

Legislation

[H.R.259](#) – The Lee-DeLauro End Diaper Need Act of 2021 – directs the Department of Health and Human Services to create a demonstration project to fund state or local agencies, nonprofits, or tribal organizations addressing the diaper needs of low-income families with infants and toddlers.

Background

Diapers are critical to the health of infants and toddlers, as well as the economic and emotional health of families. Without enough diapers each day, infants and toddlers are at risk of skin infections, open sores, urinary tract infections, and other conditions that may require medical attention.¹ However, despite the obvious necessity, many families struggle to meet their diaper needs. Infants go through 10 to 12 diapers each day and toddlers go through 6 to 8 each day, costing families an average of \$70 to \$80 a month.

Problem

One in three mothers report that at times they do not have enough diapers to keep their child clean, dry, and healthy.² This forces many parents to take unsafe measures, with 48 percent of food bank clients who used diapers responding that they delayed changing a diaper to make their supply last longer, and 32% tried reusing a disposable diaper.³ Meanwhile, there is very little support for families struggling with diaper need. SNAP and WIC cannot be used for diapers, and if a family receives cash assistance through TANF, the monthly diaper bill can consume up to 40 percent of the assistance in some states. Furthermore, diapers are not a “qualified medical expense” under the Public Health Service Act, and thus cannot be purchased with health savings accounts or Healthcare Reimbursement Arrangements (HRA).

Purchasing diapers also creates an additional economic barrier for working families as most child care providers require parents to provide diapers. Diapers alone can consume 6 percent of the salary of a full-time working parent earning a minimum wage. Even if the family receives a child care subsidy, parents may not be able to afford enough diapers to enroll their child, forcing them out of the job market.

Solution

H.R.259 will appropriate \$100 million each fiscal year from 2021-2024 to fund the expansion and scaling of programs addressing diaper need and improving the health and wellbeing of infants, toddlers, and families across America. Projects will leverage funding to purchase diapers, integrate diaper distribution projects, and evaluate the impact of their efforts. The bill also defines diapers as “medically necessary” so that families can purchase them through health savings accounts and HRAs.

In surveying families receiving diaper supplies, 98 percent of respondents said it helped them, with 68 percent saying it “helped a lot.”⁴ Ending diaper need promotes better health outcomes for children and economic outcomes for their families. H.R.259 will substantially reduce diaper need, while also determining best practices that can be scaled and implemented across the country to eradicate diaper need.

Contact

Phillip Vander Klay, Director of Government Affairs

C: (916) 764-7056 | Email: phillip@diaperbanknetwork.org

¹ Adalat, S., Wall, D., & Goodyear, H. (2007). Diaper dermatitis-frequency and contributory factors in hospital attending children. *Pediatric Dermatology*, 24(5), 483-488

² Raver, C., Letourneau, N., & D’Agostino, H. (2010). Huggies® every little bottom study: Diaper need in the U.S. and Canada. (Report commissioned by Huggies).

³ Waxman, E., Santos, R., Daley, K., Fiese, B., Koester, B., & Knowles, E. (2013). In short supply: American families struggle to secure everyday essentials (Report by Feeding America)

⁴ Massengale, K.E., Erausquin, J.T., & Old, M. (2017b). Health, social, and economic outcomes experienced by families as a result of receiving assistance from a community-based diaper bank. *Maternal and Child Health Journal*, 1-10.