TESTIMONY BEFORE THE JOINT COMMITTEE ON HOUSING
INFORMATIONAL HEARING
JUNE 3, 2021

The Massachusetts Medical Society (MMS) appreciates the opportunity to submit comments to the Committee on Housing for its informational hearing. For the purposes of this testimony, our comments will focus on legislation before the committee that supports addressing the problem of housing insecurity and the need for increased public and private funding to provide for equitable, accessible, affordable, safe, and stable housing.

Housing insecurity is a growing problem in Massachusetts and across the country and one that has been greatly exacerbated by the COVID 19 pandemic. According to the U.S. Department of Housing and Urban Development’s 2019 Annual Homeless Assessment Report to Congress, 18,471 people in Massachusetts were counted as experiencing homelessness during the January 2019 point-in-time count conducted by the HUD Continua of Care across the state. This total included 12,212 people in families with children and 6,259 adults over age 24 in households without children. Of the 18,471 people counted as experiencing homelessness, 917 people were identified as veterans, 480 young people were identified as unaccompanied youth age 24 and younger, and 1,392 people were identified as experiencing chronic homelessness. It is important to note that the definition of homelessness used for the point-in-time count excludes families and individuals who are experiencing homelessness and living in doubled up or hidden situations, the inclusion of which would have undoubtedly led to a significant increase in numbers.

The Medical Society believes that housing insecurity is a social determinant of health. This belief is backed up by extensive evidence proving the strong association between a person’s housing status and their physical and mental health, including studies showing increased morbidity and mortality for persons experiencing chronic homelessness. Those with housing insecurity and those facing eviction also experience poor health outcomes, including increased associations in youth with increased risks of teen pregnancy, early drug use, and depression.

We therefore believe that housing legislation not only provides opportunities to provide shelter essential for human dignity and countless social benefits, but also that this critical issue can be addressed to promote the physical and mental wellbeing of the residents of the Commonwealth. With concern over this aforementioned Massachusetts housing data and the shortage of rental homes affordable and available to low income households, the Massachusetts Medical Society has developed the following policy:

1 “Housing And Health: An Overview Of The Literature,” Health Affairs Health Policy Brief, June 7, 2018. DOI: 10.1377/hpb20180313.396577

2 “Housing And Health: An Overview Of The Literature,” Health Affairs Health Policy Brief, June 7, 2018. DOI: 10.1377/hpb20180313.396577
The MMS will work with community organizations to advocate for policies and legislation which reduce housing insecurity in Massachusetts. The MMS will work to support programs by other relevant stakeholders, such as, hospitals, and accountable care organizations, that seek to prevent housing insecurity, prioritizing proposals designed and supported by the communities most affected by housing insecurity. The MMS recognizes the negative health effects of housing insecurity more broadly, and its disproportionate effect on communities of color and lower-income areas.

Additionally, the MMS has enacted the following policy on Promoting Affordable and Equitable Housing in Massachusetts:

That the MMS advocate for increased public and private funding and legislation providing for equitable, accessible, affordable, safe, and stable housing; work with community stakeholders to advocate for increased public and private funding for affordable housing units and creating transparent, equitable pathways for those seeking stable housing, and; work with community organizations to advocate for policies and legislation around multimodal comprehensive approaches to vulnerable populations seeking housing by increasing supportive services, including but not limited to case management, health care, mental health and substance use disorder treatment, legal services, and supportive services for families.

The goals of these policies are reflected in several bills currently pending before the Joint Committee on Housing, including but not limited to:

- H. 1379, An Act financing an emergency supplemental affordable housing bond. (Connolly)
- H 1385 An Act providing upstream homelessness prevention assistance to families, youth, and adults. (Decker and Miranda)
- S. 860 An Act prohibiting discriminatory effects in housing and community development. (Boncore)
- S. 861 An Act relative to affirmatively furthering fair housing. (Boncore)
- S. 864 An Act creating a multi-family housing incentive pilot program. (Chandler)
- S. 867 An Act promoting fair housing by preventing discrimination against affordable housing. (Chang-Diaz)
- S.870 An Act establishing a special commission to study racial segregation in housing and public schools. (Crighton)
- S. 871 An Act relative to housing production. (Crighton)
- S. 874 An Act promoting housing stability and homelessness prevention in Massachusetts. (DiDomenico)
- S. 875 An Act relative to reforming the housing development incentive program. (DiDomenico)
- S. 887 Resolve establishing a task force to study racial disparities in home ownership and reducing the wealth gap. (Hinds)

In conclusion, the MMS encourages the Committee on Housing to consider the Medical Society’s policies addressing the problems of housing insecurity and the need for increased public and private funding to provide for equitable, accessible, affordable, safe, and stable housing. The Medical Society further asks the Committee to support the above-referenced legislation and any others that seek to further these goals.

On behalf of over 25,000 physician, resident and student members of the MMS, we thank you for your consideration of these comments.