



July 22, 2021

The Honorable John Lawn, Chair
Joint Committee on Health Care Financing
State House, Room 445
Boston, MA 02133

The Honorable Cindy Friedman, Chair
Joint Committee on Health Care Financing
State House, Room 208
Boston, MA 02133

Submitted by email

**Re: 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***

Dear Chairs Lawn and Friedman,

Thank you for the opportunity to submit testimony in strong support of *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). These bills would help advance the Commonwealth's goals of promoting health equity and moving towards universal coverage for children.

The Public Health Institute of Western Massachusetts, (PHIWM) provides “backbone” infrastructure support to the region in a variety of areas, including convening of multi-sector partnerships; design and implementation of health programs targeted to entire populations; policy advocacy and research and evaluation. PHIWM has a history of creating successful campaigns and systems to improve health and well-being. Located in Springfield, PHIWM focuses on activities and policy changes that build on community assets while simultaneously increasing community capacity. Ensuring health equity and challenging institutional racism are core values integrated into all of our program activities and services.

PHIWM led the regional hospital Community Health Needs Assessments in 2016 and 2019. We reported that people with disabilities tend to have higher rates of poverty and lower levels of education, and in Hampden County, people living with a disability have more than double the rate of poverty as those with no disability.

Massachusetts is a 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, do not have access to comprehensive coverage simply because of their immigration status. Many immigrant children can only access care through 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 does not provide the comprehensive coverage that children need. These bills would ensure that otherwise eligible children and young adults are not excluded from comprehensive MassHealth coverage simply because of their immigration status.



PUBLIC HEALTH INSTITUTE OF WESTERN MASSACHUSETTS

PARTNERS FOR HEALTH EQUITY

I share some local findings below from various assessments we have done in Hampden County. Findings from the 2017 Springfield Youth Health Survey indicate that 32% of Springfield 8th grade students were bullied in the past year. Students with disabilities are 2 to 3 times more likely to be bullied than nondisabled students, and one study showed that 60% of students with disabilities report being bullied regularly compared with 25% of all students. Youth in special education were told not to tattle almost twice as often as youth not in special education.

Although there is greater access to mental health providers for Hampden County residents as compared to the state (120:1 versus 180:1 in MA), focus group participants and key informant interviewees overwhelmingly reported a need for neuropsychology for children with disabilities and specialists for adults and children with disabilities. Also, providers spoke of health education needs, including increasing parents' knowledge of typical developmental milestones so they can identify if their child is delayed, and increasing knowledge of resources available to children with disabilities.

Inadequate health coverage puts additional stress on families who already experience barriers to linguistically and culturally appropriate care, and may face discrimination, trauma, and socioeconomic hardship. Immigrant families have also been disproportionately impacted by the COVID-19 pandemic. Inadequate coverage results in increased health system costs through emergency room visits, longer inpatient hospital stays, or more acute, intensive interventions, which in many instances, could be avoided with more inclusive coverage.

An Act to ensure equitable access to health coverage for children with disabilities (H.1310/S.763) would expand the comprehensive MassHealth program, CommonHealth, to children and low-income young adults with disabilities whose only barrier to accessing this coverage is immigration status. Covering the highest needs children and young adults is an important step towards the ultimate goal of expanding MassHealth to all otherwise eligible children regardless of immigration status, as proposed in *An Act to ensure equitable health coverage for children* (H.1309/S.762). California, Washington, Oregon, Illinois, New York, and Washington D.C. offer Medicaid coverage to income-eligible children regardless of immigration status. The Connecticut legislature recently passed a similar bill. It is time for Massachusetts to cover all kids.

We respectfully ask you to support and favorably report 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) from your committee. Please do not hesitate to contact me at jcollins@publichealthwm.org/413.794.7739 or Suzanne Curry from Health Care For All at scurry@hcfama.org with questions or to discuss this issue further. Thank you.

Sincerely,

Jessica Collins
Executive Director

Cc: Members, Joint Committee on Health Care Financing