The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them provide the best care possible. The Massachusetts Medical Society has policy that supports the provision of state-funded basic needs benefits, including nutrition and cash assistance benefits, to immigrants who are legally present in the United States. **As such, MMS wishes to be recorded in support of H.135/S.76, An Act Establishing Basic Needs Assistance for Massachusetts Immigrant Residents.**

Prior to the 1996 federal welfare reform process, individuals who were lawful permanent residents of the United States were “generally eligible for [federally funded] assistance in a manner similar to U.S. citizens.” However, “once the [1996 federal welfare reform] laws were implemented, most lawfully residing immigrants were barred from receiving assistance under the major federal benefits programs [like the Supplemental Nutrition Assistance Program (SNAP) and Transitional Aid to Families with Dependent Children (TANF/TAFDC)] for five years or longer” and other categories of legally present immigrants were made completely ineligible. In the wake of the 1996 welfare reforms, the Massachusetts Legislature authorized state-funded SNAP and TANF/TAFDC benefits for legally present immigrants who were

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ineligible for federally funded benefits. These benefits were in place for five years starting in 1997, but this essential protection expired in 2002 and has not since been reinstated despite the growing need among Massachusetts immigrant communities.

Today, the safety-net benefits available to legally present, federally ineligible immigrants are limited to EAEDC cash assistance benefits (only for the elderly and/or disabled) and emergency assistance (EA) shelter (only for families with children and pregnant individuals). At least six states—California, Connecticut, Illinois, Maine, Minnesota, and Washington—provide state-funded nutrition assistance to some or all of the immigrants who were rendered ineligible for the federal SNAP program, and least twenty-two states have some form of a state-funded TANF replacement program to provide cash assistance to legally present immigrants who are not eligible for federally funded TANF benefits. H.135/S.76 would provide cash assistance and related benefits to children, pregnant women, and caretaker adults who meet the eligibility requirements, as well as nutritional assistance benefits like SNAP, which are essential in ensuring the overall health and well-being of immigrant families in Massachusetts.

Poverty is a public health issue and a crucial determinant of health across the life course. The disproportionate concentration of child poverty and generational wealth gaps experienced by Black, American Indian or Alaska Native, and Hispanic families are a consequence of structural racism and a barrier to achieving racial health equity. Food insecurity in Massachusetts doubled during the COVID-19 pandemic and disproportionately impacted minority households and households with children. Though food insecurity has declined from its peak during the pandemic, it remains elevated as compared to pre-pandemic levels. Latinx and Black Massachusetts residents, who were impacted at higher rates by the COVID-19 pandemic and its economic effects, were also disproportionately impacted by food insecurity, perpetuating

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6 Hunger & Food Insecurity in Massachusetts. Project Bread. [https://projectbread.org/hunger-by-the-numbers](https://projectbread.org/hunger-by-the-numbers)
7 Hunger & Food Insecurity in Massachusetts. Project Bread. [https://projectbread.org/hunger-by-the-numbers](https://projectbread.org/hunger-by-the-numbers)
dispersities that existed before the pandemic. In Massachusetts over the six-month period from July 2021 to December 21 2021, 1 in 9 (11.6 percent) White households with children were food insecure as compared to approximately 1 in 3 Black households with children (33.1 percent) and 1 in 4 (25.8 percent) Latinx households. SNAP, the primary source of nutrition assistance for many low-income individuals, has been shown to reduce food insecurity, poverty, and overall health expenditures, while simultaneously improving health status, medication adherence, and birth and long-term health outcomes. Expanding eligibility for this modest benefit as proposed by H.135/S.76 will create a critical foundation for the overall health and well-being of low-income immigrant families by allowing them to spend more on nutritious food than their budgets would otherwise allow.

The economic impact of the COVID-19 pandemic had a disproportionate impact on families with children, women, and Black and Latinx households. Nearly half of households with children in Massachusetts have lost employment income since the start of the pandemic, including as many as 2/3 of Black and Latinx households. As a result, approximately “one in eight children (12%) lived in households with incomes below the poverty line, but the number was twice that or even more for Black or Latinx children.” The increase in financial insecurity during the pandemic had downstream impacts on the affordability of housing, childcare, internet access, and computer/digital device access. Temporary Assistance for Needy Families (TANF, specifically called “Transitional Assistance for Families and Dependent Children” or “TAFDC” in Massachusetts) is a federally funded, state-administered, means-tested cash assistance program for pregnant individuals, families with children, and caregivers. Research shows that providing

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9 Hunger & Food Insecurity in Massachusetts. Project Bread. [https://projectbread.org/hunger-by-the-numbers](https://projectbread.org/hunger-by-the-numbers)


cash assistance to families in poverty “can improve children’s health and academic achievement, which in turn can lead to better health and higher earnings in adulthood.” Moreover, safety-net programs that increase income are associated with reduced maternal smoking, improved self-reported maternal mental health, improvements in biological markers of stress, reduced incidence of low birthweight and preterm birth, and improvements in parent-reported ratings of their child’s health status. H.135/S.76 will help alleviate financial stress and reduce the risk of experiencing adverse health outcomes associated with poverty for immigrant families.

Thank you for your consideration of our comments and for your work on this important issue. The Medical Society respectfully urges a favorable report on H.135/S.76, An Act Establishing Basic Needs Assistance for Massachusetts Immigrant Residents.