

**TESTIMONY IN OPPOSITION TO SENATE BILL NO. 843**  
***AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS***  
***CONCERNING SOCIAL SERVICES***

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Thank you for providing the **Center for Children's Advocacy** with an opportunity to submit testimony to this committee. My name is Jay Sicklick, and I am the Deputy Director of the Center for Children's Advocacy and Director of the Center's *Medical-Legal Partnership Project*. The *Medical-Legal Partnership Project* ("MLPP") is a collaborative endeavor that teams the legal advocacy and expertise of the Center for Children's Advocacy with the medical expertise of the pediatric and family medicine clinicians at Saint Francis Hospital & Medical Center, the Connecticut Children's Medical Center, Charter Oak Health Center, Inc., Community Health Services, Inc., the Burgdorf/Bank of America Health Center, the Hospital of Central Connecticut, and Community Mental Health Affiliates, Inc. of central and northwest Connecticut. The Center for Children's Advocacy is a non-profit organization based at the University of Connecticut School of Law that provides holistic legal services for poor children in Connecticut communities through individual representation, education and training, and systemic advocacy. The MLPP, a medical-legal collaborative program that was the second of its kind in the nation, has been working on behalf of Connecticut's children at risk in the clinical setting since April 2000.

**We strongly oppose the passage of Senate Bill No. 843, An Act implementing the Governor's Budget Recommendations Concerning Social Services.** Specifically in our work as attorneys who provide multidisciplinary health care and legal services in collaboration with our medical partners, we are qualified to comment on the devastating effects that sections 8 (eradication of state funded Medicaid/HUSKY for immigrant children), 18 (limitation of give-day supply for prescriptions where new prescriptions where prior authorization not obtained), 19 (cost-sharing for Medicaid recipients), as well as the omission of an amendment to the Medicaid state plan to include foreign language interpreter services as a covered service under the fee-for-service program. This written testimony will focus on two critical areas – immigrants' access to Medicaid and interpreter services under the state's Medicaid plan.

**Elimination of state funded Medicaid for legal immigrant children will result in a public health crisis.** The MLPP – which oversees the only medical-legal collaborative immigrants and refugees legal rights project in Central Connecticut, represents several immigrant and refugee families who are dependent on state funded Medicaid program. Over the nine years the MLPP has operated in central Connecticut, we have worked with over forty immigrant children with serious medical issues and chronic disabilities – and only through the funding of the state medical assistance program have these children been able to access preventative and reactive health care – and many are alive today because of this critically necessary coverage. In 2003 – the legislature acted to repeal the "sunset provision" – which would have barred the Department of Social Services' commissioner from accepting new applications from legal immigrants after October 1, 2003. Since that time, hundreds of legal immigrant children have received

appropriate well-care, dental services, and life-saving treatment. Included in those hundreds were:

*R.A., a child who legally emigrated from the Dominican Republic shortly after her fourth birthday. Soon after her arrival, R.A. fell seriously ill and was diagnosed with leukemia. Because she was legally entitled to HUSKY A benefits as a legal immigrant who entered the United States through a valid immigration process, R.A. received superior care at the Connecticut Children's Medical Center and the leukemia has gone into remission. Without access to this unparalleled care, her leukemia may have gone undiagnosed and untreated – and she may not be alive today.*

*Ana K., a three year old suffering from a profound congenital neurological deficit who emigrated from Albania. Her father's employer does not provide medical insurance coverage – so her only source of medical insurance coverage for her special needs treatments is through the state's HUSKY plan. Without her daily therapies and monthly treatments, Ana would be resigned to a life of constant pain and immobility. HUSKY access has made the quality of her life significantly greater, and undoubtedly lengthened the span of her years.*

**The State's unwillingness to provide Medical Interpreters under the state Medicaid plan denies access to care for non-English speaking children.**

Nearly 47 million people – 18 percent of the U.S. population – speak a language other than English at home.<sup>1</sup> The Census Bureau estimates that nearly 7.5% of Connecticut's population have limited English proficiency ("LEP")<sup>2</sup> and that nearly 18.3% of Connecticut households speak a language other than English at home, including 66,056 children between the ages of 5-17.<sup>3</sup> It is critically important that LEP residents – often the state's most vulnerable population, be able to communicate with their health care providers. As complex as it may be for native English speakers to navigate the health care system, the difficulties are exacerbated for LEP individuals. The use of qualified medical interpreters allows for the correct exchange of information, allows patients and families to provide appropriate informed consent for treatment, and avoids breaches of patient-provider confidentiality.<sup>4</sup> It is not only inappropriate, but unethical to require LEP children and families to rely on other family members to provide interpretation services – especially when dealing with sensitive and potentially confidential information in areas such as reproductive health care, mental health services and the provision of drug and alcohol treatment. Failure to provide medical interpretation will inevitably result a significant number of immigrant and refugee families who will not seek treatment save for emergency services.

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<sup>1</sup> U.S. Bureau of the Census, *Profile of Selected Social Characteristics; 2000* (Table DP-2) available at <http://factfinder.census.gov>. See also Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Departures in Health Care* at 70-71 (2002).

<sup>2</sup> U.S. Bureau of the Census - 2002

<sup>3</sup> Census statistics available at <http://www.fedstats.gov/qf/states/09000.html>

<sup>4</sup> National Health Law Project: *The Growing Need for Language Services*, available at <http://www.healthlaw.org/library/attachment.61799>

Please block and defeat Senate Bill 843

In as little as three months ago I had to start paying co-pay for my seven medications again.

All around me, people at Shepherd Park are losing their well deserved worked for lives because they refuse to take their medications. For whatever the reason they are being tortured for wanting to take care of themselves pshyciatically.

I am running around likes a chicken with my head cut off trying to get a job, because they tell me if I work I won't have a spend down or a co-pay for my medication.

I am taking my meds but with the impending threats to the legislature of losing their jobs and my recent co-pay , and the loss of some of my friends to hospitals or self-doubt, I have to struggle to keep my hope alive .

It is with the deepest most hard won hope that we urge you to restore medicaid and medicaid without cuts and with no co- ay for medication. and please don't cut managed care Therapists and physiciatrist's salary. Without the care of our Drs. we would surely suffer even more that we are now. And let us know how we can help you to restore the legislature to the helping and loving body of care and hope you are.

Janet Auster  
March 1,2009

