

Testimony for S.B. No.956: “AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS”

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

My name is Chelsea Ohannessian, and I am a graduate student at UConn School of Social Work and a resident of Farmington, Connecticut. I stand in support of S.B. No. 956: “AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS,” but with modifications that would ensure that this legislation extends HUSKY eligibility to *all* low-income residents, regardless of immigration status.

I am a second-year MSW student at UConn Hartford with a concentration in community organizing. This past year, I have been interning at the Greater Hartford Family Advocacy Center at St Francis Hospital. Most of my work has centered around child and family rights in the culturally diverse city of Hartford, Connecticut. As a white woman in academia from Farmington, Connecticut, I have been feeling somewhat disconnected from the communities directly impacted by my work at the Family Advocacy Center, especially throughout the COVID-19 pandemic.

Currently, I have been assisting with several IRB research projects on child abuse and child neglect. I have observed a lack of consensus on standardized definitions and standardized, evidence-based assessments for child abuse, child maltreatment, and child neglect within state agencies and across state lines. This lack of consensus has created an immediate disconnect between helping providers, and the communities being served. I believe effective change is possible, but only if we can involve those community members with direct lived experience, in the decision-making processes. This ambiguity can also lead to misinformation, and distrust in government agencies, as many individuals in underserved communities have received conflicting information from healthcare and helping providers around child safety. Many cases of child neglect could be prevented if parents in underserved communities had equal access to quality healthcare services.

I believe that no human is “illegal” or “alien.” The current treatment of immigrants in this country directly violates the Universal Declaration of Human Rights Articles 2, 7, 14, 15, 25, 27, (https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf). Including immigrant community members and other vulnerable community populations under HUSKY C would (indirectly) reduce rates of child neglect by shifting the narrative of child neglect to supporting parents and families and reducing preventable deaths rather than simply educating parents and families.

As it is currently written, SB 956 leaves out many of our immigrant community members, including low-income parents and children under HUSKY A and low-income elderly and disabled individuals under HUSKY C. These are some of our most vulnerable community members. Based on my experiences as a health care provider, I believe it is essential that they be included in this legislation. I urge the committee to modify the language of SB 956 to extend current HUSKY eligibility rules to all CT residents, regardless of immigration status.

I support S.B. No 956, with appropriate modifications to include all low-income community members, and ask the committee to support this legislation.

Thank you for your time,
Chelsea Ohannessian