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Testimony Regarding Raised Bill S.B. 956
(An Act Providing Medical Assistance to Certain Individuals Regardless of Immigration Status)

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Members of the Human Services Committee: thank you for the opportunity to submit testimony regarding Raised Bill 956, An Act Providing Medical Assistance to Certain Individuals Regardless of Immigration Status. I am an Associate Research Professor at Georgetown University's McCourt School of Public Policy. My work is focused on health coverage for low-income children and families, especially Medicaid and CHIP, at the Center for Children and Families. I also work on issues at the intersection of health and immigration, such as health coverage for children and families regardless of citizenship status and public charge regulations. I am submitting this testimony to share with you my experience in advancing legislation to cover more children and families, drawing from other states that have taken similar actions to those under consideration by this Committee today.

Research shows that Medicaid coverage of children and pregnant women is associated with improved health and lower rates of disability in adulthood. Medicaid coverage is also associated with higher educational attainment and greater financial security. Medicaid produces a strong return on government investment.[i] Reducing barriers to coverage by expanding and simplifying eligibility and enrollment processes and conducting robust outreach campaigns would help more children access needed services and achieve better outcomes.

Under Federal rules, Medicaid and CHIP coverage for noncitizens is generally limited to certain lawfully present immigrants or certain emergency services. Many states have taken advantage of federal options to cover more immigrant groups, including 35 states that waive the five-year waiting period for lawfully residing immigrant children in Medicaid (24 of 35 states with separate CHIP programs also waive the five-year waiting period for children in CHIP), 25 states that waive the five-year waiting period for lawfully residing immigrant pregnant women (4 of 6 states with separate CHIP programs for pregnant women also waive the five-year waiting period for pregnant women in CHIP), and 17 states that have adopted the unborn child option in CHIP.[ii]

States have also implemented coverage programs with state-only funds to reach immigrants regardless of citizenship status. As of 2021, six states (CA, IL, MA, NY, OR, and WA) and DC cover income-eligible children in Medicaid/CHIP who are otherwise ineligible due to immigration

status. States have also used state-only funds to fill gaps in coverage, such as for lawfully residing pregnant women and other adults who are in the five-year waiting period. State-funded Medicaid coverage of undocumented adults is much more limited; California covers undocumented youth under age 26 and Illinois covers undocumented seniors over age 65. DC offers financial support to undocumented adults purchasing coverage in the Marketplace.[iii] As you can see, in terms of coverage for undocumented individuals, states have made the most progress in covering children and pregnant women compared to other adults. This is likely due to several factors, including limited state resources. In September 2020, I authored a brief sponsored by the Connecticut Health Foundation regarding expanding HUSKY A and B to undocumented children. Drawing from the experiences of other states, I estimated the total costs of such a coverage expansion to be approximately $25.3 million over a two-year period.[iv]

Raised Bill 956 is both broader and narrower than the policies described in my brief. It is broader in that it includes pregnant women and other adults, but it is also narrower in that it is limited to "available appropriations." Covering all individuals regardless of citizenship status is an important goal, and states such as California, Colorado, Illinois, and New York are working towards something similar. However, as the experience in Oregon makes very clear, having a robust outreach campaign is critical to reaching newly eligible immigrant groups, especially given the anti-immigrant climate perpetuated by the Trump Administration.[v] Expanding eligibility but with limited funding may "thin the soup" and prevent Connecticut from achieving greater coverage.

Therefore, Members of the Committee should consider modifying Raised Bill 956 to include sufficient funding for all newly eligible groups, including for an outreach campaign. Alternatively, if such funding is not available, the bill could be modified to focus on a narrower group, such as children ineligible for HUSKY A and B due to immigration status. This could be the building block for future coverage expansions, and meanwhile, children would reap the known benefits of having Medicaid coverage.

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[i] https://www.commonwealthfund.org/publications/issue-briefs/2020/dec/short-term-cuts-medicaid-long-term-harm

[ii] https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2021-findings-from-a-50-state-survey/

[iii] https://www.nilc.org/issues/health-care/medical-assistance-various-states/

[iv] https://www.cthealth.org/publication/expanding-husky-coverage-for-children-in-connecticut/

[v] https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he9950v.pdf