

Dear Members of the Human Services Committee of the Connecticut General Assembly:

My name is Molly McShane and I am a Registered Nurse at Planned Parenthood of Southern New England and a Nurse Midwife student at Yale School of Nursing. I am a resident of New Haven. I stand in support of S.B. No. 956: “AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS,” with clear language that extends eligibility for all HUSKY programs to all CT residents, regardless of immigration status.

I’ve worked in healthcare for many years now, first as a full-spectrum doula and a medical assistant, and now as a nurse and a midwife in training. Today I want to speak about my experience as a midwife in training working with birthing patients. My clinical training is taking place at Yale New Haven Hospital (YNHH), which has a high volume of birthing patients after the recent closure of a nearby in-hospital birth center. Nearly every shift, I encounter patients with “Me and My Baby” Insurance, a special coverage for pregnant women who are uninsured and who will give birth at YNHH. Many of them are immigrant women who are not eligible for state Medicaid. While this coverage exists during a pregnancy, it expires upon discharge from the hospital. That means routine postpartum care, especially and including contraceptive care, must be paid for out of pocket by these new parents.

I remember one patient in particular who had decided she was finished growing her family and was interested in a tubal ligation, which is a permanent, surgical form of contraception. Normally, these procedures are not done at YNHH in the 2-3 days after a patient delivers a baby (the expected postpartum inpatient stay). However, with Me and My Baby patients, we as providers must fight and strategize to carve out procedure time in the operating room for a tubal ligation before patients are discharged and they lose insurance. The procedure is very expensive out of pocket, and not having the procedure before discharge may result in unplanned pregnancy. With this particular patient, my clinical preceptor and I spent much of the day trying to make sure she could get on the operating room schedule. While we had laboring patients, we were taking considerable time consulting with physicians and nurses about our postpartum patient and using the translation services to keep the patient aware of what was going on. We were not sure whether we could allow the patient to eat or not because we were not sure when she would be able to undergo the surgery. Imagine delivering a baby, then being told you could not eat for the rest of the day to prepare for surgery, only to be told 8 hours later that the surgery would not happen that day. After the patient was encouraged to eat dinner, she was once again told to not eat for the coming hours until, we hoped, she could have her procedure on the second and final day of her postpartum stay. Post-delivery, many birthing people are anemic and beginning to breastfeed, both of which require an increased intake of calories and iron in the diet. Uncertainty about surgical availability not only harms the patient’s physical and mental health in what should be a restful period of healing and family bonding, but it also places considerable stress upon the providers fighting for their patients to access the care they desire.

I could tell similar stories about women who are uncertain about which contraceptive method they want who are forced to make a choice so they don’t end up spending hundreds of dollars out of pocket for a contraceptive implant, for example. Sometimes, without extended insurance coverage, patients will not be able to afford the birth control method they desire. This can lead to unplanned pregnancies resulting in care requirements that extend beyond the resources available at their disposal. Extending HUSKY eligibility to all CT residents will undoubtedly support patient physical, mental, and emotional health. It will also support me as a provider with the confidence to know that my patients will have more access to choice regarding their reproductive lives. They would not need to rush care, and I would be able to provide care and counseling at a pace that a patient desires, not one dictated by the termination of insurance benefits.

I support S.B. No 956, with clear language to extend current HUSKY eligibility rules to *all* CT residents, regardless of immigration status, and I ask the committee to support this legislation.

Thank you for your time,

Molly McShane
Registered Nurse, Certified Nurse Midwife Student