Testimony in **SUPPORT** of S.B. No. 956: "AN ACT PROVIDING MEDICAL ASSISTANCE TO LOW_INCOME RESIDENT REGARDLESS OF IMMIGRATION STATUS"

Dear Senator Marilyn Moore and Representative Catherine F. Abercrombie and distinguished members of the Connecticut General Assembly Human Services Committee:

My name is Natasha Freeman, I am a resident physician from New Haven, CT. I stand in support of S.B. No. 956- "AN ACT PROVIDING MEDICAL ASSISTANCE TO LOW_INCOME RESIDENT REGARDLESS OF IMMIGRATION STATUS". This bill would provide medical assistance to low-income residents regardless of immigration status.

I recently graduated from the Columbia University Vagelos College of Physicians and Surgeons in New York City. Washington Heights, the neighborhood where our hospital is located, is home to a large and vibrant Dominican immigrant community who seek their medical care at our hospital. As a student, I volunteered at the COSMO student-run free clinic that provides free medical care to Washington Height's uninsured population, many of whom are undocumented immigrants. I then matched at Yale New Haven Hospital for an internal medicine residency. New Haven, I have discovered, is home to a large and diverse population of immigrants and refugees from all over the world, who we serve both in the hospital and at our resident clinic. Thus, I have had several years' experience working with undocumented, uninsured patients.

At the COSMO medical student clinic in NYC, we relied on donations to pay for patients' visits, lab tests, medications, and specialty care. We also relied on attending physicians from the University Hospital to volunteer their time to supervise the students running the clinic. Most of us have gone into medicine to learn the art and the science of patient care, how to treat and prevent diseases and make people feel better, but at the clinic we spent as much time trying to figure out how to pay for the care as we did deciding on treatment plans. Imaging tests such as X-rays, CAT scans, and MRIs were particularly challenging, as was cancer screening such as colonoscopies and mammograms. We often had to resort to sending patients to the emergency room at public hospitals to receive some of these tests, putting strain on hospitals already over capacity. This resulted in delayed care, suboptimal care, distress for both patients and providers, and financial burden on the public hospital system.

Since started residency at Yale, I have had similar experiences with patients coming into the hospital for routine outpatient medical care they cannot afford in the

community. One patient in particular stands out to me and I would like to share her story. She is a 45-year-old woman who is an undocumented immigrant from Mexico. She lives here in Connecticut with her husband and worked as a chef in a restaurant until recently, when she began to have problems related to kidney failure. I first met her in December 2020 when she came into the hospital for urgent initiation of dialysis. At that time, her body lost the ability to urinate and was so full of fluid that it caused significant strain on her heart and affected her ability to breathe and walk. Within 10 days after starting dialysis, we were able to remove 30 lbs of fluid weight from her body, and she was transformed. Her heart problems went away, she could walk the hallways without getting short of breath, and she felt like her normal self. For most patients, the story would have ended there: they would be discharged home to their lives to continue dialysis three times a week at a dialysis center. However, since this patient is uninsured due to her undocumented status, she is unable to receive outpatient dialysis. Without dialysis, she would die within a few weeks. It is now almost March and she is still here, getting three times a week dialysis just like she would at a center but stuck in the hospital in between sessions. What is worse, due to COVID-related visitor restrictions, her husband has been unable to visit and she has not seen him in over 3 months. There is no projected end in sight. I recently visited her in her room and she told me she tries to keep busy, helping the nurses organize supplies and dancing on Facetime with her husband for exercise. But she misses her home, her husband, and her work.

Furthermore, this does not only affect her. Our hospital has been over capacity for months during the second wave of the COVID pandemic, and our patients have been stuck in the emergency for days waiting for a bed to open up in the hospital. Dialysis machines have also been in short supply due to COVID-related kidney failure. Think of how many of them could have come and gone from my patient's room, and how many more could be dialyzed, if she were home where she belonged. Her story is not uncommon, and situations like these put significant financial and logistical strain on our hospitals. Surely if patients like her have health insurance, we will save money in the long run.

For all the reasons noted above, I support S.B. 956 and hope the committee will vote favorably.
Thank you for your time,
Natasha Freeman, MD