

Each year, effective federal programs give parents the power to provide their children with affordable healthcare, nutritious food, stable housing, and early childhood education. These programs lift millions of children out of poverty, but also have long-term benefits—children in families who accessed these programs have higher educational attainment, better health, and are likelier to earn more as adults.

In most low-income households with children, there is at least one family member who is working. Yet due to low wages, skyrocketing rents, unaffordable child care, and the high cost of everyday goods, parents still struggle to make ends meet and turn to key assistance programs to supplement resources for their families.

Weakening these assistance programs by imposing cuts, employment documentation requirements, irrational time limits, and other unnecessary bureaucratic barriers will undermine access for low-income families, with devastating consequences—including undercutting opportunities for their children.

These actions include the president’s recent executive order, titled “Reducing Poverty in America by Promoting Opportunity and Economic Mobility,”<sup>1</sup> which requires the secretaries of treasury, agriculture, commerce, labor, health and human services, housing and urban development, transportation and education to review all regulations and guidance to ensure they comply with the executive order and submit a list of recommended regulatory and policy changes to accomplish the principles outlined in the order.

At its core, the executive order directs agencies to take government services away from people who don’t work a set number of hours per month. Rather than fostering economic mobility, however, preventing parents from accessing assistance programs and family supports unless they meet new, expanded work requirements will have a negative impact on children and their families, hindering healthy child development and causing additional burdens on struggling families.

There have been many additional administrative and congressional actions to reduce access to basic assistance programs thanks to the imposition of new work requirements and other harmful barriers. This document explains how these policies would weaken the effectiveness of these programs in improving child health, nutrition, housing stability, family economic security, early childhood development, and supporting foster youth and unaccompanied homeless youth in their successful transition to adulthood.

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<sup>1</sup> The White House, “Reducing Poverty in America by Promoting Opportunity and Economic Mobility,” Executive Order, April 10, 2018, available at: <https://www.whitehouse.gov/presidential-actions/executive-order-reducing-poverty-america-promoting-opportunity-economic-mobility/>.

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## CHILD HEALTH

Medicaid is health care.<sup>2</sup> Along with the Children’s Health Insurance Program (CHIP), it covers about 75 million, or 1 in 5 people (children, pregnant women, and adults) in the United States. Approximately half, or more than 35 million of these recipients, are children.<sup>3</sup> Work requirements imposed as a condition of receiving Medicaid is a cut to health care and health coverage for vulnerable children, pregnant women, and families. There is a legal argument that such requirements stand contrary to the intent of the Medicaid program; this policy is currently being challenged in federal court.<sup>4</sup>

The Centers for Medicare and Medicaid (CMS) encouraged states to add work requirements to their Medicaid programs in a guidance letter<sup>5</sup> to state Medicaid directors, issued January 11, 2018. As of this paper: 4 states applying for 1115 work requirement waivers have been approved (KY, IN, AR, NH), 7 states have 1115 work requirement waiver applications pending (AZ, KS, ME, MS, NC, UT, WI); and 9 states have 1115 work requirement waivers under consideration (AL, IA, LA, MO, OH, OK, SC, SD, VA).<sup>5</sup>

On May 7, New Hampshire became the fourth state, following Indiana, Kentucky, and Arkansas to receive U.S. Department of Health and Human Services (HHS) approval for its work requirement waiver. New Hampshire joins: Kentucky, where the uninsured rate fell from 16.3% to 7.2% following its Medicaid expansion (one of the largest reductions in the country); Indiana, where it is estimated that 130,000 of nearly 440,000 Medicaid recipients will be subject to the new requirements and an additional 33,000 will lose coverage; and Arkansas, which anticipates a loss of 60,000 Medicaid recipients according to state estimates. A new analysis<sup>6</sup> estimates that work requirement waivers could take health care away from 1.7 million Medicaid recipients in 10 states – *about half* of the recipients in those states.

The negative impacts upon children and parents in low-income families, children with disabilities, children of parents with disabilities, behavioral health, or substance use needs, will be enormous.<sup>7</sup> These waivers are being approved when children’s uninsured rate, due to expansions under the ACA

<sup>2</sup> Centers for Medicare and Medicaid, “Medicaid,” Medicaid.gov, available at: <https://www.medicaid.gov/medicaid/index.html>.

<sup>3</sup> Kaiser Family Foundation, “Monthly Child Enrollment in Medicaid and CHIP,” State Health Facts, February 2018, <https://www.kff.org/medicaid/state-indicator/total-medicaid-and-chip-child-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>4</sup> Luthi, Susan, “Medicaid work requirements violate program’s intent,” Modern Healthcare, April 9, 2018, available at: <http://www.modernhealthcare.com/article/20180409/NEWS/180409918>.

<sup>5</sup> The Commonwealth Fund, “Status of Medicaid Expansion and Work Requirement Waivers, updated May 8, 2018, available at: <http://www.commonwealthfund.org/interactives-and-data/maps-and-data/medicaid-expansion-map>

<sup>6</sup> PricewaterhouseCoopers LLP, “Medicaid work requirements could affect millions of beneficiaries and billions in spending,” Health Research Institute, April 2018, <https://www.pwc.com/us/en/health-industries/health-research-institute/publications/pdf/pwc-health-research-institute-medicaid-1115-waivers-insight.pdf>.

<sup>7</sup> Center on Budget and Policy Priorities, “How Medicaid Work Requirements Will Harm Children,” <https://www.cbpp.org/sites/default/files/atoms/files/4-4-18health.pdf>.

and CHIP, has been driven to an all-time low of 4.5 percent.<sup>8</sup> Children’s health coverage has conclusively been shown demonstrated to increase when their parents’ coverage does.<sup>9</sup> Moreover, the ramifications of losing critical health care extend not only to health, but also mental health, employment, housing, and many other life factors for children and families.

Despite purported protections for certain vulnerable groups, these waivers will have a disastrous effect on people’s ability to get and remain covered under Medicaid, due to bureaucratic and programmatic hurdles that are immense, poorly understood, and have not worked in other programs like Temporary Assistance for Needy Families (TANF). Documentation and paperwork requirements have been repeatedly shown to reduce enrollment in Medicaid.<sup>10</sup> Barriers for parents and pregnant women will directly affect their children. Parent with serious mental illness, disabilities, or physical impairments may face particular challenges in meeting these new documentation and paperwork requirements.

These changes to long-standing Medicaid intent and policy will remove fundamental health care from Medicaid recipients, including parents, pregnant women, and children. That means eligible people, including parents and children, will lose their health care and get sick or sicker, endanger public health, and return to emergency rooms, all of which were among the most significant and highly expensive problems addressed with the Affordable Care Act and its Medicaid expansion, currently in effect in 32 states and the District of Columbia. The effect of work requirements in non-expansion states would be even more severe. Additional factors in waivers, such as lock-out periods, coverage “lockouts” for failure to pay premiums or comply with additional reporting requirements; additional premiums or co-payments; time limits; elimination of retroactive coverage; and other barriers will make it more difficult for children and families to access critical health care and coverage.

It is critical to understand that Medicaid is health care for vulnerable children and families, pregnant women, and children and adults with disabilities. Adding punitive work requirements and administrative burdens that will only increase costs and remove people from Medicaid for any number of reasons will not accomplish the stated goals of these policies. It will, however, decrease the number of low-income and working family children who have access to health care – and at a time when we have exponentially increased the number of children who are covered. It is a very negative policy for children, and runs contrary to successful policy efforts to expand children’s health care coverage for more than 20 years.

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<sup>8</sup> Alker, Joan and Pham, Olivia, “Nation’s Uninsured Rate for Children Drops to Another Historic Low in 2016,” Georgetown Center for Children and Families, September 2017, available at: <https://ccf.georgetown.edu/wp-content/uploads/2017/09/Uninsured-rate-for-kids-10-17.pdf>.

<sup>9</sup> Georgetown Center for Children and Families, “Health Coverage for Parents and Caregivers Helps Children,” March 2017, <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Covering-Parents-v2.pdf>.

<sup>10</sup> Margot Sanger-Katz, “Hate Paperwork? Medicaid Recipients Will Be Drowning In It,” *New York Times*, January 18, 2018, <https://www.nytimes.com/2018/01/18/upshot/medicaid-enrollment-obstacles-kentucky-work-requirement.html>.

## CHILD FOOD SECURITY AND NUTRITION

As the nation's largest federal food assistance program, the Supplemental Nutrition Assistance Program (SNAP) is the first line of defense against hunger and food insecurity for poor and low-income children. Over 19 million children rely on SNAP for access to consistent, healthy meals—representing nearly half of the program's participants.<sup>11</sup> In 2016, SNAP lifted 1.5 million children out of poverty,<sup>12</sup> and countless studies show that SNAP participation improves food security, health, educational, and long-term economic outcomes for children.<sup>13</sup> However, in spite of its proven effectiveness, SNAP is under threat from administrative and legislative proposals that will threaten the ability of poor and low-income families with children to put food on the table.

The US Department of Agriculture Food and Nutrition Service is considering changes to existing SNAP time limit rules for Able Bodied Adults Without Dependents (ABAWDs), likely to make them even harsher for individuals struggling to find adequate employment. However, strengthening SNAP's rules for ABAWDs would also unduly harm children in poverty. These children often depend on pooled resources (including SNAP benefits) from extended family members who do not claim them as dependents. Administrative changes that make ABAWD time limits stricter would also harm youth aging out of foster care and unaccompanied, homeless youth and young adults who are over the age of 18, who already experience high rates of unemployment and poverty and face barriers in accessing public assistance programs.<sup>14</sup>

The Agriculture and Nutrition Act of 2018 (H.R. 2, the House Farm Bill) goes even further to cut SNAP benefits for families with children. H.R. 2 takes food assistance away from people who do not meet new, expanded work requirements, even if they are older individuals or adults caring for school-aged children. It also seeks to limit states from waiving work requirements, adds burdensome documentation requirements, and requires states to divert spending on SNAP benefits in order to implement costly training and employment programs, as well as eliminating several options by which states can streamline the SNAP eligibility process for poor and low-income families. Under these policy proposals, countless children and youth who rely on SNAP would have less to eat.

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<sup>11</sup> Lauffer, Sarah and Genser, Jenny, "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2016," U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Alexandria, VA, January 2017, available <https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-program-households-fiscal-year-2016>

<sup>12</sup> Fox, Liana, The Supplemental Poverty Measure: 2016, US Census Current Population Reports, September 2017, available <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-261.pdf>

<sup>13</sup> Furman, Jason, Munoz, Cecilia and Black, Sandra, *Long Term Benefits of the Supplemental Nutrition Assistance Program*, White House Council of Economic Advisors, December 2015, available at:

[https://obamawhitehouse.archives.gov/sites/obamawhitehouse.archives.gov/files/documents/SNAP\\_report\\_final\\_nonembargo.pdf](https://obamawhitehouse.archives.gov/sites/obamawhitehouse.archives.gov/files/documents/SNAP_report_final_nonembargo.pdf)

<sup>14</sup> Martin, Megan, Houshyar, Shadi Houshyar, Citrin, Alexandra, Neeley-Bertrand, DeQuendre and Wedderburn, Raquan, *Supporting Youth Aging Out of Foster Care through SNAP*, The Center for the Study of Social Policy, 2014, available at: <https://www.cssp.org/policy/2016/supporting-youth-aging-out-of-foster-care-through-SNAP.pdf>

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The Congressional Budget Office estimates that by 2028, 744,000 adults caring for school-aged children would see their household SNAP benefit decrease by an average \$1,800,<sup>15</sup> making it even harder to afford enough food for the whole family. Meanwhile, under H.R.2's stricter eligibility provisions, some 400,000 households would lose access to SNAP—and as a result, 265,000 children would lose their direct certification for free school meals.<sup>16</sup> Youth aging out of foster care and unaccompanied, homeless youth and young adults who are over the age of 18 would also suffer under stricter work requirements.

Taking food off the table is no way to help families achieve economic mobility. Instead, lawmakers should pursue the wide variety of available policies that would strengthen and protect SNAP so that it better meets the needs of families who don't have enough to eat.<sup>17</sup> This includes increasing SNAP benefits to better reflect modern food costs, making it easier for families to gain SNAP eligibility by limiting burdensome administrative requirements, investing in nutrition education for SNAP participants, and ensuring vulnerable youth and young adults have access to food assistance.

## CHILD HOUSING STABILITY

Affordable housing remains one of the main barriers to economic stability for many families. One-third of U.S. children live in households with a high housing cost burden,<sup>18</sup> defined as spending more than 30 percent of the household's monthly income on housing. Housing vouchers have been proven to provide long-term benefits for children, including an increase in their earnings as adults.<sup>19</sup> Yet access to vouchers and other forms of housing assistance remains extremely limited—only one in four families who are eligible for rent assistance in the United States receive it.

Proposals from the U.S. Department of Housing and Urban Development<sup>20</sup> and Congress<sup>21</sup> would further limit access to housing assistance for millions of low-income families with children through allowing public housing authorities to increase rent for tenants, sometimes as much as tripling rent,

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<sup>15</sup> The Congressional Budget Office, "Cost Estimate for H.R. 2 as ordered," May 2, 2018, available [https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr2\\_1.pdf](https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr2_1.pdf)

<sup>16</sup> Ibid.

<sup>17</sup> Merker, Rachel, Fact Sheet: *Strengthening and Protecting SNAP*, First Focus Campaign for Children, September 2017, available at: <https://firstfocus.org/wp-content/uploads/2017/10/Strengthening-SNAP-Fact-Sheet-FINAL.pdf>

<sup>18</sup> Annie E. Casey Foundation, "Children Living in Households with a High Housing Cost Burden, KIDS COUNT Data Book, available at: <https://datacenter.kidscount.org/data/tables/7244-children-living-in-households-with-high-housing-cost-burden?loc=1&loct=1&loc=1&loct=1#detailed/1/any/false/573,869,36,868,867/any/14287>.

<sup>19</sup> Andersson, Fredrik, Haltiwanger, John C., Kutzbach, Mark J., Palloni, Giordano E., Pollakowski, Henry O., Weinberg, Daniel H., *Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing*, Working Paper, National Bureau of Economic Research, October 2016, available at: <http://www.nber.org/papers/w22721.pdf>.

<sup>20</sup> U.S. Department of Housing and Urban Development, "Secretary Carson Proposes Rent Reform," Press Release, April 25, 2018, available at: [https://www.hud.gov/press/press\\_releases\\_media\\_advisories/HUD\\_No\\_18\\_033](https://www.hud.gov/press/press_releases_media_advisories/HUD_No_18_033).

<sup>21</sup> Congressman Dennis Ross, "Promoting Resident Opportunity through Rent Reform Act," Discussion Draft, 115<sup>th</sup> Congress (2017-2018), available at: [https://financialservices.house.gov/uploadedfiles/bills-115\\_rossf022\\_pih.pdf](https://financialservices.house.gov/uploadedfiles/bills-115_rossf022_pih.pdf).

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remove deductions from income calculations for medical expenses and child care costs, and impose work requirements.

Housing instability, which includes situations such as being behind on rent and making multiple moves, is associated with an increased risk of poor child health,<sup>22</sup> including hospitalizations and of maternal depression. Sustained housing instability can lead to homelessness, causing trauma with severe negative implications for children's healthy development.

Most households receiving housing assistance have at least one family member that is working, and if not, the household is already subject to existing work requirements.<sup>23</sup> Therefore, rather than promoting economic security, imposing work requirements for housing assistance instead just adds another layer of bureaucracy by requiring families to now document their existing employment.

Since most low-income, hourly workers have no control over their schedules or the number of shifts they are assigned, documenting steady employment would pose a major barrier for many families in maintaining housing assistance. While elderly individuals and people with disabilities are exempted from the work requirements, there is no similar exemption for families with children.

Increased rents and the elimination of a deduction for child care costs would also cause housing to be unaffordable for many and lead to an increase in child, youth, and family homelessness. The Center on Budget and Policy Priorities estimates that increasing the minimum rent for households would put a million children at risk of homelessness.<sup>24</sup> Child and youth homelessness is already skyrocketing, with 1.3 million students identified as homeless<sup>25</sup> by the U.S. Department of Education.

In order to actually help families achieve economic security, we should make investments in affordable housing, child care, transportation, higher education, and job training. When it comes to increasing access to stable housing, we need to increase rental assistance, expand access to civil legal services<sup>26</sup> for families facing evictions and other housing disputes and build upon programs that pair housing with wraparound services. This includes increasing and building upon partnerships between

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<sup>22</sup> Sandel, Megan, Sheward, Richard, Ettinger de Cuba, Stephanie, Coleman, Sharon M., Frank, Deborah A., Chilton, Mariana, Black, Maureen, Heeren, Timothy, Pasquariello, Justin, Casey, Patrick, Ochoa, Eduardo, Cutts, Diana, *Unstable Housing and Caregiver and Child Health in Renter Families*, Pediatrics, January 2018, available:

<http://pediatrics.aappublications.org/content/early/2018/01/18/peds.2017-2199>

<sup>23</sup> Center on Budget and Policy Priorities, Fact Sheet: Federal Rental Assistance, United States, March 30, 2017, available at:

<https://www.cbpp.org/sites/default/files/atoms/files/4-13-11hous-US.pdf>

<sup>24</sup> Mazzara, Alicia, "Trump Plan to Raise Minimum Rents Would Put Nearly a Million Children at Risk of Homelessness," The Center on Budget and Policy Priorities, April 27, 2018, available at: <https://www.cbpp.org/blog/trump-plan-to-raise-minimum-rents-would-put-nearly-a-million-children-at-risk-of-homelessness-0>.

<sup>25</sup> National Center for Homeless Education, University of North Carolina at Greenboro, *Federal Data Summary: School Years 2013-14 to 2015-16*, December 2017, available at: <https://nche.ed.gov/downloads/data-comp-1314-1516.pdf>

<sup>26</sup> Baldari, Cara and Torres, Kristen, Fact Sheet: Equal Opportunity for Residential Representation Act of 2017, First Focus Campaign for Children, July 2017, available at: <https://campaignforchildren.org/resources/fact-sheet/equal-opportunity-for-residential-representation-act-of-2017-h-r-1146/>.

public housing authorities and public school systems designed to improve the educational outcomes of children living in subsidized housing.<sup>27</sup>

## EARLY CHILDHOOD DEVELOPMENT

Science tells us that, in many ways, the future success of our children is determined in the early years when their brains are rapidly developing. In fact, a child's brain undergoes enormous growth from birth to age 3, producing 700 neural connections every second. These scientific realities have paved the way for increased investments in early supports for at-risk families, such as home visiting, high-quality child care, preschool, Head Start and other early childhood programs that can have a lasting positive impact on the early health, development and well-being of children.

Imposing work requirements on parents of the following programs will not promote economic mobility, it will hinder the very programs that help children succeed and help families climb the economic ladder out of poverty:

**The Federal Home Visiting Program:** States and tribes are awarded grants to implement primarily evidence-based home visiting programs that work directly with pregnant women and their family members to help them access health care, referrals to necessary services, and provide them with tools to nurture the early development of their babies and toddlers. In addition to producing important early childhood benefits, such as improved birth outcomes and early childhood health and development, home visiting reduces poverty in two important ways:<sup>28</sup> (1) It promotes parental economic self-sufficiency by building parents' knowledge, skills and motivation regarding employment opportunities; and (2) It links families to community services such as adult education and job training. Imposing work requirements, as a condition to receiving home visiting services, is likely to cause many parents, who are pregnant or young mothers with infants and toddlers, to lose the home visiting services that promote their future economic success, and which set their children up for future success in school and life. For these reasons, we oppose the imposition of work requirements on home visiting programs.

**Head Start:** For over 50 years, Head Start has provided two-generational supports for young children and their parents with comprehensive services that promote improved health, educational attainment, school readiness and employment opportunities. Long-term benefits of Head Start include improved childhood language and literacy skills and social-emotional development leading to a higher likelihood of Head Start children graduating from high school and a decreased likelihood of

<sup>27</sup> Schoolhouse Connection, "School-Housing Partnership Legislation Introduced," October 13, 2017, available at: <https://www.schoolhouseconnection.org/school-housing-partnership-legislation-introduced/>.

<sup>28</sup> Minkovitz, Cynthia S., O'Neill, Kay M.G., Duggan, Anne K., *Home Visiting: A Service Strategy to Reduce Poverty and Mitigate Its Consequences*, Academic Pediatrics, Volume 16, Number 3S, April 2016, available at: <http://www.hvresearch.org/wp-content/uploads/2018/01/PIIS1876285916000218.pdf>.

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dropping out of school and being unemployed.<sup>29</sup> Because Head Start leads to greater economic mobility, it would be illogical to impose a work requirement on families enrolled in Head Start.

**Preschool:** Like home visiting and Head Start, preschool has been found to be a game-changer for all parents and children, but particularly for children living in lower-income families. High quality preschool promotes early cognitive abilities, social and emotional development, executive functioning, and school readiness.<sup>30</sup> And, like home visiting and Head Start, imposing work requirements would jeopardize children's ability to participate in preschool programs that actually promote childhood well-being and the ability of parents to work.

We urge agencies under the purview of the executive order to reject across-the-board work requirements and promote two-generational supports for parents and children that lead to greater and more meaningful participation in the workforce for both parents and their children.

### STABILITY FOR YOUTH AGING OUT OF FOSTER CARE AND UNACCOMPANIED HOMELESS YOUTH

The transition to adulthood is difficult for young people, but even more so for youth aging out of the foster care system and unaccompanied homeless youth who have little to no support systems in place to help them navigate higher education, housing and employment.<sup>31</sup>

Youth in foster care and unaccompanied homeless youth disproportionately experience significant barriers to obtaining a high school diploma, entering college, obtaining a driver's license, accessing health insurance, maintaining housing stability, and obtaining steady employment.

Surveys have found high rates of homelessness and hunger among college students, especially among community college students,<sup>32</sup> and a disproportionate number of these students were former foster youth. Recognizing these barriers, 25 states have extended foster care through the age of 21<sup>33</sup>

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<sup>29</sup> Bitler, Marianne, Hoynes, Hilary, Domina, Thurston, *Head Start Programs Have Significant Benefits for Children at the Bottom of the Skill Distribution*, Policy Brief, Volume 6, Number 1, Center for Poverty Research, University of California, Davis, available at: <https://poverty.ucdavis.edu/policy-brief/head-start-programs-have-significant-benefits-children-bottom-skill-distribution>.

<sup>30</sup> Sanchez, Claudio, "Pre-K: Decades Worth of Studies, One Strong Message, National Public Radio," March 3, 2017, <https://www.npr.org/sections/ed/2017/05/03/524907739/pre-k-decades-worth-of-studies-one-strong-message>.

<sup>31</sup> Child Welfare Information Gateway, "Helping youth transition to adulthood: Guidance for foster parents." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 2013, available at: [https://www.childwelfare.gov/pubPDFs/youth\\_transition.pdf](https://www.childwelfare.gov/pubPDFs/youth_transition.pdf)

<sup>32</sup> Goldrick-Rab, Sara, Richardson, Jed, Schneider, Joel, Hernandez, Anthony, and Cady, Clare, "Still Hungry and Homeless in College," Wisconsin HOPE Lab, April 2018, available at: , Murphy, Katy, "1 in 5 University of California students struggle with hunger, survey finds," The Mercury News, August 11, 2016, available at: <https://www.mercurynews.com/2016/07/11/1-in-5-university-of-california-students-struggles-with-hunger-study-finds/>.

<sup>33</sup> Child Welfare Information Gateway, "Extension of Foster Care Beyond Age 18," Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau February 2017, available at: <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/extensionfc/>



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and other states have extended services to provide support systems for these young people as they age out of care. In addition, colleges have created resources and programs to connect homeless college students to housing, nutrition assistance, and academic support, but more needs to be done.<sup>34</sup>

Medicaid and SNAP help youth obtain critical health care and nutritional supports and access to these and other programs allows foster youth, former foster youth and unaccompanied homeless youth to continue their education and sets them on a path to self-sufficiency and economic mobility.

In 2014, the ACA extended Medicaid eligibility for youth formerly in the foster care system up to the age of 26. This extension was created in parity of coverage for former foster youth and non-foster youth who are eligible to stay on their parent's insurance until the age of 26. Unaccompanied homeless youth have also been able to enroll in healthcare, including Medicaid, under the ACA. Access to health coverage is vital to young people who have experienced trauma due to abuse and neglect. Due to their experiences, youth in care often have significant physical and mental health care needs.<sup>35</sup>

The recent proposal to set mandatory work requirements for childless adults will disproportionately affect foster youth, former foster youth and unaccompanied homeless youth. Students enrolled fulltime in higher education classes will be particularly burdened with the responsibility of prioritizing their health over their studies. Imposing work requirements on the ability of foster youth and unaccompanied homeless youth to continue to receive healthcare undermines their ability to complete high school, attend college as well as secure housing and other basic necessities that set them up to succeed in the workforce. Such a requirement would undermine the stated purpose behind the executive order.

Similarly, SNAP plays a significant role in the health and well-being of youth aging out of care and unaccompanied homeless youth with no support systems. Former foster youth often experience poor nutrition and food insecurity, and SNAP benefits help to address this problem and increase the likelihood of healthy adult outcomes.<sup>36</sup> Expanding and increasing the work requirements to receive

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<sup>34</sup> Office of Senator Patty Murray, "Sen. Murray Introduces Legislation to Remove Barriers, Provide Support for Homeless and Foster Students in Higher Education," Press Release, September 12, 2017, available at: [https://www.murray.senate.gov/public/index.cfm/newsreleases?ContentRecord\\_id=67FA49AE-D527-4CC5-A3CE-13C2FD05CE23](https://www.murray.senate.gov/public/index.cfm/newsreleases?ContentRecord_id=67FA49AE-D527-4CC5-A3CE-13C2FD05CE23); Office of Congressman Al Lawson, "College Student Hunger Act of 2017," Dear Colleague Letter, October 2, 2017, available at: [https://campaignforchildren.org/wp-content/uploads/sites/2/2017/10/Dear-Colleague\\_College-Student-Hunger-Act\\_Lawson\\_201721.pdf](https://campaignforchildren.org/wp-content/uploads/sites/2/2017/10/Dear-Colleague_College-Student-Hunger-Act_Lawson_201721.pdf).

<sup>35</sup> Simms, Mark D.; Halfon, Neal, *The health care needs of children in foster care: A research agenda*, Child Welfare: Journal of Policy, Practice, and Program, Vol 73(5), Sep-Oct 1994, 505-524; American Academy of Pediatrics, *Adverse Childhood Experiences and the Lifelong Consequences of Trauma*, 2014, available at: [https://www.aap.org/en-us/Documents/ttb\\_aces\\_consequences.pdf](https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf).

<sup>36</sup>Ibid at 13.

nutrition assistance will undermine their ability to survive and exacerbate the toxic stress already felt by these young people.

For these reasons, we urge the agencies to not impose work requirements on any benefits and services that assist youth currently in foster care or those who have aged out of foster care and who are struggling to succeed in school and employment pursuits.

## CONCLUSION

Actions to limit household access to health care and effective anti-poverty programs will result in a future generation of children whose physical, mental health, nutritional, and educational outcomes are weakened. Instead, we need to build on what works and promote policies that ensure that every child has access to health care, proper nutrition, stable housing, and enough resources to support their healthy development.

For more information on policies that move us in the right direction, please see our new resource from the U.S. Child Poverty Action Group, *Our Kids, Our Future: Solutions to Child Poverty in the U.S.*, available at: <http://www.childpovertyusa.org/our-kids-our-future>.