



Human Service Committee, March 11, 2021

Testimony submitted by Alison Weir, Policy Advocate and Attorney

Greater Hartford Legal Aid

SB 956: Support

My name is Alison Weir, and I am a policy advocate and staff attorney for Greater Hartford Legal Aid. We represent low income individuals in the greater Hartford area, including many immigrants.

I am here in support of SB 956, An Act Providing Medical Assistance to Certain Individuals Regardless of Immigration Status. It will provide coverage for people who meet the income, and in the case of HUSKY C asset, limits for HUSKY A, B, C and D regardless of immigration status. There are many immigrants, here legally as well as those who are not documented, who cannot currently apply for medical assistance. This bill would provide coverage for those green card holders who have not yet reached the five year residency required for adults under Medicaid under federal law. It would ensure that Dreamers and their parents whose incomes would make them eligible for HUSKY could obtain HUSKY coverage.

The bill is important for public health. The pandemic has underscored the importance of health care for all in our community, not only for the health of individuals, but also for the public's health. Uninsured individuals, particularly immigrants, are less likely to seek medical care, even during the pandemicⁱ, which increases the risk that infected individuals will expose people around them to the virus. It also increases the risk that infected individuals will have much worse health outcomes as they delay treatment. Many immigrants work in low-wage service jobs, such as cook staff in restaurants, that expose them to increased risk of the virus and often do not offer sick leave. Providing health insurance would prevent the spreading of untreated COVID-19 or some future virus. It would also encourage people to seek preventative treatment, like vaccines, testing, or screening, that could also reduce the spread of communicable diseases.

The bill is also cost effective. Twenty percent of uninsured adults reported that they went without needed care in 2017 because of cost, as compared with 8% of adults with public coverage and 3% of those with private coverage.ⁱⁱ Because they go to the doctor less frequently, uninsured people have an increased risk of being diagnosed at later stages of diseases, including cancer, and have higher mortality rates than people with insurance.ⁱⁱⁱ Uninsured patients are also more likely to experience avoidable hospitalizations, resulting in large medical bills for those who cannot afford them, and uncompensated care covered by taxpayers. Nearly two thirds of uninsured individuals who had medical bill problems were unable to pay their medical bills at all.^{iv}

Using HUSKY as the vehicle to provide insurance is cost effective. HUSKY as implemented in Connecticut is efficient. The total share of HUSKY costs in Connecticut has risen less quickly than the costs of state employee health care or than the General Fund overall.^v Per member costs for HUSKY have been stable, compared with all other health insurance programs, and even Medicaid programs in other states, which have seen substantial annual per member per month increases. As reported by Health Affairs in 2017, Connecticut led the nation in controlling cost trends on a per person basis from 2010 through 2014, reducing its per person spending by 5.7%. Overall, HUSKY has better cost trends than private health insurance and Medicare. Connecticut has continued this cost containment; over the five year period from FY 15 to FY 20, the per person per month cost increased at an annual rate of approximately 1.35%, considerably lower than the increases seen nationally for Medicaid.^{vi}

As important as health insurance is for the individual, it is also to society's benefit when more people have health coverage. Connecticut has done an admirable job in getting its citizens insured. We have a relatively small number of uninsured individuals, many of whom would likely benefit from this program. In 2019, there were 204,500 people, or 5.9% of the population, that were uninsured.^{vii} Of these, 80,100 were individuals between 0 and 64 years old with incomes less than 200% of the federal poverty level.^{viii} A good many of these are probably undocumented immigrants. The Pew Center estimates that there are approximately 120,000 undocumented immigrants in Connecticut.^{ix} Noncitizens are 8 times more likely to be uninsured than citizens in Connecticut.^x This bill could go a long way toward further reducing the number of uninsured in our state and improving the health outcomes for so many.

ⁱ https://dornsife.usc.edu/assets/sites/1076/docs/CBO_Vox.pdf

ⁱⁱ Rachel Garfield, Kendal Orgera, and Anthony Damico, "The Uninsured and the ACA: A Primer—Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act", Kaiser Family Foundation Website, Jan. 25, 2019, accessed at https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/#endnote_link_389454-4

ⁱⁱⁱ Rachel Garfield, Kendal Orgera, and Anthony Damico, "The Uninsured and the ACA: A Primer—Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act", Kaiser Family Foundation Website, Jan. 25, 2019, accessed at https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/#endnote_link_389454-4

^{iv} Rachel Garfield, Kendal Orgera, and Anthony Damico, "The Uninsured and the ACA: A Primer—Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act", Kaiser Family Foundation Website, Jan. 25, 2019, accessed at <https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-what-are-the-financial-implications-of-lacking-insu/>

^v Ellen Andrews, "Seven years later, Connecticut Medicaid still saving taxpayers money," Connecticut Health Policy Project Blog, Feb. 18, 2019, accessed at <https://cthealthpolicy.org/index.php/2019/02/18/seven-years-later-connecticut-medicare-still-saving-taxpayers-money/>

^{vi} https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20210108/HUSKY%20Financial%20Trends%20January%202021%20.pdf

^{vii} Kaiser Family Foundation State Health Facts, “Health Insurance Coverage of the Total Population”, 2019, available at <https://www.kff.org/other/state-indicator/total-population/?dataView=0¤tTimeframe=0&selectedRows=%7B%22states%22:%7B%22connecticut%22:%7B%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

^{viii} Kaiser Family Foundation State Health Facts, “Health Insurance Coverage of the Nonelderly (0-64) with Incomes below 200% of the Federal Poverty Level (FPL), 2019, available at <https://www.kff.org/other/state-indicator/nonelderly-up-to-200-fpl/?dataView=1¤tTimeframe=0&selectedRows=%7B%22states%22:%7B%22connecticut%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

^{ix} Pew Research Center, “US unauthorized immigrant population estimates by state, 2016,” Feb. 9, 2019, available at <https://www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/>

^x Ellen Andrews, “CT’s Uninsured rate is down and stable, so who’s still uninsured?”, CT News Junkie, Oct. 9, 2019, available at https://ctnewsjunkie.com/2019/10/09/20191009_analysis_cts_uninsured_rate_is_down_and_stable_so_whos_still/