

Joint Committee on Health Care Financing  
Boston, MA

July 23, 2021

RE: Written testimony in support of H.1290/S.761, H.1309/S.762 and H.1310/S.763

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

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch, based at Boston Medical Center, in strong support of *An Act to streamline access to critical public health and safety-net programs through common applications* (H.1290/S.761), *An Act to ensure equitable health coverage for children* (H.1309/S.762) and *An Act to ensure equitable access to health coverage for children with disabilities* (H.1310/S.763).

The mission of Children's HealthWatch 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. Our headquarters are located at Boston Medical Center in Boston, Massachusetts.

**H.1290/S.761: An Act to streamline access to critical public health and safety-net programs through common applications**

Over two decades of research at Children's HealthWatch has consistently shown that improving the health and well-being of children and families requires robust resources and supports across multiple domains including housing, nutrition, child care, utilities, and health care. However, families face several barriers to participate in assistance programs, which are compounded when they are required to complete multiple, repetitive applications and processes across benefit programs. The development of a universal and widespread tool for coordination – specifically data-sharing through the creation of a common application portal for safety-net programs – is essential to decrease barriers and streamline access to critical assistance programs for families and children across Massachusetts.

Research from Children's HealthWatch found that families who received housing subsidies, SNAP, and WIC were 72 percent more likely to be housing secure than those who received a housing subsidy alone.<sup>1</sup> Receiving support for two essential expenses – housing and food – likely allowed families to dedicate what they would have spent on those bills to other basic needs, like utilities, health care or child care.<sup>19</sup> These findings support the need for and impact of **co-enrollment** of families in government assistance programs as a mechanism to help families access the most comprehensive coverage and benefits for which they are eligible.<sup>2</sup> H.1290/S.761 would require the state to take steps toward creating such a common application for government assistance programs. It would also allow both MassHealth and Medicare Savings Program applicants with incomes under 200 percent of the federal poverty line to apply for SNAP at the same time. Similarly, this bill would allow families and individuals applying for SNAP to simultaneously apply for cash benefits.

A large body of research, including data collected by Children’s HealthWatch at Boston Medical Center, demonstrates the effectiveness of SNAP in reducing food insecurity and hunger, lifting children and their families out of poverty, supporting working families, and improving health across the lifespan.<sup>3,4,5</sup> Our research demonstrates that young children in families participating in SNAP are less likely to be hospitalized, underweight, or at risk of developmental delays compared to likely eligible children not participating in SNAP.<sup>6</sup> We have also shown that consistent access to SNAP is important for early childhood health.<sup>1</sup> Enrollment in SNAP also enables families to connect to other key nutrition assistance, such as direct certification for free school meals.

Research from here in Massachusetts shows that SNAP saves our state’s health systems money by reducing food insecurity.<sup>7</sup> Simulation modelling work from Children’s HealthWatch estimates that food insecurity increased health care expenditures, including hospitalizations, ambulatory visits, and dental procedures, in the Commonwealth of Massachusetts by \$2.4 billion in 2017 alone.<sup>8</sup> SNAP is our nation’s first line of defense in reducing food insecurity, yet in Massachusetts more than 700,000 likely eligible people who participate in MassHealth, are not participating in SNAP. This bill would start to close this gap (i.e. the “SNAP Gap”) and reduce health care costs for families and the state. Similarly, many people who try to access SNAP may be eligible but unaware of or are burdened by the process to apply for cash assistance. Providing SNAP to all eligible MA households would bring nearly \$1 billion in additional federal SNAP nutrition dollars to the state each year, and generate over \$2 billion in economic activity.<sup>9</sup> Furthermore, leveraging Medicaid expansion infrastructure to enroll patients in multiple programs based on eligibility would improve health and economic security without overburdening the clinical delivery systems.<sup>10</sup>

As those who care for the health of the Commonwealth’s children, we understand the vitally important role public policies and programs play for the health of children, particularly the youngest. By passing H.1290/S.761 and creating a common application portal so that families and individuals may apply for MassHealth and SNAP as well as cash assistance and SNAP at the same time, the state will increase access to nutrition assistance, improve food security, and consequently reduce costs associated with the negative health effects of hunger. This bill also lays the foundation for a common application portal for other programs that improve the health of families with low incomes across the state, potentially streamlining access to health-improving and cost-saving supports. We urge the committee to favorably report out this important piece of legislation.

**H.1309/S.762: An Act to ensure equitable health coverage for children**

**H.1310/S.763: An Act to ensure equitable access to health coverage for children with disabilities**

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, including an estimated 1,650 young people with disabilities, are excluded from accessing comprehensive coverage because of their immigration status. While many immigrant children can access care through 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 does not provide the comprehensive coverage that children need. These bills would expand access to comprehensive MassHealth coverage to immigrant children and young adults that would otherwise be eligible.

Access to affordable, comprehensive health care is critical for young children and their parents’ overall health. Our research has found that young children whose parents could not access needed medical

care or prescriptions for themselves or other family members were more likely to experience economic hardships and poor health outcomes, compared to children in similar families that were able to access care when needed.<sup>11</sup> Children without access to needed health care were more likely to be in fair or poor health, have a history of hospitalizations, be at risk for developmental delays, be food insecure, and have mothers experiencing depressive symptoms than those with access to health care.<sup>1</sup> Furthermore, when the high cost of medical care or prescription medicines forces families to sacrifice paying for basic household expenses, children's health suffers. Our research has found that children in families that reported difficulty paying for rent, utilities, transportation, or other basic needs in order to pay for medical care or prescriptions were more likely to be in fair or poor health, be at risk for developmental delays, be food insecure, have mothers experiencing depressive symptoms, and have parents in fair or poor health, compared to those who did not struggle to afford basic needs.<sup>1</sup>

Inadequate health coverage for immigrants – especially children and adults with disabilities – puts additional stress on families who already face barriers to linguistically and culturally appropriate care, and may experience discrimination and trauma in health care settings. Immigrant families have also been disproportionately impacted by the COVID-19 pandemic, and may experience greater difficulty affording care. Families of children and young adults with special health care needs are at even greater risk of hardships. In addition to poor health outcomes for children and families, inadequate coverage results in increased health system costs through emergency room visits, longer inpatient hospital stays, or health interventions, which in many instances, could be avoided with more inclusive coverage. H.1309/S.762 and H.1310/S.763 would help advance the Commonwealth's goals of promoting health equity and moving towards universal health insurance coverage for children.

By passing H.1310/S.763 and H.1309/S.762 and expanding access to MassHealth, the state will increase access to care, improve health, and consequently reduce avoidable health care costs. We urge the committee to support and favorably report out both ***An Act to ensure equitable health coverage for children (H.1309/S.762)*** and ***An Act to ensure equitable access to health coverage for children with disabilities (H.1310/S.763)***.

Sincerely,



Stephanie Ettinger de Cuba, PhD, MPH  
Executive Director, Children's HealthWatch  
Boston, MA



Megan Sandel MD, MPH  
Co-Lead Principal Investigator, Children's HealthWatch  
Boston, MA

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- <sup>7</sup> Sonik RA. Massachusetts Inpatient Medicaid Cost Response to Increased Supplemental Nutrition Assistance Program Benefits. *AJPH*, 2016;106(3):443-8.
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