

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: SB-956

AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS

Title: REGARDLESS OF IMMIGRATION STATUS.

Vote Date: 4/1/2021

Vote Action: Joint Favorable

PH Date: 3/11/2021

File No.:

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

The bill addresses one aspect of an important public health issue: the lack of health care coverage for all Connecticut residents. This bill would require the Commissioner of Social Services to provide medical assistance to those who meet eligibility guidelines, regardless of immigration status, within available appropriations. Currently, Connecticut provides healthcare insurance coverage to its most vulnerable low-income residents but leaves out people due to their immigration status. This bill would expand coverage of Medicaid (HUSKY A, C, and D). It would also provide coverage through the Children's Health Insurance Program (also known as CHIP or HUSKY B), which is both state and federally funded, and federal funding is not currently available for undocumented children. This bill would ensure health care access for all Connecticut residents who meet the income guidelines.

RESPONSE FROM ADMINISTRATION/AGENCY:

Deidre Gifford, Commissioner, Connecticut Department of Social Services

Commissioner Gifford explained that while the Department appreciates the intent of this bill, they cannot support it. Coverage is currently provided to those who reside lawfully in Connecticut, who meet income criteria, and it includes pregnant women and children who have been lawful residents for less than 5 years. All individuals, regardless of immigration status, can receive federally-reimbursable treatment for a medical emergency, when they meet the other eligibility criteria.

Commissioner Gifford added that the federal government covers at least half of HUSKY costs (depending on the program), and if undocumented people were covered, federal matching funds would not be available for that expanded coverage. She estimates the annual cost to the state would be approximately \$195 million. She noted, "the Department estimates that 5,850 children could become eligible under HUSKY A, 13,350 adult parent/caretakers could become eligible under HUSKY A, 322 children could become eligible under HUSKY B, and 17,388 adults could become eligible under HUSKY D." The cost estimates are uncertain, and these estimates do not include administrative costs.

Given that this added coverage would need to be provided within available appropriations, Commissioner Gifford shared the concern regarding the impact this legislation would have on provision of services: whether the scope of services would need to be limited, or whether fewer people would be able to be covered. She concluded that the lack of available appropriations prevents the Department from supporting this bill.

Commissioner Gifford did note that the Governor proposed HB 6447, which would provide \$50 million per year for focused Medicaid expansions to reduce the state's uninsured rate.

NATURE AND SOURCES OF SUPPORT:

Senator Martin Looney, President Pro-Tempore

Senator Looney stated he supports this bill in order to advance health equity in Connecticut. He shared that an estimated 23% of uninsured people in the state are immigrants without legal status, people who are ineligible for Medicaid and are unable to purchase health insurance on the exchange. He concluded that a lack of health insurance adversely affects this community and society as a whole.

David Michel, State Representative-146th District, Connecticut General Assembly

Rep. Michel expressed support for this bill, and stated he believes health care is a human right. He explained that although our country does not provide the same medical coverage as others do, we still have a duty to protect all the people of our state, regardless of their socio-economic, ethnic, religious or immigration status. He added that this matter is more urgent than ever.

Justin Elicker, Mayor, City of New Haven

Mayor Elicker shared his support for this bill as he believes that "limiting eligibility of healthcare based on immigration status is both morally wrong and practically foolish." He noted that not only does each resident deserve dignity and respect, but undocumented immigrants contribute greatly to their communities, and pay local, state and federal taxes. Mayor Elicker stated that they should not be locked out of a program they are paying for, particularly during a pandemic that has disproportionately affected communities of color. He added that it is the sacred duty of those in public office to serve all people, and to provide support to those who need it the most.

Other Sources of Support:

Over 250 people submitted testimony in support of SB 956. Many who expressed support also urged that all residents who qualify under the full current HUSKY eligibility criteria be covered. Some testimony that was offered in support also requested the bill remove the caveat of being funded “within available appropriations.”

Organizations submitting testimony:

ACLU-CT

Black and Brown United in Action

Center for Children’s Advocacy

Connecticut Children’s Medical Center

Connecticut Coalition Against Domestic Violence

Connecticut Communist Party USA

Connecticut Health Policy Project

Connecticut Hospital Association

CT Immigration Lawyers Association

Connecticut Legal Rights Project

Connecticut Oral Health Initiative

Connecticut Shoreline Indivisible

CT Students for a Dream

Connecticut Voices for Children

Connecticut Women’s Education and Legal Fund

CT Working Families

Fair Haven Community Health Care

Generations Family Health Center

Greater Hartford Legal Aid

Hartford Deportation Defense

Hartford Health Care

Haven Free Clinic

Health Equity Solutions

Hispanic Health Council

NARAL Pro-Choice Connecticut

National Association of Social Workers

New Haven Legal Assistance Association

Planned Parenthood of Southern New England

Semilla Collective

SEIU 32BJ

Stamford Health

United Action Connecticut

Universal Health Care Foundation of Connecticut

Yale New Haven Children’s Hospital & Yale Department of Pediatrics

In addition to people submitting testimony on behalf of these organizations, there were also students, educators, social workers, dentists, ministers and counselors among those who

submitted testimony. Medical professionals and medical students also submitted testimony, including over 30 individuals, and over 300 signors of an advocacy document.

Many people who have direct experience of being denied healthcare due to their immigration status shared testimony, as well as members of the community advocating on their behalf. Countless firsthand experiences were shared, illustrating profound medical, financial and emotional impacts of not having access to health care. Many people described situations in which they or their family members would forgo or delay seeking care, resulting in adverse outcomes, including preventable deaths.

In their testimony, many people who are undocumented described some of the issues they experienced in accessing or attempting to access care. Several people expressed their fear of being separated from their families as a result of requesting care, due to their immigration status. Many people shared experiences of feeling discriminated against during the course of treatment and receiving no care or substandard care. Numerous people detailed the resulting bills they incurred, and were unable to pay, and their ensuing struggle with medical debt. Much of the testimony highlighted the consequences for families without healthcare: they experience food insecurity, economic instability, and stress. Their mental health is often affected, and lack of medical care frequently impacts their ability to work, attend school, and ultimately to have productive, successful lives. Some testimony elaborated on how these situations are made even more challenging when a person has a parent or a child with unmet medical needs.

The testimony that was submitted frequently stated that health care should be a human right, and that the current system exacerbates structural inequities. It was often noted that the undocumented community has also been disproportionately impacted by the pandemic.

Many others highlighted the public health impact of communicable diseases being left untreated.

Much of the testimony explained the medical and financial implications of people not receiving preventative care, health screenings, diagnostic tests, dental care, prenatal care, and Non-Emergency Medical Transportation. When people without insurance require care, they are treated in hospitals, which is more expensive than preventative care and is also generally more complex care. Instances were described where patients could not be discharged from the hospital, as home care would have been required and was not covered. Other testimony pointed out that due to the severity of the cases, people without insurance are often readmitted to hospitals, and people without insurance experience higher mortality rates. Several testifiers also noted that volunteer clinics are helpful but inadequate, due to limited hours and treatments offered.

Many people who submitted testimony cited statistics; some of the frequently mentioned ones were that 45% of undocumented people do not have health insurance, which includes 13,000 children without coverage. Numerous testifiers noted that in Connecticut, undocumented people pay \$145 million in state and local taxes, and they cannot access a benefit system to which they are contributing. These people are often essential workers, including those who work in the food industry, elder care and child care. One statistic cited was the \$806 million that was spent by hospitals on uncompensated care in FY 2019. Those costs are eventually passed on to the public, in the form of higher taxes and insurance premiums

Lastly, numerous pieces of testimony noted that 6 other states, plus the District of Columbia, now provide health coverage to undocumented children up the age of 18.

NATURE AND SOURCES OF OPPOSITION:

None expressed

Reported by: Heather Ferguson-Hull

Date: April 15, 2021