



Testimony

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Committee on Ways and Means
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Hearing

"Tax relief to support workers and families during the COVID-19 recession"
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Chairman Thompson, Ranking Member Smith, and Distinguished Members of the House Ways and Means Committee Subcommittee on Select Revenue Measures:

Thank you for the opportunity to provide this testimony. My name is Allison Bovell-Ammon and I am the Director of Policy Strategy for Children's HealthWatch, headquartered at Boston Medical Center (BMC). Children's HealthWatch is a network of pediatricians and public health researchers committed to advancing equity and improving the health of young children and their families by informing policies that alleviate economic hardships.

As I will document further below, as the effects of the current recession drag on families with children across the country are struggling to afford basic needs and worrying about how they will keep paying rent and putting food on the table in the coming months. Women-led families, families of color, and immigrant families - who continue to be marginalized in our society - are disproportionately impacted by economic conditions created by the essential public health response to COVID19.¹ Given trends from previous recessions, we know these families will continue to struggle – with concerning implications for their lifelong health - well after economists declare an end to the official recession.² Families need urgent relief and long-term supports to weather the effects of this crisis. I am grateful for this committee's leadership in taking steps toward providing relief and financial stability for families in the recently passed Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act. Bold but evidence-based and inclusive policies that mitigate the current and future realities of families as they struggle to afford basic needs, including expansions to the Child Tax Credit (CTC), Earned Income Tax Credit (EITC), and Economic Impact Payments in the HEROES Act, are urgently needed to reduce inequities and promote health.

The work of Children's HealthWatch begins on the frontlines of pediatric care where we interview parents of young children in hospitals in Boston, Baltimore, Philadelphia, Minneapolis, and Little Rock. We ask families about their ability to afford basic needs like food, rent, utilities, medical care, prescription medicines, and child care as well as about their participation in federal assistance programs and the workforce. We also document child health and development and parent physical and mental health outcomes. We then analyze these data to understand how changes in the economy and shifts in public policies affect the health and economic well-being of families with young children.

Since 1998, we have interviewed over 75,000 families, most of whom live with incomes low enough to qualify for public health insurance. We have learned over and over again in our research that young children and their families can reach their optimal health when they have the financial resources to afford basic needs.³ Conversely, when families struggle to afford food, rent, utilities, health care, or child care, even if temporarily, the health of children and adults suffers.

What we have also learned through our research and the research of others is that there are evidence-based policy solutions for not only reducing economic hardships among families, but also improving health. The Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) are two of these evidence-based policies. They are two of our nation's largest and most effective programs for driving down family poverty and economic hardships and supporting good health, starting with birth.

Knowing the significant positive health benefits of the EITC and CTC on birth outcomes, child behavioral health, and maternal mental and physical health⁴ and the need to further improve these credits to reduce health disparities, Children's HealthWatch formed and continues to lead the Healthy Families

EITC Coalition – a statewide network in Massachusetts of social service providers, free tax-prep sites, anti-poverty advocates, legal experts, and people with lived experience committed to improving refundable credits. Through this work, we have successfully advocated for two increases in the state EITC in Massachusetts as well as funding for free tax preparation sites and a first-in-the-nation expansion of eligibility to ensure survivors of domestic violence are able to safely access the credit. As a result, more than 400,000 families across the Commonwealth have seen a significant boost in their refunds at tax time – money families spend in their local communities to pay rent and utility arrearages, get ahead on bills, make necessary home or car repairs, buy healthier food, purchase basic goods, and even save for the future.^{5,6}

The recession precipitated by COVID-19 is exacerbating health disparities and pushing families with children deeper into poverty.

As our country faces a viral pandemic that has claimed the lives of more than 100,000 people, the health of our population has taken center stage. While many of us were relieved to learn that children have been somewhat spared from the most severe outcomes of COVID-19, we cannot lose sight of the real, present danger to the long-term health and development of children that will result from the economic recession created by the essential public health response to the virus. Currently, children and families are being pushed deeper into poverty and reports of inability to afford basic needs are skyrocketing.⁷

Research shows economic hardships profoundly impact the health of children and their parents. Children, especially young children, are developing the brain and body they will have for the rest of their lives.⁸ Data from Children’s HealthWatch show when families are unable afford food, housing, utilities, or health care, their children are at increased risk of hospitalization, fair/poor overall health, and developmental delays and their mothers are more likely to report fair/poor overall health and depressive symptoms.^{9,10,11,12} Each of these hardships is individually associated with these adverse health outcomes and when families experience more than one, they are at even greater risk of poor health.¹³

Mirroring the effects of COVID-19, economic hardships are hitting Black, Latinx, and immigrant families hardest and deepening inequities that pre-date the pandemic.^{14,15,16,17} Recently, the Bureau of Labor Statistics reported an overall decrease in unemployment from April to May 2020, but an increase in unemployment among Black Americans.¹⁸ While the same report showed a decline in unemployment among Latinx workers that may be small comfort since rates of unemployment among this population remain higher than any other racial or ethnic group.¹⁸ Additionally, women, especially Black and Latinx women, have higher rates of unemployment than men, which is likely due to the compounding effect of caregiving responsibilities following school and child care closures, in turn impacting their ability to participate in the workforce.^{15,16,18} It is important to examine disaggregated data in this fashion to provide the most accurate account. Given these high rates of unemployment coupled with other economic pressures, it is not surprising that there have been unprecedented spikes in reports of food insecurity – inadequate access to enough food for all household members to lead active, healthy lives - and difficult affording housing. Recent national data show over 40 percent of families with children under age 12 reported food insecurity in April 2020, up from less than 15 percent in 2018.¹⁹ Another survey documented that half of Americans report fear of losing their homes if they do not receive additional assistance to help cover costs.²⁰ Both of these trends disproportionately affect families of color and immigrant families with low incomes.

This reality is playing out in the pediatric clinics where Children’s HealthWatch has research sites. At Boston Medical Center (BMC), New England’s largest safety-net hospital, our Pediatrics Department has taken extraordinary steps to support the increasing needs of patients and their families. Staff have distributed grocery store gift cards, delivered food, and provided diapers, hygiene products, and cleaning supplies to families. We have established emergency homelessness response options and created an emergency housing assistance fund for families unable to afford rent. We have worked tirelessly to connect patient families to all available state and federal resources – including an effort led by StreetCred, a free tax preparation site at BMC, to ensure families are able to file their taxes in order to claim their Economic Impact Payments. All of these efforts are undertaken on top of essential pediatric care, telemedicine, and the introduction of a mobile vaccine unit to ensure no child misses their immunizations. Our department acted quickly to respond to the economic realities of patients and their families because we know that any disruption in basic needs during this vulnerable window of development for children can have long-term consequences on health, which are difficult to mitigate with medical interventions alone.

While these efforts were necessary to support patient families, particularly those at greatest medical risk, we are keenly aware that they do not reach enough families, are insufficient for fully meeting needs, and are unsustainable over the long-term. Strong, federal responses are necessary to adequately respond to an economic crisis of this scale that directly impacts health.

Given lessons from the Great Recession, families with children will struggle to afford basic needs well after the end of the pandemic

Despite current efforts on the federal, state, local, and health system levels, we know these resources are still not enough to meet current and future needs. Families with children not only continue to struggle to afford basic needs even with current supports, but these economic hardships are likely to continue well into the future. Given lessons learned from previous economic downturns, the effects of the current crisis will have long-term repercussions on families with children.²¹ Further, prior downturns suggest institutionalized discrimination will exacerbate the plight of families with immigrant members and communities of color.²² Evidence from the Great Recession documents this reality, provides insights into the forthcoming and sustained rise in hardships among families, and offers potential solutions for proactively mitigating the harms of economic crisis.²¹

During the Great Recession from 2007-2009, families struggled to afford basic needs. Even as the economy at large recovered starting in 2009-2010, unemployment and long-term unemployment rates remained high and workers’ wages stagnated.²¹ Less publicized than the overall economic recovery was that families with low incomes prior to the economic decline were not only disproportionately impacted by the Great Recession, but their recovery was slower than others.^{23,24} For example, food insecurity is a telling indicator of economic strain.²⁵ Children’s HealthWatch research showed families with young children not only experienced alarmingly high rates of food insecurity during the recession, but these rates remained elevated well after the economy as a whole recovered.²⁶ For immigrant families, this reality was even more pronounced. U.S. citizen children with immigrant mothers experienced a steeper increase in food insecurity during and immediately following the recession and those rates remained consistently higher than U.S.-born families with low incomes for the following decade.²⁷

The Earned Income Tax Credit and Child Tax Credit are evidence-based solutions for improving health.

Among other policy improvements, efforts during the Great Recession to enhance the Child Tax Credit (CTC) and Earned Income Tax Credit (EITC), effectively softened the effect of the recession on families.²⁸ Evidence showed expansions to the CTC and EITC that provided greater benefits to families with low incomes during this period lifted millions of families out of poverty, decreased income inequality, and increased workforce participation.^{29,30} In 2018, the EITC and CTC lifted 5.5 million children out of poverty and made another 6.5 million less poor.³¹ Further, these credits have ripple effect local communities through economic stimulus as families spend the money directly in their communities.³²

The benefits of the EITC and CTC extend well beyond financial stability for families and local stimulus. Previous expansions in the EITC have been strongly associated with a decrease in infants born with low birth weights among pregnant women eligible for the credit.³³ This correlation is notable because low birth weight is damaging to the long-term health of children and costly to the health system, yet few medical interventions are available that effectively reduce risk. In addition to benefits for infants, children in families receiving the EITC have fewer behavioral health problems, such as anxiety and depression.³⁴ Mothers receiving the EITC have positive health indicators, including lower risk of high blood pressure and inflammation and reduced reports of depression and stress.^{35,36} Research also shows EITC may even improve life expectancy among people with low incomes in the U.S.³⁷ Given these benefits, the Centers for Disease Control and Prevention recently categorized EITC as one of the 14 key evidence-based, cost effective interventions for improving health in early childhood.³⁸ Currently, however, these benefits are only realized for families raising children in their homes as the credit does not provide enough support for workers without dependent children – even though many may be non-custodial parents or young adults preparing to start families.

While the CTC has fewer studies directly linking it to health improvement, the similar structure of the credit to the EITC and its documented effectiveness in reducing child poverty make it highly probable to show similar health benefits for children and families. Previous research on increases in cash income in early childhood, though not specific to the CTC, show positive long-term benefits for future adult health and earnings.³⁹ The effects of the CTC, however, are diminished by the current structure of the credit. Over one-third of children in the U.S. do not receive the full benefit of the CTC because their families earn too little to access the maximum credit.⁴⁰ Black, Latinx, and young children, along with children in families headed by single parents are disproportionately left behind by the CTC.⁴⁰ Researchers and policy makers have demonstrated that changes to the credit structure, including making the credit fully refundable and allowing for monthly payments, would drastically improve the credit's ability to eliminate the most extreme forms of poverty and support families with the lowest incomes.⁴¹ A consensus report by the National Academies of Science, Medicine, and Engineering shows making the CTC fully refundable would cut in half the number of children living in deep poverty – those living in families with incomes less than half of the federal poverty level.⁴²

Families need immediate and long-term solutions to reduce economic hardship and health inequities

Taking both rapid and long-term measures to reduce family financial hardships that impact health is critical for the current and future health of our nation's children and families, especially as the economic crisis created by COVID-19 continues to unfold.⁴³ We have heard from families at BMC as well as partner organizations working with the Healthy Families EITC Coalition that the immediate relief provided through Economic Impact Payments and other measures passed in the Coronavirus Aid, Relief, and

Economic Security (CARES) Act were critical for ensuring some families could put food on the table, pay rent, and keep the heat and lights on in the short-term. Even though these payments were beneficial for some, millions of families were excluded from the benefits completely and others faced barriers in accessing benefits.

Immigrant families, in particular, have not only experienced greater hardship during this crisis than non-immigrants,³ but they were also systematically excluded from many relief efforts passed on the federal level compounding the stress they were already experiencing. An estimated 15 million people in immigrant families did not benefit from these payments.⁴⁴ Nearly one-quarter of children in the U.S. today have an immigrant parent.⁴⁵ The exclusion of mixed-status and immigrant families from Economic Impact Payments meant that millions of children – many of whom are U.S. citizens – live in families without additional support that continue to struggle to afford basic needs.⁴⁴ Further, the Economic Impact Payments outlined in the CARES Act excluded 15 million teenagers, young adults, and adults with disabilities who are all dependents.⁴⁴ Analysis of dependents excluded from the payments show they are more likely to live in families with incomes below the poverty line and less likely to be eligible for other forms of immediate assistance.⁴⁶

In addition to those who were excluded from the payments, we have also heard from our partners who coordinate free tax preparation sites that families with very low incomes face barriers in accessing the Economic Impact Payments. Those with the least resources have some of the greatest barriers to receiving this vitally important assistance, especially given the lack of tax obligation for people with very low incomes. For example, initial confusion over whether or not people receiving Social Security, Supplemental Security Income (SSI) and some veterans' benefits would receive automatic payments created concern among social service agencies serving these populations. While the Internal Revenue Service (IRS) and agencies administering these benefits should be commended for ultimately creating mechanisms issuing payments to beneficiaries without requiring additional paperwork, ensuring for future issuance that automatic payments for people receiving these benefits and their dependents are mandatory would reduce these stressors.

Further, partners on the Healthy Families EITC Coalition report multiple challenges with serving low-income tax filers during this time given the closure of IRS offices without providing guidance to free tax preparation sites on how to manage ongoing operations. Given that many people with low incomes also face barriers to accessing technology needed to file returns as well as lack bank accounts to quickly receive the funds, free tax preparation sites struggled to effectively reach and serve clients without additional supports. These challenges have been compounded by the steady decrease in IRS funding for these sites over the past several years, which drastically diminishes the sites' ability to adequately support tax filers with low incomes. Additional funding for tax preparation programs is needed now more than ever to ensure people receive accurate information and support in filing their taxes in order to claim these federal benefits.

It is critically important to take account of the lessons learned from the CARES Act and ongoing economic instability among families and implement vital policy changes to payment structures, along with the addition of an expanded payment proposed in the HEROES Act. Retroactive and proactive inclusion of immigrant families in payments, providing expanded payments for children in recognition of the increased risk of economic hardships families face, and reducing barriers to payments are necessary measures for providing immediate relief to families.

While Economic Impact Payments provide support for families to pay bills today, we know that long-term solutions are also urgently needed. As stated previously and documented in the Great Recession, families will undoubtedly experience the effects of this recession for months and likely years to come. Policy solutions that seek to mitigate the long-term effects of this crisis for families with the lowest incomes must be included in the next stimulus package. Fortunately, the HEROES Act includes evidence-based solutions through expansions to refundable credits for responding to the needs of families with children.

Specifically, restructuring the CTC to ensure it reaches families of children with the lowest incomes, allowing monthly payments, and boosting credit amounts – including an additional boost for families with young children – as well as expanding benefits of the EITC for workers not raising children are changes responsive to the realities of families and individuals with the lowest incomes from marginalized communities. The changes to the CTC in the HEROES Act are similar to structural changes to the credit reviewed by the aforementioned report from the National Academies of Sciences, Medicine, and Engineering. Implementation of these changes showed significant decreases in child poverty. Improvements to the EITC outlined in the HEROES Act, including increasing the credit for workers not raising children and expanding age eligibility, are also critical for health improvements. Given the important role of non-custodial parents in the lives of children and the challenges many of these parents with low-incomes face in providing support to their children,⁴⁷ ensuring these workers are not taxed into poverty will better ensure they have financial resources to support their children. Further, recognizing the positive health effects of the EITC on birth outcomes, expansions of the credit prior to the birth of a child may further improve infant health. These improvements to the CTC and EITC will not just support children, their families, and their communities through this economic crisis but will also safeguard long-term health.

Children and families struggling to afford everyday needs, like food and housing, cannot continue to wait. They need relief from this crisis now. More must be done to eliminate child poverty and the inequities that predate the COVID-19 pandemic, which are being exacerbated in the current context.⁴⁸ Using the tax code to administer much needed cash benefits throughout the economic recovery period is not only important for alleviating poverty and economic hardships, but also vitally necessary for strengthening the foundation of our nation's public health infrastructure in order to build a healthy population well beyond the end of this pandemic.

Thank you again for this opportunity.

Sincerely,

Allison Bovell-Ammon, MDiv

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