S HealthWatch
30 N Albany Street
3rd Floor
Boston, MA 02119
Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org

Families living on very limited incomes often struggle to meet their basic needs, even with financial assistance from government programs. Research from Children's HealthWatch and others consistently shows that when low-income families cannot afford basic needs, they experience significant material hardships that have lasting adverse health and economic impacts across their life course.[22,27–29] For families in deep poverty (earning below half of the federal poverty level[a]), this struggle is significantly exacerbated.

TAFDC supports families with extremely low incomes by providing them with flexible resources that help pay rent and utilities, put food on the table, and purchase other necessities. Children's HealthWatch is deeply appreciative of the recent increases to these grants that demonstrate the Legislature's commitment to addressing poverty by improving the adequacy of cash grants. However, even with these increases, the current maximum TAFDC grant of $783 a month for a family of three still falls below the deep poverty threshold – $1,036 a month. H.214/S.118, filed by Representative Decker and Senator DiDomenico, would set a floor for TAFDC grants at 50 percent of the federal poverty line – currently $1,036 a month for a family of three – to ensure that no family in Massachusetts is living in deep poverty. Further, it would index grants to inflation to protect its value over time.

Experiencing poverty in childhood has long-term consequences for health, education, and economic outcomes. Our research consistently shows that when families cannot afford basic needs, children suffer lasting health consequences. Living in deep poverty increases children's risk for negative cognitive, academic, and health outcomes that persist throughout their lives. Conversely, our research published just last month shows that when families are free of material hardship – like food and energy insecurity, housing instability, and forgone health care – children thrive.[31]

Cash assistance is an evidence-based policy solution to reduce hospitalizations, improve maternal mental health, and decrease food insecurity. By raising family incomes, this bill would work to interrupt the chronic and generationally persistent condition of deep poverty, and improve the health, well-being, and future economic mobility of affected children.

An Act establishing a diaper benefits pilot program (H.220/S.151)

Diapers are fundamentally necessary for young children, yet the high cost of this basic need item often strains the budgets and financial resources of low-income families. Annually, diapers can cost families anywhere from $945-$15,008 per child under four.[32] Apart from Temporary Assistance for Needy Families (TANF) and tax credits for low-income families, with which participants can use cash payments to buy diapers, this basic need item is not covered by existing national social safety net programs, making diaper access especially challenging for families facing economic hardships. During the COVID-19 pandemic, 36% of Massachusetts families with young children could not afford enough diapers to meet their needs, even with federal stimulus payments.[33]

H.220/S.151, filed by Representative Domb and Senator Lovely, would establish a pilot diaper benefits program to address diaper needs across the Commonwealth. Administered by the Department of Public

[a] In 2025, the Federal Poverty Level for a family of four is $32,150[30]

CHILDREN'S HealthWatch
300 Albany Street
3rd Floor
Boston, MA 02118
Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org

Health (DPH), up to 12 community organizations would be awarded funding to acquire, store, and/or distribute diapers. After one year of implementation, DPH would be required to submit a report to the Joint Committee on Children, Families and Persons with Disabilities and to the House and Senate Committees on Ways and Means on:

(i) the number of children receiving diapers through the pilot program;
(ii) the number of households receiving diapers;
(iii) the number of diapers distributed through the pilot program to families in each region with an explanation of the distribution process and allocation determination;
(iv) the fund's appropriation and if and how the pilot program leveraged additional support;
(v) the amounts distributed; and
(vi) the advisability of expanding the pilot program.

The unaffordability of diapers has real consequences. Painful rashes and medical problems can arise from infrequent changes, which can come up if parents try to ration diaper supply to cut down costs.[34] Additionally, diapers are necessary for parents who need to send their children to childcare.[35] Although diapers are provided to children enrolled in Head Start center-based programs during the time they are in the center, many other childcare centers frequently require parents to supply their own diapers for the day, causing many already struggling parents to refrain from enrolling in childcare if they cannot afford a regular supply. This can result in missed opportunities for work and educational attainment for parents along with missed enrichment and education for children.

Establishing a Diaper Benefits Pilot Program is an evidence-based intervention to improve child and caregiver health, and support family economic mobility. In 2023, Massachusetts Association for Community Action partnered with Children's HealthWatch to evaluate the impact of their federally-funded Diaper Distribution Pilot in Massachusetts.[36] Our research team designed and implemented an evaluation including pre- and post-pilot surveys and regional focus groups.[36] Within 14 months, we collected over 500 longitudinal surveys showing statistically significant improvements in both economic and health indicators. With an average time of 8 months between surveys, among program participants, we saw:

- Employment rates increased 30%
- Household incomes shifted upward as families moved from lower to higher income brackets
- Financial stability improved 13%, with income volatility decreasing significantly
- Caregivers reported a 31% reduction in stress levels related to diaper insufficiency
- Caregivers reported improved mental health, with 24% decrease in positive screens for anxiety and depression
- Children experienced 33% more frequent diaper changes
- Children also experienced a 27% decrease in diaper rash severe enough to require medical attention[36]

CHILDREN'S HealthWatch
30 N Albany Street
3rd Floor
Boston, MA 02119
Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org

Establishing a diaper benefits pilot program will help to address a real need that more than one third of Massachusetts families with young children experience. Equally important is ensuring the pilot program has a thorough evaluation plan in place to determine the effectiveness of the intervention. By passing this bill, the Legislature has the opportunity to respond to the needs of Massachusetts families and demonstrate the state's commitment to ensure all children have access to basic necessities for healthy development.

Poverty is a policy choice, with real negative consequences for child and family health. In a time of high inflation, rising costs of living, and cuts to federal safety net programs so many rely on to meet their basic needs, Massachusetts has an opportunity to support its families living with low incomes by passing these three evidence-based and critically important bills. We urge the committee to support and swiftly report out favorably **An Act establishing basic needs assistance for residents/An Act establishing basic needs assistance for Massachusetts immigrant residents (H.207/S.117), An Act to lift kids out of deep poverty (H.214/S.118), and Acts establishing a diaper benefits pilot program (H.220/S.151).**

In addition to those described above, Children's HealthWatch also supports the following bills that help families meet their children's basic needs:

- An Act relative to an agricultural healthy incentives program (H.222/S.104)
- An Act to replace stolen benefits (H.254/S.147)
- An Act maximizing participation in federal nutrition programs and improving customer service (H.196/S.167)

Children's HealthWatch also writes in **strong opposition** to several bills heard by the Committee on September 16th, including:

- An Act relative to the utilization of the systematic alien verification for entitlements program by the Commonwealth (H.263)
- An Act strengthening social security number verification for cash assistance eligibility (S.121)
- An Act establishing a special commission to study the integrity of public assistance programs (S.123)

An Act relative to the utilization of the systematic alien verification for entitlements program by the Commonwealth (H.263) and An Act strengthening social security number verification for cash assistance eligibility (S.121)

H.263, filed by Representative Lombardo, would require any applicant applying for benefits with the Department of Transitional Assistance, the Department of Housing and Community Development, the Department of Public Health, or MassHealth to have their U.S. citizenship or lawful residential status verified through the Systematic Alien Verification for Entitlements Program (SAVE), established by U.S. Citizenship and Immigration Services (USCIS), before receiving any benefits.

CHILDREN'S HealthWatch
30 N Albany Street
3rd Floor
Boston, MA 02119
Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org

S.121, filed by Senator Dooner, would require applicants or recipients of cash assistance to provide their Social Security Number upon application, and would require DTA to verify all Social Security Numbers provided by applicants or recipients through federal databases.

Children's HealthWatch strongly opposes these bills, or any bill that would create additional administrative burdens for families to participate in critical programs and access the benefits they are eligible for. Each safety net program has its own eligibility requirements, and the state agencies responsible for their administration have strong processes for verifying applicants meet these requirements.

An Act establishing a special commission to study the integrity of public assistance programs (S.123)

S.123, filed by Senator Dooner, would establish a commission to examine the current processes for issuing Electronic Benefit Transfer (EBT) cards, eligibility verification, fraud prevention, and compliance with federal and state laws in the SNAP program. The commission would conduct a study, focusing on: (1) Evaluating methods to improve eligibility verification (2) Assessing the feasibility of implementing photo identification on EBT cards; (3) Reviewing the administrative practices for distributing and managing EBT cards to prevent misuse and fraud; (4) Recommending best practices for data sharing between state and federal agencies; (5) Exploring the potential creation of an EBT audit system for enhanced accountability. The commission would then make recommendations for policy reforms to strengthen program integrity, reduce fraud, and ensure that EBT benefits are used as intended.

Children's HealthWatch strongly opposes this bill. While we welcome and encourage efforts to improve participation in and administration of SNAP, this bill does not employ evidence-based policy recommendations to improve the program. In the contrary, it sows doubt about the integrity and effectiveness of the largest, most successful program in the United States to reduce food insecurity and improve economic stability.[13,37]

In 2024, 1 in 6 Massachusetts residents participated in SNAP to meet their basic needs, with more than half of participants being in families with children.[38] SNAP has rigorous application and eligibility review processes. DTA determines eligibility for SNAP based a household's gross monthly income, net income, and amount of held assets.[37] SNAP has several measures to assess household eligibility accurately. The same is true with respect to the proper use of benefits, an area of fraud prevention and detection where USDA also plays a significant role.[39] Households must reapply for benefits regularly, and must report income changes that would affect their eligibility during each reapplication process. This is generally a more robust assessment of financial need than other programs employ.[39] As such, SNAP misuse and fraud are not an issues that need time and resource investment from the Legislature to "solve". We oppose this bill, along with the underlying message it perpetuates that SNAP is fraudulent and lacks program integrity—both of which are false.

Instead, Massachusetts can work to improve SNAP payment accuracy by investing in DTA's workforce. SNAP participation has risen 45% in Massachusetts since the beginning of the COVID-19 pandemic. Unfortunately, DTA staffing levels have not kept pace with this near-doubled increase, leaving caseworkers struggling to process paperwork in a timely fashion and answer participants' questions.[40]

CHILDREN'S HealthWatch
30 N Albany Street
3rd Floor
Boston, MA 02119
Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org

This already dire situation will become worse in the aftermath of the passing of H.R. 1 in July 2025,[41] which will require DTA caseworkers to file complex "work reporting" paperwork requirements for an estimated 99,000 current SNAP participants[42]—despite data demonstrating the majority of SNAP participants are already working, sometimes multiple jobs, to meet ends meet for themselves and their families.[43] Massachusetts must increase its investment in DTA's caseworkers to support an already-burdened workforce complete new reporting requirements, ensuring all eligible families can participate in safety net programs to help meet their basic needs.

Sincerely,

Stephanie Ettinger de Cuba, PhD, MPH
Executive Director, Children's HealthWatch
Research Associate Professor, Boston University School of Public Health and Chobanian & Avedisian School of Medicine
Boston, MA

Citations

1. Ettinger de Cuba S, Miller DP, Raifman J, et al. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule. *Health Aff Sch*. 2023;1(2):qxad023. doi:10.1093/haschl/qxad023

2. Lopez WD, Kruger DJ, Delva J, et al. Health Implications of an Immigration Raid: Findings from a Latino Community in the Midwestern United States. *J Immigr Minor Health*. 2017;19(3):702-708. doi:10.1007/s10903-016-0390-6

3. Van Natta M. Public charge, legal estrangement, and renegotiating situational trust in the US healthcare safety net. *Law Soc Rev*. 2023;57(4):531-552. doi:10.1111/lasr.12683

4. Minoff E, Camacho-Craft I, Martinez V, Dutta-Gupta I. *The Lasting Legacy of Exclusion: How the Law That Brought Us Temporary Assistance for Needy Families Excluded Immigrant Families & Institutionalized Racism in Our Social Support System*. Center for the Study of Social Policy, Center on Poverty and Inequality at Georgetown University Law School, and Economic Security and Opportunity Intiative; 2021. : https://cssp.org/resource/the-lasting-legacy-of-exclusion/

5. Zhou J. Immigrants Have Been Waiting 25 Years for the LIFT the BAR Act. Center for Law and Social Policy. March 23, 2022. https://www.clasp.org/blog/immigrants-have-been-waiting-25-years-lift-bar-

act/#:~:text=Since%201996%2C%20PRWORA%20has%20prevented,and%20health%20insurance%20under%20Medicaid

6. Chilton M, Black MM, Berkowitz C, et al. Food insecurity and risk of poor health among US-born children of immigrants. *Am J Public Health*. 2009;99(3):556-562. doi:10.2105/AJPH.2008.144394

7. Tang MN, Ettinger de Cuba S, Coleman SM, et al. Maternal Place of Birth, Socioeconomic Characteristics, and Child Health in US-Born Latinx Children in Boston. *Acad Pediatr*. 2020;20(2):225-233. doi:10.1016/j.acap.2019.09.005

8. Haley JM, Kenney GM, Bernstein H, Gonzalez D. *One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019*. Urban Institute; 2020. https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019

9. Palmer P, Lara J, Whitworth K. How Trump's immigration crackdown is affecting farming communities across California. *ABC News*. https://abc7.com/post/how-trumps-immigration-crackdown-is-affecting-farming-communities-california/15900828/. February 13, 2025.

10. Carrazana C. 'They are hunting us:' Child care workers in D.C. go underground amid ICE crackdown. *The 19th*. https://19thnews.org/2025/09/child-care-workers-ice-dc-immigration/. September 11, 2025.

11. Moreschi A, Aaron N. Immigration raids having chilling effect on construction labor. *Komo News*. https://komonews.com/news/spotlight-on-america/immigration-raids-having-chilling-effect-on-construction-labor. June 16, 2025.

12. Bosman J. Neighbors Warn Neighbors as Fear of ICE Ripples Across Chicago. *The New York Times*. https://www.nytimes.com/2025/10/06/us/fear-ice-chicago.html. October 6, 2025.

13. Kaczor K, Bruce B Charlotte, Ettinger de Cuba S, Frank DA. *Nourishing Futures: Strengthening Child Health through SNAP. Children's HealthWatch*. Children's HealthWatch; 2023. https://childrenshealthwatch.org/nourishing-futures-strengtheningchild-health-through-snap/

14. Ettinger de Cuba SA, Weiss I, Pasquariello J, et al. *The SNAP Vaccine: Boosting Children's Health*.; 2012.

15. Hoynes H, Schanzenbach DW, Almond D. Long-Run Impacts of Childhood Access to the Safety Net. *Am Econ Rev*. 2016;106(4):903-934. doi:10.1257/aer.20130375

16. Eide E, Showalter M, Goldhaber D. The relation between children's health and academic achievement. *Child Youth Serv Rev*. 2010;32:231-238. doi:10.1016/j.childyouth.2009.08.019

17. Oddo VM, Mabli J. Association of participation in the supplemental nutrition assistance program and psychological distress. *Am J Public Health*. 2015;105(6):e30-35. doi:10.2105/AJPH.2014.302480

18. Ettinger de Cuba SA, Bovell-Ammon AR, Cook JT, et al. SNAP, Young Children's Health, and Family Food Security and Healthcare Access. *Am J Prev Med*. 2019;57(4):525-532. doi:10.1016/j.amepre.2019.04.027

19. Berkowitz SA, Seligman HK, Choudhry NK. Treat or eat: food insecurity, cost-related medication underuse, and unmet needs. *Am J Med*. 2014;127(4):303-310.e3. doi:10.1016/j.amjmed.2014.01.002

20. Bhattacharya J, DeLeire T, Haider S, Currie J. Heat or eat? Cold-weather shocks and nutrition in poor American families. *Am J Public Health*. 2003;93(7):1149-1154. doi:10.2105/ajph.93.7.1149

21. Moellman N. Healthcare and Hunger: Effects of the ACA Medicaid Expansions on Food Insecurity in America. *Appl Econ Perspect Policy*. 2020;42(2):168-186. doi:10.1093/aepp/ppz018

22. Cook JT, Frank DA, Casey PH, et al. A brief indicator of household energy security: associations with food security, child health, and child development in US infants and toddlers. *Pediatrics*. 2008;122(4):e867-875. doi:10.1542/peds.2008-0286

23. Hernández D. Understanding 'energy insecurity' and why it matters to health. *Soc Sci Med*. 2016;167:1-10. doi:10.1016/j.socscimed.2016.08.029

24. Casey P, Goolsby S, Berkowitz C, et al. Maternal depression, changing public assistance, food security, and child health status. *Pediatrics*. 2004;113(2):298-304. doi:10.1542/peds.113.2.298

25. Cook JT, Frank DA, Berkowitz C, et al. Welfare Reform and the Health of Young Children: A Sentinel Survey in 6 US Cities. *Arch Pediatr Adolesc Med*. 2002;156(7):678-684. doi:10.1001/archpedi.156.7.678

26. State House News Service. Massachusetts weighs state SNAP benefits as federal cuts impact immigrant families. *The Berkshire Eagle*. https://www.berkshireeagle.com/state/massachusetts-food-aid-statehouse/article_bb2de236-35cb-4e87-9f40-b33b3c9fdef7.html. September 21, 2025.

27. Drennen CR, Coleman SM, Ettinger de Cuba S, et al. Food Insecurity, Health, and Development in Children Under Age Four Years. *Pediatrics*. 2019;144(4). doi:10.1542/peds.2019-0824

28. Sandel M, Sheward R, Ettinger de Cuba S, et al. Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 2018;141(2):e20172199. doi:10.1542/peds.2017-2199

29. AAP Council on Community Pediatrics. Poverty and Child Health in the United States. *Pediatrics*. 2016;137(4):1-9. doi:e20160339

30. U.S. Department of Health and Human Services. Poverty Guidelines. 2025. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

31. Sheward R, de Cuba SE, Cutts DB, et al. Hardship-free households are associated with optimal caregiver and child health. *AJPM Focus*. doi:10.1016/j.focus.2025.100422

32. Sobowale K, Clayton A, Smith MV. Diaper Need Is Associated with Pediatric Care Use: An Analysis of a Nationally Representative Sample of Parents of Young Children. *J Pediatr*. 2021;230:146-151. doi:10.1016/j.jpeds.2020.10.061

33. Diamond J. *Diaper Distribution Pilot Massachusetts*. MASSCAP; 2023. https://acf.gov/sites/default/files/documents/ocs/DDD%20Pilot%20Grantee%20Profile_Massachusetts%20FINAL.pdf

34. Carstensen F, Gunther P. *Better Health for Children and Increased Opportunities for Families: The Social and Economic Impacts of the Diaper Bank of Connecticut*. Connecticut Center for Economic Analysis; 2022. https://nationaldiaperbanknetwork.org/wp-content/uploads/2022/02/The-Social-and-Economic-Impacts-of-the-DIaper-Bank-of-Connecticut-1.pdf

35. National Diaper Bank Network. Daycare Inequality in the United States. 2025. https://nationaldiaperbanknetwork.org/daycare-inequality/

36. MASSCAP, Children's HealthWatch. *Changing Diapers, Changing Lives: The Health and Economic Impacts of Diaper Benefits: Key Findings, Conclusion, and Policy Recommendations from a MASSCAP Diaper Distribution Pilot*.; 2025. https://childrenshealthwatch.org/wp-content/uploads/CHW-MASSCAP-2025-Final-v4-web.pdf

37. Center on Budget and Policy Priorities. A Quick Guide to SNAP Eligibility and Benefits. September 30, 2024. https://www.cbpp.org/research/food-assistance/a-quick-guide-to-snap-eligibility-and-benefits

38. Center on Budget and Policy Priorities. Massachusetts - Supplemental Nutrition Assistance Program. January 21, 2025. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_massachusetts.pdf

39. Dean S. SNAP: Combating Fraud and Improving Program Integrity Without Weakening Success. Presented at: Testimony Before the Subcommittees on Government Operations and the Interior of the Committee on Oversight and Government Reform U.S. House of Representatives; June 9, 2016. https://www.cbpp.org/snap-combating-fraud-and-improving-program-integrity-without-weakening-success

40. Massachusetts Department of Transitional Assistance. *DTA Performance Scorecard*.; 2025. https://www.mass.gov/doc/performance-scorecard-february-2025-0/download

41. Jodey C. Arrington. *One Big Beautiful Bill Act*.; 2025. https://www.congress.gov/bill/119th-congress/house-bill/1/text

42. Massachusetts Executive Office of Health and Human Services. Meeting Materials. EEOHHS Commissions & Initiatives, Governor's Anti-Hunger Task Force. August 19, 2025. https://www.mass.gov/info-details/meeting-materials

43. Minoff E. *Racist Roots of Work Requirements*. Center for the Study of Social Policy; 2020. https://cssp.org/wp-content/uploads/2020/02/Racist-Roots-of-Work-Requirements.pdf

CHILDREN'S
HealthWatch
30 E Alabany Street
3rd Floor
Boston, MA 02118

Phone: 617.414.6366
Fax: 617.414.7915
www.childrenshealthwatch.org