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STATE REPRESENTATIVE  
District 34



## HOUSE OF REPRESENTATIVES

Public Hearing Testimony  
May 30th, 2023  
HB 3235 Child Tax Credit  
Joint Committee on Tax Expenditures

Good morning: Chairs Nathanson and Meek, and Vice Chairs Reschke, Walters and Boquist and members of the Joint Committee on Tax Expenditures. Thank you for taking the time to hear HB 3235, which creates a child tax credit for Oregon families.

My name is Lisa Reynolds, I'm state representative for HD 34, and I chair the House Committee on Early Childhood and Human Services, which is where this bill originated, passing unanimously.

I am a proud chief co-sponsor of this bill along with Rep. Valderrama, Rep. Smith, Rep. Grayber, and Sen. Campos. We enjoy bicameral and bipartisan support.

I spent 8 years training to become a pediatrician- four years in medical school and 4 years of pediatric residency. I spent a huge chunk of time learning the nuances of the physical exam, how to read x-rays, and what constitutes a normal blood count.

But, truly, this is not "health care" as much as it is sick care - learning how to help folks who are ill. Mostly, luckily, in pediatrics, it just takes *time* - to heal and to recover.

However, when we talk about the actual *health* of a person - we don't really call on pathology 101. We must focus, laser beamed, on the *social determinants of health*. We must acknowledge that one's health is utterly dependent on one's *social* environment, *especially* for children.

What are the social determinants of health? Well, the tangibles like housing and food, access to child care and healthcare and meaningful education and rewarding careers, clean water and air. And the intangibles: a sense of belonging to a community, and factors that mitigate structural racism.

It's clear that several of these components, these aspirations, are utterly informed by one's socio-economic status and that one's ability to have a home, to have enough food for the family, is consistently disrupted by poverty.

Because it is poverty, and the toxic stress that poverty brings, that is the common thread through so many poor health outcomes. The toxic stress of poverty can interfere with that first vital relationship between parent and baby. Children are particularly vulnerable to the consequences of poverty which can lead to homelessness, hunger and subsequent disruptions in physical and cognitive growth and in mental health. Impoverished Oregonians are over represented in our incarcerated population. And, we know, that poverty contributes to higher infant and maternal mortality rates, and lower expected life spans.

Children who experience poverty are more likely to become impoverished adults, reflecting a cycle that is difficult to interrupt.

There's some good news. It was recently reported that the US has seen a marked decline in child poverty - a 59% drop between 1993 to 2019.

It turns out it's not rocket science!

The federal government reduced child poverty by augmenting some existing programs and giving money back to American taxpayers. This included expansion of the Earned Income Tax Credit, Social Security benefits, Supplemental Nutrition Assistance Program (SNAP), housing assistance, and free and reduced lunch programs.

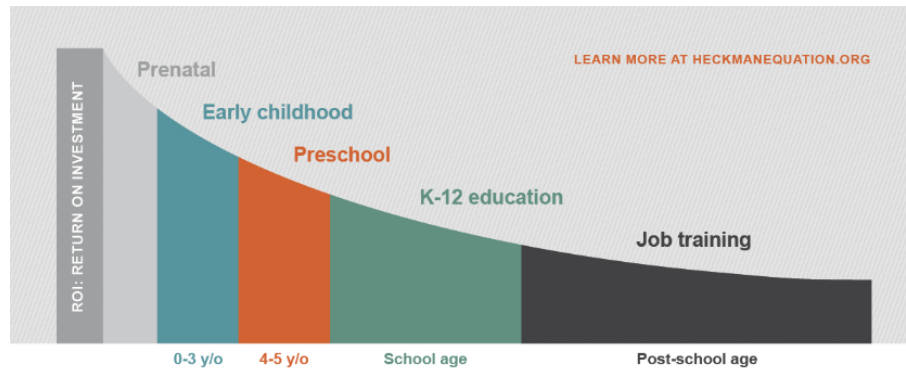
Furthermore, a drop in unemployment coupled with a rise in the minimum wage at the state level (thank you, Oregon) put a dent in the rate of poverty too. And of course, the expansion of medicaid really helped.

And the US saw progress again last year, when the federal government increased the child tax credit by 80%, and allocated much of it through monthly checks to families. This reduced child poverty, albeit temporarily, by another 50%! We saw that giving money back to these taxpayers was one of the most effective things we could do.

In Oregon, 15% of children still live in poverty. And this is defined as a family of four making less than \$28,000 per year. This is 134,000 kids, disproportionately children who are Black, indigenous, people of color. These kids are at higher risk of hunger, developmental delays, social-emotional learning deficits, and, yes, becoming adults in poverty.

And remember: we know how to end poverty.

I'm proud to live in a state whose minimum wage is twice the federal one, whose medicaid program covers *all* kids. A state that is working to solve the difficulties of providing childcare, and behavioral health services, and care for our aging population.

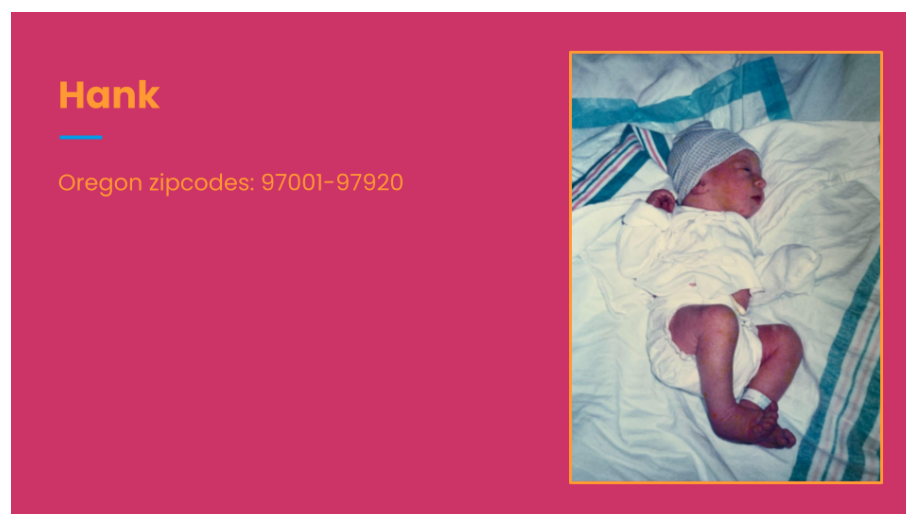


*Heckman's curve, shown here, illustrates the return on investment for social spending on young people.*

I would like to show you Heckman's curve, which illustrates that the earlier we devote resources in a person's life, the more impact those resources have.

This is why I'm obsessed with ending child poverty - it would improve most every social determinant of health, including youth homelessness, it would reduce childhood trauma, it would help level the playing field for those in our communities who have historically been left behind.

Many folks have acknowledged that one's zip code can determine one's outcome - namely the socioeconomic status of your community and the risk of crime, and pollution, and the quality of the schools in the area.



I put this challenge to you all - let's make every single zip code in Oregon equally advantaged - that's the zip codes 97001-97920. And that's a photo of my youngest son, Hank, who graduates college on Saturday, a young man who had every advantage growing up.

We can do this - let's invest in our state's future and address the root cause of so many problems facing our state by combating child poverty. Let's pass HB 3235 and put money back in the hands of working Oregonian families to raise their kids.

It's an honor to be in this work with you.

A handwritten signature in black ink that reads "Lisa Reynolds". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Representative Lisa Reynolds, MD  
Oregon House District 34