

August 22, 2017

The Honorable Kevin Honan
House Chair, Joint Committee on Housing
on Housing

The Honorable Joseph Boncore
Senate Chair, Joint Committee

RE: Testimony Supporting H.659, *An Act to Protect Families Experiencing Homelessness from Having to Sleep in Unsafe Places*

Dear Chairman Honan, Chairman Boncore, and Distinguished Members of the Joint Committee on Housing,

My name is Mia Kanak and I am a pediatrician at Boston Medical Center and Boston Children's Hospital. Thank you for the opportunity to submit testimony in support of H. 659, *An Act to Protect Families Experiencing Homelessness from Having to Sleep in Unsafe Places*, sponsored by Representative Marjorie C. Decker. The opinions expressed are my own as a Boston resident and pediatrician, and do not necessarily represent the views of my employers.

Since the new EA eligibility law passed in 2012, Emergency Departments around Boston have seen an increase in the number of families seeking shelter. Many families I have met had been doubling up with family members for months until just the night prior, when the leaseholder, fearing that unauthorized occupants would jeopardize their own housing, kicked them out. Other families that I met had visited DHCD just prior to their Emergency Department visit, but were told that they were not eligible for EA. All of these families come to the Emergency Department in desperate need of a safe place to sleep.

I'd like to share with you two stories. One mother had lost her job and as a result, was staying in the living room of another family member with her active 3 and 5 year-old daughters. But the family member had a substance abuse problem and one night overdosed in front of the kids. In fear of their safety, and with no other family or friends to turn to, the mother came to the Emergency Department for safe shelter. Another example is of an employed couple with a young infant who had been subleasing a room in an apartment. However, the roommate became upset with the baby's crying, and kicked the family out. The parents ended up sleeping in their car for a few nights, in the middle of winter, before seeking shelter as a last resort in the Emergency Department.

The Emergency Department is a harmful place for healthy children - the risk of exposure to contagious illnesses is very real, not to mention the chaotic environment full of alarms and traumas. There is also a large cost to the health care system. Dr. Megan Sandel and I conducted a retrospective study reviewing Boston Medical Center Emergency Department medical records from the past 5 years. We found that there were 1,078 visits for homelessness by 916 children. There was a statistically significant increase in the median number of visits per month from 3 visits prior to the EA policy change vs. 17 visits after ($p < 0.01$). The average hospital charge for a visit was \$536, for

which the average payment was \$199. The total hospital charges equaled \$578,350. MassHealth made 97% of total payments. The visits totaled over 8,700 hours of room occupancy.

As a pediatrician, my own patients have shown me that housing insecurity, and above all homelessness—the most severe form of housing insecurity—has a direct negative impact on their health and future development. If we invested more at the front end in homelessness prevention and diversion programs, as well as affordable housing, we could avoid this costly bridge of an Emergency Department visit into EA shelter. While increased housing support may work for some families, there are still other families that may have exhausted all options. In these cases, families should not be required to sleep in the Emergency Department or another place not meant for human habitation before receiving services.

Thank you again for the opportunity to testify in support of H. 659. I hope that the Committee will report this legislation out quickly so that these families do not have to sleep another night in an unsafe place.

Sincerely,

Mia Kanak, MD, MPH
Pediatrician