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

My name is Leah Schecter, and I am a physician in my second year of residency training in the Yale Primary Care Internal Medicine residency program in New Haven. I am very grateful for the opportunity to share with you why I strongly and wholeheartedly support S.B. No. 956: "AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS."

I am the daughter of an immigrant. My mother came to this country from Ecuador in the 1970s, and she was fortunate enough to arrive already with Resident status. Many of my patients are not as lucky.

Some of the most demoralizing experiences I have had as a new doctor have happened while caring for patients who are undocumented and uninsured. Recently, while working in the hospital, I met a young, undocumented man whose yellowed eyes and protruding abdomen told me right away that his liver was failing. So did the fact that he came to the hospital after having a life-threatening bleed related to his liver disease. We replaced the blood he lost, banded the large, bleeding veins in his throat, and coordinated follow up appointments. But when I went to review his medication regimen with him before discharge, he looked at me and asked, "how much is all of this going to cost?" Our team worked together trying to solve the riddle of how he could afford a month's supply of only the most necessary medications with various assistance programs we could offer. In the end, he could—just barely. I imagined him struggling to solve this riddle of survival next month, and the month after.

Several weeks later, he bled again. This time we couldn't save him. When he died, I felt angry and trapped. Angry that each step of the way for this man—a father, a worker, an active contributor to our community—was paved with injustice. And trapped in a system that asks me to care for those who are most vulnerable and then makes it impossible. What if he could easily afford his medications? Would he still be alive? Or what if he were eligible for a liver transplant—something unimaginable for those without insurance? Every person should have the right to access to basic medical care, regardless of documentation status or ability to pay. If moral appeals fall short, think of the cost that could be saved if this man had access to preventive medicine, instead of heading to the emergency room when it was arguably too late.

This is not an uncommon story, but I hope one day it is. This bill is a crucial step towards that goal. I support S.B. No 956, and I ask the committee to please support this legislation.

Thank you, Leah Schecter, MD