

Testimony in Support of S.B. 956, An Act Providing Medical Assistance to Certain Individuals Regardless of Immigration Status

Sreeja Kondeti
 Joint Committee on Human Services
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To Senator Moore, Representative Abercrombie, and the distinguished members of the Human Services Committee:

My name is Sreeja Kondeti, and I am a graduate student at the Yale School of Public Health studying health policy. I am writing today in **strong support of SB 956, An Act Providing Medical Assistance to Certain Individuals Regardless of Immigration Status**, with the recommendation that clear language be included to expand HUSKY to all low-income CT residents, regardless of immigration status. However, if funding for such an expansive program is not currently available, this bill could be narrowed to focus on expanding HUSKY A and B to children under 19 (which has been estimated to cost \$25.3 million over a two-year period¹) with an explicitly stated, actionable plan to provide coverage to all age groups in the future.

Enacting this bill into law makes long-term financial sense and would push Connecticut to the forefront of the moral movement to establish healthcare as a human right in the United States. As of right now, 6 states have expanded coverage to undocumented children and Illinois provides health insurance to undocumented seniors (Table 1). No state currently covers undocumented adults, as S.B. 956 proposes to do. As shown in Table 1, by not providing health protections to any subset of the low-income undocumented population, **Connecticut has fallen far behind comparable states.**

Table 1. Health Insurance Eligibility for Low-Income, Undocumented Immigrants in 10 Localities

State/City	Prenatal Care (Pregnant Women) ²	Children ³	Middle-aged	Seniors
Connecticut	N	N	N	N
D.C.	Y	Y, under 21	Y, 21+ ⁴	Y, 65+ ⁵
California	Y	Y, under 26	N, (except in San Francisco ⁶ & Los Angeles ⁷)	N, (except in San Francisco & Los Angeles)
Illinois	Y	Y, under 19	N	Y ⁸
New York	Y ⁹	Y, under 19	N	N
Massachusetts	Y	Y, under 19	N	N
Washington	Y	Y, under 19	N	N
Oregon	Y	Y, under 19	N	N
New Jersey	Y	N	N	N
Louisiana	Y	N	N	N

Undocumented immigrants are ineligible for most government assistance programs despite monetary contributions to the state through sales, income, property, and consumption taxes. **How can we deny health care to low-income individuals who help fund, among other things, our shared schools, parks, and transportation?** Enrolling undocumented immigrants in HUSKY will require less upfront costs than the legal residents who are currently covered; immigrants are likely to

have smaller per member per month costs as they are typically younger, healthier, and have lower healthcare utilization rates than the general population¹⁰.

I would also like to thank the committee for recently issuing a Joint Favorable report on S.B. 911 An Act Requiring the State to Provide Medical Assistance for Prenatal Care, which utilizes the “unborn child option” to give pregnant undocumented women access to prenatal care services under HUSKY B. A baby born to a mother who did not receive prenatal care is **3x more likely to have a low birth weight and 5x more likely to die**¹¹. This ultimately leads to a much higher bill for Connecticut taxpayers through emergency Medicaid as **the average hospital charge for a baby of normal birth weight is \$5,800 and a baby of low birth weight is \$205,000**¹². This phenomenon is replicated across age groups and health conditions in our healthcare system; when we are not proactive with preventative care, we end up using significantly more tax dollars to treat life threatening medical emergencies. Expanding Medicaid coverage is not only a smart investment in terms of medical bills, doing so will also have long-term positive benefits for Connecticut’s future, including improved education and employment outcomes¹³.

A lack of social safety net for approximately 60,000 people¹⁴ living in Connecticut is especially harrowing given that we are currently navigating through the COVID-19 pandemic. More than two-thirds of all undocumented immigrant workers are essential workers who have put their lives on the line for the rest of us over the last year¹⁵. **It is our moral duty, as residents of the wealthiest state in the wealthiest nation in the world, to not condemn our neighbors to preventable pain, suffering, and death.**

Thank you to the Committee for the opportunity to testify on this salient issue. If any members of the committee have questions regarding my testimony or would like me to provide additional information, please contact me at sreeja.kondeti@yale.edu.

Sincerely,
Sreeja Kondeti

¹ <https://www.cthealth.org/wp-content/uploads/2020/09/Expanding-HUSKY-Coverage-for-Children-Sept-2020.pdf>

² <https://www.astho.org/Maternal-and-Child-Health/State-Childrens-Health-Insurance-Program-S-CHIP-Coverage-During-Pregnancy/>

³ <https://www.cthealth.org/wp-content/uploads/2020/09/Expanding-HUSKY-Coverage-for-Children-Sept-2020.pdf>

⁴ <https://dhcf.dc.gov/service/health-care-alliance>

⁵ <https://dhcf.dc.gov/service/health-care-alliance>

⁶ <https://healthysanfrancisco.org/visitors/are-you-eligible/>

⁷ <https://dhs.lacounty.gov/my-health-la/enrollment/#1605056364148-89e5383b-0c40>

⁸ <https://www.npr.org/local/309/2020/06/11/874985727/undocumented-low-income-illinois-seniors-can-soon-get-publicly-funded-health-coverage>

⁹ <https://www1.nyc.gov/site/ochia/find-what-fits/pregnant.page>

¹⁰ <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4c-equality-equity-policy/migration>

¹¹ <https://www.womenshealth.gov/a-z-topics/prenatal-care>

¹² https://dss.mo.gov/mhd/mc/pdf/CHIP_show-me-healthy-babies-annual-report-2019.pdf

¹³ <https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf>

¹⁴ <https://www.migrationpolicy.org/data/undocumented-immigrant-population/state/CT>

¹⁵ <https://www.fwd.us/news/immigrant-essential-workers/>