

Testimony: Before the Committee on Children, Families and Persons with Disabilities

House of Representatives – Boston, MA

Hearing: Lift the Cap on Kids

Tuesday, May 16, 2017

Chairwoman Flanagan, Chairwoman Khan, and distinguished members of the Committee on Children, Families and Persons with Disabilities:

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 in support of H.85/S.34 (An Act Relative to the Well Being and Care of a Child/An Act to Lift the Cap on Kids).

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 the opportunity to improve the health of young children by addressing the Transitional Aid to Families with Dependent Children (TAFDC) through a repeal of the family cap rule (H.85 and S.34).**

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 21<sup>st</sup> 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!

The Commonwealth's hungry children clearly need the proposed intervention, 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, Chairwoman Flanagan, Chairwoman Khan, 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.