

Testimony

Before the Joint Committee on Ways & Means
House of Representatives – Boston, MA

Hearing

Budget Hearings – Fiscal Year 2018

Friday, March 31, 2017

Chairman Sal DiDomenico, Chairwoman Elizabeth A. Malia, and distinguished members of the Ways and Means Committees:

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health in America, and we are honored to have the opportunity to submit this testimony.

Based at Boston Medical Center, our mission is to improve the health and development of young children by informing policies that address and alleviate economic hardships. 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 five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. Since 1998, we have interviewed over 60,000 caregivers and analyzed those interviews to determine the impact of public policies on the health and development of children.

As pediatricians and public health researchers, we are concerned about the effects of food insecurity and economic hardships that families with young children across the Commonwealth face.

Currently, the state has opportunities to improve the health of young children and reduce food insecurity by:

- **Improving TAFDC through a repeal of the family cap rule**
- **Creating a common application portal for MassHealth and SNAP**
- **Increasing the state Earned Income Tax Credit**

Repeal the Cap on Kids

First, we urge the Committee to repeal the TAFDC family cap. All children are humans worthy of dignity and respect, therefore we cannot penalize them due to the lottery of their birth order. The Cap on Kids in Massachusetts denies 9,400 children a better present and future simply because they were conceived while, or soon after, the family received TAFDC. If the new child is denied benefits, the family copes by diluting the money received among all members, therefore also penalizing the excluded child's older siblings. In our previous research from Children's HealthWatch assessing the impact of TAFDC changes from 1998 to 2000 on children in families not receiving the full TAFDC benefit, their children were more likely to be hospitalized and to live in households struggling to afford enough food (food insecurity) as compared to children in families receiving the full TAFDC benefit.

These results have not changed in the 21st century; when we analyzed data from 2010-2016, looking at families of infant, toddlers and preschoolers subject to the TAFDC family cap, we found that **when compared to other TAFDC families, the family cap group reported higher rates of:**

- household food insecurity,
- children in fair or poor health,
- children at risk for developmental delays.

With regard to poor health, intuitively everyone present at the hearing would probably guess that being hungry or food insecure is not good for a young child. In fact, there is a wealth of scientific evidence demonstrating the serious hazard that food insecurity poses to health across the whole lifespan, starting in pregnancy and early childhood.

The first few years of a child's life are marked by the most rapid brain and body growth of a child's entire lifetime – including dramatic changes in cognitive, linguistic, social, and emotional development and in self-regulation, setting the stage for school readiness and adult well-being. Adequate nutrients are required to support healthy development, but food insecurity can compromise it.

What this body of evidence demonstrates clearly is that food insecurity is detrimental on nearly every aspect of physical and mental health. Moreover, we know that it is associated with not receiving full TAFDC benefit. Thus, the evidence speaks clearly about the solutions to this grave problem. We must repeal the TAFDC family cap rule and value all children equally!

Close the SNAP Gap

The second solution for improving food security and child health across the Commonwealth is increasing access to the Supplemental Nutrition Assistance Program (SNAP). Currently, 680,000 people across the state are participating in MassHealth and, therefore, are likely eligible for SNAP, but are not participating in SNAP. MassHealth and SNAP, as well as many other programs designed to support low-income families, have separate application processes, which duplicate work and create more barriers to access.

By creating a common application portal so that families may apply for MassHealth and SNAP at the same time, the state will increase access to nutrition assistance, improve food security and health, and generate \$1.5 billion in economic activity in the state and local economy. This solution also lays the foundation for a common application portal for other programs that support families.

SNAP is truly a health intervention, helping to protect the health and well-being of those who participate in the program. At Children's HealthWatch, we call SNAP a vaccine, because like a vaccine, it protects children's health now and in the future and also has wider community benefits. Research has shown that SNAP lowers the risk of household and child food insecurity, reduces the risk of anemia, obesity, and poor health for children and adults, improves early childhood development, lowers the risk of hospitalization for failure to thrive and is associated with fewer reports of child abuse/neglect. Moreover, it enhances intake of B vitamins, iron and calcium, and improves children's academic performance. It has long-lasting effects too – a longitudinal study found that for those who participated in SNAP in early childhood, SNAP lowered the risk of adult metabolic syndrome and thus also lowered the risk of diabetes and cardiovascular disease and increased the likelihood that women would be self-sufficient in adulthood. Children's HealthWatch has also shown that families as a whole also were better able to make ends meet when they

participated in SNAP – those who participated in SNAP were less likely to have had to choose between paying for medical care and paying for other basic needs like food, housing, or utilities.

Increase the Earned Income Tax Credit

If we want children to do well, then we have to care for the whole family. When more families in a community can meet their needs, we have healthier communities. Thus the third solution is to increase the state Earned Income Tax Credit (EITC) to 50 percent of the federal credit. Very much like the SNAP vaccine, EITC provides protection over the short and long term, reducing the risk of preterm births, low birth weight babies, and improving children's health in Massachusetts.

Studies have shown \$1,000 of EITC income reduced rates of low birth weight by 7 percent overall, and by 8.2 percent among African Americans. In high poverty neighborhoods, the reduction was 13-15 percent. An increase in the state EITC to 50 percent of the federal credit would act like a prescription to improve the health of patients by directly helping their families put food on the table, pay rent, and keep the heat and the lights on. A large-and-growing body of economic research finds previous expansions to the EITC have increased participation in the workforce, and spurred economic mobility and opportunity. Beyond these economic benefits, researchers have also demonstrated the EITC's effectiveness in addressing a number of other factors that reduce poverty, and improve children's health.

The Commonwealth's hungry children clearly need all three proposed interventions, in order to address short-term crises and provide them the longer-term nutritional foundation to give them the chance to develop appropriately, perform better in school, and succeed in the workforce as healthy adults.

Thank you again, Senator DiDomenico, Representative Malia, and distinguished members of the Committee, for the opportunity to submit testimony to this Committee on behalf of Children's HealthWatch and on behalf of the children for whom we all care in our State.