

Legislation

[S.2879](#) – The Duckworth-Cramer End Diaper Need Act of 2023 – directs the Department of Health and Human Services to provide targeted funding for states or local agencies, nonprofits, or tribal organizations addressing the diaper needs of low-income families with infants and toddlers and low-income adults that rely on adult incontinence products.

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 \$80 to more than \$100 a month.

Problem

Nearly one in two U.S. families with young children 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 federal 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.⁴ One in four parents and caregivers with diaper need reported having to miss work or school because they did not have enough diapers to drop their child off at childcare, and reported missing, on average, 5.1 workdays in the past 30 days. This represents a loss of \$296 per month for a parent earning the federal minimum wage of \$7.25 per hour.⁵

Solution

S. 2879 will appropriate \$200 million each fiscal year from 2024-2027 to fund the expansion and scaling of programs addressing diaper need and improving the health and well-being of infants, toddlers, and families throughout the U.S.. 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.”⁶ Ending diaper need promotes better health outcomes for children and economic outcomes for their families. S. 2879 will substantially reduce diaper need, while also determining best practices that can be scaled and implemented across the country to eradicate diaper need.

Contact

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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 National Diaper Bank Network. (June 2023). *The NDBN Diaper Check 2023: Diaper Insecurity among U.S. Children and Families*.

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 Randles, J. (2017). *The Diaper Dilemma*. *Contexts*, 16(4), 66–68.

⁵ National Diaper Bank Network. (June 2023). *The NDBN Diaper Check 2023: Diaper Insecurity among U.S. Children and Families*.

⁶ Carstensen, F. & Gunther, P. (2018). *Better health for children and increased opportunities for families: the social and economic impacts of the Diaper Bank of Connecticut*. (Report by the Connecticut Center for Economic Analysis).