

July 2, 2025

Senator Michael Barrett & Representative Mark Cusack
Co-Chairs, Joint Committee on Telecommunications, Utilities, and Energy
Rooms 312-b & 43, State House, Boston, MA 02113

RE: Children's HealthWatch Comments on H.4144, An Act Relative to Energy Affordability, Independence, and Innovation

Dear Chairs Barrett and Cusack:

On behalf of the pediatric providers and child health and policy researchers at Children's HealthWatch, thank you for the opportunity to provide comments on H.4144, *An act relative to energy affordability, independence, and innovation*. Children's HealthWatch is grateful for the Healey-Driscoll Administration's leadership on energy issues and strongly supports provisions of this bill to help protect ratepayers with low incomes. Particularly during a summer when Boston recorded its hottest June day in 14 years, and when energy burdens are making access to cooling in hot summer months and heating in the cold of winter increasingly burdensome, this bill is necessary to protect the health of Massachusetts families and accelerate a clean energy transition.

Children's HealthWatch supports H.4144 and urges the Committee to advance this bill. To strengthen the bill for families with low incomes, we offer the following recommendations:

- **Clarify Emergency Shutoff Protections and Expand Extreme Heat Protections**
- **Design and Implement a Statewide Clean Power Prescription Program**

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. 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 infants and toddlers. Climate-related health risks due to extreme temperatures are increasing worldwide, with larger impacts on vulnerable populations such as young children from Black, Latine, and Asian low-income and immigrant communities.¹⁻⁴ These groups face compounding environmental (e.g., heat/cold stress, air pollution, limited green space, indoor environmental hazards, worse housing quality, built environment)^{5,6} and socio-economic (e.g., poverty, residential segregation, material hardships like

energy insecurity, housing instability) inequity due to legacies of structural racism in urban planning and public assistance policies.⁷⁻⁹ Difficulty affording heating/cooling (energy insecurity) correlates with a range of physical and mental health risks across the age spectrum, particularly in early childhood.¹⁰⁻¹² Research from our team members demonstrated that young children's were at high risk of underweight (an indication of financial stress and lack of resources in the household) in the three months following the coldest months of the year.¹³ Why does that matter? When the cold is very intense, it costs more to heat the home, eating up resources for other needs, such as food. When young children do not have the nutrition they need, their weight and growth falter.

In subsequent research, we demonstrated that energy insecurity (EI) is associated with worse child physical health, higher risk of developmental delays, and more hospitalizations in early childhood and their families are also more likely to be food insecure – a known health risk to children.¹⁰ EI also increases the risk of poor maternal mental health among mothers with young children compared to those who are energy secure.¹⁴ Maternal depressive symptoms are, in turn, associated with young children's less optimal physical health and development.^{15,16}

On the other hand, we have demonstrated that help paying for utility bills makes a demonstrable difference for child health; children whose families had support from energy assistance programs like the Low Income Home Energy Assistance Program (LIHEAP) had healthier weights for their age and were less likely to be growing too slowly.¹⁷ In addition, their families were more likely to be food secure.

Multiple studies demonstrate that rising temperature, especially extreme heat, is associated with worse mental health and poor physical health among both adolescents and adults, including increased hospitalizations for mental health conditions, and worse birth outcomes for women exposed to heat during pregnancy.¹⁸ Young children are typically not the focus of policy solutions for solutions for high utility costs.^{2,18-21}

Clarify Emergency Shutoff Protections and Expand Extreme Heat Protections

Children's HealthWatch strongly supports the establishment of a moratorium on utility shutoffs during periods of extreme heat. This emergency protection is one of the most immediate and effective options for saving lives and health lost and compromised due to extreme heat in Massachusetts. As noted above, both maternal and child health are at risk in extreme heat, especially among households with low incomes. However, we are concerned that the bill provision for protections only references winter months of overdue payments and is reliant on National Weather Service (NWS) data for high heat forecasting, which we know can be limited. Children's HealthWatch supports recommendations made by [A Better City](#) to amend bill language: to clarify emergency shutoff protections during summer months (May-October), to explore opportunities to augment NWS data with local temperature sensor networks, and to learn from projects like [B-COOL](#) and [C-HEAT](#) that are testing such local sensor data gathering.

Additionally, many of the healthcare members in A Better City's Extreme Heat Working Group are working with hospitals and community health centers to screen patients for heat vulnerability, and to proactively educate these patients about heat safety and heat relieving resources in advance of high heat events. A Better City recommends working with the Bureau of Climate and Environmental Health, Department of Public Health, and with local hospitals, to understand how to identify and treat heat-vulnerable patients statewide, who could then be served by programs like the Clean Power Prescription model program (see below) and the emergency shutoff protection program mentioned above.

Finally, to help implement the above recommendations, and to explore the opportunity to amend the state sanitary code for establishing temperature thresholds for inside buildings, Children's HealthWatch supports the recommendation to establish a statewide Extreme Heat Advisory Council.

- **Children's HealthWatch recommends amending the timeframe of emergency shutoff protections during summer heat to last from May 1st-October 31st of each year, and to explore opportunities to augment NWS data with local temperature sensor networks and projects like [B-COOL](#) and [C-HEAT](#) in forecasting high heat events. Additionally, Children's HealthWatch supports A Better City's recommendations of working with the Bureau of Climate and Environmental Health, the Department of Public Health, and local hospitals to identify, educate, and treat heat-vulnerable and energy-burdened patients statewide. Finally, to help the state implement the above heat protections and to partner on community heat solutions, A Better City recommends establishing a statewide Extreme Heat Advisory Council.**

Design and Implement a Statewide Clean Power Prescription Program

In order to help energy burdened (related to EI; paying more than 10% of income for utilities) patients access clean and affordable energy, Boston Medical Center (BMC), where our team is headquartered and a member of A Better City, established a [Clean Power Prescription Program](#) pilot that enables doctors to prescribe clean energy credits from BMC's community solar array, to heat-vulnerable and energy burdened patients. Given the transformative nature of such a program for child and adult health and well-being in ensuring that heat-vulnerable patients have access to air conditioning (helping them physiologically stay cool – vitally important for very young children and pregnant people, and also access refrigeration for medications), Children's HealthWatch supports designing and implementing a statewide program for clean power prescriptions, in which community solar credits could be donated and pooled, to then be re-distributed to energy burdened and heat-vulnerable child and adult patients across the state.

- **Children's HealthWatch recommends designing and implementing a statewide clean energy prescription program, modeled after Boston Medical Center's [Clean Power Prescription Program](#), to help energy burdened patients that cannot afford to pay for air conditioning to**

access clean and affordable electricity. Such a program could act as a statewide community solar credit bank to which community solar owners could donate a portion of their credits, which then could be re-distributed to energy burdened and heat-vulnerable patients across the state.

Thank you for your consideration of our recommendations.
Sincerely,



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

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