

June 11, 2019

State Representative Kay Khan, Chair  
Joint Committee on Children, Families and Persons with Disabilities  
State House Room 146  
Boston, MA 02133

State Senator Sonia Chang Diaz, Chair  
Joint Committee on Children, Families and Persons with Disabilities  
Massachusetts State House Room 111  
Boston, MA 02133

**Re: Testimony in support of H124/S35: An Act ensuring continuous healthcare coverage for youth who have aged-out of the department of children and families.**

Dear Chair Khan, Chair Chang-Diaz and Honorable Committee Members,

Thank you for the opportunity to testify in writing in support of **House Bill 124** and **Senate Bill 35, *An Act Ensuring Continuous Healthcare Coverage for Youth Who Have Aged-Out of the Department of Children and Families***. The Children's League of Massachusetts (CLM) is an ever-growing statewide non-profit association of over 75 private and public organizations and individuals that collectively advocate for public policies and quality services that are in the best interest of the Commonwealth's children, youth and families. It is through public education and advocacy that CLM promotes the availability, accessibility, and quality of these needed services.

Our members, who are comprised of providers, advocates, and regulators of services, know first-hand the struggles that children and their families face in the Commonwealth. Throughout Massachusetts, we strive to ensure availability of services and accessibility of support for all families in need. CLM supports this bill in order to ensure that youth leaving the care of the Commonwealth are obtaining access to their basic right for health insurance coverage.

Additionally, CLM is a member of the Children's Health Access Coalition (CHAC), which is a coalition of healthcare providers, advocates, and other stakeholders committed to ensure that all children have access to and receive comprehensive health services. This bill is a legislative priority for CHAC.

Under the Affordable Care Act, Medicaid is available to former foster youth who were in foster care and receiving Medicaid at age 18, or on the date the youth aged out of foster care if the state has chosen to allow foster youth to remain in care after age 18. Former foster youth are eligible for Medicaid regardless of their income until their 26<sup>th</sup> birthdays. Federal law also requires states to cover former foster youth and provides states with federal Medicaid matching funds.

As you know, many youth who age out of DCF often age out into homeless, couch surfing or living in a shelter setting. For these youth who find themselves in this situation the thought of carrying and protecting important documents such as a birth certificate, a DCF release form and other vital documents to enroll in MassHealth is overwhelming. They do not have a file cabinet or safe to keep these documents nor do they have the funds to replace them once stolen, which most times is what happens to their records, they are stolen from them.

Youth in DCF care use mental health services at a rate 15-20 times higher than the general pediatric population and are at a higher risk for poverty, incarceration and unemployment. Additionally, 80% of youth coming from foster care have a chronic medical condition and are twice as likely to suffer from depression as their peers and 25% have 3 or more chronic health problems. This vulnerable population has relied on these services while in care and should be able to continue utilizing them, through covered services, after aging out.

If passed, this legislation would mirror the strides California has taken to ensure that all of the youth in their state care system receive the health care coverage that they are entitled to. California has had success in implementing the ACA's former foster youth provision which automatically enrolls its youth in Medicaid at their 18<sup>th</sup> birthday and youth are reenrolled at every birthday until reaching age 26. Recipients are only contacted by that state's child welfare department during re-enrollment if the recipient's information is incomplete or no longer accurate.

As another example, New Hampshire uses interagency collaboration as a valuable strategy. Former foster youth often have high enrollment rates in social programs like the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). New Hampshire collaborates with other state departments to ensure outreach efforts successfully reach eligible youth. This legislation will cover any foster child enrolled in Medicaid on their 18<sup>th</sup> birthday even if they are from a neighboring state and will require enrollment to occur without interruption until the their 26<sup>th</sup> birthday, without the need for a new Medicaid application.

This bill will allow us reach more at-risk youth across the Commonwealth, giving them a better chance to lead healthy and successful lives. This bill will also further our goal of ensuring that kids in care have the same opportunities that their peers are afforded since youth are permitted to stay on their parents' coverage until the age of 26. This bill would alleviate one of the many stresses foster youth face upon aging out of the system, basic health care.

We respectfully urge the Committee to report this bill out **favorably** and work diligently for its passage. On behalf of the thousands of foster youth who age out of the system annually.

Thank you again for the opportunity to submit written testimony.  
Sincerely,

*Tammy Mello*

Tammy Mello  
Executive Director