CHILDREN'S HealthWatch

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August 4, 2025

Joint Committee on Health Care Financing

The Honorable John Lawn, Chair
State House, Room 236
Boston, MA 02133

The Honorable Cindy Friedman, Chair
State House, Room 313
Boston, MA 02133

RE: Written testimony in support of *An Act ensuring equitable health coverage for children (H.1403/S.855)*

Chair Lawn, Chair Friedman and distinguished members of the Joint Committee on Health Care Financing:

Thank you for the opportunity to submit testimony in strong support of the Cover All Kids bill – *An Act ensuring equitable health coverage for children (H.1403/S.855)*. Filed by Representative Rogers and Senator DiDomenico, this bill expands full MassHealth coverage to children and young adults whose only barrier to eligibility is immigration status. Cover All Kids helps advance the Commonwealth's goals of promoting health equity and moving towards universal coverage for children.

Headquartered at Boston Medical Center, Children's HealthWatch is a network of pediatricians and child health researchers that 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. 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.

Massachusetts is a national leader in access to health care for children; however, significant gaps and inequities remain. Over 30,000 children and young adults across the Commonwealth, including children with disabilities, are excluded from accessing comprehensive health coverage because of their immigration status.[1] While many of these young people can access health care through a patchwork of safety-net programs, such as the Children's Medical Security Plan, Health Safety Net, and/or MassHealth Limited, each of these programs has strict limits on covered benefits or provider types, and many important services are not covered at all.

Access to affordable, comprehensive health care is critical for young children and their parents' overall health. As pediatricians and child health researchers, we are acutely aware of this. When health care services are affordable and accessible, children are more able to access needed care, including preventive services such as well child visits and immunizations.[2] Research shows that Medicaid coverage in childhood is associated with improved health, educational, and financial outcomes throughout the life course.[3] Conversely, when families are unable to afford care, they may be forced to forgo needed health

care or prescriptions or sacrifice paying for other basic needs – such as rent, food, or utilities – in order to pay for medical care or prescriptions (known as "health cost sacrifices"). Children's HealthWatch research shows that an experience of health care hardship – forgone health care and/or health cost sacrifices - is associated with worse health for both parents and children, greater risk for child developmental delays, and a greater likelihood of child hospitalizations.[4] Moreover, immigrant families of color are more likely to face health care hardships than US-born or white immigrants.[5] Indeed, in our recent study, interviews with 30 immigrant mothers of young children revealed that despite having health insurance, many mothers faced persistent barriers to health care due to economic strain, fear of immigration consequences, and systemic racism. These mothers often forgo their own care–delaying medications or going without essentials to prioritize children's healthcare and relaying on their social networks for survival, with significant negative impacts on their mental health.[6] Families who experience health care hardships also frequently report other material hardships – including food insecurity, housing instability, and energy insecurity – which, in turn, are known risk factors for poor child and adult health with consequences across the lifespan. [4,6,7,8,9]

Inadequate health coverage for immigrants puts additional stress on families who already face health disparities and barriers to linguistically and culturally appropriate care, and may also experience discrimination and trauma in health care settings.[10] In addition to inconsistent care and poor health outcomes for children and families, inadequate coverage results in increased health system costs through emergency room visits, longer inpatient hospital stats, or health interventions – which in many instances, could be avoided with more inclusive coverage[11]. The gaps in healthcare coverage compounded by immigration-related fears and challenges undermine the well-being of immigrant families and make clear the urgent need for inclusive healthcare policy reform to protect immigrant families in Massachusetts.

It is more important now than ever for states to step up to protect their children and residents from the impact of threats and program cuts at the federal level. As a result of recent federal changes, many lawfully present immigrants will soon lose Medicaid eligibility. *An Act ensuring equitable health coverage for children (H.1403/S.855)* would help protect children in immigrant families by removing immigration status as a barrier to MassHealth coverage for children and young adults in the Commonwealth. Twelve other states have already passed similar policies. Massachusetts and New Hampshire are the only remaining New England states that restrict Medicaid eligibility based on immigration status for children of all ages. While we understand that the state may face substantial funding challenges because of federal policy changes, it is crucial that Massachusetts sustains the current programs the state has in place and makes investments to prevent higher downstream health care costs that result from lack of access to care.

Children and families – especially immigrant families – need support now more than ever. We respectfully ask you to favorably report the Cover All Kids bill, *An Act to ensure equitable access to health coverage for children (H.1403/S.855),* from your committee.

Sincerely,

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[1] Lannan K. Bill would make kids without legal immigration status eligible for MassHealth. WGBH News. 2023 Jul 25.

[2] Artiga A, Ubri P. Key Issues in Children's Health Coverage. Kaiser Family Foundation. 2017. Available at: https://www.kff.org/medicaid/ issue-brief/key-issues-in-childrens-health-coverage/

[3] Wagnerman K, Chester K, Alker J. Medicaid is a smart investment in children. Georgetown University Health Policy Institute, Center for Children and Families. 2017. Available at: https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf

[4] Ettinger de Cuba S, Sheward R, Poindexter D, Bovell-Ammon A, Ochoa E. Affordable health care keeps children and families healthy. Children's HealthWatch. 2018. Available at: https://childrenshealthwatch.org/wp-content/uploads/CHW-Affordable-Care-Brief.pdf

[5] Ettinger de Cuba S, Miller DP, Fix GM, Raifman J, Cutts DB, Bovell-Ammon A, Coleman SM, Ochoa, Jr. E, Jones DK. Health Care Hardship Among Young US-Born Children of US-born and Immigrant Mothers May Put Children at Risk. Poster Presentation at AcademyHealth Annual Research Meeting. 2020 Virtual Meeting.

[6] Ettinger de Cuba S, Jones DK, Cutts D, Bovell-Ammon A, Lê-Scherban F, Sandel M, Ochoa E Jr, Poblacion A, Frank DA, Black MM, Fix GM. "But who takes care of the mom?": The daily experiences of immigrant mothers navigating health in family life. *Social Science & Medicine.* 2025;372:117948.

[7] Sandel M, Sheward R, Ettinger de Cuba S, Coleman SM, Frank DA, Chilton M, Black M, Heeren T, Pasquariello J, Casey P, Ochoa E, Cutts D. Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 2018; 141(2):e20172199.

[8] Ettinger de Cuba S, Bovell-Ammon A, Ahmad N, Bruce C, Poblacion A, Rateau LJ, Coleman SM, Black MM, Frank DA, Lê-Scherban F, Henchy G, Ochoa E, Sandel M, Cutts DB.. Child care feeding programs associated with food security and health for young children from families with low incomes. *Journal of the Academy of Nutrition and Dietetics*. 2023;123(10):1429-1439.

[9] Cook JT, Black M, Chilton M, Cutts D, Ettinger de Cuba S, Heeren TC, Rose-Jacobs R, Sandel M, Casey PH, Coleman S, Weiss I, Frank DA. Are Food Insecurity's Health Impacts Underestimated in the U.S. Population? Marginal Food Security Also Predicts Adverse Health Outcomes in Young U.S. Children and Mothers. *Advances in Nutrition*. 2013; 4(1):51-61.

[10] Lê-Scherban F, Coleman SM, Fusfeld Z, et al. Maternal adverse childhood experiences and lifetime experiences of racial discrimination: Associations with current household hardships and intergenerational health. Social Science & Medicine. 2025;366:117695.

[11] Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. The Lancet. 2017;389(10077):1453-1463.