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CHAIRPERSONS: Senator Marilyn Moore

SENATORS: Berthel, Lesser

REPRESENTATIVES: Abercrombie, Arora, Buckbee,
Butler, Case, Cook, Dathan,
Garibay, Goupil, Hughes,
Mastrofrancesco, Santiago,
Simmons, Stallworth, Wood

SENATOR MOORE (22ND): Good morning, everyone, so I want to welcome you this morning, we have a public hearing we have a very hefty agenda and we have a lot of speakers. So, I'm going to ask if my Co-Chair would like to say anything before we start, Representative Abercrombie.

REP. ABERCROMBIE (83RD): Good morning everyone and welcome and to our Members, we have some interpreters today for non-English speaking Members so we're going to be given everybody a little bit more time, so if we could all be a little bit more patient today, that would be appreciative. Thank you, Madam.

SENATOR MOORE (22ND): Representative Case.

REP. CASE (63RD): I'm good let's get going.

SENATOR MOORE (22ND): Is my Ranking Senator here?

REP. CASE (63RD): May be a little late, as usual.

SENATOR MOORE (22ND): That's fine. So as Cathy said, we have this public caring. We have over 150 speakers today and we're gonna keep within the three minutes, except for the agency. The agency that will have the first hour and then we'll alternate between our guests from the public and the agencies. We have several interpreters helping those who don't speak English, and Heather's been really great about

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trying to make that flow, and make sure everybody has access to saying something but we're gonna hold them too with the interpreter six minutes. I'm asking my colleagues, because we have so many people want to speak, if we cannot -- I was gonna say, well, if we cannot expand it asking questions, multiple questions. I think it's a good idea if we go around. If there's a lot of questions, we ask one question with a follow up and then, if you have additional questions, we'll come back around a second time.

Also, I'm asking you to refrain from too much commentary, so we can get the speakers in. And if we get that done, we should get out of here by midnight. All right? Okay, well, thank you very much. And I've got plenty of coffee here, fresh pot on the stove, we're all set. I'm going to call in number one, is Commissioner, Deidre Gifford. Good morning, Commissioner, thank you for being here.

COMMR. DEIDRE GIFFORD: Good morning. Senator Moore, Representative Abercrombie and Members of the Human Services Committee, thank you very much for the opportunity this morning to testify before you. I'm Deidre Gifford, and I'm the Commissioner of the Department of Social Services. I'm very happy to be here to offer remarks on several of the Bills on today's agenda.

You do have the department's written testimony which is more extensive than the brief remarks that I will offer; so I'll just give a brief summary of each. And then the team from IDSS and myself will be here to answer any of your questions.

I see a number of our team Members John Dillon, from Child Support, Kate McEvoy from Health Services, Peter Hadler From our Community Programs, Director of Finance, Nick Venditto. [indiscernible] from SNAP. And there may be others that aren't appearing

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on my screen at the moment. So I shall I dive right in, Senator?

SENATOR MOORE (22ND): Yes, please.

COMMR. DEIDRE GIFFORD: Okay, thank you, with respect to S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. This Bill seeks to extend Medicaid and the children's health insurance program coverage. Individuals who do not meet the required federal immigration status, receive such benefits under the federal Program. For these individuals, CMS will provide federal Medicaid matching funds only for the treatment of emergency medical conditions under the current program, as long as the person needs other eligibility requirements, for example, residency and income.

The children's health insurance program does not pay for medical services for any child that does not have qualifying immigration status. So, to be clear, under this proposal, the state would not be able to claim federal match for these adults and children. For HUSKY A, parents and children, that federal matches 50%. Or HUSKY B, that 65%, and for the adult expansion population HUSKY D, that's 90% federal match, which we would be unable to claim. This means that any additional program costs and administrative costs would be [bourn] entirely by state. We estimate those costs to be approximately \$195 million dollars a year. Absent additional funding, that is not currently in the proposed budget, the department is unable to support this Bill.

I would note, that governor Lamont has proposed H.B. 6447, AN ACT CREATING THE COVERED CONNECTICUT PROGRAM TO EXPAND ACCESS TO AFFORDABLE HEALTHCARE. If passed, that Bill would sustainably fund a \$50 million dollar per year program to reduce

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Connecticut's uninsured rate, including through focused Medicaid expansion like this proposal.

S.B. 957, AN ACT EXPANDING ACCESS TO IN-HOME COUNSELING. This act proposes to require the Department of Social Services to add rates to our home health agency fee schedule or behavioral health counseling provided by a licensed social worker.

And although DSS definitely supports improving access to behavioural health services in home Community based settings. We are unable to support this Bill, because it is inconsistent with current federal Medicaid law, would increase costs, and we believe is unnecessary, given the coverage that's already provided through HUSKY.

It attempts to add rates that are not allowed, as I said, under federal law to the home health agency fee schedule. Right now that fee schedule is limited to nursing services, home health aide services, medical supplies, physical and occupational therapy and speech pathology and audiology. However, under the state plan, we already cover in-home mental health counselling, provided by licensed behavioral health clinicians that are enrolled in Medicaid, as either an individual or group practice. That includes psychologists, clinical social workers, marital and family therapists, professional counsellors and alcohol and drug counsellors that are already covered for in-home services in the Medicaid Program.

These services would also be available in the Connecticut home care program for elders and are provided by licensed social workers and professional counsellors, therefore, the department respectfully does not support this Bill.

S.B. 979, AN ACT EXPANDING ACCESS TO MEDICAL SPECIALIST FOR MEDICAID BENEFICIARIES IN

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SOUTHEASTERN CONNECTICUT. This Bill would require DSS to develop a plan to increase access to medical specialists in the south eastern part of the state, by expanding telehealth Services.

Again, DSS believes this Bill is unnecessary, because the aims of the Bill are already being satisfied. We have seen the number of both primary and specialty providers in participating in HUSKY continue to increase over time, although we again support making sure that there's adequate access to specialists and primary care providers for all of our Members across the state.

As many of you know, over the course of the public health emergency, DSS has implemented a broad portfolio of telehealth coverage in HUSKY health across many services, including specialists. We are now paying for telehealth services at parity with in-person visits to enable the use of telehealth, and this practice has been widely adopted already by primary care and specialists.

Over 18,000 providers have rendered one or more telehealth Services to almost 400,000 HUSKY Members between March of last year in January this year. So rather than codified language specific to one geographic area of the state, we recommend continuing a state-wide approach implementing telehealth services focused on fostering access for all Medicaid beneficiaries throughout Connecticut.

S.B. 980 is AN ACT ELIMINATING INCOME AND ASSET LIMITS FOR THE MED-CONNECT PROGRAM FOR PERSONS WITH DISABILITIES. This Bill eliminates the income and asset limits for eligibility to qualify for the MED-Connect program for persons with disabilities. The current income limit is up to \$75,000 dollars per year, which would be eliminated, the current asset limit is \$10,000 dollars for an individual or \$15,000 dollars for a couple, which would also be eliminated.

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Under the current program a home, certain retirement accounts and accounts maintained for increasing the individual's employability, are not considered assets for calculation. So those are already not counted for the eligibility process, and they are already substantially higher than limits for other types of HUSBY C coverage, which is for adults with disabilities.

In the MED-Connect program, currently individuals above 200% of the federal poverty level pay a premium to receive coverage, a monthly premium amounts are based on 10% of the amount of income over 200% of the [FBO].

And as of February 2021, there are approximately 4000 MED-Connect enrollees, and about 760 of them have a premium propagation. Because we don't have the income and asset information for individuals who currently don't qualify, it's difficult for us to estimate the fiscal impact of this change, and although we support the Bills intent. We do not support the Bill at this time.

S.B. 981, AN ACT CONCERNING PAYMENT PARITY FOR HEALTH AND HUMAN SERVICE PROVIDERS. This Bill require DSS in collaboration with [IDMS] and housing to study whether state contracted providers of human services receive [just for payment agreements]. In -- the language defines human services to include but not be limited to physical and behavioural health and housing and shelter services provided to homeless persons.

As a point of information, the department pays for Medicaid and CHIP services already using a uniform state-wide rate, with very limited exceptions, there are not differentials in Medicaid rates on a regional basis. And as -- as you all are aware, we do not provide direct housing or shelter services. We are available to discuss the Committee's

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intention with this Bill in order to determine the appropriate role for the Department [inaudible].

H.B. 6560, is AN ACT CONCERNING TIMELY PAYMENTS TO PERSONAL CARE ATTENDANTS. The Bill -- this Bill mandates that a fiscal intermediary provide timely communication to a personal care attendant about payment discrepancies, payment confirmation or a change in consumer status that might affect timely payment, in this case the consumer is the employer. The Bill would fine the fiscal intermediary \$25 dollars a day for each day timely wage payment has delayed.

To be clear, the Department fully supports the legislature's desire to ensure that our personal care attendance are paid timely and accurately and we have been engaged with the PCA Workforce Council to make improvements in the payment methods. DSS and our current fiscal intermediary ally have been changing our procedures and payment and have put several procedures in place to fulfil the aims of this Bill. And we've been continuing to do education with our PCA workforce Council and SEIU on the requirements for completion submission of timesheets by PCAs. We've changed the billing cycle to biweekly to reduce the number of payments cycles, and implemented a number of procedures that ensure accurate timesheets submission and timely payment.

We have also undergone a comprehensive review of all of our Medicaid department policies to make sure that we could modify any practice that was not facilitating or was compromising the integrity of the [human] process with -- while maintaining the integrity of this program and ensuring federal match, which is also very important that we do. And these improvements have resulted in a measurable change, we've had a 50% reduction in pay delay, I am glad to say due to time sheet adherence.

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And lastly, as many of you know, because we work with you on it, we are implementing an electronic visit verification system for all of our personal care attendants that will ultimately replace the need for paper time sheets, and that is -- has been one of the challenges, in order to reduce errors. And this implementation is being phased in and expect to be completed by mid-2021.

As a result of this work, the Department does oppose the imposition of automatic penalties that would be implemented without consideration of our obligations to ensure that the time sheets are accurate and timely.

On H.B. 6561, AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR MARITAL AND FAMILY THERAPISTS PERMITTED TO PRACTICE WITHOUT LICENSES DURING A PUBLIC HEALTH EMERGENCY. This Bill would require Medicaid to cover services provided by unlicensed marital and family therapy associates, while they are authorized under a Governor's executive order to practice without a license. Just to be clear, currently, Medicaid does cover services provided at a licensed behavioral health minute, including services provided by qualified non-licensed clinical staff under appropriate supervision from applicable licensed practitioners.

This current coverage is provided at free-standing behavioral health clinics, outpatient behavioral health clinics and federally qualified health centers. We cover outpatient behavioral services outside of clinics only when they are personally provided by clinicians who are licensed to practice independently. And this policy helps ensure quality and appropriate oversight.

This Bill specifically cites the governor's executive order 7V, for victor, which has temporarily modify some of the statutory requirements practice as MFT. Because that order

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will expire at the conclusion of the declared emergency or our -- we have some concern that reference to that specific executive order will lead to confusion and statutory conflict after the public health emergency has expired. Therefore, because of the existing provisions and that potential confusion, the department opposes this Bill as written.

H.B. 6562, AN ACT CONCERNING CHILD SUPPORT ENFORCEMENT. This would establish a task force to study technological and other initiatives that could be implemented to maximize the collection of child support. I'm happy to tell the Members of the Committee that the department believes this Bill is not necessary, because we have been working on development and implementation of a new computer system for our child support enforcement program that will satisfy the aims of this Bill. And we have selected a contractor to do so and negotiations should be underway soon.

This process has been in planning for some time, it was somewhat slowed by the pandemic, but we do expect a full system replacement and federal certification of the system over the coming years.

H.B. 6563, AN ACT ELIMINATING ADMINISTRATIVE BARRIERS TO A COMMUNITY'S PARTICIPATION IN THE FEDERAL EMERGENCY FOOD ASSISTANCE PROGRAM, or TEFAP. This Bill proposes the Department to the extent permitted by federal law, not require Community food providers located within communities with schools that provide free meals to collect, submit or retain forms requiring persons receiving food assistance in order to receive the USDAs Emergency Food Assistance Program.

The Department contracts with Connecticut Food Bank and Foodshare to distribute the TEFAP foods currently to eligible pantries, shelters and soup kitchens. As a point of information, federal law

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does require the Department to establish income based and residency criteria for TEFAP recipients, to ensure that only households in need of the assistance actually receive the commodities.

It also requires that each distribution site collect and retain records on households that have received TEFAP food, including but not limited to their name and address, the number of persons in the household and the basis for determining the household eligibility. So those are two federal requirements with which we are obligated to comply.

However, over the course of the pandemic because of the needs and because of the needs for social distancing, et cetera, while fully meeting our federal obligations, we have instituted a process in forms that minimize the amount of paperwork that providers are required to collect. Essentially, only requiring a verbal attestation that the pantry then documents and retains in order to meet the federal requirements.

So we'd be happy to provide you the details with that, but the department believes that the request in this Bill has been substantially met through our current modifications.

That concludes my testimony, and we are available to answer any questions that you may have, thank you very much.

SENATOR MOORE (22ND): Thank you, Commissioner. I'm looking for questions. Representative Mastrofrancesco.

REP. MASTROFRANCESCO (80TH): Thank you, Madam Chair. Good morning, how are you today?

SENATOR MOORE (22ND): Good, thank you.

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REP. MASTROFRANCESCO (80TH): Thank you, Commissioner, as always, I say, I always enjoy your testimony, you are so thorough, and I say that every time, so thank you very much. Just two quick questions 'cause I'm sure others have questions and I don't want to hold everybody up, but you had mentioned in your testimony of the cost on Senate Bill 956 would be a cost to the state of \$195 million dollar per year, right, so compounded over the years, obviously, that would have to fall through other years going forward. But you also mentioned in the Governor's budget 6447, that there was an included in there, \$50 million dollars. Is that \$50 million dollars specific to covering undocumented people in Connecticut for health insurance, would you know?

COMMR. DEIDRE GIFFORD: It would cover a certain targeted Medicaid expansions. But the details of that have not been fully articulated, but there is this sustainable \$50 million dollar per year fund that could fund target Medicaid expansions, such as some of those proposed in this Bill.

REP. MASTROFRANCESCO (80TH): Okay. Thank you, and then on, 6460 I believe, it is. Yes, House Bill 6460, the timely payments to personal care attendance. You had mentioned in your testimony that there is policies in place for training, can you give me an example of what type of training they're offering to the personal care attendance to make sure records are reported correctly? Thank you, through you Madam Chair.

COMMR. DEIDRE GIFFORD: Yes, and, with respect to the thoroughness of the testimony, I'd like to say thank you to the team that DSS. They get full credit for that, but I appreciate the comment. And I would turn to Kate McEvoy, our director of health services to respond to your question in the PCA Committee.

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KATE MCEVOY: Thank you so much Commissioner and Representative Mastrofrancesco. Kate McEvoy, Director of health services. So as you are no doubt aware, personal care assistance in Connecticut, I have collectively bargained a series of rates associated with their wages and their fringe. Also, in that package is set of training requirements that are conducted jointly by the PCA workforce Council, which is convened by the office of policy management. And the SEIU training and education fund or trust fund. So there's an established curriculum to orient personal care assistance to their responsibilities, that includes very specific and detailed overview of the submission of timesheets. There are graphics. So illustrative examples of how the timesheets are completed.

There's a set of guidelines in terms of submission, for instance, if you're submitting by fax, there's tips and tricks. This has also been translated like I said in the pictures, so it can be useful to people with different learning styles, and it's also translated into Spanish, and this is, you know, reinforced over time. We also have a set of procedures that is used on a weekly basis. We have a weekly payroll for PCAs used by our fiscal intermediary Allied. So there are specific points during the week we're Allied will issue confirmation of receipt of the timesheet, prompt employers, so Medicaid Members who are self-directing their services, as we refer to as employers of personal care systems prompt them on the need, if any, for corrections to the timesheets and automated processes that go with that.

But again there's an extensive written and training process for helping people understand the payroll process.

REP. MASTROFRANCESCO (80TH): Thank you so much for that answer. I just --I was just curious is -- and then you broke up a little bit and I couldn't hear

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you might have mentioned. Is the training a document that is just out there on the website where they just read it and kind of figure out, or is there a webinar or a video, or one-on-one or group training that they had to take for a couple of hours to ensure that the records are filled out correctly. Through you, Madam Chair.

KATE MCEVOY: Representative, thank you so much for that question. It is all of those things. We have materials that are posted on a PCA workforce Council website. But also, it is conducted now virtually through a webinar format and there are, as I mentioned, graphics that show examples of complete and correct timesheets, to really try to take an approach with lots of different modes of reinforcing this information. This information is also distributed to SEIU which represents the personal care assistance, and there are partners in helping it broadcast this information.

REP. MASTROFRANCESCO (80TH): Thank you, and is there, through Madam Chair, is there -- how long is that webinar or the training. Is it so many hours? Would you know?

KATE MCEVOY: Representative, it's part of a larger training for personal care assistance, so I can't personally speak to the extent, the amount of time that's required, but is embedded in the overall training of personal care assistance.

REP. MASTROFRANCESCO (80TH): Okay, thank you so much for your answers. Thank you, Commissioner, as always. And Madam Chair, I have no further questions, thank you very much.

SENATOR MOORE (22ND): Thank you. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you Commissioner for, again your thorough

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testimony. I want to go to S.B. 956, as the Commissioner that has, you know, had to deal with this public health emergency, is it your position that if we -- if we could expand Medicaid basically HUSKY, to all income eligible regardless of status, that it would be an important good policy and savings from a public health standpoint in the middle of this, you know, public health emergency, but also to reduce catastrophic health costs at those hospitals and after compounded, you know, health conditions are left untreated? 'Cause currently, we know that about 52% of this community that we would be extending eligibility to, currently is uninsured and we know what that cost is when we had that before from the entire, you know, Connecticut Community before the ACA compared to the rest of the Connecticut community, which is 5.9%. Could you speak to the health policy of covering all eligible?

COMMR. DEIDRE GIFFORD: Well, certainly reducing uninsured is a laudable goal, which is why the Governor has introduced the Bill that he did. I -- we have been with respect, Representative, to the public health emergency, I'm happy to say that we have been able to extend a number of our services without regard to coverage, so the Community testing program which has been supported through federal and state funds as well as now the vaccination program are provided to all individuals, and we've been pleased to be able to do that.

I recognize the -- at the challenge that you're discussing, which is that individuals who are uninsured often are, you know, unable to have their primary care and preventive services covered, and that can result in increased healthcare costs down the road, as well as more importantly, poorer health outcomes. So, I appreciate the point that you're making.

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REP. HUGHES (135TH): And, finally, if we -- you said, currently, there's no federal match for expanding HUSKY A, B and D, but if we position Connecticut to be ready and start covering those and that federal match changed under this administration with the advocacy of our congressional delegation, would that be something the department would support?

COMMR. DEIDRE GIFFORD: Well, certainly the department follows the eligibility requirements there setup by, you know, the federal government. So as we did with the expansion under the affordable care act, you know, Connecticut was way out in front on that, and so, if federal rules were to change of course the Department its under program inline to that.

REP. HUGHES (135TH): Yeah, and I appreciate that the Department has expanded testing and vaccination Program. But we are talking about like compounded health conditions that again the state does pay for when they end up in the hospital, because the hospitals must cover regardless of status emergency, you know, treatment. But that's way costlier then then compounded preventative health conditions that we're not treating because people are uninsured and there's just extreme barriers to getting basic healthcare coverage.

And again, I'd just like to underscore that in a pandemic, but beyond it is good public policy to ensure that everyone has access to good affordable healthcare coverage, especially preventative care for their families, but also to keep from transmitting to the community.

So I just wanted to underscore that we have not done a good economic analysis of whether we're already paying \$195 million dollar per year in emergency and you know health uncompensated hospital treatment and uncompensated services that state does pay for,

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right, we have not done that economic analysis about how much that is, right.

COMMR. DEIDRE GIFFORD: You are correct. Our testimony does not include a cost avoided analysis, Representative.

REP. HUGHES (135TH): Okay, great. Okay, that's my -- that's my question. Thank you.

COMMR. DEIDRE GIFFORD: You're welcome.

SENATOR MOORE (22ND): Was that really a question, Representative Hughes.

REP. HUGHES (135TH): Oh, Senator, you know a little too well.

SENATOR MOORE (22ND): Okay, so I don't see any other -- oh, yes. Representative Mastrofrancesco, I see her hand up.

REP. MASTROFRANCESCO (80TH): Sorry, thank you, Madam Chair. Just Commissioner, I just have one more quick question just understand talking about 195 -- I'm sorry the \$195 million dollars cost to the state, the first Bill, Senate Bill 956. And I don't even know if this is a fair question and you would even have the answer, but what -- can you tell me the cost per year, the state pays for citizens under the same program that are, you know, documented just American citizens? Would you know that answer, by any chance.

COMMR. DEIDRE GIFFORD: And I believe it's in our test -- our full testimony, I'm just pulling that up now, and I believe that we put the per member per month costs of those programs into the full testimony. And, I don't see it, Nick do you -- do you have those PM, PM average cost for the programs for the Representatives? [crosstalk]

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NICHOLAS VENDITTO: Yes. Yes. Yes, I do. Hi, thank you Nick Venditto, Chief Financial Officer, TSS. In order to develop the estimate, what we did is we based -- based on the different programs, HUSKY A, HUSKY B and HUSKY D, we used our current per member per month cost that we see in our current population, which for HUSKY A, both parents and children, it's a blended PM, PM, was approximately \$305 dollar per member per month. For HUSKY B, the CHIP program, children coverage is approximately \$169 dollars per member per month, and for HUSKY D, are low income adult population was approximately \$593 dollar per member per month.

So that was the basis for the class estimate in those three programs, and the specific estimates regarding the estimated population for each one of those programs is listed in the testimony. So we took those estimated populations, applied them to those per member per month costs that I gave you, in order to come up with a rough annual estimate.

And, I think we also noted that, you know, that's -- those costs are indicative of the current population, which may not be exactly a one-to-one on this group. Without more data, it'd be tough to confirm that, but that was the basis of the estimate.

REP. MASTROFRANCESCO (80TH): Thank you, and through you Madam Chair. What is the total annual cost to the state on that? You gave it to me broking down per month per resident, what is the total annual cost? Because in this Bill 956 were saying that total cost per years \$195 million to cover undocumented people for healthcare, what is the total cost of the others.

COMMR. DEIDRE GIFFORD: Are you asking the total cost of [inaudible] for the HUSKY program [inaudible]?

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REP. MASTROFRANCESCO (80TH): Yes, the same coverage that we are doing for documented for residents in this state. The same -- a comparison side by side, what are we paying exactly per year for that and now we're saying for undocumented it will cost us \$195 million dollar, I'm just trying to figure out what is the difference. Thank you.

NICHOLAS VENDITTO: So let me just, roughly gross costs for the entire Medicaid program, which would also include the HUSKY C population is in the \$6.6 billion range. If you give me a second, I can pull the cost only for the A, B and D populations. I just don't have it readily available. But roughly \$6.6 billion dollar across the entire Medicaid program, gross costs, but again, that includes the HUSKY C group which wasn't costed out here for other reasons. But I can get you the breakdown of what we spend on A, specifically on B, specifically in D.

REP. MASTROFRANCESCO (80TH): Thank you. And I don't want to hold anybody up. If you can send that to me, that information would be very helpful, I appreciate it. That's all I had, Madam Chair. Thank you so much.

SENATOR MOORE (22ND): You're welcome. Commissioner Gifford, that number that we're talking, is that the state's contribution, or is that state and federal dollars that we're talking?

COMMR. DEIDRE GIFFORD: \$195 million dollars, Senator.

SENATOR MOORE (22ND): Yes.

COMMR. DEIDRE GIFFORD: Right, there would be no federal contribution in this case because these individuals are not eligible for federal match, so that \$195 million dollar would be born solely by the state. So that is the full cost, our estimated full cost of ensuring that population.

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SENATOR MOORE (22ND): Thank you. Are there any --? Yes, Representative Case.

REP. CASE (63RD): Thank you, Madam Chair, just real quickly. So the number that Nick just put out there, the \$6 billion dollar or whatever, does that include the reimbursement or is that just the cost, the rough cost, and then we'd go after the reimbursement?

NICHOLAS VENDITTO: That'd be the gross cost, and then that would be reimbursed, the federal share, right.

REP. CASE (63RD): So, then, we have money coming back from that six billion?

NICHOLAS VENDITTO: Yes, yes.

REP. CASE (63RD): Okay, so it's not really a total six billion cost to the state of Connecticut.

NICHOLAS VENDITTO: No, but I was just trying to give a gross to gross comparison on the \$195 million dollar.

REP. CASE (63RD): Right, and --

COMMR. DEIDRE GIFFORD: What's the state's share on that Nick?

NICHOLAS VENDITTO: State share, SFI- 21 is estimated at roughly 36.5% with the enhanced TEFAP. So roughly 63.5% is the federal share, and 36.5% will be the state share, but that includes again the enhanced TEFAP for this year.

REP. CASE (63RD): Okay. 'Cause I think that's what Representative Mastrofrancesco was getting at what the actual cost was to state for that program, but the six billion is your gross and then we have

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reimbursements, but with this Bill there is no reimbursement?

NICHOLAS VENDITTO: Right.

REP. CASE (63RD): Thank you, Madam Chair, and thank you, Commissioner [Nick].

SENATOR MOORE (22ND): Yes, I was trying to get to that number also, Commissioner, I might not have made myself clear, that's what I was trying to get to.

COMMR. DEIDRE GIFFORD: Okay.

SENATOR MOORE (22ND): I see Representative Wood's hands up.

REP. WOOD (141ST): Right. Thank you, Madam Chair, and thank you, Commissioner. It's always a pleasure, and, boy, you've done god's work this year with both the Commission's you've been in charge of. A quick question related to Representative Hughes good point about the preventative care under that 956, would cover.

I mean, I understand the point about why it would be difficult to pass that, but the bigger picture is, do we know, in addition to the economic analysis under this, do we have the numbers on that, I know the question -- the point is no we don't, but I also wonder along that how many people are getting services from organizations like Americares, who do serve the undocumented community quite well; at least down Southwestern Fairfield County.

So I wonder how many of the undocumented are receiving appropriate preventive services through local non-profits. It's probably more of a just a question out there, rather than a question that has an answer to it, but I think that should be part of the discussion too.

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COMMR. DEIDRE GIFFORD: Yes, federally qualified health centers and -- they do as part of their core mission receive funding from the health -- the department of health human services, to provide services to everyone, regardless of their immigration status, and we do know that some services are provided there that wouldn't necessarily cover know all services, but that is part of the core mission of the [inaudible].

REP. WOOD (141ST): Right. Thank you very much, Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Commissioner, I don't see anyone else's hands up, am I missing anyone?

COMMR. DEIDRE GIFFORD: Before you go, I want to make sure we given you the number you're looking for. So Nick, can you give the Committee the actual state share of that in dollars of that 6.6 billion for fiscal 2021, the 36%, just -- You're on mute Nick. You're still on mute.

[laughter]

NICHOLAS VENDITTO: Sorry, yeah, I'm just trying to pull that right now for you.

COMMR. DEIDRE GIFFORD: All right, we can send it if you don't have it at your fingertips, will send it to the Committee, Senator Moore. So we have that number.

SENATOR MOORE (22ND): Thank you, I want to thank you once again and your team for coming to us with that information. Have a great day.

COMMR. DEIDRE GIFFORD: You're welcome, thank you. Thank you.

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SENATOR MOORE (22ND): Next, I have Representative Luxenberg. Is he here? Followed by Representative Candelora. I don't see them. I'm going to move on to David, Representative Michel, David Michel are you here? Followed by Kate Farrar.

REP. ABERCROMBIE (83RD): Madam Chair, Vincent is in the waiting room, I'm not sure if he can hear you, the Minority Leader.

SENATOR MOORE (22ND): I see him there, but I don't see anything -- his microphone is muted. Representative Candelora, are you there?

REP. ABERCROMBIE (83RD): If he does come on, we will just give the time to him.

SENATOR MOORE (22ND): Well, that's not what we decided we decided, we decided to put people -- to put them to the bottom, to be able to move through this quickly. Kate Farrar? Tammy Exum? Perla Villezcas? And then, followed by Jaime Myers-McPhail. Representative?

REP. ABERCROMBIE (83RD): Representative Wood, you are not on mute. Representative Wood

SENATOR MOORE (22ND): Liliana Lopez? Pareesa Charmchi Goodwin? This hearing is today, isn't it?

REP. ABERCROMBIE (83RD): Madam Chair, if I could interrupt -- if I can interrupt. Heather.

HEATHER FERGUSON-HULL: Yes.

REP. ABERCROMBIE (83RD): Are these people in the waiting room? Are we having a technical problem or they're really not here?

HEATHER FERGUSON-HULL: I don't know if they're not hearing. Representative Candelora is in the panelist's section, as is, Pareesa, should be there

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and I sent her request to unmute, so she should be here, and then after her, so she's number 13 and number 14. And the other folks that Senator More called are not here yet, so if they come then we will add them.

REP. ABERCROMBIE (83RD): Okay. I just want to make sure we weren't having a technical problem --

HEATHER FERGUSON-HULL: Yeah, no.

REP. ABERCROMBIE (83RD): -- 'casue that's a lot of people. Sorry, Madam Chair.

SENATOR MOORE (22ND): Representative Candelora. Good morning.

REP. CANDELORA (86TH): Good morning, Madam Chair. I guess just a point of inquiry before I speak, we -- there was some discussion over one of my constituents being unable to register today, and I wasn't sure if that was finally resolved to allow her to be able to testify.

SENATOR MOORE (22ND): I don't know who that is. Heather, can you help us there.

REP. ABERCROMBIE (83RD): I -- Madam Chair, I could respond to that. As far as we were concerned, the policy that was put forward, that the time would not be allowed to be yield, is still active. Through to you, Madam Chair.

SENATOR MOORE (22ND): Representative Candelora.

REP. CANDELORA (86TH): Okay, thank you for that, and then I guess what I will do is with the indulgence of the Committee is just pull up her testimony and provide it on her behalf. And I just think, you know, generally speaking, it is disappointing that she's not able to speak. She's probably one of the few individuals that are here

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today to testify on House Bill 6560, that her testimony was submitted, she never received the link and was never signed up. But these are the voices that consumers, that are the beneficiaries of our wonderful PCA program and, frankly, we have two Bills that were raised, one in labor and one here on that focuses on the unions. And I am concerned that our patients who are receiving the services, their voices are really shut out of this process.

[Sam and Alex Poti], are constituents of mine, they had employers of PCAs for a number of years, and one of their concerns, obviously, is that this Bill erodes the employer-employee relationship that PCAs do have with their clients. And they're generally concerned about that position.

Additionally, they'd asked me to put a Bill forward, that sadly this Committee didn't raise but addressing the issue of the training for the PCAs. Right now, the way our statutes are written, it's a sweetheart deal for one union to provide for the training. I think there's because of that, there is no real oversight or opportunity for the PCA workforce board to make sure that that training is robust for our PCAs.

And I frankly think if that training had better oversight, we wouldn't have the issues that we're seeing here with individuals being paid because, at times, I think there is a lot of confusion over how those Bills are submitted on the employee side as well, or the PCA side as well, and so it would nice to be able to have that robust conversation going forward, and I thank you for your time.

SENATOR MOORE (22ND): Thank you, Representative. Any questions? Yes, Representative Mastrofrancesco, your hand is up.

REP. MASTROFRANCESCO (80TH): Thank you, Madam, Chair. Thank you Representative, appreciate you

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coming in today and explaining the issues we're having with our personal care attendants. I'm -- and it's unfortunate we couldn't hear from your constituent where this is really affecting, and I just want to [repeat], if you've had a conversation with them as to what type of support they are getting through the SEIU when they do have an issue with the payment processing part of it, had they express any concerns to you about that process?

REP. CANDELORA (86TH): Well, as -- I think as the testimony will indicate, they don't get a lot of support on their side of the equation, so I think generally, do -- they do feel unsupported. But in their situation, they're very meticulous about submitting the payrolls and making sure those issues are addressed, and over the years they've had very little problem with making sure that their employees get paid. And oftentimes, when there are issues it's really on the issue of the PCA properly submitting the paperwork. It's not on the employer side, and certainly that is something that needs to be looked at. But, you know, generally speaking, I think the PCA voices that -- the you know -- they're heard loud and clear, but we don't hear from is our community of people who have disabilities in a need for the PCAs, to be heard on that issue, and so they continue to struggle along and submit the paperwork.

But they also feel that if we make the employer being the payroll company essentially, that it disconnects that relationship from the PCAs, and it's only going to make their situation worse.

REP. MASTROFRANCESCO (80TH): Thank you. I agree, I think proper training, obviously, is the key to the success of any program and, you know, to just to make it easier for them. So I definitely believe that we need to focus on the training aspect to make sure that they are getting the proper training, whether it is for filling out the forms, or even for any disputes or questions that they have. It's -- I

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think it's very much important that we certainly focus on that, and I hope we can certainly work on that and get this legislation move forward. Thank you. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you Representative Candelora, I don't see any other questions for you. Oh, I do, Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good morning, minority leader.

REP. CANDELORA (86TH): Good morning.

REP. ABERCROMBIE (83RD): It's so nice to see you before us. Just for a little bit of clarification in our Bill, we do not make the third party vendor the employer, so just so you know, that was taken out of our Bill, because I agree with you, I don't believe that it's good policy. So just -- you might not have had the opportunity to read our Bill but it's -- in our Bill, we did not add that in there. I do agree with you that training is very, very important to this process. I think that we have a lot of issues with Allied, and we are really trying to address them. So if you want to give Representative Case who is always in our [screening] -- your language, we would be more than happy to consider that in this Bill.

For the record, we did tell that to Representative Case and Senator Berthel because there was some communication on your Bill. So I will apologize on behalf of myself and Senator Moore on that, but there was no disrespect intended with that language. So thank you for being here and thank you for bringing that issue to our attention.

REP. CANDELORA (86TH): And I do appreciate that, and Representative Case did convey that information to me. I hadn't had a chance to read this Bill, I

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did read the Labor Bill, and so I do apologize if it -- if it's sort of a different version --

REP. ABERCROMBIE (83RD): It is.

REP. CANDELORA (86TH): -- that is trying to properly address it. I had anticipated that my constituent testify instead, so I sort of, as you know, you hurry up and run and try to figure this out. But I want to just put those points on the record, and I would be happy to make my constituent available to all of you if you want to have conversations offline. I think she has some really good input that might help the process, and thank you very much, Chairman.

REP. ABERCROMBIE (83RD): You're welcome, and we did have a conversation Representative Case and myself this morning and, you know I don't want to speak for my coach here because her and I did not have the opportunity to have this conversation this morning. Like everyone that's on the Zoom, our day starts really early, so we do the best we can with communication, but for myself, I told Representative Case I would be more than happy with either just looking at the language or having a meeting. So with respect to you as our minority leader, I want to offer that to you also, sir.

REP. CANDELORA (86TH): Thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you. Anyone else, Representative Case?

REP. CASE (63RD): Yeah, real quick. Thank you, Madam Chair, and Vinnie, thank you for coming on, and thank you, Representative Abercrombie, you and I had to talk last night, we talked this morning, so we're trying to straighten this all out. But Vinnie, it is a concern that we all get about the

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PCAs and the payments, and I think that's why this is in front of us now.

And you know the training portion of it, it's very difficult and tell me if this is part of your constituent's issue, too, is when the client is the person who's doing the payroll, it's difficult because the training and what the client knows and is able to do can change from situation to situation, is that part of the issue that your constituent has?

REP. CANDELORA (86TH): Well, I think there's two issues. One is when the training is done, which is done through the Union. The workforce board that we have established, does not have input on what that training constitutes. And so, I think it would be more helpful if there was some dialogue between the workforce group and the union doing the training that there are certain minimum guidelines put forth and then -- you know, so I think that's sort of the overall issue that she would like to see addressed.

REP. CASE (63RD): Okay. And we'll have some conversations and once again thank you yourself and Representative Abercrombie for being involved with this and we'll try to get something together, and thank you for coming forward. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome Thank you Representative Candelora

REP. CASE (63RD): There's somebody else up there.

SENATOR MOORE (22ND): Excuse me? It's not -- it's a panelist, it's not a Representative.

REP. CASE (63RD): Thank you.

SENATOR MOORE (22ND): All right, thank you, sir. So the next -- let's see. I think it's, well, you know, I'm gonna go back to those names, as there

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were so many people missing, to make sure we've got everybody in and there wasn't a glitch, okay? So, I had Representative David Michel. Representative, Kate Farrar. Representative Exum. Perla.

PERLA VILLEZCAS: Okay, Okay.

SENATOR MOORE (22ND): Good morning, Perla. How are you?

PERLA VILLEZCAS: Fine, fine.

SENATOR MOORE (22ND): You can -- all right. You have three minutes, please.

PERLA VILLEZCAS: Okay Okay.

HEATHER FERGUSON-HULL: Representative, Senator Moore. Perla, are you requesting to have a translator because I do believe we have a translator available to you, would you like that?

PERLA VILLEZCAS: I don't know.

REBECA VERGARA: [Foreign Language].

PERLA VILLEZCAS: Okay, okay. [Foreign Language]

REBECA VERGARA: [Foreign Language] She's asking [crosstalk] right.

PERLA VILLEZCAS: Okay.

SENATOR MOORE (22ND): So you can have -- excuse me, so you have a total of six minutes.

REBECA VERGARA: Okay. [Foreign Language].

PERLA VILLEZCAS: Okay. [Foreign Language].

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REBECA VERGARA: Esteemed Members of the Human Services Committee of Connecticut.

PERLA VILLEZCAS: [Foreign Language].

REBECA VERGARA: My name is Perla Villezcas. I am an undocumented mother who's lived in the city of Hartford since 2003.

PERLA VILLEZCAS: [Foreign Language].

REBECA VERGARA: I'm in support of S.B. No. 956, which is a law that will provide certain medical assistance to -- or medical assistance to certain individuals, regardless of immigration status.

PERLA VILLEZCAS: [Foreign Language].

REBECA VERGARA: For the past three years, I've been suffering from a deviated trachea, and due the lack of health insurance, I have not been able to do the endoscopy because it's very expensive. It's a process that's around \$7,000 dollars. Go ahead, Perla.

PERLA VILLEZCAS: [Foreign Language].

REBECA VERGARA: And if they were to give me medicine or treatment or if I were to need an operation, that would be even more money.

PERLA VILLEZCAS: [Foreign Language].

REBECA VERGARA: And my biggest fear is that if I get worse, then one day I won't even be able to swallow food. I try not to eat things that are too hard to swallow because I'm afraid that I'm gonna choke, and so I -- because of this, I take a lot of care in the food that I try to eat.

PERLA VILLEZCAS: [Foreign Language].

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REBECA VERGARA: It's very stressful because every time I eat, I think about what I'm about to swallow and it's very traumatic for me. I can't enjoy food when I'm outside or in restaurants because I'm so scared that I'm going to choke and die.

PERLA VILLEZCAS: [Foreign Language].

REBECA VERGARA: And so whenever someone invites me to eat out with them I say no because I'm just afraid of the entire situation, and I know there's people out there, for example, who have cancer who have it worse than me. And who are suffering more than I am, and because of the lack of health insurance, and so, for this reason, I need health insurance and so does everyone else who are in my situation. I'm a mother of three children, one of them, which has autism and they also need health insurance. So, with that, I cede my time. Thank you so much.

SENATOR MOORE (22ND): Thank you, Perla. Can I ask her a question? Would you ask her that she access the federally qualified health centers for services.

REBECA VERGARA: [Foreign Language].

PERLA VILLEZCAS: [Foreign Language].

REBECA VERGARA: So, she said, she goes to St. Francis, and that she's -- every single time she's asked for her health insurance when she goes there, and she can't advance in her care because she needs an endoscopy and she can't get that covered in the current moment, so every time they she goes to a doctor, they cannot help her and she can't progress to the next stage of her treatment.

SENATOR MOORE (22ND): Well, thank you for your testimony.

REBECA VERGARA: [Foreign Language].

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PERLA VILLEZCAS: [Foreign Language]

REBECA VERGARA: Is that it?

SENATOR MOORE (22ND): Yes, thank you.

REBECA VERGARA: [Foreign Language].

PERLA VILLEZCAS: [Foreign Language]

REBECA VERGARA: [Foreign Language].

PERLA VILLEZCAS: [Foreign Language]

SENATOR MOORE (22ND): Very welcome, thank you.

PERLA VILLEZCAS: Thank you.

SENATOR MOORE (22ND): Next is Jaime Myers-McPhail, followed by Liliana Lopez. Lopez, are you here? Hi, Liliana.

LILIANA LOPEZ: Hi, how are you?

SENATOR MOORE (22ND): Good. You can give you a testimony. Do you need an interpreter?

LILIANA LOPEZ: Yes, please.

SENATOR MOORE (22ND): Heather.

HEATHER FERGUSON-HULL: Yes, hi Rebecca, are you ready to interpret for her?

LILIANA LOPEZ: [Foreign language]

REBECA VERGARA: Thank you, good morning.

LILIANA LOPEZ: [Foreign Language].

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REBECA VERGARA: My name is Liliana Lopez, and I live in New Haven.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: I don't have health insurance because I'm an immigrant.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: I'm in favor of the Senate Bill No. 956, which will provide health insurance at low cost to undocumented immigrants.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: I'm in support of this Bill because me and my family have experienced many hardships for not having health insurance.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: A couple of years ago I lost a baby because I did not have health insurance.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: When I was at 24 weeks, I got really sick and I went to the emergency room.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And the first thing they asked me was if I had health insurance.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And they made me wait until I was the last one in the waiting room.

LILIANA LOPEZ: [Foreign Language].

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REBECA VERGARA: And when I finally got in, all they did was ask me a couple of questions and they didn't even take a look at me, they didn't do any physical exam, and they told me that what I felt was normal.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: So that same day, I went back to the emergency room because I was feeling very bad.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And I had to get a curettage because my baby had already died inside of me.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And when I was in the hospital the nurses were mostly rude to me, they ignored me when I asked them for help.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And when I asked them for pain medication, they also ignored me.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And so, seeing this, my husband tried to record what was going on, and then that's when they realized, and they called security.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And so they started to threaten him. They told him if he didn't stop recording or if he didn't erase the recording, they're going to arrest him and they're going to stop giving me care.

LILIANA LOPEZ: [Foreign Language].

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REBECA VERGARA: And that I wasn't going to be able to get my care there at the hospital anymore.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And so my husband listened to them, he erased the recording, and he had to leave because he was afraid he was going to be arrested.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And that, for me was really, really difficult and very painful.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: A couple of years ago my daughter also got sick.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And she had a really bad infection. That it was so bad that she started to vomit blood.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: She had diarrhea and she also started to have convulsions.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: So we took her to the emergency room despite knowing that it was going to cost us a lot of money.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And again, the first thing they always asked was did we have health insurance.

LILIANA LOPEZ: [Foreign Language].

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REBECA VERGARA: They made us wait a very long time and although my daughter felt very sick, they did not listen.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And at the end of it all, she was stuck in a bed for 16 hours.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And the only thing that they had asked her was if she had any health insurance, and they said that because she did not, it would have been a lot of work for them.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: Specifically, when they finally admitted her to the hospital, they said that the tests that she was going to need we're going to be very expensive.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And even to get the referral to the specialist, it would have been really hard because they didn't have health insurance, and so my husband said that's okay, whatever it takes, we're going to try and get my daughter the care that she needs, but even then, they refused to provide her service.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: They didn't want to send us to any specialist.

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: And on another occasion my husband tried to find psychologists for me and my son.

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LILIANA LOPEZ: [Foreign Language].

LUZ OSUBA: [Foreign Language].

LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: I'm not asking that you give us things for free, I'm just asking for something that is affordable, that is low cost, that can help me and my family.

SENATOR MOORE (22ND): Thank you, Liliana, and thank you to the interpreter. You know, no one regardless whether they have insurance or don't have insurance, deserves to be treated with anything other than respect and shown some dignity, so I apologize for that behavior and it's not acceptable under any circumstances, so I apologize for the treatment that you received. Representative Hughes, you have your hand up.

REP. HUGHES (135TH): Yes, Madam Chair. Thank you so much. First I want to say to Liliana, I am so sorry for the loss of your baby. And I am so sorry that our state treats any parent this way and any child that we turn away from basic care, and I hope that this Committee has the determination to change that going forward. Thank you for your bravery and your testimony.

SENATOR MOORE (22ND): Thank you, Liliana. Are there any other questions or comments? There's not. Thank you for taking time today.

REBECA VERGARA: [Foreign Language]. Is it ok if I just translate what Representative Hughes said and what Senator Moore just said?

SENATOR MOORE (22ND): Yes, yes.

REBECA VERGARA: [Foreign Language].

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LILIANA LOPEZ: [Foreign Language].

REBECA VERGARA: Thank you for the opportunity.

SENATOR MOORE (22ND): Have a good day.

REBECA VERGARA: [Foreign Language].

SENATOR MOORE (22ND): Thank you.

LILIANA LOPEZ: [Foreign Language].

SENATOR MOORE (22ND): Next is, Pareesa Charmchi Goodwin.

PAREESA CHARMCHI GOODWIN: Thank you, Senator Moore. Good morning.

SENATOR MOORE (22ND): Do you want to correct me on how I pronounced your name?

PAREESA CHARMCHI GOODWIN: Sure, my name is Pareesa Charmchi Goodwin. You made it a little fancier which I kind of liked. So, good morning, Senator Representative Abercrombie, Senator Berthel, Representative Case and all Members of the human Services Committee. Thank you for the opportunity to testify this morning.

I'm testifying on behalf of the Connecticut oral health initiative in my role as executive director. We are an oral health advocacy non-profit with the mission of increasing access to quality, affordable oral health services for all Connecticut residents. And so I'm here before you to testify in support of Senate Bill 956, opening HUSKY to income eligible residents regardless of their immigration status would make Connecticut a safer and healthier state, we believe.

In this horrible pandemic, we saw that our neighbor's health also impacts our own, and I do

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want to just mention what Representative Hughes said earlier about the cost of uncompensated care, I think, is exactly right on and we know that for oral healthcare, since it is such a great upstream service and preventative health service, really important for lowering other risks such as preeclampsia and other adverse maternal health outcomes. It actually lowers your risk of heart disease and risk of stroke if you have regular preventative oral healthcare. It also helps keep your A1C levels down, really important for diabetes management.

So there's a number of things where if you're getting preventative oral health services regularly, your overall health will be better, and also the cost of your general health services will be lower as well. So not having oral healthcare is the main reason -- not having that insurance is the main reason that people don't get preventative dental care.

And we have seen cases, unfortunately, where something that starts as simple as a cavity can turn into an infection that travels to the heart or travels to the brain. And then people are at the hospital at times getting brain surgeries that they may or may not survive from. And so sometimes the hospital and then the state eats those costs and there's also a human tragedy for families that are completely unavoidable by things that are preventative routine and frankly cheap.

Cleanings are not that expensive when they're insured, and same as a cavity filling ; is not that expensive, certainly less so than a hospital stay or surgery. And so we believe that it's important for health, and it's also something that is financially reasonable to make sure that people are getting those preventive services.

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And for that we believe that all income eligible immigrants should have access to HUSKY. It provides comprehensive care without co payees. It's a really wonderful service and program we have in the state, and I think it is fair and sensible to have undocumented immigrants, many of them taxpayers themselves enrolled in care.

So I do have some more details and some statistics in my written testimony that is submitted. And I also did want to just mention Representative Wood had mentioned Americare, which provides amazing services. I have worked with some of the folks in Bridgeport actually trying to help them connect people to dental care because, unfortunately, they don't have oral health services, and so some of the FQHCs is in that area, [Optimists] and Southwest have been trying to take on patients, but it's much more complicated when they are uninsured to do those referrals. So that's just one example of something that would be much simpler if people were linked to the HUSKY Program. But there's definitely --

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up.

PAREESA CHARMCHI GOODWIN: Okay.

HEATHER FERGUSON-HULL: Thank you. Can you please summarize, thank you.

PAREESA CHARMCHI GOODWIN: Yeah that that's really all I wanted to say so. Thank you so much. I'm happy to answer any questions that you might have. Thank you again for the opportunity.

SENATOR MOORE (22ND): Thank you for your testimony. I know very well Americare, the work they do, and the federally qualified health centers is such a great help. But I think back to the young lady who was here, with the help that she couldn't get and that she would not be able to get in the health

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center or through Americare. So there -- you know I have a problem, because these are more than stories, these are the lives of people who are suffering, many of them pay taxes and have jobs that pay taxes. So thank you for what you do and thank you for coming this morning, for your giving testimony. I don't see any questions for you, so just thank you.

PAREESA CHARMCHI GOODWIN: Thank you very much, have a wonderful day.

SENATOR MOORE (22ND): You're welcome. Next is Annie McGovern followed by --

HEATHER FERGUSON-HULL: Senator Moore. Senator Moore, I believe --

SENATOR MOORE (22ND): Is it Xiomara? [crosstalk]

HEATHER FERGUSON-HULL: Yeah, number 14 is next.

SENATOR MOORE (22ND): Xiomara Fugon. And then, Annie McGovern. I see you, Xiomara. Xiomara.

XIOMARA FUGON: Sorry, yes, I am here. Sorry. Sorry, [inaudible]

SENATOR MOORE (22ND): Pronounce your name for me please.

XIOMARA FUGON: Sorry. Okay. Hello, my name is Xiomara Fugon. I need to talk my testimony. So. Okay.

SENATOR MOORE (22ND): Would you say your first name again please.

XIOMARA FUGON: [Foreign Language].

SENATOR MOORE (22ND): So you'll need an interpreter?

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JONATHAN GONZALEZ-CRUZ: I can interpret for her.

SENATOR MOORE (22ND): Thank you, go for it

XIOMARA FUGON: [Foreign Language].

JONATHAN GONZALEZ-CRUZ: [Foreign Language]. My name is Xiomara, I am a resident of Bridgeport, Connecticut. I have been residing there for 12 years and I have four kids. [Foreign Language]

XIOMARA FUGON: [Foreign Language].

JONATHAN GONZALEZ-CRUZ: Sorry, I am from Honduras and I support S.B. 956.

XIOMARA FUGON: [Foreign Language].

JONATHAN GONZALEZ-CRUZ: I had a bad experience when I go to the doctor because I do not have health coverage.

XIOMARA FUGON: [Foreign Language].

JONATHAN GONZALEZ-CRUZ: I have a lot of difficulty paying for the treatments and, in turn, I resort to at-home remedies.

XIOMARA FUGON: [Foreign Language].

JONATHAN GONZALEZ-CRUZ: For one of my kids, who was born here and has health coverage when he goes to the doctor he does have our coverage, so it can be taken care of but for my other two children who don't have healthcare coverage, I fear going to -- take them to the doctor because of the cost that it will come out of my pocket.

XIOMARA FUGON: [Foreign Language]. [Technical Difficulty].

JONATHAN GONZALEZ-CRUZ: [Foreign Language].

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XIOMARA FUGON: [Foreign Language].

SENATOR MOORE (22ND): Excuse me, is that her connection.

HEATHER FERGUSON-HULL: She's having -- I believe she has a bad connection, Senator.

XIOMARA FUGON: [Foreign Language].

JONATHAN GONZALEZ-CRUZ: [Foreign Language]. So yeah the connection is a little bit bad, but she said that I ask that the Members of this Community, please support S.B. 956.

SENATOR MOORE (22ND): Thank you for your testimony.

JONATHAN GONZALEZ-CRUZ: [Foreign Language].

XIOMARA FUGON: [Foreign Language].

SENATOR MOORE (22ND): I didn't see any questions for her. So next I have Annie McGovern. Good afternoon, Annie.

ANNIE MCGOVERN: Hi. Yes, thank you. Thank you, Senator Marilyn Moore, and Representative Catherine Abercrombie, and other distinguished Members of the Human Services Committee. My name is Annie McGovern and I'm a student at Wesleyan University, as well as an intern at NARAL Pro-Choice Connecticut.

And I am testifying today in strong support of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. While Connecticut is considered to be a relatively progressive state, there are many communities that are continually excluded from our policies, such as undocumented immigrants. And Connecticut houses a growing population of immigrants from a variety of countries and cultures that contribute to our state

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in numerable and vital ways. It is our duty as a state and as compassionate neighbors to care for and protect all members of our community.

And additionally, immigrants pay taxes that are then allocated HUSKY so they should absolutely have access to these benefits. In 2020, there were 120,000 undocumented immigrants living in Connecticut, meaning that passing this Bill could positively impact so many lives. Specifically, as an Intern at NARAL Pro-Choice Connecticut, I support this issue because without appropriate healthcare coverage, immigrants are unable to access necessary medical care, such as abortions. Although I believe HUSKY only covers abortions that are deemed medically necessary by a physician, this service should be available to all residents of Connecticut.

If you don't pass this Bill, you are upholding a major barrier to care and barriers to care, as you know, don't eliminate the problem but exacerbate it. Inaccessibility, often forces people to make drastic and dangerous medical decisions, especially when it comes to abortions. People seeking abortions will simply turn elsewhere if they can receive high quality, safe care.

Moreover, lack of care can also induce the development of other physical and mental health issues that without Medicaid may be left unaddressed. Even if private health insurance is an option, many are unable to afford it, and regardless immigrants should be provided the same benefits and opportunities as all other citizens that partake in our system. This is a matter of reproductive justice, access to healthcare, which includes access to abortion services is a human right, so let's work together to provide Medicaid to all humans living in Connecticut.

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To close, I support S.B. 956 with clear language to extend current HUSKY eligibility rules to all CT residents, regardless of immigration status, and I ask the Committee to do the same. Thank you so much.

SENATOR MOORE (22ND): Thank you, Annie. I appreciate you taking the time in your testimony, very well thought out. Are there any questions? No comments, thank you very much. Have a good day.

ANNIE MCGOVERN: Thank you. You too. Thank you.

SENATOR MOORE (22ND): Roger Senserrich.

ROGER SENSERRICH: Hi, good morning.

SENATOR MOORE (22ND): Good morning.

ROGER SENSERRICH: Good morning. Well, first of all, dear Members of the Human Services Committee, thanks for having me, letting me testify. My name is Roger Senserrich. I'm named the communications director at Connecticut Working Families Organization.

We're an anti-racist, multi-racial, progressive political organization that gives power for working people. We stan in support today of S.B. 956, the act that provides medical attention to undocumented immigrants, and we do so for many of the reasons that have been exposed already. But I wanted to especially stress what -- the fact that what we have learned from pandemic, what we have learned for what has happened, for the past year, makes the need for having a Bill like this pass especially clear.

COVID pandemic has had a disproportionate impact on people of color, and especially on immigrant families. We know that the undocumented immigrants, more than half of undocumented immigrants in the state have no health insurance, meaning that in the

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worst health crisis in more than century in this country, they had been living -- many of them being frontline workers, many of them being the people that are restocking shelves, that are delivering or groceries, that are delivering -- working in front line jobs, cleaning, shopping malls, cleaning. Basically, being our neighbors, being part of the community, being part of the economy. But we have asked them to do all this without having access to insurance. They pay taxes.

We -- as I stated in the testimony, undocumented immigrants paid at least \$120 million dollars in the state taxes every year, and yet we deny them coverage. We don't let them have HUSKY, we don't let them have the same access as we do to healthcare. I mean, in a year were having healthcare or not made such a big difference, and the fact that it's an infectious disease, it doesn't look at your immigration status if we get sick or not, it's not a matter of personal responsibility of getting COVID or not. You get infected, you get it and you pass it to your family, this is something that it's not to any fault of yours, especially if you're being forced to work as an essential worker.

So I am an immigrant, I have my citizenship now. I had insurance most of my stay here. But I remember every time that I have insurance, how deadly afraid I was every time that I got a bad cold, that I slipped and fall and hurt my knee and had anything that might mean a visit to the doctor 'cause it meant that it could be a thousand, thousands of dollars if it was something worse than I thought, and I did not have the money. And we have been asking undocumented immigrants in this country to do this for a whole year in the middle of the pandemic. It's not acceptable, they are our neighbors, they pay taxes like us, and they should have access to the same healthcare that we do.

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And as Representative Hughes was saying earlier on we pay for their care anyway. If they go to the emergency room when they get really sick, we are going to be the ones paying for the healthcare at end of the day. So, giving them access to health insurance, it's not a cost, it's something that it's a way to lift this burden, both from them --

HEATHER FERGUSON-HULL: Excuse me. Excuse me, your three minutes are up, can you please summarize.

ROGER SENSERRICH: Yes.

HEATHER FERGUSON-HULL: Thank you.

ROGER SENSERRICH: So lifting that burden, that fear of living without insurance and also helping the state in the long run, thank you.

SENATOR MOORE (22ND): Thank you, Roger for that testimony. Any questions? Seeing none, thank you. Next is Estela Jimenez. Followed by Veronica Webb.

VERONICA WEBB: Hi there.

SENATOR MOORE (22ND): Hi, Veronica.

VERONICA WEBB: Hi, how are you?

SENATOR MOORE (22ND): Good, thank you.

VERONICA WEBB: Good, So first I wanna thank everybody, Senator Moore, Representative Abercrombie, everybody here today for listening. So my name is Veronica. I'm a social worker in Bridgeport with Jewish Senior Services. I do home care and hospice. So today I'll be testifying for Senate Bill -- or sorry the Bill 957, expanding access to in home counselling.

Currently Medicaid does not reimburse and cover in Home Behavioral Health Services and social work,

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meanwhile Medicare does, and home health social workers work with an interdisciplinary team, including registered nurses, physical therapists, occupational therapists, speech therapy, and all of these clinicians are licensed highly educated mostly masters level trained educated professionals.

And this gap in service is really detrimental to our patients. You know, there are patients who are on Medicaid and need social services are told to go to the Department of Social Services and of course due to high caseload and long lead time, sometimes services are delayed for folks who really truly need it and are homebound.

These homebound recipients will use social work to assist in acquiring and managing their access to community resources, anticipatory guidance with their evolving medical conditions and mental health counseling, as many of these patients since they are homebound and given COVID, are isolated and deal with the mental health, emotional health issues that surround COVID, that we're all kind of dealing with right now.

So these interventions and skills are pertinent to our patients system hometown their access to behavioral health services are significantly limited especially when Medicaid does not reimburse. A large majority of our patients are elderly, home bound, food insecure, and very low income, this population struggles with resource management difficulty getting assistance due to high wait times like I said. So, allowing home care, social work to visit and continue to revisit Medicaid recipients will not only improve services to these patients but it will include improvement of quality of life, continuity of care and less frequent hospitalizations.

Pass on this Bill, would have immediate effect on many of my patients that I see. One who comes to

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mind first is a man living in subsidized housing in Bridgeport, a Medicaid recipient as a paraplegic and a single person who was never married, never had children. He relies on his one sister to provide him personal care because he cannot care for himself. He recently lost his mother, which was the most important relationship in his life and he so desperately needs some bereavement counselling, community resource management and help getting personal care in his home through home health aides, and through DSS services. Due to these restrictions providing continuity and continuous care was very challenging for me, as I was only allotted a couple visits to see him and to get him the services that he really needs.

So with the passing of the Bill this gentleman, along with hundreds of other people would be directly benefited from this and getting the services and care that they need, so thank you for listening.

SENATOR MOORE (22ND): Thank you, Veronica. I know of your services and your location. You're my neighbor.

VERONICA WEBB: Thank you. Oh good.

SENATOR MOORE (22ND): As of Representative Hughes. Thank you for your testimony. I don't see any questions for you, but I appreciate you taking the time.

VERONICA WEBB: Thank you. I appreciate it.

SENATOR MOORE (22ND): Take care.

VERONICA WEBB: You too.

SENATOR MOORE (22ND): Thank you. Matthew?

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MATTHEW MEIZLISH: Hi, good morning. And thank you for holding this hearing. My name is Matthew Meizlish, I'm an MD PhD student in my final year at Yale school of medicine. I'm testifying and supportive S.B. 956, with language that clearly extends eligibility for all HUSKY programs to all Connecticut residents, regardless of immigration status

When I was in college and Medical School I volunteered at Haven a student run free clinic that serves uninsured mostly undocumented immigrants in New Haven Fair Haven community. And let's be clear, patients come there because they have no other options for healthcare. The students there do critically important work but they're trying to plug a hole that simply should not exist, you don't need to look any further than this clinic to see that our system is not working.

Is there any legislator that really believes that this is an adequate solution that a student run free clinic opened one half day per week should be the only avenue to obtain healthcare for any member of our community? You're going to hear a lot of individual stories today, hopefully, enough that the human consequences of our policies will be clear.

I want to use part of my time to read a letter to the human services Committee, signed by 306 healthcare providers in Connecticut to make clear how widespread the support is for this Bill among those who are responsible for caring for our community.

Connecticut General Assembly Human Services Committee, we write to express -- we write to you to express our strong support for Legislation being considered by the Human Services Committee that would expand HUSKY eligibility to all low income Connecticut residents, without regard to immigration status. As healthcare providers, we recognize our

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responsibility to care for all patients, regardless of race income or immigration status.

Unfortunately, our state laws do not reflect that same commitment. While the uninsured rate in Connecticut is roughly 5.9%, an estimated 52% of undocumented immigrants in our state are uninsured.

Undocumented immigrants are prohibited from participating in HUSKY or from purchasing private health insurance on Access Health CT the state marketplace established by the affordable care act. Our laws have eliminated the pathways to reliable health insurance for undocumented individuals, instead immigrant communities are forced to rely upon under resourced clinics and emergency care through hospitals.

We as healthcare providers have all seen the consequences when our patients' illnesses go untreated causing catastrophic complications and it is important to note, requiring expensive hospital based care, that is, ultimately, supported by the state.

These consequences are preventable but the prescription must be written at the level of state policy. Connecticut has already begun to recognize the moral responsibility and sensibility of making sure all communities in the state have access to healthcare. During the COVID-19 pandemic Connecticut has used emergency Medicaid funds to cover COVID-19 testing and treatment for residents who didn't qualify for Medicaid based on immigration status. This was a wise decision, both to prevent illness and treated early, it almost surely saved lives, but the wisdom of this decision is not restricted to COVID-19, preventing disease and treating it early is always the right approach to community health from both a fiscal and moral perspective.

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As healthcare providers, we understand the devastating human consequences of restricting access to healthcare. We ask you to support legislation that would remove immigration status from HUSKY eligibility rules and would finally allow our most vulnerable community members to access quality medical care. We thank you for your thoughtful consideration.

This letter was signed by four healthcare organizations and 306 individual Connecticut healthcare providers. To concluded, I'd like to point out --

HEATHER FERGUSON-HULL: Excuse me, actually, I thought you had finished up. Your three minutes are over, so thank you for summarizing.

MATTHEW MEIZLISH: Okay, thank you very much.

SENATOR MOORE (22ND): Thank you, Mathew. I see Representative Hughes has her hand up.

REP. HUGHES (135TH): Thank you doctor, and I really appreciate you bringing attention to this policy solution, the policy prescription, if you would, and I think it's important to tell us a little bit more that the half a day clinic once a week run by student, you know, resident physicians is -- was the only access for these folks because they cannot purchase healthcare on the exchange, is that right?

MATTHEW MEIZLISH: Yeah, that's right. I mean they're shut out of multiple avenues for obtaining health insurance. On the exchange Access Health CT even from purchasing private insurance without subsidies, they're not eligible. As you all know, as we're talking about today, they're shut out from HUSKY. So, we basically created a system where there are no avenues. Some undocumented immigrants have health insurance through an employer, most

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employers or many employers don't actually provide health insurance.

So, you know, that's -- our state laws and federal laws are the reason 52% of undocumented immigrants are uninsured and, you know, I think we have the responsibility to act on it at the state policy level.

REP. HUGHES (135TH): And, can you tell me a little bit about what you see with untreated or compounded health conditions that come to you in late stages.

MATTHEW MEIZLISH: Yeah, absolutely. So I mean, one patient that stands out to me, is a patient who I'll call Armando. He came to our clinic four months after an injury at work, he was a construction worker and had broken a bone and torn cartilage in his hand. And he was not -- he had his hand stabilized in a splint in the emergency Department, but because he was undocumented and uninsured he was unable to get definitive care. So when he came to us, he had lost most of the function of his hand. He had a stabbing pain in the center of his hand that radiated all the way up to his forearm, and he -- it prevented him from working, he had no income, so he ultimately lost his home and was unable to support his family.

You know, these are the consequences of not treating illnesses and injuries immediately when they should be treated and, ultimately, he required procedures that were more expensive, in addition to allowing his life to unravel because he wasn't able to access care upfront.

REP. HUGHES (135TH): And through you, Madam Chair, and sorry, I forgot to say that. Thank you for that doctor, and also, I just want to be clear to my colleagues that those procedures are not available if they cannot pay for them up front, right. Like the hand surgery, the -- you know, that is not part

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of emergency surgery that is offered in an emergency room, that is uncompensated care, for instance, would you say that's true?

MATTHEW MEIZLISH: Yeah, absolutely. I mean emergency Medicaid ultimately means that the state is paying a heavy cost for illnesses that become true emergencies and have to receive, you know, expensive hospital based care. But it does not cover anything that doesn't -- isn't life threatening typically. Ultimately, you know, some care is provided uncompensated by the hospital and the state also subsidizes that care, which is important to note. So you know we are bearing these costs, in addition to the community members who are bearing the costs of not having these illnesses appropriately treated.

REP. HUGHES (135TH): And through you, Madam Chair, one final question is, what have you seen in terms of the cost of untreated folks not having access to -- you know, the impact of COVID I guess is my question, what have you seen through the clinic or whatever the impact of COVID on these folks?

MATTHEW MEIZLISH: Well, COVID has had a disproportionate impact on immigrant communities in our state. You can ask any healthcare provider who are the people that they're treating in the ICU. And a lot of them are our immigrant individuals, you know, and Connecticut did the right thing to cover that care and to cover testing. And I think, you know, recognizing the disproportionate impact of not just COVID but many health conditions on these communities is really important, and taking the appropriate actions like Connecticut did for COVID to make sure that they had access to the testing and the care that they need.

REP. HUGHES (135TH): Right but in the global, in the global scheme of things it doesn't go far enough, would -- is that your testimony?

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MATTHEW MEIZLISH: Currently, absolutely it doesn't. It -- I think that it is a window into what's possible and a window into the fact that this is a decision that we're making not to cover these conditions outside of the very limited scope of COVID, I think. I think COVID is an example of what we should be doing more broadly.

REP. HUGHES (135TH): Great, thank you so much. Thank you for your testimony. Thank you Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you, Matthew. I don't see any other questions for you.

MATTHEW MEIZLISH: Thank you very much.

SENATOR MOORE (22ND): Have a good day. Next is Camila Bortolletto, followed by Georgiana. Followed by Carlos Navarro. Hi, Camila.

CAMILA BORTOLLETO: Hi, everyone. Thank you all so much for having this evening. I've had so many computer problems today, but I'm glad to be on video. So thank you Members and Chairs of the Committee, my name is Camila. I am Co-Director of Connecticut Students for a Dream. We're a state-wide [inaudible] organization that fights for the rights of undocumented youth and their families.

We Connecticut Students for a Dream stand in support of S.B. 956 to expand access to HUSKY to undocumented folks, regardless of status. We submitted a longer testimony, so today I'm going to summarize the key points.

Today, as we heard and will continue to hear many stories of undocumented folks and families on how they struggle to have access to healthcare. I'm undocumented myself, so I know the struggle in my own family, some of whom will be testifying later

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today. In Connecticut as you all heard, undocumented community is prohibited from buying into Access health CT, ineligible for Medicaid and Medicare and other forms of coverage, and undocumented immigrants can't acquire insurance through their employers, and often private insurance companies deny or reject even access to purchase off the market private health insurance.

As a result, the health coverage options for undocumented families are very limited, and people cannot seek the care they need. As we've heard mentioned earlier, the COVID-19 public health crisis is magnifying the daily and systemic inequities the undocumented communities face. The lack of access to healthcare, means that chronic health issues that could be treated like diabetes or heart disease go unmanaged, which puts people at a much higher risk of severe COVID and death. It's a very real concern in our community.

Connecticut's HUSKY healthcare program restricts applicants based on their immigration status. This includes both undocumented folks without status and it includes recent co-legal immigrants who have a green card, but have been here for less than five years. So that's a good chunk of people in Connecticut who are unable to access healthcare, even though they are low income, for the HUSKY program. As has also been mentioned, the uninsured rate in Connecticut is quite low, which is 5%, which is good compared to the rest of the country.

However, in the undocumented community, that percentage is 52%. So that's a staggering gap in lack of access that Connecticut needs to address if it hopes to reduce the uninsured rate even more here in Connecticut. And as you heard, you know, the healthcare providers mention, providing people preventive and stable health coverage has been shown to reduce healthcare costs and save money, by showing the videos and allowing them to receive the

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preventive care they need to treat issues early on. When issues occur earlier, you know, of course cheaper to resolve and people live healthier lives and they become cheaper to ensure, so providing healthcare at the beginning of the illness is a much better option than treating after the fact when they show up in the emergency room.

I will also like to mention that undocumented residents of Connecticut do pay taxes. There's around 120,000 undocumented immigrants in Connecticut, which pay a combined \$145 million dollars in state and local taxes in Connecticut, and \$253 million dollar into federal taxes, again this is only the Connecticut population. As undocumented taxpayers, we are contributing to these health programs, so we deserve a chance to be able to access them when we need them.

The numbers of undocumented people who would be eligible if HUSKY were to be expanded, is a hard question to answer --

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, can you please summarize.

CAMILA BORTOLLETO: Yup. Last point is that we estimate that around like 32,000 undocumented folks may be eligible for HUSKY, but that's on the upper limit, at least for more estimates, thank you.

SENATOR MOORE (22ND): Thank you, Camila. We've met many times, at the capital and you continue to fight the good fight. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Thank you so much for your testimony, Camila. Can you -- can you tell the Committee and the public a little bit about this impact, especially on children if the children were able to get immediate preventative care. If we were able to expand this, from your, you know, standpoint in the trenches if you will.

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CAMILA BORTOLLETO: Yeah, yeah. So I think you heard one of the providers mention earlier that some states do offer the Medicaid version of the state program to undocumented children or minor 18 or 19, which is a great first step, so if Connecticut were to be able to do that, that'll be great. But research has shown that when families are insured as a whole, like when the parents insured and parents are provided coverage, the kids are also healthier. So, providing health coverage to just minor just people under 19, doesn't really -- it doesn't pay off as much in the long run, because when the parents lack access, they're much less likely to take the child to the doctor. So whole family's being insured is the best option to go.

REP. HUGHES (135TH): Yeah, thank you for that. And through you, Madam Chair, this pandemic has definitely showed our inter connectedness in terms of health, it -- not just in families, but in the whole communities. And I think that you raise a really good point and that's one that the World Health Organization really adopted as a policy practice in the 80s, was -- it was ensuring health access for moms especially but families like you said, definitely had a direct impact on those children's health. So we should follow in that well documented, well researched, good policy legacy.

SENATOR MOORE (22ND): Thank you. Are you finished, Representative Hughes?

REP. HUGHES (135TH): Yes, I am but I see Representative Santiago's' hand raised.

SENATOR MOORE (22ND): I see that. Camila, you mentioned there's a couple of states that offer 18 and 19-year-old undocumented, do you know what states they are?

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CAMILA BORTOLLETO: Off the top my head, maybe not, but some of them. California, offers it to people under 25 and there -- this year they're trying to open up to seniors, so they're doing in stages. And I believe Oregon and Illinois, someone please correct me if I'm wrong, but those are two other states that provide coverage -- there HUSKY like program to minors under 18 or 19.

SENATOR MOORE (22ND): Thank you, thank you for your testimony. Representative Santiago.

REP. SANTIAGO (84TH): Thank you, Madam Chair. Thank you, Camila, for coming to testify, like the Senator said, can you hear me? You are one of the biggest voices up at the Capitol, but I have one specific question. How do you see the vaccine and the testing of COVID in the undocumented population? Because I think that has a lot also to do to people having access to healthcare. In just your words as far as people getting it or not getting it or scared to get it. But I know that there are a lot of articles coming out in Spanish speaking television and newspapers, where there is a lot of misinformation, specifically, within the Latino community about the vaccine.

So, what you -- I just want to hear what to you might be looked at -- you know, what you've experienced.

CAMILA BORTOLLETO: Yeah, yeah. The vaccine issue is tricky --

REP. SANTIAGO (84TH): Thank you.

CAMILA BORTOLLETO: Thank you. Yeah, the vaccine issue, is -- it's tricky for a lot of folks, people. We are very glad that in Connecticut and across the country, like nobody's checking status, like everyone can get the vaccine regardless of the status, regardless of the insurance, so that is a

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great thing that's happening here in this country. However, a lot of people don't know that, a lot of people do think that you need to be a US citizen, or you need to be not undocumented to be able to get a vaccine. So that is discouraging a lot of people from seeking that out, people concerning what will happen if I show up there, which means that there's a lot more education that's required in the community.

My own parents just got the vaccine in the last two weeks or so. They over 65, so that's why they got it. And even my dad asked me, you know, I have a driver only license, are they going to let me take it [indiscernible] drive only license and not a full license. So if, you know, my own parents have those concerns, I can imagine what the misinformation is in the rest of the community.

I will say that, you know, this will be also an issue that we need to tackle if and when, hopefully, the HUSKY program is expanded, is that there will always be the hesitation from the immigrant community to be able to access these programs because they have historically not been able to. So that does show that there is a need for education in the community.

And it also shows that the uptake, once the program is totally expanded will be slower than it was for the, you know, the general American community, which is good and bad, right. On the good side, it means that it'll probably be cheaper to open up the husky program to undocumented folks 'cause the uptake will be slower. But it's also bad 'cause we will need to do the community education even to make sure that people are opting into the program and taking advantage.

REP. SANTIAGO (84TH): Thank you for that, and I also want to mention that it also affects housing. When people are 10,12 people living in an apartment

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and trying to quarantine, how people will be getting sick from each other. A lot of undocumented are also our frontline workers that are working in restaurants and kitchens and working in landscaping and doing some other jobs in the community, so it was good that you brought in the issue about how much has been -- how much they're paying taxes, the state and federal level.

But also, the issues that I'm also worried about is mental health and behavioral health within the undocumented population, what's going in the school system, how are they getting services, are they being referred, are they not being referred, because they have no insurance in order to go see counselling. So I mean it's a trickledown effect.

And you have to treat this whole issue as holistic, that is not just for regular insurance to get operations and to make sure you seek help if you have a disease or illness, but it also extends to mental health, behavioral health, housing and the regular healthcare, so I just wanted to make that statement. Thank you, Camila, for being here and always being a voice for the community, and thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you. I don't see any other questions for you Camila, once again thank you and appreciate you. Georgina? I'll go to Carlos Navarro. Hi, Carlos.

CARLOS NAVARRO: Hi there, thank you, Senator Moore, and Representative Abercrombie, and all Legislators for having me here today. Can everyone hear me well?

SENATOR MOORE (22ND): Yes.

CARLOS NAVARRO: Okay, awesome. So I'm Carlos Navarro of Norwalk. I'm also a journalist, a graduate of the Connecticut school of broadcasting.

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I'm currently a student at NCC and I'm also a C40 Member, and I'm in support of the Bill SP 956.

I'm here to testify on the behalf of thousands of immigrants undocumented families across the state of Connecticut, who together make up thousands of people left without healthcare coverage, therefore, not being able to afford healthcare. Not having healthcare coverage leaves many individuals across the state not being able to access affordable healthcare. I ask myself how many people are vulnerable to getting sick and not being able to get the treatment they need to help them get better, therefore not being able to return to work without doctor's note.

How many immigrant women can't get a mammogram because it's not affordable to them, therefore, not being able to treat breast cancer on time or other diseases because they don't know they have it in early stage of development. How many individuals can't afford a COVID test or perhaps even the COVID vaccine because they cannot afford it, therefore, not only putting themselves at risk, but their fellow neighbors as well. I asked folks on my social media why is healthcare coverage and -- important to them and their families, here's what some of them had to say.

My mother suffers from high cholesterol and she cannot afford to get the medication she needs to help her stay balanced, I fear for her life, because people with very high cholesterol are at risk of stroke and heart attack. And somebody else said we shouldn't have to choose between rents or an urgent visit to the doctor's office.

Another person said Yale New Haven Hospital was denying my dad treatments for his leukemia because he didn't have health insurance. We had to set up a GoFundMe page and we didn't want to ask people for money, but we were left with no choice.

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So, with that being said, please listen to what I have to say, because I can only say this once, I'm here today to tell you that healthcare is a human right. No one should have to pay for healthcare regardless of their immigration status, just like no one should have to pay to go to a public school, regardless of their immigration status. Despite what people think, undocumented people do pay taxes in the state of Connecticut. Taxes that are going to the very same healthcare program they don't have access to, and that is very inhuman.

Our immigrant families need access to healthcare coverage now, regardless of the immigration status. That is all I have to say, thank you.

SENATOR MOORE (22ND): And you said very clearly and distinctly, Carlos. So, I can tell your voice is being well used. Thank you, let me see if I have any questions for you. I do, Representative Dathan has a question for you followed by Representative Hughes.

REP. DATHAN (142ND): Thank you very much, Madam Chair, and thank you so much, Carlos, for your eloquent discussion here. I think your testimony was very on point and very succinct, and right now I'm worried about my seat here in Norwalk with you testifying like this, so thank you so much. And I really wanted to ask with some of your peers how has it -- you know, your undocumented peers, how has it personally affected them in terms of getting the healthcare, the coverage they need and, you know, the ability to get vaccines, not just for COVID, but for other areas and kind of well, student checks, because you do need that in order to go to school.

CARLOS NAVARRO: Yeah. So, for example, here at NCC a lot of people, you know, who are undocumented who cannot afford to go to -- to get their vaccinations that they need cannot even attend college courses

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for these semesters because they don't have their vaccines. And that is a huge issue, I think, you know, you know, it's affecting education as well, so people don't realize that without healthcare coverage, it also affects education and education is something that's free, healthcare coverage is not and, you know, we need both of those to work together.

REP. DATHAN (142ND): Yes, I agree, and that was what I was concerned about, so thank you for communicating that. And it's nice to see people like yourselves standing up for what's important to you and taking time out of your schedule to come and testify. Thank you very much, Madam Chair.

SENATOR MOORE (22ND): Thank you. Representative Hughes.

REP. HUGHES (135TH): Well, thank you, Madam Chair. Carlos, thank you for testifying can you speak to the impact on frontline workers and what they have, you know -- your again your peers, but about people who have been working throughout this pandemic and not able to work from home, what that impact stress and fallout from that has been.

CARLOS NAVARRO: Yeah. Well actually I -- I will -- I try not to speak personally on my life but I want to take my mom, for example, my mother she has a US resident, she has a Green Card, she was undocumented before, but she is a housekeeper and, you know, luckily her boss has been very nice to allow her to come back to work throughout this time but, you know, it's things like that that really concerns me because, you know, people like that, you know, like housekeepers, for example, you know, they're the most vulnerable to getting hurt and things like that. They could get hurt when they're at work and things like that.

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So it worries me a lot for my mom because the other thing is that she just got her Green Card, but she has to wait for five years to be able to get her -- to be able to qualify for HUSKY , so that's another thing that concerns me, you know, like I think that once somebody gets a Green Card, they should be able to access HUSKY immediately, but on top of that, I think everybody should have access to HUSKY.

REP. HUGHES (135TH): Yeah, thank you for that, and through you, Madam Chair. I just then -- trying to explore that economic access is health access, right, you know, that they are so interdependent, and when folks can't work during the pandemic and they don't even have economic access and they don't have health access, it basically -- you know, it basically accelerates the catastrophic health risks and deaths for people in that, you know, situation. Thank you for sharing your mother's story with us. Thank you for sharing.

CARLOS NAVARRO: Thank you for the platform.

SENATOR MOORE (22ND): Thank you, Carlos. Continue the good work.

CARLOS NAVARRO: Thank you.

SENATOR MOORE (22ND): And good trouble.

CARLOS NAVARRO: Of course, thank you so much.

SENATOR MOORE (22ND): You're welcome. Next is -- we have an interpreter. I think it's Josue Guzman? Is that correct. Followed by Megan Fountain?

MEGAN FOUNTAIN: Yes. Hi, I'm Megan fountain.

SENATOR MOORE (22ND): Okay. Are you the interpreter?

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MEGAN FOUNTAIN: Good morning. I am an interpreter, but right now I'd like to give my testimony. Is that okay?

SENATOR MOORE (22ND): Yes.

MEGAN FOUNTAIN: Thank you. Good morning, Senate Moore, Representative Abercrombie and Members of the Committee. I would like to -- so my name is Megan Fountain and I coordinate advocacy and partnerships with ULA, Unidad Latina en Accion, which is a Grassroots Organization that defends the rights of workers and immigrants. I want to share with you -- I want to tell you a little bit about one of the members of ULA, who has sent his written testimony to the Committee, but he cannot testify today because his phone bill was cut off. But let me tell you a little bit about Mario; sorry, about Hector.

So, Hector is a long term -- and I'm giving my testimony today in support of S.B. 956, in support of free healthcare as a human right for everyone, regardless of immigrant status. So Hector is a long term resident of West Haven and a taxpayer and an immigrant who puts food on the table for Connecticut residents.

In 2018, he suffered an accident on the job. He worked in a New Haven food packing plant. At 7 o'clock in the morning, he fell from the forklift and he injured his spinal cord, and he damaged his knee. The company refused to call an ambulance, they asked him to wait for a whole hour, so that they could send him to a clinic where they send workers after accidents occur. In the end, he had to go to the hospital, Yale Hospital, and he was hospitalized for four days and then he got a bill for \$30,000 dollars. He could not pay because he had no job, he couldn't even do light work. And the lawyer told him that if he could no longer work, there was no -- there was no support for him, that he should leave this country.

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But he did not feel that that was correct because he had worked here in Connecticut, he had put food on the table for the residents of this state. He was injured on the job, and he was a taxpayer, and now he could not get any healthcare or government assistance. So he paid for medical treatment for three years. He got a lawyer to do a workers compensation claim. The lawyer encouraged him to settle for \$60,000. But that did not even cover the pre-operation, the operation and the post operation costs. So, for people like Hector, there are many people that you'll hear from today who are calling on you to use your power and your voice to make sure that healthcare can be public, as a human right for every human being and --

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up, please summarize.

MEGAN FOUNTAIN: So, thank you very much for hearing these testimonies, and I think it will be a long day and you'll hear many stories and let's move forward and make sure that healthcare can be a human right for all, thank you.

SENATOR MOORE (22ND): Thank you, Megan, and thank you for doing the interpreter for us today also. Next, is -- I don't see any questions for you. Josue Guzman. Good afternoon.

JOSUE GUZMAN: [Foreign Language].

SENATOR MOORE (22ND): You have an interpreter?

JOSUE GUZMAN: Yeah.

SENATOR MOORE (22ND): You can begin, thank you.

ANTHONY BARROSO: Hi, I will be interpreting for Josue.

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SENATOR MOORE (22ND): What is your name?

ANTHONY BARROSO: My name is Anthony Barroso.

SENATOR MOORE (22ND): Thank you, Anthony.

ANTHONY BARROSO: No problem.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: Dear Members of the Human Services Committee of the Connecticut General Assembly, my name is his Josue Guzman. I am a resident from Hartford, and I am undocumented.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: I stand in support of S.B. No. 956, AN ACT PROVIDING MEDICAL SYSTEMS TO CERTAIN INDIVIDUALS, REGARDLESS OF IMMIGRATION STATUS with clear language that extends eligibility to all HUSKY programs to all residents in Connecticut regardless of immigration status.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: I am in favor that the Husky Health Insurance benefits everyone, regardless of their immigration status.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: Last year I experienced a situation where I went to a Community Health Clinic with a very bad toothache.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: They could not do the extraction of the tooth. They gave me a referral to go to the hospital.

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JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: They gave me medicine for the pain, and they also referred me to the hospital.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: Before going to the hospital, they gave me a number that I could call and I called them to get an estimate of the surgery I needed.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: When I called they told me that the surgery I needed, costs about 1,800 dollars. It was a very expensive surgery.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: It was a very extensive surgery but due to the emergency I was facing, I had to go to the hospital. Until this day, I'm still in debt.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: If this law were -- if this law were to pass, and all of the undocumented community in Connecticut would be able to have access to affordable health insurance.

JOSUE GUZMAN: [Foreign Language].

ANTHONY BARROSO: Thank you for your time, and if you have any questions, please let me know.

SENATOR MOORE (22ND): Thank you, Mr. Guzman. I don't have any questions for you. I appreciate you taking the time to come today, thank you. Next is Jay Sicklick, followed by Sonia Hernandez.

JAY SICKLICK: Good afternoon, Senator Moore. Thank you, Representative Abercrombie, Members of the

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Committee. Thank you for providing me with an opportunity to testify today in favor of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. My name is Jay Sicklick. I'm the deputy director of the Center for Children's Advocacy, and the director of our medical legal partnership, which is our interdisciplinary medical legal advocacy program with many clinical partners around the state.

I submitted detailed written testimony and I wanted to just highlight a couple of points. To piggyback a bit and I believe what was the intent, and I don't need to put words in her mouth, but Representative Hughes's question to the Commissioner. I think we need to frame this and we do it in the world of our constituency, which are children and youth under the age of 19. We need to frame this as a healthcare access issue and the healthcare right issue, like Camila was talking about as well.

This is not really about the insurance it's about health equity. And we know that seven other states have provided and cover undocumented children and youth under the age of 19 through their state funded Medicaid programs. There is no reason, as we testified two years ago in Bill 1053 that we can't do this here in Connecticut, especially when health issues are so exacerbated by the pandemic, so that's the first point.

The second is for that population, thanks to a very comprehensive and detailed study that was written by Kelly Whitener and that was commissioned by the Connecticut health foundation, we know the actual costs that this will be. It will be about \$25.3 million dollars for the biennial budget, and that is data that is driven by modeling on -- particularly the state of Oregon that did exactly what we should be doing here, which is expanding our Medicaid programs to children and youth under the age of 19.

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It's a drop in the bucket compared to the six point whatever billion dollars that DSS has in its budget.

Third, we know because our office deals with countless families with undocumented children, that there is no legal option and there's no safe medical option for preventative care and even for acute care absent this emergency care that hospitals are legally mandated to provide through emergency medical treatment and labor acts, but they can't seek services in the Community, you heard about the Haven Clinic about half a day a week. This is critical, critical healthcare that we can provide, and we know that it makes a difference, especially when it comes to co-morbidities in the COVID era.

And finally, how can we not pay for this, both from a financial and from a moral point of view. We have over 288,000 individuals who have tested positive for COVID, we know that we've lost 7,700 of our friends and families and colleagues and workers and individuals in Connecticut over the last year --

HEATHER FERGUSON-HULL (9): Excuse me, your three minutes are up, please summarize.

JAY SICKLICK: Will do. Thank you. It's time to correct that and make this a health equity issue and not just focus on the fact that we can or can't get federal reimbursement. Anyway, thank you so much for your time, and thank you for your attention.

SENATOR MOORE (22ND): You mentioned the Connecticut Health Foundation report, could you share that information.

JAY SICKLICK: Yes, I can in fact. I actually sent a copy to Ms. Ferguson, yesterday I can send it to you folks directly, it's a six page policy brief that the CHF issued. It is incredibly detailed and thoughtful, what it does is it models the exact number of the estimated 13,000 children and youth

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under the age of 19 who are undocumented, and it takes a look at the per member per month cost, both in HUSKY A, HUSKY B, and it models, the uptake based on state data that, for example, Oregon had when it expanded its Medicaid Program. And it really boils down the actual cost, because if you remember two years ago, when we came for the same issue and the state issued a \$52 million dollar fiscal note, we decided that we would work with the Foundation to do so. And I'll make sure you get a personal copy and perhaps we can send it around to the Committee as well again.

SENATOR MOORE (22ND): Well, if you send it to Heather Ferguson, she will make sure that we all get it.

JAY SICKLICK: Okay, she should have a copy, but if you don't Heather, I'll send it to you.

SENATOR MOORE (22ND): She is saying yes, and she has it. So, thank you. Representator Hughes, has a question for you.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you for this incredibly important data, so we can really do an economic analysis, but more importantly, to really view this as an access issue as an access right and my understanding is that in CMS, we have qualified Medicaid access and eligibility support as a service to those who are, you know, who we do qualify as eligible. And that means that we have an incredibly economically effective low administration rate to our access, to our program, low overhead, and we'd like to extend that and really evaluate the cost analysis, so I'm hoping that your report drills into that a little bit in terms of framing the access as -- and opening up eligibility as an essential service.

JAY SICKLICK: I think, I'm not really quite as qualified as Professor Whitener, but she is on the

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list, I think, somewhere, after jeopardy this evening, you may see her. But she's 137 I think, we tried to squeeze her in earlier, she's -- actually lives out West, but she is going to participate and if you're around and she's able to quantify some of that data and use some of that method analysis, she'd be happy to do so. She's also really familiar with the other ways states have done this very thing in a cost effective way. I appreciate the Commissioners intent in terms of kind of pulling up \$195 million dollar fiscal analysis for the entire program, but that's, you know -- but I think we're missing the point if we only focus on the federal reimbursement right.

We're missing the cost benefit analysis, especially -- and I'm not even a kind of paid advocate for individuals who are not children and youth, but if you look at cost benefit for older individuals, you are going to save tons of money by preventative care because it is people over a certain age that create the greatest burden on the Medicaid program, we know that.

REP. HUGHES (135TH): Exactly.

JAY SICKLICK: With children and youth it's a drop in the bucket. If we do this, we know what the costs are and we are setting ourselves up for greater success, greater educational opportunity, greater workforce development. All the things that come with healthy children in a time of crisis, and we can do that, we can do that now, if you know, again, if not now, when. I don't want to seem to be tried about that, but this is the opportunity we have. I mean, the federal government just issued something called a \$2 trillion dollars, we're getting ten billion here, I think we can work on the 25 million to ensure kids and to look at health equity.

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REP. HUGHES (135TH): And so to be clear, you're talking about that piece of ensuring kids, which I lifted before, but also some of our testimony was really about how you can add -- you know, pandemic and public health emergency, but beyond that separate the health of the family from the health of the children and the likelihood that ensuring those parents will be much more likely that supporting those children's preventive healthcare needs.

JAY SICKLICK: Sure, I mean the maternal child health diet is kind of at the crux of well child development and the ability of parents to appropriately kind of set children off from the right path. I didn't mean to exclude that by any means, but that's an exceptionally fair point. That maternal child health diet, there's tons of literature about the importance of doing that, and that is, I think, a great starting point for the -- this Committee.

REP. HUGHES (135TH): Thank you so much, thank you, Madam Chair.

JAY SICKLICK: You are welcome.

SENATOR MOORE (22ND): Thank you. We look forward to reading that information, I appreciate your time Mr. Sicklick.

JAY SICKLICK: It's my pleasure.

SENATOR MOORE (22ND): I see no other questions. The next person is Sonia Hernandez. Molly Markowitz.

MOLLY MARKOWITZ: Hello.

SENATOR MOORE (22ND): Hi, Molly, how are you today?

MOLLY MARKOWITZ: Good, good.

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SENATOR MOORE (22ND): You can give your testimony.

MOLLY MARKOWITZ: Alright, well, thank you so much for giving us the opportunity to speak today. My name is Dr. Molly Markowitz, and I'm a pediatrician who works in New Haven, Connecticut. I'm here today representing myself and my views don't reflect out of my employer. I'm speaking today in strong supportive Senate Bill No. 956. Today, I want to share a story about how the help -- lack of health insurance for children can lead to great harm and negative health outcomes.

As a pediatrician, I care for children, regardless of insurance coverage. My story begins while I was working on the general pediatric floor. A young boy was transferred to my care from the pediatric intensive care unit, also known as the PICU. Children admitted to the PICU are the sickest patients, but the good news was this boy was on the mend. After receiving a few more days of treatment in the hospital, he would have been able to be discharged home to complete treatment. However, I would soon learn that this patient was not able to return home as expected, in fact, he would spend the next three months living in the hospital. The reason for this extended stay was lack of health insurance. Lack of health insurance made it impossible to discharge this patient home because he could not receive lifesaving medical treatment.

Health insurance would have allowed him to return home and attend school, his parents could have been able to return to work and his family would have been able to live together. As a result, countless classes were missed, hours of wages were lost, and the patient spent many days separated from his family. A child living in a hospital is costly, and it is not just the cost due to medical care, the cost is on the patients and his family's wellbeing was great. They all experienced great social and emotional harm as a result of being in the hospital.

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This story is the story of many due to lack of health insurance, children often the most vulnerable among us experience poorer health outcomes.

Research has shown that individuals who lack health insurance experience so many different consequences such as worsening of their medical conditions, increased levels of stress [inaudible]

SENATOR MOORE (22ND): Molly, you lost on us?

MOLLY MARKOWITZ: -- House Senate Bill 956, and I'd be happy to answer any questions, and thank you so much for listening for my testimony today.

SENATOR MOORE (22ND): Molly, we lost like the last 30 seconds of what you said. I'm sorry.

MOLLY MARKOWITZ: Okay. Where was I?

SENATOR MOORE (22ND): Your last sentence.

MOLLY MARKOWITZ: Okay, I was just saying that I'd be happy to answer any questions, and thank you so much for taking the time to listen to my testimony.

SENATOR MOORE (22ND): You're welcome. Let's see if we have any questions for you. We don't but I certainly appreciate you taking the time out of your busy day doctor to be with us, so thank you.

MOLLY MARKOWITZ: Thank you so much.

SENATOR MOORE (22ND): Next is Orlena Piedra and there'll be an interpreter? Yes, thank you. Welcome.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: Good afternoon.

ORLENA PIEDRA: [Foreign Language].

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ANTHONY BARROSO: My name is ORLENA PIEDRA. I'm from New Haven, and I am a mother and I also don't have health insurance due to my legal status.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: I stand in support of Senate Bill No. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS, with clear language, so that it clearly extends eligibility to all HUSKY programs to all Connecticut residents.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: I support this cause because I believe the access to affordable healthcare is a human right and should be afforded to everyone worldwide.

ORLENA PIEDRA: [Foreign Language].

SENATOR MOORE (22ND): Continue, I apologize.

ORLENA PIEDRA: Okay. [Foreign Language].

ANTHONY BARROSO: We all deserve access to being healthy and being able to live prosperous lives.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: I would like to share with you some of my personal experiences when I felt rejected and overall humiliated as a human being.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: A couple of months ago, I experienced severe pain in my legs and I held on until I could no longer stand it. When I went to

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the hospital, they rejected treating me because I did not have health insurance.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: I insisted that I would pay out of pocket, but they did not listen to me. So in last resort, I had to go to the emergency room.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: After waiting for over nine hours and watching people who had insurance being looked at, I realized that I was being rejected, and I was being marginalized due to my status. And once I was finally seen, it only took 15 minutes, the doctor wouldn't even touch the site of my pain.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: In that time, they gave me pain medication and told me that it was not a big deal, and that I should go home.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: After only being attended to for 15 minutes and not being attended to properly as a human being, I received a bill for over \$1,000 -- \$1,600 dollars for subpar care.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: My son has faced similar experiences were both him and I, due to our status, has been rejected and have been discriminated against because of our lack of legal status.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: So I urge the Committee and all the folks who are part of this hearing to support

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this initiative because access to healthcare is very important.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: And to also have access to timely and preventative care, so we can live long prosperous lives.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: I conclude, and I hope that you understand the many struggles that undocumented people in this country face because of lack of status and not being able to access affordable care.

ORLENA PIEDRA: [Foreign Language].

ANTHONY BARROSO: Thank you, everyone. Take care.

SENATOR MOORE (22ND): Thank you, Orlena. I appreciate you coming telling me your story and sharing that with you, and I apologize for the dignity -- lack of dignity and respect for you as a human being, so thank you. Please share with her what I said.

ANTHONY BARROSO: [Foreign Language].

ORLENA PIEDRA: [Foreign Language].

SENATOR MOORE (22ND): Representative [crosstalk]?

ANTHONY BARROSO: Thank you to all.

SENATOR MOORE (22ND): You're welcome.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Up next is number 29, Magali Garcia. Magali? Okay, we will move on. Maya Sheppard. I see Maya, welcome.

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MAYA SHEPPARD: Hello, Good afternoon, thank you for having me. Dear Members of the Human Services Committee of Connecticut General Assembly. My name is Maya Sheppard and I am the organizing director of Hearing Youth Voices. Youth lead community organizing organization based in New London, Connecticut.

We stand in support of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS, but with the modifications. S.B. 956, as it currently is written, leaves out many in our immigrant Community. It leaves out low income parents and children under HUSKY A in low income elderly and disabled folks under HUSKY C. We support modifying S.B. 956 to include all Connecticut residents that qualify under the full current HUSKY eligibility.

We are here today because lives depend on our states and really our nation's willingness to see healthcare as a basic human right for all people. And when we say all people, that does not exclude undocumented people or undocumented neighbors frontline and essential workers, caretakers, families. These words are said in an attempt to further humanize the people standing behind them.

Within the last year, we have all experienced the challenges and international pandemic has created. The most vulnerable to these circumstances are undocumented people. Speaking with members of our community here in New London, we've listened to truly terrifying accounts. Stories of people opting to [ALE], even preferring to die in their own homes out of the fear of what financial strain and displacement a medical visit and in turn medical bills will create. This is not an issue of judgment, it isn't -- it is an issue of constitutional flow. Tax paying members of our community deserve dignified care.

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When the health of our community members deteriorate at an accelerated rate due to lack of -- due to lack of adequate coverage, so does our societal and economic strength as a state.

A study done in 2008 reveals that 181,377 people in our state are uninsured. That was 6.3% of our population at that time and we asked you to consider, how COVID-19 has exacerbated these numbers and also, who was left uncounted and unconsidered. An expansion of language in this Bill can transform healthcare for all people in our state and create healthier and more equitable communities.

We support S.B. 956 with the modifications above and hope the Committee will make those changes. Thank you for your time. Maya, Hearing Youth Voices.

REP. ABERCROMBIE (83RD): Thank you, Maya, for your testimony. We do appreciate it, not seeing any questions, have a great day. Up next is number 31, Daisy Leon-Martinez, Daisy. I don't see Daisy moving on. Ashaureah Williams --

HEATHER FERGUSON-HULL: Excuse me, Representative Abercrombie. I think she was missed numbered in the attendee panel. I just found her and just promoted Daisy, so hopefully she's here now.

DAISY LEON-MARTINEZ: Yes, I'm here, thank you.

REP. ABERCROMBIE (83RD): Hi, Daisy welcome.

DAISY LEON-MARTINEZ: Thank you so much. Dear Senator Moore, Representative Abercrombie and distinguished Members of the Human Services Committee, my name is Daisy Leon-Martinez, and I am an OB-GYN physician at Yale New Haven hospital. I stand in support of S.B. 956 AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS.

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I moved to Connecticut in 2015 in order to start my training in Obstetrics and Gynecology. As an employee of the largest referral hospital in the state, I care for some of the most high risk pregnancies. And while I strive to provide the same quality for care of all patients, the current state legislation prevents me from doing so.

About 30% to 40% of our general OB GYN Clinic patients' are undocumented. Under current legislation, if an undocumented person becomes pregnant, they do not qualify for HUSKY and are prohibited from purchasing private insurance. They must pay for all medical costs out of pocket or forego care all together. Ultimately, this creates wide disparities in healthcare outcomes, placing some of our most vulnerable communities at a disadvantage.

To provide some insight, I would like to share the story of my patient, whom I will refer to as Jane. Jane is in her mid-20s, she has three children and was recently pregnant with her fourth. She's an undocumented person with no formal education and limited financial resources. Due to her family's inability to pay, she delayed seeking prenatal care until the eighth month of pregnancy. Unbeknown to her, during the course of this pregnancy, she developed overt and severe diabetes.

Due to her lack of insurance, we were unable to emergently manage her disease in a way that she and her baby deserved. Exactly three weeks before her due date, Jane came to our labor floor for evaluation. When we put the fetal monitor on her abdomen, there was no heartbeat. The baby had succumb to the effects of diabetes. Jane was admitted to the hospital where she delivered and otherwise perfect but stillborn baby girl.

I wish I could tell you that Jane story ends here, but unfortunately she suffered another known

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complication of diabetes in pregnancy. And at the time of her delivery, Jane developed a life threatening hemorrhage immediately after.

In order to save her life, we performed an emergency hysterectomy, which you can imagine, is devastating for a woman in her 20s. When she regained consciousness, Jane found herself in the ICU without her baby and without her uterus. I shared the story, not to bring sadness, but to encourage action. Jane's disease is common, it is treatable. Her outcomes were completely and undoubtedly preventable. And while we cannot change the course for her, we can help others like her. By extending HUSKY to all residents, we are sending a clear message to all people of Connecticut that we value their health and wellbeing. We are helping them access to critical healthcare need, so that they may be a healthier more productive population, and for this reason and many more, I support S.B. 956.

I truly appreciate the Committee's time and consideration and hope the Committee will vote favorably. Thank you.

REP. ABERCROMBIE (83RD): Thank you, and thank you for sharing your story. We really do appreciate your service to the people that we represent and for sharing your story as difficult as it was, so thank you very much, thank you for being here, we do appreciate it. Up next is Ashaureah Williams. I think I saw her.

HEATHER FERGUSON-HULL: Representative Abercrombie.

REP. ABERCROMBIE (83RD): Yes.

HEATHER FERGUSON-HULL: Representative Hughes has her hand raised.

REP. ABERCROMBIE (83RD): Go ahead, Representative Hughes.

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REP. HUGHES (135TH): Thank you, Madam Chair, and thank you doctor, for your testimony. I just wondered if you could echo such that provider trauma during this pandemic that I'm seeing and compounded from service providers like yourself. I'm just wondering if you can speak to -- you spoke to this one family and I'm wondering how many more -- I guess my question is what percentage of preventable treatable conditions are you seeing that are going untreated?

DAISY LEON-MARTINEZ: That is a great question, so just for context, I'm a specialist training in maternal fetal medicine. So in our division, we take care of high risk pregnancy, so I only see a subset of the pregnant population in New Haven. And we get referrals from the entire State of Connecticut, sometimes they're emergency referrals where people are transported by helicopter by ambulance to our hospital in critical condition. I can tell you that I have a ballpark number of what that looks like for the community of New Haven, specifically, but the state at large, I have a little bit of a harder time ascertaining.

And the reason is this; the Yale New Haven Hospital system has currently a program called me and my baby, which is actually a remnant of a program that DPH funded from 88 to 94. This program no longer exists, but when it was in existence, the Department of Public Health of Connecticut was providing some coverage of cost for prenatal care for women that were documented in the state. And when this program cease to exist in 1994, the Yale New Haven Hospital system decided to continue it, and it's a free care system of sorts that we have in New Haven. Unfortunately, it's only available to women who reside within the county of New Haven.

For those women, every year the number varies, but I just looked at the numbers for the last seven years,

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and the number of women who we are able to identify as undocumented and are able to successfully enroll into the program for some form of financial assistance, the number ranges from 180 to 220 women from the New Haven Community. That does not account for people from Norwalk from the Hartford System from Waterbury, which is a much larger number of people who do not qualify for this system.

I would say that the bulk of undocumented women are young and healthy, the bulk of them have preventable disease that presents in pregnancy, such as diabetes or hypertension that is mismanaged or missed. And I would say that, unfortunately, the outcomes that we are seeing in this population, the bulk of which is preventable. This patient is just one example, but I can name you many of women who just were identified too late or were too scared to present to care sooner, or had a lot of other barriers that didn't allow them to come to us at a time where we could have prevented this type of outcome.

It's a huge burden on the healthcare system, as other colleagues have mentioned. You know, diabetes care is pretty simple. You give them insulin and you manage their blood sugars, and you can avoid an ICU stay, an emergency operating room, surgery, multiple units of blood that were, you know, donated by people in Connecticut to keep this woman alive. It really took so many resources and, yes, she lived, but I can tell you that it was a devastating thing for her and her family. Unfortunately, they didn't even have the financial resources to bury her child in a way that they saw fit, and I think it's really hard to tell a mother that they cannot let their child's remains rest in peace.

So it is a young healthy population overall. These are preventable things, and if we just gave them a little bit of help and support, we could go a long way to save a lot of these stories from happening.

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REP. HUGHES (135TH): Thank you so much. That's all, Madam Chair.

REP. ABERCROMBIE (83RD): Thank you, Daisy, and have a great day.

DAISY LEON-MARTINEZ: Thank you.

REP. ABERCROMBIE (83RD): Ashaureah Williams.

ASHAUREAH WILLIAMS: Hello, I'm Ashaureah Williams. I'm a student at University of Connecticut. I stand in support of S.B. 956. I'm -- as someone who has come from a family of immigrants, my family has worked hard to allow me to achieve the same dreams that they're unable -- never able to accomplish. Their immigration status has always hold them back from doing things, that they struggle access to many things, one of them being healthcare. My family has had to endure the pain of injuries and serious life threatening conditions that could easily been avoided because they couldn't afford the cost of the hospital system.

No one should ever have to feel intense pain because of the cost or citizenship. A family's first reaction to anyone in pain shouldn't be that they don't have the medical assistance to be able to go to the hospital. Definitely shouldn't dictate whether a person dies or lives or being -- suffers until they're able to afford it, or just come to end.

Healthcare is a human right and there shouldn't be a question of whether or not one receives access -- to an ability to pay or immigration status. [indiscernible] doesn't go away with no help or attention provided to -- The hospitals is not a pick and choose who gets the necessary attention that one needs. They are designed to help people and when they don't due to income or immigration status, it defeats the whole purpose. It makes people not want

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to go and it makes them scared [indiscernible] to go to the hospital because they don't know if they go in for a broken leg and then come up with over a thousand dollar bill, and they just can't afford it, and they have to feed their family on the table.

Access to healthcare is also an economic issue. Immigrants deserve a fair and equal opportunity to the programs that are funded. Without coverage immigrant families will fall into debt just because they want to get help. Having access to healthcare shouldn't be another of should I keep my loved ones from dying or should I keep food on the table for everyone else. Access to healthcare will save money and lives, and there should be no hesitation as to why this Bill should be supported. I support S.B. 956, with clear language to extend care in HUSKY eligibility rules to all Connecticut and hope you all vote in favor.

REP. ABERCROMBIE (83RD): Thank you, thank you for your testimony. Seeing no questions, have a great day, we appreciate you being here. Up next is Shomit Sengupta.

SHOMIT SENGUPTA: Thank you. Good afternoon, Senator Moore, and Representative Abercrombie, and Members of the Committee. My name is Shomit Sengupta. I live in West Hartford and I work as a PCA and companion, and I've been doing that for three years. I come before you today in support of H.B. 6560.

Later in this hearing you'll be hearing from other colleagues of mine testifying about Allied. I heard before that we're calling for training, improvements of training. and while I do agree with that. It does not absolve Allied of its problems. Yes, sometimes consumers can make mistakes, but as you'll hear from others, Allied still has issues even when people submit correct time sheets.

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That said, however, the fact that Allied absolves itself for any responsibility from -- by blaming blaming consumers is troubling because they classify consumers as employers and mandate the timesheets to be completed by them. But if they blame the consumers, they why did the mandate that?

Before my home care agency switched entirely to EVV, I was responsible for doing my own time sheets. The consumer would verify the hours and put a signature on it if it was correct, but it is my job to fill it out, it is my job to make sure that it gets sent to the office at the end of the week and I've never ever had any patience with them.

And as if Allied incompetence wasn't problematic enough, they make it incredibly difficult to get anything resolved. They always take 45 minutes to an hour to answer the phone and when you do reach someone, they're rude and condescending. In addition, they have actually in sort of language insert into the PCA New Hire Training, that instructs PCAs not to contact Allied if there's an issue.

So they are incompetent. They blame consumers and they don't want anyone to be able to contact them. And if they were a regular business they'll -- they won't be around anymore, they'll be out of business a long time ago, and yet we continue to support them. It is embarrassing, it's absolutely embarrassing, but -- that we keep doing us. A call for you to terminate their contract, thank you for your time.

REP. ABERCROMBIE (83RD): Thank you very much for your testimony. Seeing no questions, have a great day. Up next is Tracy Wodatch.

TRACY WODATCH: Hi. Can you hear me? Yes, okay, Senator Moore, Representative Abercrombie and Members of the Human Services Committee, my name is

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Tracy Wodatch, I'm the president and CEO of the Connecticut Association for Healthcare at home.

Home Healthcare Agencies are licensed by DPH and certified by Medicare to provide skilled medical services, including nursing, social work, physical, occupational and speech. With our federal and our state DPH regulations, require that we provide social work services, which are reimbursed by Medicare and commercial insurances. However, in-home social work services are not covered by Medicaid. We support S.B. 957 to implement a Medicaid rate for home health social work services.

The Committee heard from Commissioner Gifford at the beginning of today's hearing, the DSS does not support this Bill, as such, social work services are not covered under the state plan federally. She further stated attempts to add rates are not allowed and that DSS already supports behavioral health social work services through clinics. S.B. 957 is specifically for home health, social work counseling, assessment and support services. You will hear from several home health social workers today regarding their value, and why the in home expertise is needed versus a clinic setting.

Let me explain the expertise of a social worker in home health. They're highly trained minimally masters prepared to provide support and resources to patients and their families. They work closely with the home health team, they advise on a number of home and community based issues, including assisting with community and state support programs and services. Helping to find financial assistance resources, including assistance with applying and reapplying for state funded waivers and Medicaid. Offering coping strategies for patients and their families, while being keenly aware of the social determinants impacting their lives and decisions, and they provide counseling for emotional

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difficulties, including depression, anxiety and other mental health issues.

These are all skills and services that help people stay in their homes, the least costly setting. In addition, the patient served by the licensed home healthcare agencies are often the sickest most chronically ill and have extenuating medical and psychosocial issues, necessitating social work services to evaluate and recommend appropriate resources and supports. There is no other role, including the Department of Social Services suggested clinic setting that can skillfully address a client social determinants than a social worker who assesses the client in their own home. Social determinants of health have long been addressed by the Home Healthcare agency staff, especially social workers, this is not new.

Finding a way to support payment for such services through Medicaid is needed now more than ever, and it will quickly realize further cost savings across the care continuum particularly through reduced hospitalizations, ED visits and institutionalization.

Thank you for the opportunity to provide testimony.

REP. ABERCROMBIE (83RD): Thank you, Tracy, and thank you for your work, so is your testimony, you believe that we could get this as a covered benefit under Medicaid?

TRACY WODATCH: Well, you know, based on what Commissioner Gifford is saying, she says at the federal level it's not possible. I can't see why when we have a Medicare rate for it, it is supported through Medicare and we are certified through Medicare, Medicaid centers for Medicare and Medicaid services, so I'm not sure why she's saying it's not allowed federally.

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REP. ABERCROMBIE (83RD): Can you reach out to some of your colleagues because I know you're a part of the association and get a confirmation that Medicaid will pay for this? That would be helpful.

TRACY WODATCH: I will do that. Thank you.

REP. ABERCROMBIE (83RD): Thanks. Representative Hughes.

REP. HUGHES (135TH): Yeah, thank you, Madam Chair, and thank you Tracy for your testimony as a fellow social worker. Can you just speak to real quick why so much of these eligibility services are only accessed through like a social worker case management service, especially for folks that are cognitively impaired, mobility challenged all those reasons. They can't even access it through, you know, through the federally qualified health center or anywhere else. Can you speak to that?

TRACY WODATCH: Well I'm going to start -- thank you very much for that question. I'm going to start by letting you know that submitted through written testimony is Elara Caring, and unfortunately they were unable to have anybody testify today. They have some significant details within their testimony that speak to the applying for re-eligibility. Elara Caring cares for 3,500 Medicaid clients in -- throughout the state and about 80% of them have behavioral health and many with severe mental illness.

So what the social workers there do, they have two dedicated social workers that are -- there's no reimbursement for them. But they are constantly working to help the clients whose eligibility is coming do, helping them stay on-track because what happens is if they miss it, then the agency doesn't get paid for the visits or the other visits, the nursing visits, etcetera, and it could be sometimes five months before they're getting their eligibility

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reinstated if Elara Caring doesn't do this particular process.

The clients themselves, you mentioned their vulnerabilities but mental health is one of the biggest vulnerabilities, and they just are so challenged by the system waiting on the phone to ask questions. Long wait times and also just the moment they don't have one little thing done T crossed and I dotted, they go to the bottom of the list again. So it's vital for our social workers to be able to get out there and help them obtain their re-eligibility, so they can continue to get services, so they don't end up in the institutional settings.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you, Tracy. It's so clear that it shouldn't be that difficult, especially for our most our vulnerable patients essentially to get eligibility reorganized, and I know as a licensed master level social worker, I have difficulty navigating that very, very convoluted process. I can't imagine, people are actually, you know, sick with all kinds of symptoms and cognitive impairments doing it themselves. It's just impossible. It's quite frankly deliberately impossible, and once we deny that eligibility and they fall off care, it's catastrophic so -- and costly, it's very costly.

TRACY WODATCH: Yeah, they get lost in the system. Definitely.

REP. HUGHES (135TH): Yeah, I look at it as like fall prevention, you know, this investment and Medicaid reimbursement for social workers is like fall prevention, in fall in a whole bunch of different realms, but thank you, thank you.

REP. ABERCROMBIE (83RD): Thank you, Tracy. I just want to remind my colleagues, we are on number 35, which means we have about 160 more people to testify, just to make sure everybody's aware of

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that. Up next is number 35, Juana Valle, who has an interpreter, and I will turn it over to Senator Moore.

SENATOR MOORE (22ND): Thank you, Representative Abercrombie.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: I am going to be interpreting for Juana.

JUANA VALLE: Okay. [Foreign Language].

CONSTANZA SEGOVIA: Good afternoon everybody, my name is Juana Valle.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: I live in New Haven for many years.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: I am a domestic worker, and I am a member of Unidad Latina en Accion, and of the domestic worker alliance.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: I am providing my testimony in support of S.B. 956, granting access to healthcare to all people, no matter their immigration status.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: I lost my job because of the pandemic. My husband also lost his job, he worked at a pizza place, and to this day, we're both unemployed and we're waiting for economic reparations because of our experiences.

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JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: For me, it is very important that they vote favorably for this Bill that would benefit our undocumented community.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: Because many times we get sick and we are afraid of seeking care and go into the emergency room because we don't have health insurance.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: Because, then we have no way of paying the bills that we receive. The soul fact of entering the emergency room means that they charge you \$300 to \$600 dollars to start.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: When we are making -- when we are making \$300 dollars a week.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: If we pay \$300 dollars for a visit, how are we gonna eat, how are we gonna pay for our utilities.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: And our rent.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: In this pandemic period, my husband contracted COVID and we all had to quarantine and be isolated.

JUANA VALLE: [Foreign Language].

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CONSTANZA SEGOVIA: Then I contracted COVID and we had to quarantine again for a second time.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: And my daughter contracted COVID and we had to quarantine for a third time.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: We had to do three periods of isolation, complete periods of isolation and we were out of work for three months.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: We were very afraid of seeking care, and we didn't want to go to the emergency room. We felt that if COVID then kill us, the debt would kill us.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: That's why we are -- I am raising my voice because we all have rights and undocumented people in this state and everybody deserves Healthcare.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: We are all human beings and we have the right to have access to health insurance, so that we can go to an emergency room when we need it.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: And no longer live in fear, it is time to have justice.

JUANA VALLE: [Foreign Language].

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CONSTANZA SEGOVIA: We came to the United States to work and to do something for this country.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: We contribute with our labor and our taxes.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: But the country does nothing for us in return.

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: It is up to you what will happen with this initiative.

LUZ OSUBA: [Foreign Language].

JUANA VALLE: [Foreign Language].

CONSTANZA SEGOVIA: We want the basic assurance that we'll have health insurance and that we can go to an emergency room when we have a medical emergency, thank you very much.

SENATOR MOORE (22ND): Thank you, Ms. Valle. How is your family doing now?

JUANA VALLE: [Foreign Language].

LUZ OSUBA: [Foreign Language].

CONSTANZA SEGOVIA: Today we are doing better, but unfortunately, we all have remnants of COVID and we are still -- that's why we're -- we need health insurance, so that we can continue monitoring our health because of those remaining effects of COVID.

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SENATOR MOORE (22ND): Okay, give her my appreciation for sharing her story about her and her family, and three people that were being diagnosed a COVID, she's right because we don't know the implications or aftershock, when it comes to COVID, what's going to happen to the body, and you will probably need some type of service, so thank her for me.

JUANA VALLE: [Foreign Language].

LUZ OSUBA: [Foreign Language].

CONSTANZA SEGOVIA: Okay, thank you very much.

SENATOR MOORE (22ND): -- interpreting for us. Next, I have -- I don't see any questions for her, so next I have Jose Casco. Jose.

JOSE CASCO: Good afternoon.

SENATOR MOORE (22ND): Good afternoon, how are you?

JOSE CASCO: You hear me? You hear me?

SENATOR MOORE (22ND): I can hear you.

JOSE CASCO: Okay, good afternoon, Ms. Moore, It's very nice seeing you.

SENATOR MOORE (22ND): You also.

JOSE CASCO: My name is Jose Casco, and I'm a resident from the city of Bridgeport since 2003. I am an immigrant. I was born in Puebla, Mexico and arrived in Brooklyn, New York, when I was 21 years old. Dear Members of the Human Services Committee of Connecticut General Assembly. I stand in support of the -- of the S.B. No. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. With clear language that extends eligibility to all HUSKY programs tyo all

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Connecticut residents, regardless of immigration status.

As I mentioned before, I arrived -- I arrived from Mexico while I was 21. Living in Brooklyn New York, is struggling trying to find a job where nobody knew me, learn and speak a new language, finally, after a few months, I found a job in a restaurant. Where I can state -- where I can stay less than a month, I had an accident. Unfortunately I burned my right foot with a hot water, and because I had no health insurance at that time, had to walk away from the doctors office, even from hospitals. I was frustrated for months.

Finally, after a few years later, I had access to a full coverage, but it's not the same story for everybody. I have family in Connecticut, two brothers and their wives without health insurance, and I see how they suffering when they got sick and they have no access to a medical coverage.

Members of this Community, for years I've been working in the State of Connecticut doing community services. I'm a director and founder of a Latino Advocacy Foundation of Fairfield County and for my city council from the city of Bridgeport. It is cruel, inhuman when you see people crying at the hospital's requesting medical services to a serious health issues and problems, or see them walk away from the state office trying to apply for public medical coverage. Many times they prefer not visit the hospital or doctor's office. And I'm sure that will cost more money to the state.

Due to last year about the pandemic, the COVID-19 pandemic, hundreds of persons decide to stay home. They get too closely, I mean, I'm sorry, they get to COVID test -- they not even get to the COVID test, why? Because they were afraid of not having medical coverage, or because they were requesting a medical coverage and a lot of them died.

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Working closely with a medical -- Mexican Consulate, they will see about a thousand cases of deaths at hospitals in Connecticut without adding the rest of our community. It is really uncomfortable see while immigrants have no access to many benefits, when we all know that a lot of them, they pay and file in local state and federal taxes, and they do not receive any refunds. They are very hard worker people. Life for many of these peoples will change with together support this Bill. Just to let you know and remind you, before 2012 before --

HEATHER FERGUSON-HULL: Excuse me, sir. I'm sorry. Your three minutes up, can you please summarize.

JOSE CASCO: Sure. I support this Bill No. 956 with a clear language that extends current HUSKY eligibility rules to all Connecticut residents. Don't forget that we already have access to a Connecticut driver license, and people is not complaining. Being immigrants, they buy their own cars, they own auto insurance, and they doing a better work and living better with the driver license. So let's work together and have access for medical coverage to all of them, thank you.

SENATOR MOORE (22ND): Thank you, Jose. And thank you for the work you do with your foundation.

JOSE CASCO: Thank you.

SENATOR MOORE (22ND): I appreciate it. I know you've been up there full time, and I know, you know City Council person fighting for them also, so I appreciate that. I don't see any questions for you, so I just want to say, thank you.

JOSE CASCO: Thank you. Thank you, everybody. And I hope --

SENATOR MOORE (22ND): Have a good day.

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JOSE CASCO: You too.

SENATOR MOORE (22ND): Thank you. Next is Mario Diaz, and there's an interpreter for Mario.

CONSTANZA SEGOVIA: Yes, I'm here.

SENATOR MOORE (22ND): Is Mario here?

LUZ OSUBA: [Foreign Language].

SENATOR MOORE (22ND): I see him, Mario.

LUZ OSUBA: [Foreign Language].

SENATOR MOORE (22ND): Is that Mario or is that the interpreter?

CONSTANZA SEGOVIA: That was another interpreter that knows Mario, I think. But that -- the message was that Mario has to leave the Zoom and come back in because he doesn't have a mic it seems, like the audio is not on.

SENATOR MOORE (22ND): So I'll go to the next one and I'll come back to him okay.

CONSTANZA SEGOVIA: [Foreign Language].

SENATOR MOORE (22ND): So next is Monika Doshi. Followed by Katia Daley.

MONIKA DOSHI: Good afternoon, everyone, this is Monika Doshi. Dear Members of the Human Services Committee of the Connecticut General Assembly. As I said, my name is Monika Doshi. I'm a resident of West Hartford, a member of the Hartford Deportation Defense and a Public Health Professional.

I stand in support of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF THE IMMIGRATION STATUS. At a convention of the

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Medical Committee for Human Rights held in Chicago in March of 1966, Dr. Martin Luther King Jr. declared of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.

Today, in the 21st century, the human right to help continues to be differentially realized with undocumented immigrants disproportionately affected. Legislative failure to institute equitable and humane national immigration reform, coupled with state and other local level inaction, has resulted in undocumented immigrant facing reduced options for healthcare coverage. A key determinant in healthcare access utilization and retention.

As you know, undocumented immigrants are currently ineligible for federally funded public health insurance programs, such as Medicare and Medicaid. More ever, recent and comprehensive healthcare reform the patient protection and affordable care act, ACA, has had far reaching expansion of healthcare coverage for a large number of uninsured individuals in the United States, marking a potential pathway to eliminating racial and ethnic health disparities and advancing the human rights to help. The ACA, however, explicitly excludes undocumented immigrants from purchasing healthcare coverage to the State Health Insurance Exchanges.

Except for emergency medical care, you've heard these stories today, federally qualified health centers are among a patchwork of healthcare provision sites available to those who are underinsured or uninsured, including undocumented immigrants. However, these sites are often overburdened and limited in the provision of services that they can provide. Referring patients in need of specialty care to organizations that result in prohibitive out of pocket costs for many, including undocumented immigrants.

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In the absence of healthcare coverage and the presence of many of the barriers, undocumented immigrants experienced differential access to healthcare services. This contributes to delays in needed care, signals potentially high levels of unmet needs, and likely leads to downstream disparities morbidity, as well as mortality. Moreover, delays and entry and fragmented retention and care can exacerbate health issues, produce financial burdens for families, and potentially pose serious public health threats. A prevailing concern, particularly within the context of global pandemics.

The most recent study from 2017 by the institute on taxation and economic policy, estimates that undocumented immigrants in Connecticut contribute roughly \$125 million dollars in state and local taxes. They cannot, however, access many of the programs their tax dollars support, including healthcare coverage. This is unconscionable. It is time for Connecticut to do the right thing, it is time for Connecticut to expand its HUSKY programs to all its residents, independent of immigration status. The right to health is an unalienable human right. Connecticut is long overdue --

HEATHER FERGUSON-HULL: Excuse me, excuse me, your three minutes are up, can you please summarize.

MONIKA DOSHI: Sure. Connecticut is long overdue in upholding the right to health universally among its residents. I support S.B. 956, and I hope that this Committee can also support this legislation, thank you.

SENATOR MOORE (22ND): Thank you, Monika, are there any questions? Thank you for your testimony, have a good day.

MONIKA DOSHI: Thank you.

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SENATOR MOORE (22ND): Okay, is Mario back?

CONSTANZA SEGOVIA: [Foreign Language].

SENATOR MOORE (22ND): Okay, I'll go on to
[crosstalk]. Is Mario here?

CONSTANZA SEGOVIA: Yeah, it seems like he's
connecting right now. [Foreign Language].

SENATOR MOORE (22ND): I'll come back again. Katia
Daley. Hi, Katia.

KATIA DALEY: Hi, how are you all?

SENATOR MOORE (22ND): Good, thank you.

KATIA DALEY: So. Hello. Good afternoon, Dear
Members of the Human Services Committee. My name is
Katia Daley. I am a resident from Berlin
Connecticut, and I'm formerly documented and I'm
coming from a family of mix immigration status
family. I am also an organizer with Connecticut
Students for a Dream, and I stand in support on of
S.B. No. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO
CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS
with clear language that extends eligibility to all
HUSKY programs to all Connecticut residents,
regardless of immigration status.

So, I'm coming here today to give you a more -- my
story in the personal level as to how not having
insurance has affected me in my childhood. I came
from Peru when I was 13 years old and I enrolled in
Rockville High School right after that and I became
an athlete in the volleyball team of the other high
school. And I want to tell you all about in a
specific accident that happened during that.

On one of the away games, I had just finished
warming up with my teammates and when I had
retrieving the ball, I jumped in out the away, and

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when I landed, I sprained my ankle. It hurt so much,; but I didn't say anything. I knew what would it mean to my family if I said something, if we needed to be rushed to the ER or if the coach will figure it out.

I played the first set without complaining, but my coach had already figure it out. I was already limping, my ankle was already swelling up. She pulled me out of the game and asked me why I was limping, I kind of had to tell her that I -- it seems I had a sprained my ankle and it was hurting very bad, there was pain.

And she was of course furious because I had hidden this from her and took me out of the game. I started crying, of course, and my team has tried to call me down because they thought that I was crying because of the pain, I was crying because I was not playing the game, but I was letting them know that the pain, the tears were not for that pain, it was how I was going to tell my parents that I had an accident, how I was going to tell them that I had -- needed an x-ray, needed physical therapy, needed pain relievers to ease up this accident.

I thought that would be a financial burden to my family. It scared so much to the point that I had that reaction. I'm letting you all know about this story, although no life threatening, but as we have heard in other testimonies, but I want to let you all know that I had to mature very fast at a young age. I needed to understand that my actions could have a great impact on my family's finances. That not being able to have access to healthcare would be detrimental to my family at that exact moment.

With my story, I have only covered the mental and emotional strain that undocumented immigrants face due to the various to healthcare that they need. There are more various, which is like a coverage --

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HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

KATIA DALEY: Okay. Thank you. So, with that being said, I just want to make sure that I ask all of you to think about your children, grandchildren, nephews, nieces when you hear my story, think about them shutting down in fear due to not being able to pay for an injury that happen in the court. I support S.B. 956, and I hope that you all -- I ask the Committee to support this legislation as well, thank you.

SENATOR MOORE (22ND): Thank you Katia. It's very nice job. I don't see any questions for you, so I'm just gonna say thank you and have a great day. Next is Mario able to talk?

CONSTANZA SEGOVIA: [Foreign Language]. We still can't hear him.

SENATOR MOORE (22ND): Okay, we'll come back, and if he is, we'll take him when he can get on. So I have Eileen Lawler, followed by Michael Gordan, followed by Lynne Zimmer. Is Eileen here? I see -- how about Michael Gordan? Lynne, are you there? Lynne, I see you on the screen. I'm going to move on. Kristin Reese.

LYNNE ZIMMER: Hello? Hello?

SENATOR MOORE (22ND): Lynne, you there?

LYNNE ZIMMER: Ms. Lynne is here.

SENATOR MOORE (22ND): Okay, then Lynne your next there.

LYNNE ZIMMER: Hello. I'm in the hospital. You can hear me?

SENATOR MOORE (22ND): Is this Lynne?

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LYNNE ZIMMER: Yes.

SENATOR MOORE (22ND): Yes, I can hear you Lynne.
You're in the hospital?

LYNNE ZIMMER: Yes.

SENATOR MOORE (22ND): Oh. I'm sorry to hear that.

LYNNE ZIMMER: It's okay. I had a stroke, another
stroke.

SENATOR MOORE (22ND): Did you just have it today or
did you register before you had it?

LYNNE ZIMMER: Sunday, I had it.

SENATOR MOORE (22ND): Okay, Lynne. Are you able to
talk?

LYNNE ZIMMER: Yes.

SENATOR MOORE (22ND): Okay.

LYNNE ZIMMER: It affects my speech. It affected my
optic nerve. But I'm for healthcare. My caregiver
doesn't have healthcare, and they should. They all
should. Even immigrants and people who don't have
healthcare should be covered because it's a human
right. If you don't have healthcare, people suffer
from not going when they have bad diseases or they
go to the hospitals and the hospitals get overrun by
nonpayment. With the COVID, there are so many
people that have now related comorbidity of the
COVID. So, to not receive help here, Connecticut is
denying so many people for that -- what they need
with COVID and with our caregivers. They put their
lives at risk and they put my life at risk.

I need a healthy care giver. I don't need somebody
who doesn't have healthcare. If my caregiver gets

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colds and they come and care for me and I get a cold, I get sick and I have to go to hospital because I need a new heart and if I get a cold, it compromises me. So they need health coverage. They need sick leave. They need more pay. This is ridiculous that this state doesn't offer this because this is -- and even you, if you have kids like a disabled child, you can give a care giver. You -- if you have healthcare, you have healthcare, you don't likely see the need for everybody else that doesn't have Healthcare.

HEATHER FERGUSON-HULL: Excuse me, excuse me. Your three minutes are up, can you please summarize.

LYNNE ZIMMER: Yes, just give -- this state needs to give healthcare. Yeah, I'm sorry. Thank you so much.

SENATOR MOORE (22ND): Lynne, I just want to thank you because that's very unselfish of you that you're in the hospital and you're thinking about somebody else, and I know it's your caretaker but I -- it's very generous of spirit, so thank you for doing that. I hope that you heal. Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. And thank you Lynne, for -- I'm so sorry you're in the hospital, but I just wanted to thank you for pointing out the connection between the caregivers health and your health and the community's health there is, you know -- by denying access to a whole sector of our community and caregivers, we are putting at risk all those who are, you know, immune compromised and in vulnerable health situation.

LYNNE ZIMMER: Yeah. Yeah.

REP. HUGHES (135TH): I'm so sorry you're in the hospital, and thank you for showing up to testify in spite of it all, bless you.

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LYNNE ZIMMER: Thank you.

SENATOR MOORE (22ND): Thank you.

LYNNE ZIMMER: Thank you so much.

SENATOR MOORE (22ND): Be well.

LYNNE ZIMMER: I will.

SENATOR MOORE (22ND): All right, so I'm looking again for Mario. Yes, are you here, Mario?

CONSTANZA SEGOVIA: Mario? [Foreign Language].

SENATOR MOORE (22ND): I saw him for a moment.

CONSTANZA SEGOVIA: [Foreign Language].

SENATOR MOORE (22ND): I'm going to Kristin Reese now, followed by Anthony Ligon. Kristin.

KRISTIN REESE: Hi. Can you hear me?

SENATOR MOORE (22ND): I can, how are you.

KRISTIN REESE: Awesome. I'm good, how are you?

SENATOR MOORE (22ND): Good.

KRISTIN REESE: So, my name is Kristin Reese and I'm a physician specializing in Pediatrics in New Haven Connecticut. This testimony reflects my own personal opinion and does not reflect the opinion of Yale University or Yale New Haven Children's Hospital where I work.

As a resident of New Haven and a Pediatrician, I strongly support S.B. number 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS, with clear language to extend

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coverage to all low income residents, regardless of immigration status.

Healthcare is a human right, and no person should deny that right due to an inability to pay or immigration status. Undocumented residents in Connecticut are currently unable to access any healthcare coverage, they're prohibited from buying into access health Connecticut, and are not eligible for Medicaid or Medicare. And private insurance companies are either too costly or refuse applications from undocumented individuals.

And for undocumented children, lack of health insurance can lead to poor health outcomes. As a pediatrician, I see kids that regularly scheduled intervals to ensure proper growth and development. To ensure common childhood diseases such as asthma and diabetes are being managed appropriately and to check in on mental health, which right now is especially important. Uninsured children are much less likely to get necessary medical care, preventative care or timely treatment for illness or injuries. Lack of access has broad implications, too. Healthcare, affects their school performance, their lifelong health and future earning potential.

Last year, I took care of an undocumented child for many months in the Children's Hospital. Although his parents were both undocumented immigrants and working full time, they did not have health insurance. This child's illness was so severe, he required a lengthy stay in the Pediatric ICU.

Thankfully, he recovered, however, due to his lengthy illness, he had residual impairments that require outpatient care at a rehabilitation facility. Because this family did not have health insurance, this child spent many unnecessary months in the hospital, instead of being able to go home and get the services that he needed to optimize his recovery.

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We really have to do better for our kids in Connecticut. Six states, including our neighbors in New York and Massachusetts have already expanded their programs to cover all income eligible children, regardless of the immigration status, and we should be next. Every child should have the right to access healthcare and look forward to safe, healthy, productive future.

In summary, I support S.B. Number 956, and hope the Committee will vote favorably. Thank you for your time, and I'm happy to answer any questions.

SENATOR MOORE (22ND): Thank you, Doctor, taking time out of your busy day. Thank you, I appreciate it. I don't see any questions for you. Take care. Next is Anthony Ligon or by Sandra Trigueros. Hi, Anthony. I can't hear you, you're muted.

ANTHONY LIGON: Oh, so sorry, so sorry about that. Hello, everyone. Good Evening. Thank you so much for allowing me to testify today. My name is Anthony Pina Ligon junior. I am from New Haven Connecticut. I'm actually in the hospital right now visiting Ms. Lynne. I am her caregiver.

I'm here to talk about Allied. We've been having so many problems with Allied for years before the pandemic happen. We need more pay, we need health insurance, like Ms. Lynne has said, you know, like for the COVID and everything like that. I had an individual who actually caught COVID and I had to bring into the hospital in my card. And the results of that, I had to be out of work for 14 days, which left my other people with no caregivers.

And, you know, Allied has just been really given us a problem when it even calls for -- just calling and checking on your time sheets, they don't pay us on time. They just -- it's just been very, very hectic journey with them, even when I had that signed up

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with Ms. Lynne, it took them over a month to process my application. Over a month, this is a lady who has a heart condition. She's in heart failure, and she needed help immediately. Someone who was working with her just quit on her abruptly, no notice, no two week notice or anything like that. And I literally volunteered with her over a month until Allied supposedly found my application. I had to go through hoops and holes. I had to contact the case manager all for her to call, and get me higher in emergency higher.

And also, like Ms. Lynne was saying, healthcare is very important. I was one of the lucky individuals in Connecticut whose parents worked for the state of Connecticut. My mom that works for DDS and my father is retired correctional officer, so I had state health insurance all my life up until I was 27 years old.

Now, I have three individuals I take care of. I can't qualify for Obamacare, I can't qualify for HUSKY. They say I'd make too much, but my job doesn't offer any health insurance, so where do I go? I've been without healthcare for over a year now. Ever since the pandemic started I haven't had health insurance, it was even crazy just trying to get tested. They were making it hard. We had to go through all these hoops, we had to go through negotiations with the state all last year. All last year. We're still even negotiates with -- negotiations with them. They wouldn't even give us PPE to protect ourselves to go into our consumers home.

What type of crazy mess is this? We're supposed to be living in Connecticut, this is a supposedly supposed to be one of the richest states in America but it's hard to tell. It's very, very hard to tell. I sit and talk with Ms. Lynne all the time, when she came from Washington State, her caregivers started off with \$19 dollars an hour and they even

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have health insurance. What's the problem over here? I don't understand.

And even -- it even took her over a year to find a caregiver. That's ridiculous, we need something else put in place. We need a registry list where these people, they can find us, the people who are qualified like me. I have a whole bunch of certifications in this industry. I'm a ILST worker, that means independent living skills trainer. I'm a recovery assistant, also a personal care assistant, also a convenient. I don't even have a job description.

When I came in here to visit her, they were giving me a hard time, because I don't even have a badge that says I'm a healthcare professional. That's ridiculous. I'm a black man in the United States of America. I've already have a whole bunch of stipulations against me. And then, I'm gay; so I already have that against me. People don't like me being black, people don't like me being gay, and now I'm trying to be in the field of a healthcare professional and I can't even get acknowledged as being that, you guys were calling --

HEATHER FERGUSON-HULL: Excuse me, Anthony. I'm sorry to interrupt, your three minutes are up, please summarize.

ANTHONY LIGON: Okay. Thank you so much, so I'm just going to summarize by saying, can you please support this Bill that puts pressure on Allied to either get them fired and replaced, and can you please support given healthcare workers, like myself, health insurance, I believe it's very dire in the state of emergency that we're in right now. And yes, that's all I'm gonna say. Thank you so much for allowing me to testify. You all have a wonderful and blessed day. If you have any questions, I will feel free to ask -- I mean answer.

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[laughter]

SENATOR MOORE (22ND): Thank you, Anthony, and thank you for taking care of your client so, that you're able to come into the hospital where the -- We do have someone who'd like to ask a question. Representative Hughes.

REP. HUGHES (135TH): Oh, thank you, thank you so much, Madam Chair and Anthony. Can you speak a little bit -- I don't know if you heard the testimony before about Allied but whether one, the, you know, online training, appropriate, would resolve the problem of, you know, the hoops and not getting paid on time and, secondly, going to a computerized, you know, online program? Would that resolve the issues with Allied?

ANTHONY LIGON: I'm not sure. So Allied, we compare them with Sunset Shores. They're all under the same waiver and everything like that, and Sunset Shore was sending out the EVV and everything and all of that. I don't know what's going on with Allied, if it's the staffing or if the people just don't care. But people have been doing the EVV for over a year now and they're still having problems. I know one woman personally, she's a member of the union, she's one of my good sister union members and she sends her fax over five different ways because Allied still says they don't get her EVV.

They just sent an email today saying that they were having issues and everything like that, and then a recent another email saying, oh, everything was corrected, but people still aren't getting paid. They might not get paid on a Friday and then all of a sudden, you know, Allied might find the information or whatever, and then try to pay them the next day, but it's still hell, excuse my language, is still hell. Even switching over to the EVV is still been a problem. It hasn't resolved much of anything. I'm honestly afraid to completely

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switch over to EVV because I can't afford to not be getting paid, I have three people, two of them are through Allied. I can't afford to not get paid.

I'm still waiting on them to send my paycheck for Ms. Lynne and my direct deposit when they claim they have not got that. I've been working on her since August, but I've only been getting paid for her since October, because they couldn't find my application.

REP. HUGHES (135TH): So basically, you're testifying that you've been given unpaid labor, uncompensated labor and that Allied is sitting on that income that's owed to you? So that --

ANTHONY LIGON: Yeah, they told me that it was --

REP. HUGHES (135TH): -- it sounds to me like wage theft.

ANTHONY LIGON: Yes, they told me it was nothing that they can do, and that if I wanted to pursue it, I will have to go after her. I'm not gonna do that to her. I'm not gonna sue an elderly lady who needs assistance. That's just sounds really crazy and baffling to me that they will even do that, that's an attack on her, that's letting her down.

So like I said, I volunteered for over a month literally sending my application in multiple times, multiple, multiple times, even to the point where Ms. Lynne was witnessing it. When they finally process that because, like I said, I had to go through hoops and get to the case manager and she got me an emergency higher, they finally processed it and I sent my arm timesheet over, they said they didn't receive my timesheet but they have my bank account information.

So, I go -- I'm gonna go send the timesheet over again. I get a check in the mail, so I waited until

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I got back with Ms. Lynne, I said, "Remember, they said they didn't get my timesheet, but they got my bank account information," she said yeah. I called them again. I said, "Hey, I just got to check in the mail, you guys said you had my bank account information, what's going on?" "Oh, we don't have your bank account information. We don't have any of that." So I sent it over again, this was in October, I still don't have that direct deposit information, I still have to wait for that check all the time.

SENATOR MOORE (22ND): Anthony, I think Representative Abercrombie may want to speak to you on that. Representative Abercrombie.

ANTHONY LIGON: Okay.

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Hi, Anthony, thank you for being here today, just a quick question for you. Have you started or not started EVV yet?

ANTHONY LIGON: I'm afraid. I have not started. I am totally afraid.

REP. ABERCROMBIE (83RD): So, let me tell you, I think that you're going to be very happy with it. A lot of our PCA providers who work for the DDS population, which is the Department of Developmental Services --

ANTHONY LIGON: Yes, I know. I work for them.

REP. ABERCROMBIE (83RD): Yeah, a lot of them were afraid at the beginning also about EVV, but EVV what it does is your information goes directly to Allied. So you don't need to go through your consumer anymore, which will make it more efficient, so I urge you, because I know that the PCA's in your population or the last [Guan] EVV. It is something that's been implemented over the last three years

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here in Connecticut and your workforce is the last to be part of this system. I hope that you give it a try. I think you're gonna be very happy with it, I haven't heard from any employees that are using it, that are not happy.

As far as the Sunset, the other program, they only do DDS, which is a much smaller population. We are looking at if there's anything that they're doing that we can incorporate under Allied, we will definitely do that. But just keep in mind that the population they serve is like a quarter of what Allied does. So it's not really apples to apples. So just so you're aware of that.

And then the third thing is Allied is up for the renewal of their contract. Because of COVID, most DSS contracts have been extended for one year. I think that that's what they're going to be doing with Allied, but it's not an automatic renewal for Allied. Allied will still have to go through the process of applying for the -- for the contract and if there are other providers out there that think they can do it better, they are free to apply for it. So the state has a very open contracting process, so it's not a given that Allied will be the contractor in the future, so I hope this helps.

ANTHONY LIGON: Thank you so much, Representative Abercrombie, but I also have personal friends who have been on the EVV with Allied, since last year, and they got off because Allied could not get it together. So I don't know if maybe a whole year of doing it has improved, but I know like I said, I know one woman who she still has been doing it for one year and she sends her timesheet over five different ways because the EVV was not working for Allied.

Like I said, I don't know if it's the staffing up there, or people that are in that building who just really don't care, because when you call them,

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they're rude, they're even rude to my consumer. They talk down to her like she's nothing.

So I think it's a staffing issue up there. I'm not saying that they -- that they're not capable of doing their job, the people that they have doing it, the people that they're having processing payroll and everything like that, they're not doing what they're supposed to be doing, they're just not, and I know this for a fact.

REP. ABERCROMBIE (83RD): And I'm not denying that Anthony. I'm not denying that there's a problem with Allied. I totally agree with you. The thing you have to understand is, as a state, we don't have a choice with EVV, this is a federal mandate that came down four years ago. Your --

ANTHONY LIGON: No, I totally understand that, I totally understand that, and I'm totally willing to go to EVV, what I'm saying -- because I honestly think it makes life much easier and I'm all about the planet, let's save the trees. But I personally think that you all need to do something to reprimand Allied and hold them accountable for when they just keep screwing up. They just keep screwing up and they don't care, they really don't care. You call them, you're on hold for over an hour, sometimes two hours of the day. I have three people I take care off. I don't have the time in my day to wait on hold for Allied to figure out what's going on with EVV or what's going on with the timesheet or what's going on with this or what's going on with that.

They don't even care. They don't even want to give you the answers, they trying to -- they called my consumer Ms. Lynne, you see she's in the hospital, they sent her to the hospital because they were aggravating her so bad with the application, that it became overbearing for her, too overbearing. So all I'm saying is you guys need to reprimand them in some type of way. I'm not saying I'm not willing to

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meet on Allied halfway, sometimes you rather work with the devil you know than find somebody completely new, but they have to hold themselves accountable, they have to do more. If I'm out here doing what I'm supposed to be doing, they have to do more, and it has to be some reprimand, recommendation, something, some consequences for them, because we're -- I have a consequence.

When I don't get paid on a Friday, there's the consequence for me. I have a late fee, I have rent, I have a car note, I have car insurance. I have all this stuff that, you know, we're supposed to have to make it through this world to survive, I also have to eat at the end of the day, and I'm over here testifying because I don't have health insurance, so we got to fix this.

SENATOR MOORE (22ND): Anthony, thank you.
[crosstalk]

REP. ABERCROMBIE (83RD): Anthony. Anthony, let me just say, I hear you. I'm not disagreeing with you at all, I hear you and we're going to do the best we can to fix it. Thank you, Madam Chair.

ANTHONY LIGON: Thank you.

SENATOR MOORE (22ND): Anthony, I just want to say, on the Bill that we had there was a fine, doesn't seem like much when people are making large mistakes, but we have heard you, we heard you all through COVID-19 for the next year or the past year on PPE and all issues. And I got to tell you, people have been fighting for you, it may not look like that, but I tell you, we were fighting hard. And every -- I don't think there's anybody who was not fighting for you because we understand the work you're doing, the importance of it, so I just want to thank you --

ANTHONY LIGON: Thank you.

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SENATOR MOORE (22ND): -- for taking the time to give us testimony, and thank you for taking care of Ms. Lynne. Have a good day.

ANTHONY LIGON: Thank you so much. You too, have a blessed day.

SENATOR MOORE (22ND): You too. Next is Sandra Trigueros.

SANDRA TRIGUEROS: Yeah.

SENATOR MOORE (22ND): [crosstalk]

SANDRA TRIGUEROS: Yes, I will need an interpreter, please. [Foreign Language].

CONSTANZA SEGOVIA: Good afternoon, Members of the Committee. My name is Sandra Trigueros. I am here to testify in favor of S.B. 956, and to tell you the story of the worse year of my life because I contracted COVID.

SANDRA TRIGUEROS: Yeah. [Foreign Language].

CONSTANZA SEGOVIA: I contracted COVID twice and up to this point, I have not been able to fully get better. I have had many complications and because I don't have health insurance, I haven't been able to seek care.

SANDRA TRIGUEROS: [Foreign Language].

CONSTANZA SEGOVIA: I have seen doctors, who then refer me to specialists, who because I don't have health insurance are not able to help me and they keep delaying my appointments and I have not been able to get the treatment I need.

SANDRA TRIGUEROS: [Foreign Language].

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CONSTANZA SEGOVIA: It has been a year since I first got COVID, and then in February again when I got it the second time, it was worse, and I had complications because of my preexisting conditions.

SANDRA TRIGUEROS: [Foreign Language].

CONSTANZA SEGOVIA: We are asking -- we are asking today for access to health insurance. We don't want anything free, we are asking for the opportunity to have access, so that we can pay. And it's for many people, not only for me.

SANDRA TRIGUEROS: [Foreign Language].

CONSTANZA SEGOVIA: I know many people who are in the same position, who have lost their jobs in the pandemic, and we have all had a very hard time and need health insurance.

SANDRA TRIGUEROS: [Foreign Language].

CONSTANZA SEGOVIA: Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. I don't see any questions, thank you.

CONSTANZA SEGOVIA: [Foreign Language].

SENATOR MOORE (22ND): Errol Mesquita.

ERROL MESQUITA: Hello, everyone. Good morning, I mean, good afternoon.

SENATOR MOORE (22ND): Good afternoon.

ERROL MESQUITA: Madam Co-Chair, Senator Moore, and House Representative Abercrombie, Ranking Members and Members of the Human Service communities -- Committees. My name Errol de Mesquita. I am a [inaudible] resident, and I am currently obtaining

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my master's degree in social work at the University of Connecticut, and I also come from a family of immigrants.

I strongly support Senate Bill 956 in the provision of medical assistance to individuals, regardless of their immigration status. It has been reported that there are about 140,000 undocumented immigrants living in Connecticut and within that 140,000, they identify as Hispanic or Latinx.

HUSKY Medicaid is known for providing comprehensive healthcare with basic benefits such as preventative care, doctor visitations, women's healthcare and other essential resources, who cards to provide inadequate lifestyle. However, marginalized communities are constantly battling systemic barriers throughout their daily lives. The COVID-19 pandemic serves as another barrier of their daily stresses. And excluding this community out of their healthcare coverage will not only cause a detrimental damage to our communities, but it will also prolong the fight against COVID within our state.

A small quote from our Statue of Liberty States give me your tired, your poor, your huddled masses yearning to breathe free. Well, currently in this pandemic marginalized communities are suffocating, and they are being hit the hardest. This country has a representation of being the melting part of immigrants, families and individuals who sought for a brighter future when they're now see then. And I believe we still are that land of golden opportunities, and in this matter, there's a choice to provide life to that statement. And with this decision, I believe, is now time for the huddled masses that are yearning to breathe from the chokehold to several oppressions that they're facing today to be free. And I thank you all for giving me this opportunity to testify today.

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SENATOR MOORE (22ND): Thank you, Errol. Very concise, thank you. I don't see any questions for you, so have a great day. Rosalba Montoya, followed by -- I'm gonna look again for Mario Diaz, if he's here.

CONSTANZA SEGOVIA: [Foreign Language].

SENATOR MOORE (22ND): I see Rosalba on the screen, but.

CONSTANZA SEGOVIA: Yes. [Foreign Language].

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: [Foreign Language].

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: My name is Guadalupe Garcia.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: I am resident of New Haven.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: Member of Unidad Latina.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: Bill 956 is what I'm supporting.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: It's a law that supports certain people regardless.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: Of their immigration status.

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GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: My name is Guadalupe Garcia, here is my testimony.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: Thank you very much Representatives, Members of the Committee, and public servants.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: I have been in the United States for 17 years in this country.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: For 14 years, I worked at the Omni Hotel.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: And there I had health insurance.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: And I lost it because of the pandemic.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: Because of the hotel, I also lost my health insurance.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: My testimony is for coverage of health insurance.

GUADALUPE GARCIA: [Foreign Language].

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CONSTANZA SEGOVIA: For me, who is an immigrant.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: I was very dependent on health insurance.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: And today, I ask you, please, Ms. Senator to give me health insurance.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: The situation is this, I wear glasses.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: And it's been two years since I was able to see an -- an eye doctor to get a new prescription.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: I have had deep headaches.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: With a lot of pain in my eyes.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: And they become very red.

GUADALUPE GARCIA: [Foreign Language]

CONSTANZA SEGOVIA: I can't afford eye drops.

GUADALUPE GARCIA: [Foreign Language].

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CONSTANZA SEGOVIA: Because they cost \$100 dollars.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: And those eye drops are very specialized.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: Because I have blurred vision in one of my eyes.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: I also have issues with dental health.

GUADALUPE GARCIA: [Foreign Language].

LUZ OSUBA: [Foreign Language].

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: That's why I ask all the Senators to please --

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: To please provide health insurance. It's not just that I have to -- I can only access health insurance through an employer.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: You need to provide health insurance to all immigrants.

GUADALUPE GARCIA: [Foreign Language].

CONSTANZA SEGOVIA: Thank you.

SENATOR MOORE (22ND): Thank you.

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CONSTANZA SEGOVIA: [Foreign Language].

SENATOR MOORE (22ND): I see no questions for you, Rosalba. Thank you for coming on. Next is Greg Myers, followed by Doris Torres, followed by Kathleen Flaherty. Is Greg Myers here? Moving on to Doris Torres. Kathleen Flaherty.

DORIS TORRES: Can you guys, hear me, see me?

SENATOR MOORE (22ND): Hi, Doris, is that you.

DORIS TORRES: Yes.

SENATOR MOORE (22ND): Yes, Doris go on.

DORIS TORRES: Hi, yeah. I'm not great with a public speaking here, so I do apologize if I stutter a bit. I'm from Meriden. I am unfortunately a PCA, not by choice. I say that because I am the caregiver for my mother, my father and my sister. I am hired through Allied or my mother, I guess, to take care of my mother.

The only reason, I am a PCA is because it's really hard to keep healthcare workers in staff. After they make a certain amount of money, they're worried about losing their food stamp or their healthcare, so have a very high turnover. And is unfortunate because many of them have been wonderful, wonderful PCAs. And at the current moment -- I'm sorry, I feel like a [inaudible] house, because I can't do anything. I mean, these girls are not getting paid enough to pay for their own insurance, for their own daycare.

I mean, I knew when I took responsibility to take care of my family, because we just don't put our family in nursing homes. This is -- you know, that I would have to care for them here and there, 'cause [aids] would call out. But it's overwhelming. At

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this point, I suffer now from mental health. Is --
I'm sorry.

SENATOR MOORE (22ND): What Bill are you testifying
for?

DORIS TORRES: It's for the wages and health
insurance.

SENATOR MOORE (22ND): For 956?

DORIS TORRES: Yes. So --

SENATOR MOORE (22ND): Give yourself a minute. Give
yourself a minute, it's okay. It's emotional. If
you're taking care of three people and they're all
family Members, I can't imagine what that's like.
So, just take a moment, take a deep breath.

DORIS TORRES: Like 1,625 may sound like a lot, but
once you hit a certain bracket, the girls are -- the
women are losing and the gentlemen are losing their
HUSKY or their Medicaid, and 1,625 is not enough for
them to come out of pocket and pay for their own
health insurance. I mean, I think it would really --
- this will not just help the PCAs to take care of
their family with the wages and insurance, but it
will also help people like myself who fought to get
my parents into these programs. I have my father
who had a stroke. He's a complete total, I mean,
he's livid, but he's a complete total.

I'm his power of attorney along with my sister, who
helps out when she can. She works for the Red
Cross. I am the legal guardian of my younger
sister, who is autistic. She's almost 40, but she's
the youngest and I take care of my mother. My
mother has her own legal -- she does her own thing,
but she has muscular dystrophy and basically, she
can't even cook because she can burn the house down.

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I'm sorry. I'm just getting -- What else -- I totally didn't even say everything I wanted to say. I'm here 24/7 right now. I feel like that house is my own -- I really don't know what else to say. I think I'm done, I'm sorry.

SENATOR MOORE (22ND): Don't apologize for being emotional. You're probably really overworked and stressed. So, we're all here and you have a lot of allies here, both coming in to give testimony but also in the legislature. So, I want to thank you for at least trying. We feel your pain. I don't want you to think that we don't understand or we don't know how bad it is. A lot of people are struggling. So, that's why we're having this hearing today. It doesn't matter how many people are on it, it just shows how many people need our help. So thank you, Doris. I hope your day improves. All right?

DORIS TORRES: Thank you.

SENATOR MOORE (22ND): You're welcome. Next is -- is Greg Myers here? Then I'll go on to Kathleen Flaherty.

KATHLEEN FLAHERTY: Hello, Senator Moore, Representative Abercrombie, Members of the Human Services Committee. My name is Kathy Flaherty. I'm the Executive Director of Connecticut Legal Rights Project. We represent people who are eligible for mental health services from the Department of Mental Health and Addiction Services. And I'm here to offer testimony on four Bills today. I did submit written testimony, so I'll keep this brief because I know you have a lot of people to hear from.

I'm very much in support of Senate Bill-956. I think the people who would be most affected by that Bill have spoken far more eloquently than I ever could, so I urge you to support that Bill. On 957, I did submit written testimony in favor of. If

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indeed it is contrary to federal law, I wouldn't want to see the State violate federal law.

980, I appreciate the concept of that, but I'm not sure having friends who get coverage under the MED-Connect program and clients who work with it, I've never heard anybody complaining about the MED-Connect program in terms of its income and asset limits. MED-Connect is for people with disabilities who are capable of working. And in fact, when I was at Statewide Legal Services and talking to somebody who had a spenddown because they were on HUSKY-C. I said, if you can get a job, where you get some kind of pay, you can convert over to MED-Connect, which gets you Medicaid. It's the spenddown, it's HUSKY-C needs to change.

So some of my colleagues from Legal Aid have sent you a testimony with suggested substitute language for 980, where you look really at the changing the income and asset limits that put people into that spenddown.

But the Bill I really want to talk about today is 6560. I understand, because I have served on the PCA workforce council for the last eight years. The problems that we have with some personal care attendants getting paid and I am not here to defend state agencies, you all know me. I am not here to defend state contractors, you know how critical I am of them when they are not doing their job properly, but what I am here to do is to testify in support of the concept of self-direction. I think -- this is suggestion you don't often hear from me, I think this Committee ought to consider putting forth the Bill that establishes a working group. Because I don't think a public hearing, us all speaking three minutes at a time gives the opportunity for the issues to be fleshed out.

Get all the relevant stakeholders around the table. The PCA workforce council has like quarterly

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meetings, that's not enough to figure out what's going on here, but I think there is a way to effectively address this. I don't think the Bill and Labor Committee did it. I read your Bill too, I'm not sure your Bill gets where we need to go either. I think you need to get all the players, including the union, including the state agencies, including consumer employers, and including PCA around the table, where we can get all the issues out and figure out what we need to do going forward to fix this. Because it is a situation that needs to be fixed. I just don't think this Bill is the way to do it.

SENATOR MOORE (22ND): Is that in your written testimony?

KATHLEEN FLAHERTY: The working group suggestion isn't, because I kind of thought about that as I was sitting here, listening to the testimony today.

SENATOR MOORE (22ND): Do you want to send us something after on that, Kathleen?

KATHLEEN FLAHERTY: I'd be happy to.

SENATOR MOORE (22ND): I'll put in my notes, but if you can see my paper [inaudible] later.

KATHLEEN FLAHERTY: I will be happy to send that in writing to you.

SENATOR MOORE (22ND): All right, thank you. Thank you for your testimony. I don't see any questions for you, thank you.

KATHLEEN FLAHERTY: Thanks.

SENATOR MOORE (22ND): Rebecca Tamsin.

REBECCA TAMSIN: Hello, Senator Moore.

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SENATOR MOORE (22ND): Hi, Rebecca.

REBECCA TAMSIN: Senator Moore, Representative Abercrombie, and distinguished Members of the Human Services Committee, my name is Rebecca Tamsin. I am the supervisor of Counseling Services at Masonicare Home Health and Hospice, and I oversee all of our social worker statewide. It is my privilege to be speaking with you today on behalf of our organization. I am in support of Senate Bill 957.

Masonicare has a census statewide of almost 1500 patients combined for home health and hospice. Medicaid patients represent about 20% of this total census. Currently, Medicaid does not reimburse for social work services within the home healthcare setting.

At Masonicare, we are fortunate enough to be able to use our donated funds to cover the cost of social work visits for Medicaid cases. Last fiscal year, our agency covered \$15,000 dollars of social work visits for the Medicaid population through our donated funds. Oftentimes, social work services are desperately needed by patients who have Medicaid. These cases are often complex, need lots of follow up, and the state DSS caseworkers simply do not have the time to assist. Hour-long wait times on the phone and limited access to state caseworkers create barriers for patients to receive the help that they need.

In some cases, people who have Medicaid have no access to a computer, internet, copier, fax machines, have no means of transportation, and have a very limited support system. During our social work visits, we have been able to assist patients with getting their benefits reinstated, help with redetermination paperwork, assisting patients and applying for waiver programs, and coordinating other community resources to maintain the needs of our patients within the home setting.

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Helping our patients who struggle with health, financial, psychosocial, and emotional issues is the essence of what a medical social worker does in the home setting. Addressing these issues helps to ensure that patients remain in the setting of their choice, which almost always is their own home. The cost savings to keeping patients out of the ED, hospitals, and nursing homes would be a benefit to the state. Having Senate Bill 957 passed would help to ensure that even more patients with Medicaid could get the medical social work services that they need in home. Thank you for the opportunity to provide testimony.

SENATOR MOORE (22ND): Thank you, Rebecca. I'm very familiar with Masonicare. I worked with the leadership, and you do all -- do a wonderful work, thank you.

REBECCA TAMSIN: Very good, thank you.

SENATOR MOORE (22ND): Next is Eden Almasude followed by Hiram. Eden there?

EDEN ALMASUDE: I'm here.

SENATOR MOORE (22ND): Hi, Eden.

EDEN ALMASUDE: Hi, good afternoon.

SENATOR MOORE (22ND): Would you pronounce your last name for me? Because I probably butchered it.

EDEN ALMASUDE: My name is Eden Almasude.

SENATOR MOORE (22ND): Thank you.

EDEN ALMASUDE: Thank you. Distinguished Members of the Human Services Committee, my name is Eden Almasude and I am a registered voter in New Haven. I am an organizer with a Semilla Collective of New

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Haven and a physician working at Yale New Haven Hospital. I stand in support of S.B. 956 with clear language that extends eligibility to HUSKY programs to all Connecticut residents, regardless of immigration status. You've heard a lot of data and reasons to support this Bill, so I will share some of my personal story.

For years of my childhood, I was uninsured. I have been on my own since I was 14 and did not have the resources to navigate health systems. I know what it is like to be sick and be afraid to seek care, because it means making a choice between buying food or paying rent and my health. I know what it is like to let a condition worsen until there is no choice but to go to the emergency room.

No child, no person should have to make that choice. Yet, in my role now as a healthcare worker, I continue to see countless patients who have waited for months or years before seeking care. During that time, their conditions deteriorate and the cost of their visit ends up being far more than preventative care would have been.

Doing my last shifts in the Yale New Haven ER, I met a young man struggling with his experiences of trauma, which manifested as a mental health condition and substance use disorder. He did not have any outpatient treatment with primary care or mental health as he was undocumented and excluded from HUSKY. He stayed in the ER for four days as we tried to get him into the only rehab program we have in the state, which would accept him without insurance. There were still no beds available and we discharged him to the street with no further options but to return to the ER.

With the support of friends, food stamps, and Medicaid, I was able to get jobs, go to college, and then medical school. As a medical student, I needed mental health support and was able to access it

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because of State Medicaid. Without those resources, I would not be testifying here as a physician today. Those experiences helped me better understand and care for my patients, but I'm tired of not being able to appropriately care for my undocumented patients because they're unjustly excluded from health insurance options.

It is my moral imperative, as a physician and a community member, to fight the inclusion of all our neighbors and access to affordable healthcare and it is your duty as elected officials to listen to those who are most directly affected by this issue and take action to expand HUSKY coverage to all Connecticut residents.

There's a healthcare emergency in our state that requires urgent action to address this issue of racial and economic justice. There's no way to justify the continued exclusion of human beings from healthcare access. COVID-19, like other health conditions, continues to kill people regardless of borders, immigration status, or language. We must also expand healthcare access regardless of immigration status.

Thank you for your time and I a call on Human Services Committee to support S.B. 956 with clear language to include all Connecticut residents.

SENATOR MOORE (22ND): Thank you, Eden, for your testimony. Did you say you're a doctor?

EDEN ALMASUDE: Yes.

SENATOR MOORE (22ND): Thank you, Doctor. I think you've earned that title. Alright, have a good day. I don't see any questions for you. Next is Hiram Fuchs.

HIRAM FUCHS: Hiram Fuchs, yes.

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SENATOR MOORE (22ND): Fuchs, yes. Good afternoon.

HIRAM FUCHS: Good afternoon. Greeting, Senator Moore, Representative Abercrombie, and the distinguished Members of the Human Services Committee. My name is Hiram Fuchs. I'm a Connecticut State Marshall and I'm here to comment on raised House Bill No. 6562. If it's okay with the Committee, I'd like to read the letter that I submitted to the Committee yesterday as part of my written testimony.

Dear Committee on Human Services, my name is Hiram Fuchs, and I'm writing a comment on raised House Bill Number 6562. I have been a Connecticut State Marshal since 2012 and member of the [KPS] Unit since 2014. I have direct knowledge of this system and I'm offering my perspective on the direction I feel this Committee should go. I believe, the state should create a task force to study child support related issues, but I feel the scope of their works should go beyond just the technology related to the collection of monies. In my years serving these warrants, I've come to believe that the system is fundamentally flawed.

The most significant issue, in my opinion, is the notion that a person can be arrested and jailed for owing money. I understand that a KPS Warrant is based on violating a judge's order, but in practice, it amounts to a modern-day debtor's prison. Everyone on this Committee should know that when an individual is arrested on a KPS Warrant, they end up in the same jails as those accused of violent felonies. Most of our arrestees landed the Hartford Correctional Center, which is a level-IV High Security Facility. The drive to jail is often a long one and oftentimes, the arrestee will tell us their story.

What we hear is a recurring theme of drug and alcohol addiction, physical health problems, mental

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health issues, and criminal records that prevent meaningful employment. Many arrestees state that they want to pay the debt, but it has become so insurmountable, they cannot make any headway.

Ironically, when an individual is arrested, they face losing their job when they don't show up to work the next day. This can be especially problematic when the arrested individual is the breadwinner for another family. Even arresting an individual for owed support is no guarantee that it will ever be paid. We once arrested the same individual three times in a six-month period. On his third arrest, he stated that the second time we arrested him, he spent two months in jail. His biggest concern going in this time was that he gets a top bunk.

The ability of the Court to arrest individual who are in contempt is a powerful and necessary tool, but we need to move away from the use of mass incarceration to try and solve this problem. I feel this Committee should take a hard look at what the system costs Connecticut, both in real tax dollars and the impact it has on our population. We aren't the only state or the only country dealing with this. Maybe there is a better way to go.

Thank you for your time and consideration.
Respectfully, Hiram Fuchs, Connecticut State
Marshall Number 464, Middlesex County.

SENATOR MOORE (22ND): Thank you, Hiram. I don't see the question for you, but I appreciate your testimony.

HIRAM FUCHS: Thank you very much.

SENATOR MOORE (22ND): Have a good day.

HIRAM FUCHS: You too.

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SENATOR MOORE (22ND): Next is Abbie Bellos, followed by Rachel Bamber.

ABBIE BELLOS: Hello, Senator Moore and fellow Members of the Human Services Committee of the Connecticut General Assembly. My name is Abigail Bellos, and I'm a student intern with Planned Parenthood's Generation Action Program and also a senior at the Sports and Medical Sciences Academy in Hartford, Connecticut.

I stand in support of S.B. Number 956, AN ACT PROVIDING MEDICAL ASSISTANCE AND SUPPORT FROM ALL HUSKY PROGRAMS TO ALL WHO RESIDE IN CONNECTICUT REGARDLESS OF IMMIGRATION STATUS.

As a teenager growing up in the suburbs of Essex, Connecticut, I was extremely sheltered from the harsh realities of the world around me. I never had to worry about what happened if anyone my family got seriously injured or sick. I didn't recognize that this healthcare security was not available to all Connecticut residents, that is, until I started school at [inaudible] Hartford. Going to a magnet school in the city, opened my eyes to [inaudible] that immigrants are exposed to in this [inaudible] -
- immigrants are exposed to.

[Inaudible] community, I met someone who's story I would like to share. This community member describes the inhumanity their family was treated with after giving birth. This family was undocumented, coming to America for a better life. They came to America pregnant and undocumented. Upon giving birth to this child in the hospital, they were greeted with disdain.

Shortly after giving birth, the hospital staff realized that family lacked insurance and documentation. Mom and baby were sent to a holding cell in Connecticut jail to be deported back to their country. Member of the family, also

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undocumented, went to retrieve the baby in hope of providing a better life in America. During the process, all three of them, including the baby, were sent back to their home country.

As a young woman, who has been sheltered and secured my entire life, I was appalled at the cruelty this family was treated with. Why is my health more important than that of undocumented immigrant -- undocumented families? Healthcare should be a right, not only for the privileged. It's a human right, and I for one, am no more human than the family or any other undocumented families in America. So why is it that I get to feel more secure in my health and wellbeing? Being born in America is not a choice, so why are we punishing those who seek the same freedoms we reap every day?

After hearing the story and others like it, I urge the Committee to support S.B. Number 956 to extend HUSKY eligibility rules to all Connecticut residents, regardless of immigration status. Thank you for your time.

SENATOR MOORE (22ND): Thank you, Abbie. What do you do for Planned Parenthood, you're outreach?

ABBIE BELLOS: I'm in the Generation Action Program. So I -- this is one of my projects was working with this Bill and getting it passed.

SENATOR MOORE (22ND): Thank you, I used to do outreach for breast and cervical cancer for Planned Parenthood.

ABBIE BELLOS: They're a great organization to work with.

SENATOR MOORE (22ND): [Inaudible]. Thank you.

ABBIE BELLOS: Thank you.

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SENATOR MOORE (22ND): Next is Rachel Bamber, followed by Sandra Duarte. Hi, Rachel.

RACHEL BAMBER: Good afternoon, Senator Moore. I'm here in support of S.B. 957, an act concerning Medicaid coverage of in-home counseling. Senator Moore, Representative Abercrombie and Members of the Health and Human Services Committee, I am Rachel Bamber. I'm a licensed clinical social worker, currently working with Day Kimball Healthcare at Home up in the northeast corner.

I've been in the healthcare field for 21 years with the last 13 providing home health and hospice care. I've had the privilege and honor of working with economically diverse populations throughout Windham and New London Counties. Previously, I worked in nursing homes, where on a daily basis I would hear, I wish I could just be home.

As a social worker, we are a vital part of the home healthcare team. The nurses we work with are fantastic at identifying the needs of our patients, but they do rely on the social worker's knowledge and expertise to navigate the complex practices that link our patients to the much needed support services with chronic illness, injuries, and disabled members of our community, providing for their basic human needs, including food, shelter, health, security, mental health, respect, and self-respect are part of our vital role.

These basic needs are key components of social determinants of health. All too often, agencies that are caring for the most vulnerable people, who's poverty, illness, and limited access to care and community-based supports, without social work services, this could result in catastrophic outcomes. Many agencies provide free social work visits to link their patients to the programs and services and to help relieve the situation.

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As legislators, I'm asking for your help in helping our communities with policies and practices that support the important efforts of all of the social workers providing this service.

I'm going to share a patient that was near and dear to my heart. She was 52 years old, lived alone, had severe lung disease. She couldn't even walk 10 feet to make herself a sandwich without getting completely short of breath. This led to increased anxiety and depression. Her mental health was definitely suffering because of the physical ailments and limitations she had. I referred her to a program in the state, the Community First Choice Program. It took about two years of advocacy and phone calls to the state for her assessment to be completed and services to actually start. Shortly after -- about two years and three months after the original referral, her health deteriorated to the point where she was admitted to hospice and pretty quickly passed away.

I was fortunate enough to care for her and assist during this difficult time.

HEATHER FERGUSON-HULL: Excuse me. I'm sorry but your three minutes up. Can you please summarize?

RACHEL BAMBER: Yes. This example I shared is very telling of the importance of not only supporting the mental healthcare, but also the physical limitations that impacted this woman and many others like her. Thank you for allowing me to testify in front of you in support of Bill 957.

SENATOR MOORE (22ND): Thank you, Rachel. I don't see any questions for you. Thank you for your time and your testimony.

RACHEL BAMBER: Thank you.

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SENATOR MOORE (22ND): Next is Kara O'Dwyer. Hi, Kara.

KARA O'DWYER: Hello, good afternoon, Senator Moore, Representative Abercrombie, and Members of the Committee. I am here testifying today on behalf of the Bill to get rid of Allied. [laughs]

SENATOR MOORE (22ND): [laughs] So is [inaudible]

KARA O'DWYER: I have been in a personal care attendant for six years now under various direct care waiver programs administered by both DSS and DDS, and I've cared for five different consumers, people of various ages and disabilities. And with all of these positions, I have unfortunately been at the mercy of the fiscal intermediary Allied community resource in regard to the hiring process, which takes way too long. Payment of my wages, which is completely inconsistent and my consumers continuity of care.

I'm here today to ask you to discontinue their contract with the State of Connecticut and help thousands of PCAs throughout Connecticut as well as the people we provide services for. For six years, I've had to endure countless hours on the hold trying to reach Allied to hunt down my paychecks and copies of my documents to find out why I haven't been approved to work after weeks or even months of submitting my application. At one point, last year, just before the quarantine, my consumer's budget ran out and I wasn't notified for two weeks and I could never be compensated for the hours that I work during that time.

Every time, myself, my consumers, or their authorized Representatives have an issue with Allied, we wait on hold for at least an hour and then they blame us for things such as the timesheets being too light, too dark, they never got it, even though we submitted it in multiple formats. They

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invent imaginary elapse in time. A coworker and I, a couple months ago, we almost didn't get paid. They called our consumer on Wednesday and they said, "Hey, did so and so work from 11 am to 3 pm?" "Yeah," "okay, and did Kara work from 9:30 pm until midnight?" He said, "Yeah. Well, we have to fix an overlap." What overlap? There's six and a half hours in between our shifts and the girl was like, "Oh, I'm sorry, there was no overlap." My coworker was the one who pointed out that there was an issue and then I have to call people I didn't see.

My mom is also a PCA, who works a second job, and between us both working two jobs, we still can barely afford to make any --

HEATHER FERGUSON-HULL: Excuse me, I'm sorry to interrupt. Your three minutes are up. Will you please summarize?

KARA O'DWYER: Okay, thank you. So our expenses don't go away just because the system in place is broken, and for far too long, we've had to deal with things that people shouldn't have to deal with. We deserve to be paid, we're essential frontline healthcare workers. So please pass House Bill 6560, so that we can hold Allied responsible. Thank you for your time.

SENATOR MOORE (22ND): Okay, Kara. Thank you. And I -- you know, we're aware of the problems with Allied, but this is not to get rid of them. What we're trying to do is place the penalty to make them move quicker on this and get some of this done, and the Commissioner, who was on first today talked about -- I feel like I'm having a deja-vu moment, Kara, with this. You know the feeling? Like we really have to--

KARA O'DWYER: Mm-hmm. A day in a day out. [crosstalk] saying it.

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SENATOR MOORE (22ND): We really need to get some traction here and really hold them accountable for getting payments to people on a timely basis because other people don't wait for their money to pay their bills, the grocer is not going to give you food and tell you we'll come back later when you get the money, so I hear you. I hear you.

KARA O'DWYER: And if I could just clarify, I know there was some discussion about EVV. I have been trying to switch over for the past two or almost three months now, and they keep sending me conflicting numbers. I was able to login to the system one time and then I got locked out and I couldn't request a new password. And their customer service is only open Monday through Friday nine to five. You could be in the middle of the conversation with a rep and the phone line is cut off at 5:00 PM on the dot.

They just had a maintenance issue with the mobile app today. It was resolved within about an hour, but in the meantime, people who didn't know that the error was happening and couldn't clock in or out of work, that's not okay. So, I don't know. I hope that it's not just a continuation of the issues we have with Allied.

SENATOR MOORE (22ND): That's why we're doing this, so it's not a continuation, but thank you for your time.

KARA O'DWYER: Thank you for hearing me.

SENATOR MOORE (22ND): [crosstalk] the people in our community too, I appreciate that.

KARA O'DWYER: Always.

SENATOR MOORE (22ND): All right, take care. Next is Richard Famiglietti, followed by Jeyco Chinchilla. Richard, I see you. Good afternoon, Richard.

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RICHARD FAMIGLIETTI: Good afternoon. Can you see me?

SENATOR MOORE (22ND): I can't see you, but I can hear you.

RICHARD FAMIGLIETTI: There we go.

SENATOR MOORE (22ND): Now, I see you.

RICHARD FAMIGLIETTI: [laughs] Sorry for that. Thank you, and good afternoon. My name is Richard Famiglietti of East Haven Connecticut and testifying today in supportive Raised Bill No. 980, AN ACT ELIMINATING INCOME AND ASSET LIMITS FOR THE MED-CONNECT PROGRAM FOR PERSONS WITH DISABILITIES.

I have been and still employed at the Center for Disability Rights on the Medicaid for Employee Disable Program when it began in October of 2000. That med program currently has an asset -- an income limit, sorry, of \$75,000 dollars a year and an asset limit of \$10,000 dollars for single and \$15,000 dollars for married. Well, this is seems pretty generous, it is kind of limiting. For instance, for me or anyone to try to save up for a down payment for a home, family, kids, college, the asset limits kind of prevents you from doing that if you need extensive care under Medicaid.

However, that's not the same issue as when somebody's going to retire, when they're coming off the Medicaid Program. So, we have all these protection of the assets while you working but as soon as they come off the Med Program if I retire, I'm still going to need those services and then I'm going to be put on a spenddown.

And just to give you a perspective if you're not familiar. If you're making roughly around \$30,000 dollars a year, you buy the Medicaid premium for

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roughly \$100 a month. If your income is between \$1,000 dollars and \$1500 dollars a month, your spenddown is about \$300 dollars a month as well. So you're living on \$800 dollars a month in some cases, where you have to pay your rent if you're meeting your spenddown.

So the income limits for HUSKY-C and asset has to be removed or raised or something so that people coming off the Med Program or people who can't work and just on HUSKY-C, can afford to live in the community.

I also want to add, I did not submit testimony, but as previous money follows a person transitioning coordinator, I have directly seen these issues with Allied for the last three years, not just this past one. That's all I have to say. Thank you.

SENATOR MOORE (22ND): Thank you, Richard. Let me see if we have any -- We got no questions, so I thank you for taking the time to bring testimony. Thank you.

RICHARD FAMIGLIETTI: You're welcome. Thank you.

SENATOR MOORE (22ND): Jeyco Chincilla.

CONSTANZA SEGOVIA: Jeyco Chincilla? He was on and now I don't see him.

SENATOR MOORE (22ND): I will come back, okay?

CONSTANZA SEGOVIA: Okay.

SENATOR MOORE (22ND): Ariana Shapiro, followed by Gretchen Raffa. Ariana, are you here? Gretchen, I see you. Do you want to go next, Gretchen?

GRETCHEN RAFFA: Thank you.

SENATOR MOORE (22ND): Hi there.

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GRETCHEN RAFFA: Thank you, Senator Moore. Good afternoon Senator Moore, Representative. Abercrombie, and honorable Members of the Human Services Committee. My name is Gretchen Raffa, Senior Director of Public Policy Advocacy and Organizing with Planned Parenthood of Southern New England, testifying in support of raised Senate Bill 956, AN ACT PROVIDING MEDICAL ASSISTANT TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS.

As a state's largest provider of family planning and sexual reproductive healthcare to nearly 62,000 patients last year at 14 health centers across the state, we believe all people should have access to quality, affordable, and compassionate healthcare regardless of who you are, where you live, your income, if you have health insurance, or your immigration status.

Our state continues to confront simultaneous crises of the COVID-19 pandemic and systemic racism that has driven racial disparities in healthcare access and health outcomes. Now more than ever, people need access to health insurance and health services. Yet, thousands of people, including immigrants in our state, still lack access to quality, affordable healthcare. This is always unacceptable, but even more unfair and cruel as we reflect on the one-year anniversary of a global pandemic that has claimed so many lives and left so many people with lifelong health concerns.

S.B. 956 is just one policy intervention to address the coverage gap by incorporating solutions to provide public health options for immigrants in our state and making sure undocumented immigrants and families, who are currently shut out of healthcare market, have an option. People who are denied healthcare coverage because of their immigration status, depend on healthcare providers like Planned Parenthood who provide affordable comprehensive

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primary and preventative healthcare, and because many immigrant women can't access private or public health coverage, they're less likely than US-born women to access preventative healthcare, such as Pap test, cancer screening, STD and STI screenings, and birth control.

Healthcare is a fundamental human right that should be guaranteed to all people in our state. Opening the state's HUSKY health program will allow all income eligible residents access to essential and life-saving care and work towards eliminating disparities in our healthcare system caused by systemic racism and economic iniquity.

Undocumented immigrants in our state are paying roughly \$145 million dollars in state and local taxes every year. In effect, undocumented taxpayers are funding a state healthcare program that they themselves can't use. It's unjust. Immigrants deserve equal and fair opportunity to access the very programs they help fund. No one's healthcare should be compromised or healthcare access denied because of their immigration status. Expanding healthcare for all people in our state is the right thing to do. We can and we must do it.

We've heard courageous residents in our state come before you today. You're going to hear so many more people sharing their personal stories about the human impact of the lack of access to healthcare. I hope that the legislature and administration have the courage to act. Because there are policy solutions to address this problem. Investing in people's healthcare now will have long term public health benefits for all communities, and we know the dire human consequences of inaction.

We strongly urge the Committee to support S.B. 956 and take another important step in addressing health inequities in our state and bring us closer to achieving healthcare for all. Thank you for your

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time and consideration of this important and much needed Legislation.

SENATOR MOORE (22ND): Thank you, Gretchen. Well, I hope, we have the courage. I believe we have -- we have the political will, but do we have the courage? Thank you. Let me see if there's any questions for you. There's none. So, thanks for your testimony.

GRETCHEN RAFFA: Thank you, have a good day.

SENATOR MOORE (22ND): Have a good day. Jeyco, I see you. Are you able to talk?

JEYCO CHINCHILLA: [crosstalk] Yes, I'm Jayco's wife. He's stuck at work and he doesn't have any service, so I was hoping, I could read what he wrote in Spanish, if that's okay?

SENATOR MOORE (22ND): Can you read in English?

JEYCO CHINCHILLA: He only wrote it in Spanish.

CONSTANZA SEGOVIA: I can translate.

SENATOR MOORE (22ND): Okay. That's fine.

JEYCO CHINCHILLA: Okay. [Foreign Language].

CONSTANZA SEGOVIA: Esteemed Members of the Committee of Human Services of Connecticut.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: My name is Jayco. I am a father and a resident of New Haven, Connecticut.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: And I am undocumented.

JEYCO CHINCHILLA: [Foreign Language].

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CONSTANZA SEGOVIA: I am in favor of S.B. 956 AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS with clear language that extends eligibility to all HUSKY Programs to all Connecticut residents regardless of immigration status.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: I am from Honduras. I arrived as a minor here in the United States and now I am with my partner and we have two children and we have been together five years.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: Ever since I arrived here, I started working and I have been working to support my family.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: Not having health insurance all almost cost me my life. I had avoided going to the doctor because of not having health insurance, even though my wife insisted that I should go.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: We could barely keep up with rent and all the other bills and imagine, on top of everything else, to have to pay for hospital bills. So I waited as long as I could until I couldn't wait any longer.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: I lost my work, and my wife had to be at home with the kids, taking care of them and I couldn't do it.

JEYCO CHINCHILLA: [Foreign Language].

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CONSTANZA SEGOVIA: Having access to health insurance would have prevented many of the experiences we had.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: Unfortunately, they took a long time to give me my diagnosis. They kept sending me from one doctor to the next and they would not give me answers.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: After many months, they finally did an MRI that showed what was wrong and they had to do an emergency surgery.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: Unfortunately, The first surgery did not work, they kept trying to do only tests that I could afford and they had to do a second surgery.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: If I had had health insurance through all this, the process would have been a lot simpler and easier and we wouldn't have suffered, my family and I, so much.

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: This Bill -- this Bill would help us, and not only us, but a lot of people in the community. Imagine, how many of us are going to work and not staying home where were sick, and how many people we can get sick because of doing that?

JEYCO CHINCHILLA: [Foreign Language].

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CONSTANZA SEGOVIA: It would be very important to have this benefit, and if we are already paying for this benefit, why are we not included?

LUZ OSUBA: [Foreign Language].

JEYCO CHINCHILLA: [Foreign Language].

CONSTANZA SEGOVIA: This would go beyond at immigration status, this is about human rights and it is about being able to access healthcare. Many of us are already paying for this benefit, and we need to be included. I support S.B. 956, so that we can have access to healthcare.

SENATOR MOORE (22ND): Thank you on behalf of your husband. Thank you, I don't see any questions. I see Ariana is here, Shapiro?

ARIANA SHAPIRO: Yes, thank you so much. I apologize, I was having computer issues before. Dear Members of the Human Services Committee of the Connecticut General Assembly, my name is Ariana Shapiro, I live in New Haven, and I work for All Our Kin, a nonprofit that supports hundreds of family childcare providers across Connecticut.

Family childcare providers run small childcare businesses out of their homes that are licensed and they're regulated by the Connecticut Office of Early Childhood and they ensure that high quality childcare is available to thousands of our youngest children.

I'm speaking on behalf of All Our Kin today in support of S.B. 956, with clear language to extend eligibility of all HUSKY Programs to Connecticut residents regardless of immigration status. Family childcare providers are and have always been essential workers. Every single day, family childcare providers offer safe, nurturing care to young children. They ensure that parents can enter

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and remain in the workforce and they provide economic benefit to their communities.

COVID-19 has shown us more clearly than ever the importance of family childcare. While childcare centers were closing down at the beginning of the pandemic, it was Family Childcare Programs that kept their doors open, providing that critical care to the children of frontline workers. Even as they support Connecticut in the midst of this public health crisis at a great personal risk to themselves and their families, many family childcare providers face the additional fear of knowing that they do not have access to health insurance themselves simply because of their immigration status.

For these essential workers, this Bill is literally a matter of life and death. Take for example, the story of Viviana, an undocumented family childcare provider from West Haven, who I know well. She kept her doors open during the pandemic until the day that her husband started coughing, experiencing shortness of breath and pain in his chest. When they went to the emergency room, they were denied care because he didn't have a fever at that point in time and she felt the real reason was discrimination because of their lack of medical insurance and their immigration status. Their family was very anxious and fearful, and she closed her child care program while her husband quarantined at home for three months with worsening COVID symptoms.

Meanwhile, they were on a payment plan to pay for an emergency room visit for not receiving any treatment and trying to keep food on the table for their three young children, with now no source of income. Of course, being undocumented, they were also not eligible for the stimulus payments or for any of the small business loans, even though Viviana is a small business owner. Finally, a specialist found months later that the Viviana's husband had long-term lung damage from going undiagnosed for so long. The

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family was desperate and they decided to move to Florida, thinking that the warmer weather would help his lungs and that the economic situation would be better.

Our community lost an essential high quality childcare program because of this. I actually just spoke to Viviana today. I told her about the possibility of S.B. 956 passing and she said, you know it's been really hard for her in Florida and she's considering coming back, this might be just part of the motivation that she needs to come back to our state.

S.B. 956 will ensure that many of our state's essential workers and their families, like Viviana's, will not have to decide between their health and their economic survival. A choice that no one should have to make. All Our Kin strongly urges the Committee to vote in favor of S.B. 956 with the understanding of this Bill will expand access to HUSKY to all Connecticut residents regardless of their immigration status. Thank you for your time.

SENATOR MOORE (22ND): I don't see any questions for you. Ariana, where are you located? Is that in Bridgeport?

ARIANA SHAPIRO: We're located in New Haven, but we have offices in Bridgeport, Stamford, and we also serve the Danbury Community.

SENATOR MOORE (22ND): Thank you for your testimony. I'm now going to turn this over our Representative Garibay.

REP. GARIBAY (60TH): Thank you, Senator Moore. Moving on to Kelly Hernandez, are you with us today? Okay, I don't see her. So, we're going to move on to Dr. Suzanne Lagarde.

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DR. SUZANNE LAGARDE: Members of the Human Services Committee, my name is Dr. Suzanne Lagarde. I am the CEO of Fair Haven Community Healthcare, a federally qualified health center in Greater New Haven that cares for over 22,000 predominantly low-income minority patients.

I'm testifying today in favor of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. I doubt that anyone will deny that we have all just going through one of the most challenging years of a lifetime. COVID has left its mark and its scars in every single one of us. It truly amazes me that despite this life-changing experience, there remains hesitation on the part of some legislators as well as DSS to move forward on S.B. 956, which would provide healthcare coverage for the majority of undocumented residents of Connecticut. Had this legislation been in place prior to the current pandemic, lives would have been saved. Nearly 25% of our health center patients are undocumented. However, they are not the people that I worry most about. I worry about the tens of thousands of undocumented residents, who do not seek our care or any type of medical care.

For many, they do not see care because they fear receiving bills, which they won't be able to pay. Despite widespread misconceptions, you need to know that HRSA, who is our regulatory agency requires federally qualified health centers to Bill the uninsured, albeit on a sliding scale. Many immigrants in our community have paid the ultimate price for this lack of coverage. They have paid with their lives and the lives of their loved ones.

In many instances, their care was delayed and that delay caused them dearly. I do not understand the thinking of those who wanted to deny these people the most elementary of human rights. These people clean our homes and our workplaces. They grow our

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food, they pick up our garbage, and they care for our children. They also contribute significantly to our tax base, contributing over \$140 million dollars in taxes annually. Despite this, we turn our backs and deny them one of life's most precious assets, namely good health and the freedom from worrying about lack of healthcare for their families.

To be clear, our health center does not provide two types of care, that is care for the insured versus care for the uninsured. We provide the same level of compassionate quality care to all. However, the lack of any financial support from the state for the roughly 5000 patients, who have no insurance, impacts our organization's ability to provide the highest possible here to all, it impacts our ability to pay competitive wages and to take innovative but un-reimbursable programs, such as integrated behavioral health and remote patient monitoring.

We literally take from Peter to pay Paul all the time. So too naively assume that denying care to are uninsured neighbors benefits the rest of us by being fiscally prudent is solely misguided.

In conclusion, I return to where I started this discussion, namely recalling the horrors of the COVID pandemic. We have said and heard time and time again through this pandemic that we are all in this together. This could not be more true than when we discuss the importance of providing healthcare to our undocumented neighbors. Keeping everyone healthy not only saves the lives of the insured and the uninsured alike, it is simply stated the right thing to do. Thanks very much for your time.

REP. GARIBAY (60TH): Thank you so much, Dr. Lagarde, compelling testimony. We do have a question from REP. Hughes.

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REP. HUGHES (135TH): Thank you so much, Madam Chair, and thank you, Doctor. Your oath is as a doctor, I'm sure, to do no harm. Would you say that this violates your oath in terms of policy harm?

DR. SUZANNE LAGARDE: Without question, I think it violates every characteristic of who we are as human beings, let alone the Hippocratic Oath. Again, as I said two minutes ago, these are folks who work side by side with us and without whom we all collectively would have a very hard time moving forward. They pay taxes and yet, it just feels cruel to me. It feels totally wrong and it's cruel and I would love to think that, as a citizenry, that the citizens of Connecticut can do far better.

REP. HUGHES (135TH): Would you say that extending this coverage to undocumented is critical to whole survival and recovery as Connecticut community?

DR. SUZANNE LAGARDE: I think we all know that intrinsically. I mean, just look at COVID. Those of us, we've all been touched by COVID, whether our loved ones, our friends, our colleagues. Hopefully, most of them recovered, but some did not. There's no question that you hear this all the time, the more of us who are infected, the more likely you and I and everybody else is going to get infected. We don't live on islands. We are very much integrated in one network, where we work together, we play, together, we eat together and to think that we can segregate segments of society, in the way this is segregating it, without an impact on me or you or anyone else on this call is incredibly naive.

REP. HUGHES (135TH): Thank you, Madam Chair, and thank you for your testimony.

DR. SUZANNE LAGARDE: Thank you.

REP. GARIBAY (60TH): Thank you, Dr. Lagarde. Many of the doctors that I've spoken to say the same

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thing that you're saying that they want healthcare for their patients. They want to be able to not worry about that piece, they just want to heal people and take care of them. So, thank you for your testimony today.

DR. SUZANNE LAGARDE: Thank you for your time, I appreciate it.

REP. GARIBAY (60TH): Neri Tan. Is Neri Tan on?

NERI TAN: Hello.

REP. GARIBAY (60TH): Hi, you need a translator?

NERI TAN: Yes, please.

REP. GARIBAY (60TH): Mr. Tan, go ahead.

NERI TAN: [Foreign Language]. Hello, Members of the Human Services Committee, my name is Neri Tan and I am a member of ULA, and I am here today to support S.B. 956. I have been -- I was a New Haven resident for about 16 years before I moved and six years in Hamden. My wife and I are immigrants who are undocumented and we have children, who are born here. My eldest daughter is 21 years old, and she has been proudly serving in the Armed Forces for two years now.

My son is 17. He is a high-school senior. He carries very good grades and next year, he will be attending university. I have worked for a factory for about 21 years now, but the factory does not offer health coverage. Sadly, recently, my wife has made several trips to the emergency room due to a lot of bleeding. When she was being treated, they realized that she did not have healthcare coverage and so, in turn, they didn't proceed with the treatment because they didn't deem it as life threatening. Three times they sent my wife home in so much pain. I was able to purchase on some sort

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of coverage, but it's very costly and it has a very high deductible of \$4,000 dollars.

In addition to also paying for that premium, I'm also paying other bills for my children because they were unfortunately not able to qualify for HUSKY. This is because our income is slightly above the eligibility and so, in turn, we don't qualify.

LUZ OSUBA: [Foreign Language].

NERI TAN: [Foreign Language]. I had COVID and I'm still recovering from the symptoms and actually, I have to keep working because I have a lot of bills to pay such as house bills and everything. I'm covering a lot of anxiety because wife needs further surgeries and I am unsure if I'm going to be able to pay for more cost. My son also has anxiety and we have always been truthful about what we can afford and it makes us as parents feel bad because we have our children feel bad that they cannot help us out, especially our daughter, Lucinda, in Armed Forces. We are family of workers and we need healthcare coverage. Thank you everybody.

REP. GARIBAY (60TH): Thank you, Mr. Tan, for sharing your story with us. So sorry that you and your family are going through this. Are there any questions?

NERI TAN: [Foreign Language]. I've been here for 20 years and we've been working very hard. We buy a house, we're paying taxes and now we're afraid that we can lose everything just because we don't have insurance. So, please help us.

REP. GARIBAY (60TH): Okay, thank you so much for that testimony.

NERI TAN: Thank you.

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REP. GARIBAY (60TH): Moving on to Carla Esquivel.
Is Carla here?

CARLA ESQUIVEL: Yes, I am here.

REP. GARIBAY (60TH): Okay, the interpreter would be needed?

CARLA ESQUIVEL: Yes, please. [Foreign Language]. Good afternoon, my name is Carla Esquivel. Good afternoon, Members of the Human Services Committee. I am a member of the organization ULA, and I would like to express my support for S.B. 956. I am a Stamford resident. I am also a member of more [inaudible] and another organization in the area. I want to share my story and express why I support everyone having access to healthcare, especially within our community that has been significantly impacted by COVID. When I was pregnant with my two kids, I realized the need to have healthcare coverage. Each time, it cost about \$3,000 dollars and there was a time where both my husband and I weren't working.

We had to pay a lot of medical bills and I had to work really long hours, which scared me. Because I worried about my own health and wellbeing during that time. You, as legislators, can help support this policy and, in turn, help us out too. My case is very similar to that of other women in terms of the issues that we have to deal with and I had to worry a lot about my own wellbeing during pregnancy. I am speaking as the voice of many pregnant woman who had gone through similar issues and I've had to suffer the consequences of it and we ask you to please stand tall and support this policy that would help us have healthcare coverage.

Thank you so much for your support.

REP. GARIBAY (60TH): [Foreign Language]. Does anyone have questions?

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CARLA ESQUIVEL: [Foreign Language]. Thank you, I hope for your support and to hear the good news that this Bill did pass through and provided us healthcare coverage, thank you.

REP. GARIBAY (60TH): Thank you. No questions. We'll move on to Sadie Martinez. Is Sadie here? Okay, if she comes on later, we can hear her testimony. Danielle Delmonaco.

DANIELLE DELMONACO: Good afternoon all my Representatives and senators. Thank you for taking this time back-to-back even last week yesterday. I'm going to try to be quick and abrupt. My name is Danielle Delmonaco. I live here in New Haven, Connecticut. I'm a PCA worker from my mother, who has -- I'm here speaking today about the House Bill of 6560.

I became a PCA in 2016 when my mother broke her shoulder and I was caring for her. Her social worker introduced me to the PCA Program and told me I could get paid to be her provider. Within the first three months into the program with Allied as my payroll, began pay issues, late or wrong about four times. Then they claimed that they never received even any of my time sheets. Now, I'm in my own office. I have a fax machine right here. When this started happening, I actually contacted the CEO of in late 2017, Carol Burnett, to let her know about these issues. She kindly asked me if I wouldn't mind sending my time sheet to three different fax numbers and a PDF. It has never changed. It has stayed the same since then. Since then, I'm on pay week 205 and they have messed up my payroll 53 times.

What this causes is, every single Sunday, I have to process this five times when you really think about it. I've been using the EVD Sandata Program and call in and call out since the end of February 2020

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and yet, I still had payroll issues with Allied. I've been with my 1199 Members only for the last year and a half. Prior to this, I called upon myself to contact [BB&V] Department of Labor and Employees and all of them are aware of Allied. All of them are aware of how bad their consistency rate is when it comes to payroll. It also comes down to you spend three hours with a tutor from Allied who gives you a gigantic pamphlet, booklet and of course, this is from my mother and for me to learn how to do the time sheets, numbers and extensions, numbers to call and reach if you have any problems and we never could get anywhere and, once again, this is still the same consistency for the last four years with Allied.

For me, I mean I have my own fax machine, but what about everyone else? Then on top of it, my anxiety of every Friday, now today's Thursday, you always wait for a confirmation call from Allied.

HEATHER FERGUSON-HULL: Excuse me, I'm sorry to interrupt, but you're three minutes are up. Please summarize.

DANIELLE DELMONACO: I needed to give you at least some detail. You're not having to process one time sheet every week, Mrs. Hull. I have to do this every week, the anxiety, the turmoil that this company puts not just me, but all of my brothers and sisters that are PCA workers, whether they're late, whether they say the time sheet never arrived, to know that you can never get anywhere when you get on the phone with Allied. It is crucial for all of you to hear today. You're hearing this over and over, and the reason is because now there's just more of us to show you in Zoom.

I hope that you think about this Bill to hold Allied. They need to realize their consequences because it's our bank accounts with the direct deposits getting the late payment charges. It's my

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money coming out for that fax machine or for someone that has to go pay to have it faxed and now we have EVV. If I've been doing it since February of 2021 and you've messed it up how many times? There's a problem here with Allied payroll company. They get too much money. They've been under the coat and behind blind masks of not wanting to look at this problem. I'm sorry if my minutes went just a little too long but I feel that, yes, you're hearing this monotonous, but I'm a person that finally will hire an attorney and take it upon myself for the grievance and the headaches that I get from this payroll company and how the Workforce Council for the PCA, customers, and consumers do nothing about it.

If you could do anything today, please consider. Talk it over with your fellow men and women, sitting in these chambers, that have these rights as Representatives and senators that can actually pass Bill 6568. Thank you. And you have yourself a good weekend coming up. I hope your paycheck comes in on time tomorrow.

REP. GARIBAY (60TH): Thank you, Ms. Delmonaco, for your testimony today. The one thing you learn, one of the few things in life that you just don't mess with is the person's paycheck. So I totally understand how frustrating that can be. Is there anyone that has any questions? Seeing none again, thank you for your testimony. Moving on to Mr. Ubaldo Garcia. I did see him in there somewhere.

UBALDO GARCIA: [Foreign Language]. Yes, I'm here. Good afternoon, Members of the Human Services Committee. My name is Ubaldo Garcia. I have lived in New Haven for 20 years. I want to give my testimony in support of S.B. 956 for healthcare for all regardless of immigrant status. A year and a half ago, I was victim of a terrible crime. A person driving drunk ran me over, mutilating my right leg and leaving me with kidney problems.

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Now, I need medical care for the rest of my life as well as prosthesis that would allow me to start walking again to carry on a more normal life. This is extremely difficult, since I do not have insurance and the government doesn't give me any help to pay for my many medications and medical appointments with specialists. This is a great irony, because on the one hand, the government excludes me from any assistance but on the other hand, we pay taxes that end up paying the salaries of public officials who make these laws that are so unjust and this is not only a matter of discrimination against immigrants or on the basis of race, the problem goes much further.

The problem goes much further, because this is a classist and oppressive system, where our health is just a business and not a priority. This is why we demand better public policies in healthcare, so that healthcare is available to all, regardless of their status or how much money is in their pockets. It would be available to them because they are human and it would not be a business.

LUZ OSUBA: [Foreign Language].

UBALDO GARCIA: [Foreign Language]. When I lost my leg, the insurance payment from the drunk driver who amputated my leg was only enough to cover the emergency medical costs. I did not receive any discount. There was not even a single dollar to help me pay the bills or go through rehabilitation and the healthcare system did not care that I lacked insurance and did not care to cover a prosthesis to be able to have a minimally normal life. Today, I cannot work to support myself or to support the cost of a prosthesis, which costs more than \$40,000 dollars. I can't even pay my gas Bill now much less an adequate prosthesis so that I can reenter society. That is why I'm asking for what is just.

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You have the power in your hands today to pass a more equitable law. Thank you.

Today, the power is in your hands to choose between life and death, and to choose people over profit. Thank you very much.

REP. GARIBAY (60TH): Thank you, Mr. Garcia. [Foreign language] Does anyone have any questions and Mr. Garcia? Seeing none, thank you. We'll move on to Fatima Rojas.

FATIMA ROJAS: Yes. Sorry, my internet connection is a slow. So, dear Members of Human Services Committee of Connecticut General Assembly, my name is Fatima Rojas. I stand in support of S.B. 956 Legislation, an act proving medical assistance to my immigrant community regardless of their immigration status. I came to this country from Mexico 17 years ago. I am undocumented and unafraid. I have a partner and together we have two daughters. I have been active and vocal in my community in New Haven in Connecticut since I arrived here. I am a proud organizer and founder of Semilla Collective of New Haven.

When I arrived to this country, neither my husband nor I had access to healthcare. We faced different illnesses and healthcare injuries, like the flu, I twisted my foot, and injured my back. And what we had to do back in the time was to take care of ourselves with home remedies to avoid the huge hell -- this huge debt and I know that there were -- and there are more people like me doing that currently.

We had a car accident that we're still recovering from with a huge debt. I also have hypothyroidism and I've been dealing with that -- I was dealing with that back in the time without access to a proper healthcare and that made me a prediabetic person. Those illnesses were connected and one led to another.

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My kids in that time had HUSKY, but the question is, what is the point to have only the kids covered with healthcare if the parents that are taking care of them, like in my case and my husband are sick and without access to healthcare? What's the point of only having kids covered? There is no point.

I also have close friends that they have to go back to Mexico because they needed -- one of them needed a transplant, a kidney transplant. And just the lack of access and the waiting and all the huge debt, they were going to spend their whole life paying for that transplant. Today, the person that went to Mexico is not with us anymore. He was too late and didn't make it. So its --

Today, I know that for my family it's a different story because, thanks to my job I now have access to healthcare. The question is, what about the rest of my own documented immigrant family? We are essential workers and we are excluded. I'm sick and tired of crumbs. The undocumented community makes this state vibrant. We make this country vibrant. Healthcare is a human right. It's a human -- basic human right, we know all of those. We know --

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up. Please summarize.

FATIMA ROJAS: Yes, thank you. We as a community will fight for this Legislation to pass. No more debts for the lack of healthcare. The time to expand HUSKY is now, so I call upon the Human Services Committee of the Connecticut General Assembly to stop the suffering of your people and pass S.B. 956 Legislation without exclusions. Thank you for your time. [Foreign language]

REP. GARIBAY (60TH): Thank you very much, Mrs. Rojas, again for coming and testifying and your story. Does anyone have any questions? Okay,

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seeing none. Thank you so much for coming. Are you ready Senator Moore?

SENATOR MOORE (22ND): I am, thank you.

REP. GARIBAY (60TH): I'm handing over to you.

SENATOR MOORE (22ND): Next is Juan Fonseca Tapia, followed by Olivia Rinkes, followed by Chelsea Ohannessian.

JUAN FONSECA TAPIA: Yes, ma'am. I'm sorry, I'm just having trouble with my connection. Dear Members of the Human Services Committee of Connecticut General Assembly, my name is Juan Fonseca Tapia. I am an EMT and a community organizer from Danbury. I stand in support of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS, with clear language that extends eligibility to all HUSKY Programs to all Connecticut residents, regardless of their immigration status.

Today, I will not try to make a case for the Committee Members to see, acknowledge, honor, and respect the humanity of undocumented immigrants, because I hope that you already do this as public officials serving in this Committee. I worked as a medical assistant in an urgent care carrier in Danbury last March. While I worked as medical assistant, I witnessed the pain, trauma, and fear of undocumented immigrants experienced when they walked into the exam room. Often patients were more scared about their eligibility, their ability to afford the care that they were seeking than the illnesses that got them to go to the urgent care in the first place.

While I worked at this urgent care, I witnessed a broken system rooted in racism and designed to exploit and profit off of the trauma and lack of access to healthcare that undocumented immigrants

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experienced. About 90% of the patients that I saw in this facility did not have a primary care physician because of their ability to access healthcare coverage. Each patient paid around \$125 dollars for being seen by a medical provider. Some physician would medically order a pregnancy test for all women. This pregnancy tests cost \$35 dollars while this test can be bought at a CVS Pharmacy for \$5 dollars. The patients paid \$15 dollars for a single Tylenol or ibuprofen while pharmacies sell 225-capsule bottles for \$14.99 cents and the list goes on. Most of these patients left the medical facility with empty pockets or bills for over \$200 dollars.

For years, lawmakers and politicians have used monetary cost of services like healthcare to deny access to healthcare and other social services, yet they said that they care about our community's wellbeing. About 529,000 people have been killed by a failed public health infrastructure and our healthcare system that legally discriminates and harms group that have been historically violated, marginalized, and killed by systems rooted in racism and white supremacy. Allowing all members of our community regardless of their status to access affordable healthcare is the first step we must take as a state to build healthy communities and generational health that can be passed on to the next generations that will come after us.

Many people continue to hold the idea that we will go back to normal, yet their privilege does not allow them to see that there was never such thing as normal. Denying affordable healthcare access to thousands of people will never allow us to build a safe and robust public health infrastructure that we -- that we need in this state. A strong public health --

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up. Can you please summarize?

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JUAN FONSECA TAPIA: Yes, I am about to summarize, ma'am. Strong public health infrastructure is designed to do prevention instead of treatment will save our municipality's money and allow us to be prepared to protect our communities and save lives when we find ourselves facing other public health crises like COVID-19 pandemic. I am asking you to support S.B. 956 with clear language to protect -- to allow all people to have access to healthcare. Thank you for your time.

SENATOR MOORE (22ND): Thank you, Juan. Appreciate your time and your testimony. I don't see any questions for you. So, thank you.

JUAN FONSECA TAPIA: Thank you.

SENATOR MOORE (22ND): Next is Olivia Rinkes. If not, Chelsea Ohannessian.

CHELSEA OHANNESSIAN: Hi.

SENATOR MOORE (22ND): Hi, Chelsea. Would you pronounce your last name for me, because I know I got it wrong?

CHELSEA OHANNESSIAN: Yes, we say O-NE-SIAN in my family. It's a lot easier.

SENATOR MOORE (22ND): O-NE-SIAN?. Okay. Welcome.

CHELSEA OHANNESSIAN: Thank you. Good afternoon, Members of the Human Services Committee of the Connecticut General Assembly, my name is Chelsea Ohannessian and I'm a graduate student at UCON School of Social Work and a resident of Farmington, Connecticut.

I stand in support of S.B. Number 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS, but with

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modifications that would ensure that this Legislation extends healthy eligibility to all low-income residents regardless of immigration status.

I'm a second year MSW student at UCONN right now with a concentration in community organizing. This past year, I've been interning at the Greater Hartford Family Advocacy Center at St. Francis Hospital. Most of my work has been centered around child and family rights and the culturally diverse city of Hartford, Connecticut.

As a white woman in academia from Farmington, I've 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've been assisting with several IRB research projects on child abuse and child neglect and 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 a decision-making processes. This ambiguity all can also lead to misinformation distrust in government agencies as many individuals and 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 have equal access to quality healthcare services. I believe that no human is illegal or alien. The current mistreatment of immigrants in this country directly violates the

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universal declaration of human rights in several articles.

Including immigrant community Members and other vulnerable community populations under HUSKY would indirectly reduce rates of child neglect by shifting the narrative of child neglect to a more supportive approach to parents and families. As it is currently written, S.B. 956 leaves out many of our immigrant community Members, including low-income parents and children under HUSKY 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 healthcare provider, I believe it is essential that they be included in this Legislation. I urge the Committee to modify the language of S.B. 956 to extend current HUSKY eligibility rules to all Connecticut residents regardless of immigration status.

HEATHER FERGUSON-HULL: I'm sorry, are you wrapping up?

CHELSEA OHANNESSIAN: Sorry, I'm on my last sentence.

HEATHER FERGUSON-HULL: Thank you.

CHELSEA OHANNESSIAN: With appropriate modifications to include all low-income community Members and ask the Committee to support this Legislation as well. Thank you so much.

SENATOR MOORE (22ND): Thank you, Chelsea. All right, keep up the good work. Thank you. Next is Evelyn Majano-Montiel and I think you'll have an interpreter?

EVELYN MAJANO-MONTIEL: Yes, please. [Foreign Language]. Hello, thank you to the Human Services Committee. About four years ago, my husband woke up in a lot of pain and his back was completely I'm

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hurting him. I am here today to support S.B. 956 and also to share my husband's own story. One day, when he was experiencing a lot of pain, we ended up having to go to different centers to try to figure out what was happening. My husband was experiencing pain all day and we had to go to specialist after specialist because we didn't have healthcare coverage. We had to pay it completely out of pocket. We had to pay for his X-rays, which was about \$3,000 dollars. We had to pay an additional \$1000 dollars for an analysis and each time we went to the specialist, it included also paying for the visitation too.

Finally, he was able to get diagnosed and he needed to get a surgery. We didn't have healthcare coverage, the hospital told us that we had to pay the \$50,000 dollars still because my husband is undocumented.

LUZ OSUBA: [Foreign Language].

EVELYN MAJANO-MONTIEL: Okay. [Foreign Language]. I ultimately had to pay \$40,000 dollars out of pocket and fortunately, we were connected to a social worker from the hospital, who was able to help us out. My husband, because he was unable to walk, couldn't work and we had a payoff that medical debt still. Some of our friends helped us out with some of that payment, but unfortunately, we still have medical debts to be paid. I am not the only person who is experiencing this. It's unfair that we can't receive proper medical treatment and it's unfortunate that my husband had to suffer for many months and yet, still we owe thousands of dollars in medical debt. Than you.

SENATOR MOORE (22ND): Thank you, Evelyn. Let me see if there's any questions for you. There's not. How is your husband now?

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EVELYN MAJANO-MONTIEL: [Foreign Language]. He's a little bit better. Now, we go to healthcare centers.

SENATOR MOORE (22ND): Okay, that's good. Thank you so much for coming today to give us your testimony. Appreciate it.

EVELYN MAJANO-MONTIEL: [Foreign Language]. Thank you very much.

SENATOR MOORE (22ND): Next is Karina Torres Cervantes, followed by Jillian Warejko, and then Christina Cain.

KARINA TORRES CERVANTES: Hi, good afternoon. Dear Members of the Human Service Committee of Connecticut General Assembly, my name is Karina Torres-Cervantes. I'm a student at Southern Connecticut State University from Meriden and I am former a former DACA recipient.

I stand in support of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS; but with modifications. S.B. 956 is currently written, leaves out many in our immigrant community. It leaves out low-income parents and children under HUSKY-A and low-income elderly and disabled folks under HUSKY-C. I support modifying S.B. 956 to include all CT residents that qualify under the full current HUSKY eligibility.

My family and I have been in Connecticut since we emigrated from Mexico in 1994. We have all been undocumented until 2013 when I was the first to apply for DACA. In those 19 years, there were no yearly checkups unless asked for by school, no trips to them urgency room, or any referrals to specialists. We cured fevers, infections, and springs at home with TLC. Luckily, we never reached a moment where ER trips were inevitable.

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In 2013, I became eligible for and obtained DACA status. I became eligible for healthcare for the first time in my life when I was 24 and began to work full time after receiving my DACA status. It felt great to be able to see a doctor without having to worry about the Bill. However, this joy is short lived when I think about my parents. My parents have lived in the United States, Connecticut specifically, more than they have lived in their home country. They continue to live paycheck to paycheck, often have having two full time jobs to survive. The wear and tears on their bodies remind me that they will not be here forever and, as you can all probably relate, I see them aging a little more each day. I worry about the toll on their bodies as they continue to do manual labor often topping 12 hours a day into their 50s.

My dad is currently diabetic with high blood pressure and my mom is anemic and also struggles with her blood pressure. Some days, she sleeps off the headaches that may possibly be due to her high blood pressure or anemia because she doesn't want to pay the copay for the clinic they attend. She'd rather put it towards a Bill. My dad currently had his foot crushed by a boulder at work and needed three days to seek medical attention. He wasn't ready to pay the Bill at the ER. When I saw it, I just wanted to cry. It shows me the superhumans my parents continue to be.

My mother and father sacrificed it all for me. Now, as a resident, soon to be a citizen, I present my story to you all with hopes that I can make a difference in this Bill to include people like my parents who continue to work as hard as other Americans. Because that is actually how they see themselves for a chance to have some relief when it comes to healthcare.

As soon to be social worker, I was taught to live by the code of ethics. Well, one of them is dignity

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and worth of the person. I don't believe this is outlandish or exotic. I believe it's simply common sense. Undocumented people lose their dignity and self-worth to come to a country they believe will give them a better life. They pick up any job that comes their way and take any insult or discrimination that comes their way, especially because of the language barriers. It's up to us, now more than ever, to dispose of these labels. We are not our status. We are human beings who deserve affordable basic rights. I would like to leave it with the fact that the American Immigration Council's stated in August of 2020, that they're 120,000 undocumented immigrants in Connecticut. That is 23% of the immigrant population, but only 4% of the population in 2016.

I would like to thank you for your time and reiterate that I support S.B. 956 with the modifications above and hope, the Committee will make those changes. Thank you for your time.

SENATOR MOORE (22ND): Thank you, Karina. That was a great testimony.

KARINA TORRES CERVANTES: Thank you.

SENATOR MOORE (22ND): There's nothing like telling your own story and it's a success stories, where you are when given the opportunity.

KARINA TORRES CERVANTES: Absolutely.

SENATOR MOORE (22ND): Thank you, I don't see any questions for you. Have a good day.

KARINA TORRES CERVANTES: You too.

SENATOR MOORE (22ND): Jillian? I don't see Jillian. I'm going to move on to Christina Cain? Jonathan Gonzales-Crews?

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JONATHAN GONZALEZ-CRUZ: Hello. Thank you, Senator Moore, REP. Abercrombie, and Members of the Human Services Committee for allowing me to testify today. My name is Jonathan Gonzales-Crews and I am an undocumented immigrant from Mexico and I am a proud graduate of UCONN Semester of Quantitative Economics on Program and I am also on the Stakeholder Advisory Board for the Costco Benchmark Project that Connecticut is running. I'd like to clarify, I am representing my own views today. I simply wanted to share insight into the data that I have.

First, I want to talk about the barriers in place. Right now, in Connecticut, in private insurance, they could deny you if you don't submit a social security number, the ACA failed to include undocumented immigrants in the healthcare marketplace and HUSKY also denies both undocumented immigrants and certain immigrants with status not being able to qualify for HUSKY. In turn, this is what the data says. In Connecticut, 3.1% of US born people are uninsured. That number jumps to 31.3% of non-citizens, such as green-card holders, and then also it jumps higher to 52% for undocumented individuals.

As a colleague of mine, Kathy from Planned Parenthood said, immigration status is acting as a social determinant of health and the data clearly shows it here. To further add to that, in 2018, there were about 60,000 uninsured undocumented individuals, factoring in the 52% and in total, in Connecticut, there are about 180,000 uninsured people. What this means is that in Connecticut, 1/3 uninsured people are undocumented and as such this Bill will help reduce that uninsured rate drastically. More so, I want to reference something that the commissioner mentioned earlier, which was because they wouldn't be able to get the federal cost-sharing money, that they don't support it.

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However, respectfully, she failed to acknowledge that the undocumented community is cost-sharing with the HUSKY Program because in 2014 our economic activity was \$3.1 Billion dollars. We paid \$145 million dollars in state and local taxes, \$253 million dollars in federal taxes and we had a spending power of \$2.7 Billion dollars, and, in turn, our community is helping fund HUSKY and yet, we are ineligible for it. We must do the right thing to address both the uninsured rate that's significantly high in our communities and also acknowledge the fact that our undocumented community right now is subsidizing health coverage and for others and yet, we are being told that because of our status we can't qualify.

That is very morally wrong and I know that the question of how are we going to pay for this is on everyone's mind, but I asked that you reframe that because we are paying for it, yet we don't have access to it. Because the commissioner referenced the governor's Bill, I also want to reference a Bill that would help also pay for this and it is honestly like taxing the rich. Connecticut is known to have some of the highest income inequality, where down the road in Westport, we have Billionaires who are making significantly much money and, in truth, they can afford to be taxed a little higher.

So, everyone, especially during the pandemic can have healthcare coverage. If the concern is that we're going to lose economic activity, that is simply incorrect by the fact that they are still here and they are simply not going to move away by being taxed a little bit higher. So I ask this Committee to do the right thing. We are in a pandemic, please help cover every single person in the state and also tax the rich.

SENATOR MOORE (22ND): Thank you, Jonathan. I'm going to read your testimony again, did you submit it in writing?

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JONATHAN GONZALEZ-CRUZ: I am going to be submitting in writing, yes.

SENATOR MOORE (22ND): Please, thank you. Great argument. Next is Leslie Blateau, Tamara Nunez Del Prado, and then Imelda Barajas. Hi, Tamara. I see you.

TAMARA NUNEZ DEL PRADO: Hi, how are you? [Foreign Language]. Good afternoon, Senator Moore. It's a pleasure to meet you today. My name is Tamara Nunez del Prado and I want to speak with you not just for myself, but to share some of the stories that I've heard. I have been working for 20 years in human rights issues and I've also been in your shoes as a public servant in my country in the human rights Department and so I'm very sensitive to people in vulnerable situations. In the last six months, I've heard many stories that have exposed the systemic inequities in the system. People have lost their jobs, leaving them without health insurance and healthcare. People have lost their lives.

There's hardly any family that doesn't know someone who has died in this crisis. Many of us think that this crisis won't touch us, but the crude reality is that for every white person dying of COVID about eight Latino people die of COVID and about 10 Black people die of COVID, this is the sad reality.

LUZ OSUBA: [Foreign Language].

TAMARA NUÑEZ DEL PRADO: [Foreign Language]. We believe that Latino people, migrant people, need this right to healthcare, so that we can continue working and serving this country and pulling this country out of the pandemic.

LUZ OSUBA: [Foreign Language].

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TAMARA NUÑEZ DEL PRADO: And overall, because in Connecticut, undocumented immigrants pay \$400 million dollars in taxes every year and get nothing in return, because they pay their taxes with a TIN number instead of a Social Security Number.

LUZ OSUBA: [Foreign Language].

TAMARA NUÑEZ DEL PRADO: And this is why you, as Senators, as Representatives, and as Public Servants, you can change this reality. Doing nothing in action is complicit with a crime against humanity with a genocide.

LUZ OSUBA: [Foreign Language].

TAMARA NUÑEZ DEL PRADO: Let you be the heroes, you can be the heroes to guarantee this basic human right, dignity, healthcare with dignity, so that we can go on living our lives and being essential workers throughout this pandemic and beyond the pandemic. Thank you very much for letting me speak on behalf of people who haven't been heard, who needs to be heard, thank you very much.

SENATOR MOORE (22ND): Thank you. Let me just check to see if I have any questions for you. I don't. Thank you. Appreciate it.

LUZ OSUBA: [Foreign Language].

TAMARA NUÑEZ DEL PRADO: Bye, bye.

SENATOR MOORE (22ND): Imelda birdhouse, followed by Alison Martinez Carrasco.

MEGAN FOUNTAIN: [Foreign Language].

SENATOR MOORE (22ND): Who was that?

MEGAN FOUNTAIN: I'm sorry, I was just asking if Imelda is here, but I don't -- I do not see her.

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SENATOR MOORE (22ND): Okay, I'm going on to Yenimar Cortez.

YENIMAR CORTES: Hi, everyone, I'm here. Sorry. Thank you all for taking the time for this Public Hearing, my name is Yenimar Cortez I'm. -- excuse me, sorry. I'm a resident from New Haven and I'm one of the many undocumented people in the State and in this country that have gone through their life without healthcare. I am also currently the New Haven organizer for Connecticut Students for a Dream which is, as we have heard, is a youth-led State-wide organization that fights for the rights of undocumented youth and their families.

Today I stand in support of S.B. Number 956, AN ACT PROVIDING MEDICAL ASSISTANCE WITH CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS with clear language that extends eligibility to all a HUSKY programs to all Connecticut residents, regardless of status. So I'm just going to share a little bit of my story, I know we all have heard like many, many stories and many other points and facts, I want to share a little bit of what has happened in my life and why healthcare is so important, I think it should be expanded to all. So growing up with -- healthcare obviously was very terrible, growing up undocumented in general, was very terrible.

My mom would always have to estimate how much she had enough in order for pay for simple things, like a check-up, when we would go to school or something. I always watched her be worried and it went like -- it was three of us, right, three daughters, so I would always watched her be worried when she would come up to pay and think she didn't have enough. My parents had also -- have also had to go through pains and suffer like things because they didn't want to go to the hospital because they know what be

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costly and they wanted to save that money for when we had to go seek medical attention.

I remember that -- this certain story comes up, and one day we were at the park with my family, my mom accidentally fell and hit her leg on rock and opened like her whole leg up, and it was like bloody and it was a really deep cut, and my sisters and I obviously were super scared because we saw blood and we saw that was really deep and we suggested to go to the hospital. Because that's what we hear in school, right, we go like-- we hear like if someone's hurt, you go to the hospital, you seek medical attention. But instead of my mom saying yes, she just shook her head and was like, it doesn't hurt that much, I'll be fine, we can go home.

And so, for the next couple of months and weeks, I saw my mom like being -- not being able to use her leg fully, being able to be in bed rest for weeks, and I also saw her and my sisters be worried about and concerned that her leg would be infected. And she treated it with home remedies and, as of now, it has like a really bad scar and it really didn't get to heal. But I always remember that moment, because that moment reminds me of what it means to not have healthcare in this country, what it means to be undocumented. It simply means living in great fear and always living with suffering in your life, especially with no healthcare.

And you know, maybe to you all in Committee or the legislators that hear it, this Bill might just be another Bill, but you have to have a long hearing for, but it might just be a Bill that you have to bring a strong case, right, because it's very controversial [sic], I don't know how to say that word. It might just be a Bill for y'all but to me, and I know to a lot of undocumented Community, it's more than that, right. It's us being able to not live with fear, as being not -- being -- not seeing

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our family members die with things that they could have get prevented by healthcare, it could have been saved. It means a piece of that humanity that has been stolen from this country, from us, being brought back.

And I know that money is always used as an excuse to continue killing and stealing our Black and Brown and undocumented humanity but I'm sure you all are aware, has -- many of us have said before in this hearing, that our undocumented people contribute an estimate of like \$1.8 billion dollars.

HEATHER FERGUSON-HULL: Excuse me; your three minute is up. Please summarize.

YENIMAR CORTES: Yeah. Just saying, in local taxes, and just in general, money shouldn't be used as an excuse for people -- to save people's lives, right, we have a lot of money for a [sportsman], so let's find the money to provide healthcare for all. That's it, I stand in support of S.B. 956, with clear language to extend, current HUSKY eligibility to everyone, regardless of immigration status and I ask y'all, the Committee to support this as well, so thank you for your time me anyway.

SENATOR MOORE (22ND): Thank you again, Yenimar. You echo some things that I've said. I hope you're not eavesdropping on my conversations. You've repeated some things like I said over and over again. I appreciate your testimony and I understand where it's coming from. And I want to let you know that we are all serious about this, we wouldn't invest this type of time and effort and making sure you had interpreters and that everybody's voices was heard, because everyone's voice is important. So thank you for that testimony. I'm going to turn this over now to my co-Chair, Representative Abercrombie.

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REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Thank you. So I think we're going to go back to Alison. I think we skipped over her by mistake, I apologize. Welcome, Alison.

ALISON MARTINEZ CARRASCO: Thank you. It's all right. Good afternoon, Representative Abercrombie, as well as Senator Moore and Members of the Human Services Committee.

I'm Alison Martinez Carrasco. I am a student at the University of Connecticut. I have been living in Connecticut for years as an undocumented immigrant from Ecuador. I am in full support of S.B. Number 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS with clear language that extends eligibility to all HUSKY programs for all Connecticut residents, regardless of immigration status.

There is a history in this country of denying immigrants healthcare and a pathway to citizenship, which stems from racism, xenophobia that was supported by eugenics. Some examples include the Chinese Exclusion Act of 1882 and anti-immigrant explicit actions that kept anyone out who was not connected to being white, Anglo-Saxon and Protestant dating back to 1896 with European migration. I named this because anti-immigrant sentiments still exists today and they reinforce that, as immigrants, we should not have a say in our health and autonomy over our bodies.

At the end of my testimony, I do include citations for further readings to support the information I provided around the anti-immigrant policies and their ties to eugenics in case anyone wants to read further about them. I want to also name how denying immigrants access to afford our doctor visits devalues our existence and shows that our survival is not of importance, as if we were simply disposable. I see this with the jobs -- immigrants

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take out restaurants, hotels and really any place where our labor and productivity is of-demand, but not our humanity. That is the message I receive when my immigrant parents continue to clean people's homes and places of work to make ends meet, but cannot prioritize or afford their preventative healthcare visits.

Every time my dad's health declines, I worry that his doctor visits will become more unaffordable. I was testifying for a similar Bill last legislative session. At that time, my mom had not been diagnosed with lymphoma cancer, we are now at a time where she has been diagnosed recently, and I always wonder if that could have been prevented, had we had the money and time more available in order to give closer attention to my mother's health. My concerns have especially grown since the COVID-19 pandemic started, seeing as how undocumented immigrants are kept out of COVID-19 relief programs, but our essential workers.

Giving all immigrants, regardless of immigration status, access to healthcare, would give us one less thing to worry about.

HEATHER FERGUSON-HULL: Excuse me, your three minute is up, please summarize.

ALISON MARTINEZ CARRASCO: Thank you, I will. I fully support S.B. Number 956 with clear language that extends current HUSKY eligibility rules to all Connecticut residents, regardless of our immigration status and I ask the Committee Members, really, everyone in the legislator to also support. Thank you so much.

REP. ABERCROMBIE (83RD): Thank you, Alison, well done, and I think I speak for the whole Committee when I say we're going to keep your family, especially your mom, in our thoughts.

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ALISON MARTINEZ CARRASCO: Appreciate that.

REP. ABERCROMBIE (83RD): So thank you for being here today, we appreciate it.

ALISON MARTINEZ CARRASCO: Thank you.

REP. ABERCROMBIE (83RD): Shaun Hein. Shaun, I see him.

SENATOR MOORE (22ND): Representative Abercrombie, I believe that this person will need interpretation.

MEGAN FOUNTAIN: Hello, this is interpreter speaking. I'll interpret everything you say and keep it confidential. How may I help you?

SHAUN HEIN: [Foreign Language].

REP. ABERCROMBIE (83RD): Interpreter, I just want to make sure you -- interpreter, I just wanted to make sure you had made a comment about confidential; you know you're on a live feed on YouTube, correct?

MEGAN FOUNTAIN: This is interpreter speaking, please go ahead, yes.

REP. ABERCROMBIE (83RD): I want to just make sure you understand you're on a live feed on YouTube.

SHAUN HEIN: [Foreign Language].

MEGAN FOUNTAIN: Yes, that's fine.

REP. ABERCROMBIE (83RD): Oh, good. Okay, please proceed.

SHAUN HEIN: [Foreign Language].

MEGAN FOUNTAIN: Yes, we -- our family moved to United States into Connecticut to -- in 2019 and we have four people in them -- four member -- family

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Members in our house and we -- I have never done this kind of testimony before, so this is my first time doing it and I'll tell you what my experience is. Okay, the main thing is, I do have diabetes, so I have diabetes health issues. So I applied for the health program and my children through -- my children receive the -- have insurance, but we did out, which is my wife and myself.

And they said I have to be here five years in order for me to receive that, so I didn't receive that. But currently, I'm going to seek out for the Medicare which is for -- to take care of my -- for my diabetes and they're stating that there's many outcomes from diabetes, there's other health issues coming up, I do need to expense for that, and is actually delaying my healthcare services with this diabetes. I mainly want to have insurance for undocumented as what is for our family, because right now the care that I'm having -- receiving is really far from where I supposed to go, which is where I can get nearest location, a clinic, where -- which I cannot get, so what I'm getting is a bit far from where I live, 45 minutes and due to the pandemic, I don't have anyone who can drop me off.

And is a bit difficult for me to communicate with doctors who are -- doesn't speak the language that I do, the same language, so I just want to let you know that, you know, without health insurance for -- our family is having a hard time for us to -- doing the daily life activities which is, you know, going out of -- commute with the 45 minutes long, and no work with the pandemic, and is a bit hardship on our family. We just want to let you know that we are facing a lot difficult -- during this time.

REP. ABERCROMBIE (83RD): Thank you Shaun for your testimony and thank you for being here today. If you'd like to translate that, that'd be great.

SHAUN HEIN: [Foreign Language].

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MEGAN FOUNTAIN: Appreciate it.

REP. ABERCROMBIE (83RD): Have a good day, thank you. Imelda, I think I saw you, you're up next.

LUZ OSUBA: This is interpreter speaking I'm -- thank you for using our Service and Chapter [ph].

IMELDA BARAJAS: [Foreign Language]. Okay. Good afternoon, honorable Members of the Human Services Committee, I am a mother, I am a Hartford resident, and I am undocumented. I speak today in favor of S.B. 956 to provide health insurance to determine -- determined individuals, regardless of immigrant status. In 2006, I had a very traumatic experience in the emergency room in Hartford hospital. I arrived with a very severe pain in my stomach, my husband embraced me to help me deal with the pain.

When I arrived at the hospital, they asked for my information, but they had no interpreter, they asked why I was there, I said, a pain in the stomach. They never admitted me into a room to take my blood pressure or to ask me about the pain. Because I had no insurance they sent me to wait. I thought that they would provide care, but they did not. Other people arrived and got care because they had health insurance. And I continued waiting to see if their hearts would be moved, but no. I felt that I might die from the pain and just remembering it is very painful, to think that I could have died.

LUZ OSUBA: [Foreign Language].

IMELDA BARAJAS: [Foreign Language]. I don't know how long I was there waiting, I just know that I arrived at 11 at night, and I was there until the wee hours of the morning, and they never provided care. So I told my husband that we should go home because they were not going to see me because of a lack of health insurance. And for one second, I

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lost consciousness and that made them finally attend to me -- Sorry, they still did not attend to me, so we went home and we went to Walgreens to buy pills for the pain. On another occasion, I had another experience; I had to go to a Community health Center because, during my menstrual period, I had too much pain. I had to wait a week to get a doctor's appointment and I thought they would send me to a gynecologist, but no, it was with a general doctor.

REP. ABERCROMBIE (83RD): Excuse me ma'am. Interpreter, could you tell her that -- ask her if she could summarize, her time is up.

IMELDA BARAJAS: [Foreign Language]. To sum up, we truly need this health insurance Bill. We are -- right now, we are afraid to get sick, because we do not have insurance and it's not just me, it is thousands of people in my situation. I call on you today to approve this Bill, it would be a big change to have affordable healthcare for everyone, it would give us security and safety in our lives. I urge you to pass S.B. 956, dear Members of the Committee. Thank you very much.

REP. ABERCROMBIE (83RD): Thank you for your testimony. Representative Hughes has a question.

REP. HUGHES (135TH): Just real quick, Imelda, did you receive a Bill for your time in the hospital for that emergency stay till the wee hours?

IMELDA BARAJAS: No, how would they send me a Bill if they never even admitted me?

REP. HUGHES (135TH): Thank you, I just wanted to know. Thank you for your story.

LUZ OSUBA: [Foreign Language].

REP. ABERCROMBIE (83RD): Thank you for being here, have a great day.

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IMELDA BARAJAS: [Foreign Language]. Thank you.

MEGAN FOUNTAIN: Thank you.

REP. ABERCROMBIE (83RD): Laura Nally, followed by Camille Kritzman. Hi, Laura.

LAURA NALLY: Hi. Thank you for having me, my name is Laura Nally and I'm a pediatric endocrinologist testifying in support of S.B. 956. This testimony represents my personal views. So I've been a physician for over 10 years. When I first became a physician, I vowed to protect the health of all people, irrespective of their immigration status or social circumstances. And I've cared for undocumented children in the hospital in the State of Connecticut who are newly diagnosed with diabetes.

My job as the attending physician is to ensure that the patients have received the appropriate education and training to be able to go home and manage diabetes safely. However, I've had to prolong a patient's hospital stay because they had no way to obtain health insurance and the insulin they needed to survive. I want to be clear when I say that we do not have a stable source of medications for these children and that their ability to live -- depends entirely on donations which are not a sustainable solution. Most children with diabetes cannot survive without access to insulin and going just 24 hours without insulin can cause them to be hospitalized with life-threatening diabetic ketoacidosis.

So, as someone who has lived 30 years with diabetes myself, I understand how hard it is to navigate the healthcare system even when you speak English and have health insurance. I also know that many undocumented individuals are afraid to reach out for help. Our healthcare system is frequently dictating

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the treatment that I can give a patient, and taking away my power as a physician, so you now have the opportunity to save those children that have no access to medications and medical care that they need.

And just to look at the bigger picture, our healthcare system is currently profiting off of people staying sick and not having access to insurance. Various players in the healthcare system make more money if people have to pay out of pocket rather than negotiated prices through private health insurance and through the HUSKY program. Rather than denying healthcare coverage to individuals who need it because of cost, we need to start fighting back against those profiting from the healthcare system before healthcare is no longer affordable for any of us. Thank you for your time.

REP. ABERCROMBIE (83RD): Thank you for your testimony, we do appreciate it. I see no questions. Have a great day. Camille, followed by Angel, followed by Brigitte.

CAMILLE KRITZMAN: Hi, good afternoon, Members of the Human Services Committee of Connecticut General Assembly. My name is Camille Kritzman; I'm a case manager at IRIS, integrated refugee and immigrant services in New Haven, Connecticut. I will be testifying on IRIS's behalf. The clients that I work with consist of mostly undocumented residents, asylum seekers and legal permanent residents, most of whom are ineligible for HUSKY coverage currently.

I'm testifying in support of S.B. 956, but with modifications. S.B. 956, as currently written, leaves out many in our immigrant community, it leaves out low income parents and children under HUSKY A, and low income elderly and disabled folks under HUSKY C. We support modifying S.B. 956 to include all Connecticut residents that qualify under the full current HUSKY eligibility. Furthermore, in

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2014, Connecticut immigrants contributed an estimated \$1.8 billion dollars in State and local taxes and \$3.3 billion dollars in federal taxes. Undocumented immigrants alone pay millions of dollars into State and local taxes every year, taxes that are than appropriated to fund Connecticut HUSKY program, yet my clients who have been paying into the system for years cannot access health coverage due to HUSKY's limiting eligibility rules for immigrants.

This is a Public Health crisis, especially during a pandemic. Unable to access primary care when health issues arise that are too urgent to ignore, most of my clients get right to the emergency room. This causes an unnecessary strain of time, resources, and effectiveness of the emergency services. According to a Yale's study published in February 15, 2020, providing medical coverage for all Connecticut residents would be more cost-effective to the State and prevent thousands of deaths.

S.B. 956 with modifications addresses this Public Health issue and takes the strain off of emergency services in our State. As I mentioned, the majority of the clients I work for are uninsured, most of my clients have thousands of dollars in medical bills and many have chronicle -- chronic medical needs that have gone untreated due to lack of insurance. I'm going to share some of these stories today with permission from my clients that demonstrate the unnecessary danger and stress that being uninsured can cause.

A single mother has been -- who has been a Connecticut resident for the past 15 years has diabetes, and was laid off in the pandemic. She used to work cleaning a factory at night and that shut down in April 2020. She hasn't been able to find another job, other than cleaning houses occasionally. She is facing eviction because she has had to choose between paying hundreds for her

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insulin and staying alive or paying rent. A family of five, where the father has AIDS, the family relies on independent not-for-profits to access treatment for the father.

Even still, with help from these organizations that drop the price for the medication, the family is stuck weekly deciding between purchasing food for the three kids or medication. A single mom of three, who's been a Connecticut resident for 19 years, her 33-year old son is deaf, blind, and mute. It was determined that he needed brain surgery. Unfortunately, the care needed is economically unfeasible for this family, so his health has continued to deteriorate. His mother has to stay at home and care for her son, while her two teenage daughters work to support the family and have put their education on hold to be able to do so.

A family with a single mother of five, where the son was in a devastating car accident when a drunk driver hit him at full speed destroying his car and injuring him, he panicked as an ambulance came because he was afraid he would not be able to afford the right to the hospital. The family will not be able to pay the \$9875 dollars Bill that the hospital charged him.

HEATHER FERGUSON-HULL: Excuse me, you three minutes are up, please summarize.

CAMILLE KRITZMAN: Okay. We have the opportunity with S.B. 956 to change this reality for thousands of Connecticut families. This Bill is a matter of life or death for so -- for thousands of Connecticut residence. At IRIS, it is our goal to work with immigrant families who have made Connecticut their home, to meet their basic needs as they strive to be self-sufficient and driving their communities. It is not possible for our clients to reach this goal without access to healthcare. This is why we stand in support of S.B. Number 956 with the modifications

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mentioned that would include all Connecticut residents, regardless of immigration status and hope the Committee will take -- will make those changes.

Thank you for your time and I implore the Committee to vote favorably.

REP. ABERCROMBIE (83RD): Thank you, thank you for your testimony. I see no questions, have a great day. Up next is Allen -- Angel, followed by Brigitte, followed by Alan, who I see are all here. Angel?

ANGEL HAWES: I'm sorry, thank you. Good afternoon, Senator Moore and Representative Abercrombie, I hope I pronounced your name right, and Members of the Committee. My name is Angel Hawes, and I am from insomnia. I care for the summer with physically disabilities and I'm one of her lifelines. I am a PCA because I care about people and I love taking care of people as being that lifeline for them. Not only am I a lifeline for that person I care for, but their work becomes a lifeline for me. I am sick and tired of worrying about whether I'm going to get paid every Friday, not just for myself, but it breaks my heart to hear these stories from the fellow PCA every single week.

I suffer from anxiety already, and being essential worker during the pandemic, it's already stressful. One -- wondering whether I'll be paid and listening to the fear and stress from so many of my Members, my Union brothers and sisters, just add to the anxiety. Today is Thursday and I am guarantee you that thousands of us are where we are -- whether we'll -- we get paid, confirmation calls tonight. But if we don't, there's nothing we can do about it, because Allied will already be close and going home for the day. Not only does Allied process 6000 times she sleeps every single year, but we also don't get our pay stubs reliable.

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Many PCAs like me take steps to verify our income for housing or HUSKY, because we make so little to begin with, that we have no choice but to rely on these supports, but when Allied doesn't provide our pay says we can be in danger of losing housing or HUSKY, once I've waited too much to get my pesos which I needed to verify my income for housing. I'm here today, not just because I'm tired of the disrespect towards me, but I'm tired of the disrespect towards my brothers and sisters across the Union. If the State really values our work, they would have gotten rid of Allied a long time ago. PCA is majority black and brown women like me, and we should not be working for free; that's slavery. Something needs to be done, please pass H.B. 6560 and allow us to hold Allied accountable. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Angel. Thank you for your testimony and thank you for your work. I see no questions, have a good evening. Brigitte, followed by Alan.

BRIGITTE ESPINOZA: Hello, can you guys hear me okay?

REP. ABERCROMBIE (83RD): Yes, we can.

BRIGITTE ESPINOZA: Okay. Dear Members of the Human Services Committee and Connecticut General Assembly, my name is Brigitte Espinosa and I'm undocumented college students. [indiscernible] member and a daughter of frontline pandemic workers from New Haven. I stand in support of S.B. Number 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS with clear language that extends eligibility to all a HUSKY programs to all Connecticut residents, regardless of status. First and foremost, thank you all for the opportunity that we are being given.

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After years of howling in the darkness, we are being brought to the attention, especially at a time like this can all agree. First, to be hard it's not our goal at this time, though. We're shooting for change, understand in -- understanding and hearing our voice is what we really truly are seeking for here. I'm a current 20-year old female who is pursuing a nurse thing [inaudible], after major. Some may look into the field for the benefits or even pay. But not I -- my major was set as soon as I realized that nothing in this world will keep me from giving my time and love for caring and treating those in my community.

Although this country can't say the same for me. I have been challenged throughout my whole life. Once I explain my story, you will see my ambition to help those even though my society will rather exclude me. I arrived at only two years old, so I don't recognize any other place to call home like your very own United States of America.

Having no health insurance, having no social security or any type of legal resource could make me act angry towards this country, but it was opposite. My action says you may have not expected. At only 14 years old, I was saying -- I will study kidding [inaudible], summer after summer, to help my young youth with their needed academic growth. I thought -- I bought experience. I was tutoring those in my community way before I could even apply for legal job, shadowing my very own elementary school nurse, because she was the one of the very first to have faith in me.

I'm sorry. And not only for that -- on that own for that aspect of the economy, but this time I want to be -- I want to be counted for the sake of my health. I could have given up after the continuous reduction, but it only made me more passionate. If you all close your eyes for a quick minute, just a quick second, you see darkness, correct? That's

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what I see and feel. It was the spring semester of my freshman year of college. I was a student in the very front row my biology class.

After discussing the human eye and the trauma most people face, I was one of many few young teenagers to be diagnosed with some severe high myopia, meaning that on documents I'm labeled legally blind. I was three when my parents handed me my first pair of glasses. Already at three years old, I already knew, my three-year old self had a very significant eyesight. I have to be prescribed very, very thick glasses. I woke up one day, my eyes almost touched the tip of my nose, not only that -- not only that it lost strength, but it brought me to my biggest fear, all it's not this darkness, pitch black, literally, pitch black.

My professor reported me to the nearby clinic, because I mentioned her daddy had health insurance. When my pupils are being dilated and checked, I was given [inaudible], all I remember was that the general doctor at the clinic and the nurses freaked and called the ambulance, rushed me into the ER, I didn't -- I had to see my parents or siblings, because, you see, that's the thing about pain. You don't have to see it, you can already feel it.

I fear because all those years of hard work that were given to me and my recognition, because of my vision have completely left me, the surgeon told me in its own words, having no health insurance was so -- the process of surgery, I recommend you seek help, the longer we wait, the harder chance, you will get for permanent vision loss. That's...

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, can you please summarize? Thank you.

BRIGITTE ESPINOZA: Sure. That all surgery will be able too. So the point here today is that many of

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us undocumented youth literally give our all too, meaning education, our money, our time to the community, and unfortunately they don't do this -- the same. So, I just -- I'm very grateful to be here today and talk to you all, because I know you guys are all very, very important and political figures in this State.

And I hope -- I really hope you guys take in consideration all our time and our words and putting on people like me and for the whole population of the immigration, too, please think about us and our future. I support S.B. Number 956 with clear language that extends current HUSKY eligibility rules to all Connecticut residents, regardless of immigration status, and I ask the Committee to support this legislation. Thank you for your time, Brigitte Espinoza.

REP. ABERCROMBIE (83RD): Thank you, Brigitte, great job testifying. Seeing no questions. Have a great night. Alan, followed by Cameron, followed by Rebecca. Good evening, sir.

ALAN DORNAN: My name is Alan Dornan, and I'm here today representing the Connecticut Immigrant and Refugee Coalition and United Action Connecticut and myself.

So much of what I planned to say was already been said, and I feel a little bit inadequate as a white man of privilege being in the presence of all these people who are struggling just to survive. I also want to give a shout out to all of you State legislators. I'm almost at 82 years old and never in my lifetime have I seen has been so difficult and, unfortunately, so dangerous to be an elected official. So for the past 1080 days, I have been advocating for my immigrants sisters and brothers on the street corner near my home in Wethersfield. Perhaps some of you will see me when you're driving by.

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I like to call myself the old immigrant activist. So I'm here today simply to urge you to pass Senate Bill 956 with amendments to offer HUSKY insurance to all undocumented immigrants in Connecticut. Through Father Thomas Walsh at St Augustine's parish in Hartford, I have had the good fortune to meet a very large immigrant community in the Park Street section of Hartford and then become very close to them. I know they are hardworking people and they are severely deprived. They certainly substantiate the argument that they are disproportionately deprived in this COVID environment.

And in addition, I think that we do -- need to understand that these immigrants, from an economic point of view, contribute mightily the economic, social and cultural well-being of the State of Connecticut. Statistics prove that out. Connecticut has been known as one of the more friendly immigrant States in the country, and I hope that you'll pass this Bill and keep that reputation and growing. My dream -- my dream is that Connecticut will become known as the Immigrant State and that we will be the example of how a diverse population succeeds in both the moral and economic sense. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Alan, thank you for waiting all day to testify, we do appreciate it, and we appreciate your advocacy from your community. So, thank you for being here today. Seeing no questions, have a great day.

ALAN DORNAN: Thank you.

REP. ABERCROMBIE (83RD): Karen, followed by Rebecca, followed by Leah. Hi, Karen.

KAREN WARINSKY: Hi, glad to be with everybody. I've really enjoyed the testimony I think this is important that we're doing this. I think the facts

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-- first of all, I should say, my name is Karen Warinsky, I'm a volunteer with Medicare for All Connecticut. And I think the facts are compelling, this is the moral thing to do, is to humane thing to do, and I'm supporting S.B. 956 today. I'm doing -- I'm just going to mention a few facts that have come my way through the group a Medicare for All.

And definitely, we feel that the HUSKY, all parts should be expanded and put into play, so the language should be modified to clearly expand HUSKY eligibility to all low income residents, regardless of immigration status. I know -- I've been lucky throughout my life to mostly have insurance, but even with decent plans, there have been times where we've had to -- we've struggled to pay certain things. And I cannot imagine being in this position that many of the people today testified have been in. I think an important factor to remember is that, 52% of the undocumented immigrants in our State are uninsured, compare that with the nearly 6% of the rest of the population.

It's not fair, it's bad and by covering all these immigrants and people in the situation, it -- you're also helping the general population to stay healthy, especially with -- not just with the pandemic, but, in general terms. Restricting patients from accessing healthcare, until their medical conditions are advanced, leads to more expensive treatments. When people wind up in the emergency room, we know how those costs are passed on to the public and hospitals become in trouble from that, so there's a lot of reasons that we can, you know, shore this up and fix this problem. There was a figure mentioned this morning that the total cost in the State for ensuring low income citizens is \$6.6 billion dollars and that the Federal Government reimburses over 60% of that.

And the other figure that came out that struck me was that it would take about \$195 million dollars

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per year to do this legislation to cover these people. These are big figures to a person like myself, but I know that \$195 million dollars is just a fraction of nearly \$7 billion dollars that's already spent, so I feel like it's just a matter of will, there needs to be some will to get this done. And that's kind of all I have to say. Also, I'd like to point out that several States have expanded their programs recently and those include California, Illinois, Massachusetts, New York, Washington, Oregon, and Washington DC. Connecticut is such a leader in so many ways. We should also be leading on this initiative, and so those are some of my points.

Medicare for all is really the ultimate goal. That's how I feel, that's how our group feels, and thank you for your time today.

REP. ABERCROMBIE (83RD): Thank you, Karen. Thank you for your testimony, we do appreciate it. Seeing no questions, have a great afternoon. Rebecca, followed by Leah.

REBECA VERGARA: Hi, yes. Thank you, Representative Abercrombie, Senator Moore, Members of the Human Services Committee. My name is Rebecca, I am a medical student in my final year at the Yale school of medicine, I live in and vote in New Haven. I'm also the director of a student-run Free Clinic based out of Yale, called HAVEN.

We serve uninsured patients in the greater New Haven area and primarily patients who are barred from health insurance due to migratory status. I'm here to stand in support of the Senate Bill Number 956 and I know many providers have talked about, you know, the economic impact and how not providing insurance to immigrants is not only very costly, but just overall inhumane, and I really want to echo those comments. I also grew up in an uninsured

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household and I saw the physical and emotional effects on my own family.

You know, it's hard as a child overhearing your own mother in the bathroom crying, not knowing the context, because she doesn't know how she's going to afford a surgery that she really needs. And that's something that has always stuck with me from my childhood and, unfortunately, something that I see repeat in so many of the patients who come to our clinic. I have sat crying with patients who don't know what to do, because they've been denied care or are in incredible medical debt. It's really hard to see.

So at our clinic, we see the full extent of what having or not having health insurance really means and how unnecessarily difficult it is, at every single step of the way. And so, you know, our clinic has created a patchwork of services, but it is certainly not enough. I get calls on a daily basis from patients who, in some way or the other, you know, what -- even if they apply for special programs, they still get denied care, medications, specialty services. We're the only free clinic in greater New Haven, and so we pick up a lot of patients who are on the verge of medical emergency and can't afford care at FQHCs, despite the really good work that they do.

And during the pandemic, especially, we've seen patients unable to pay that sliding scale fee or the discounted medications there. And so we picked up that Bill and it's not uncommon that our patients tell us that they've been forced to make the decision in between paying for rent, food and for the families, and paying for their own medications. So the most common things that we see are patients who have not been on their medications for years. They have some -- you know, diabetes, hypertension, they come in at a point where we can no longer see them in our clinic, they're on the -- at the point

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of emergency, and so we send them directly to the ER, which, you know, as many have said, is a lot more costly than what would -- it would have cost to just to give them a stable supply of medications and regular follow up.

And in the most extreme cases, we've had patient, for example, in the hospital right now, who's been there for two months, because she has end-stage renal disease. She needs dialysis and there's no dialysis -- outpatient dialysis center in Connecticut. And so, she is stuck there because she has no other options and it's costing the hospital and the public hundreds of thousands of dollars, likely, by the end of the -- her time and her hospital stay. And so, these are the cases where, you know, oftentimes as a student-run clinic, we cannot handle -- these require such a higher level of care, but it's really difficult for us to -- sometimes even transfer care to an FQHC because the system is so overburdened.

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

REBECA VERGARA: Yes, ma'am. So, you know, this kind of patchwork band aid system that we have, it's really -- it's really truly inhumane, it's disorganized, it's inefficient, it's rooted, honestly, purely in discrimination and the fact that we can get away with the sub-humane treatment of immigrants in this country, and I really believe Connecticut can do better. So I urge the Human Services Committee to support this Bill. It would be an incredible step towards health equity in the State, so thank you.

REP. ABERCROMBIE (83RD): Thank you, Rebecca. And thank you for your service and everything that you do, especially with the free clinic that you run. Thank you very much for that. Seeing no questions, have a great afternoon.

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REBECA VERGARA: Thank you.

REP. ABERCROMBIE (83RD): Leah, followed by Shenice.

LEAH SCHECTER: Hi, good afternoon. Good afternoon Representative Abercrombie, Senator Moore, Members of the Human Services Committee. My name is Leah Schecter and I'm a physician in my second year of residency training in the Yale primary care internal medicine residency program in New Haven. And I'm very grateful for the opportunity to share with you why I strongly and wholeheartedly support Senate Bill Number 956.

I'm 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've 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 liver was failing and 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, coordinated follow up appointments, but when I went to review his medication regimen with him before discharge, you know, he looked at me and asked how much is all this going to cost. Our team worked together trying to solve this riddle of how he could afford a month supply of only the most necessary medications with various assistance programs that we could offer him. In the end, he could afford it just barely, and I imagined him struggling to solve this riddle of survival each month and the month after that. Several weeks later, he bled again, and this time we couldn't save him and when he died, I felt angry and trumped.

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Angry that each step of the way for this man, who is 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. You know, what if he could easily afford his medications, would he still be alive or what if he were eligible for a liver transplant, something that's unimaginable for those without insurance. Every person should have the right to access basic medical care, regardless of documentation status or ability to pay. And if moral appeals fall short, as many people have mentioned, 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.

So this is not an uncommon story, but I hope one day that it will be, and I think this Bill is a crucial step towards that goal. So I fully support S.B. Number 956 and I ask the Committee to please support this legislation, as well. Thank you so much.

REP. ABERCROMBIE (83RD): Thank you, Leah, for sharing your story, and let me just say on behalf of the Committee how sorry we are for your loss and what you do every day and having to look at these patients and families and go through this with them. So thank you from the bottom of our hearts for everything you do. We do appreciate it. Seeing no questions, have a great afternoon.

LEAH SCHECTER: You too.

REP. ABERCROMBIE (83RD): Shenice, followed by Robert.

SHENICE MORRIS: Hi, good afternoon everybody, my name is Shenice. I'm a resident of Connecticut. I'm writing in support of the Bill S.B. 956. This Bill will allow income-illegible families access to

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HUSKY Medicaid program regardless of immigration status. To me, the undocumented community holds the weight of the United States on their back. For instance, undocumented individuals are caring for our parents or children, growing our food, packaging our goods and more.

At times, these jobs risk their physical health, performing backbreaking and dangerous tasks in toxic, unsanitary conditions like that of factory farms. Their mental health is often compromised, as well. Some employers take advantage of the employees' status and underpaid and overwork them and prevent them from having paid sick days. While people who are undocumented are trying to make ends meet in their own home, they end up supporting all of our families too.

Furthermore, they also end up supporting the US economy. The New American Economy Research Fund found that in 2014, Connecticut immigrants contributed an estimated \$1.8 billion dollars in State and local taxes and \$3.3 billion dollars in federal taxes. The undocumented immigrants alone pay roughly \$145 million dollars in State tax -- State and local taxes every year, taxes that are then appropriated to fund Connecticut's HUSKY program. Yet, despite their contributions, many immigrant communities cannot access health coverage due to HUSKY's limiting eligibility rules for immigrants.

In turn, tens of thousands of families and individuals with no coverage cannot receive the proper care and treatment they deserve. This is a massive Public Health concern. Expanding HUSKY's eligibility to be inclusive of all immigrants, regardless of the status, will help equalize access to healthcare coverage and help reduce the uninsured rate in Connecticut. This year, at a health conference, I learned about an undocumented mother with two preteen sons. Her boys must watch them

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mother get so sick that she can finally receive care through the emergency room. This is the only way she can receive dialysis. Every couple of days she comes close to dying, because of her inability to receive regular dialysis treatment.

Once again, Connecticut has the opportunity to stand up for the immigrant community and to pioneer human rights -- human rights themes [inaudible] across the United States. I'd also like to say, if you listen closely to what people are saying. They're saying that it's -- that everybody is deserving of healthcare, it's a human right. I believe HUSKY should be expanded to every Connecticut resident. I'd like to say, if we're worried about money, a lot of money will be saved from people not having to go to the emergency room.

I'll also say that money can be pulled from military, millionaires and billionaires through Connecticut through taxes. I'm sure some millionaires and billionaires didn't like that just now if they're on the call.

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

SHENICE MORRIS: Sure. And we'd be saving money from people who go into the criminal justice system, kids that end up in foster care, so there is money, it's just about if we're willing to overthrow the racist policies that have been existing since this country has been existing after the white southerners that came here, and carry on the legacy of racism and discrimination and xenophobia. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Shenice. Thank you for your testimony. We really do appreciate it. Seeing no questions, have a great afternoon. Robert, followed by Demetrios, followed by Luis. Welcome, Robert. Sir you're on mute.

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ROBERT FISHMAN: Chairwoman Abercrombie and Senator Moore, if you're there, and Members of the distinguished and important Human Services Committee, my name is Bob Fishman and I am the Executive Director of the Connecticut Immigrant and Refugee Coalition. We're often known as CIRC, a number of you have known me during my many years as the Executive Director of [Che fact] and I'm pleased to see again many of you in my new role as Head of CIRC. My enduring passion is to help new Americans and to encourage our State to do all it can to welcome these fine people into our fold.

In this spirit, let me take a moment to outline our search mission and how Senate Bill 956 dovetails nicely into the work that we do. CIRC has been around since 1996, this is our 25th year. We're a non-profit dedicated to advocating and working every day to help legal immigrants, undocumented immigrants, refugees and asylees. Some of you may be familiar with our Immigrant Day ceremony every year at the capitol. The event honors immigrant Members of the community, who remained good and benefited the State through their life's work.

We're about helping good people, our organization prides itself on its non-partisan, non-denominational platform and indeed, our board is comprised of citizens and naturalized immigrants coming from different diverse, ethnic, social, religious, political beliefs, all united behind the idea that sound immigration policy is in everybody's interest. So too, we do believe that S.B. 956, modified and enhanced, providing health insurance coverage to all the States undocumented residents, is in a broad public interest. These uninsured folks often caught in limbo state -- status through any number of life adversities are still our neighbors, they're are valued Members of the community, and, like any of us, sometimes life it

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says with challenges not of our own making, we have to rely on a safety net.

And in Public Health crises like COVID, all of us must care for our own wellbeing by also enabling our neighbors to do the same, so that what is preventable does not spiral into a matter of life and death. I recognize that State faces many budgetary challenges, that even with a new Administration in Washington, help from Washington, may not be coming quickly. Indeed, this Bill is being raised today as yet another reminder of the lack of sensible federal policy that keeps so many immigrants in a legally precarious position. If we had better policy, we would not need S.B. 956. Alas, important stopgap measures are desperately needed. This is a beautiful proposal that demonstrates that we in Connecticut to do better to set a national example of how we treat all people who call our beautiful State home.

I close by saying how grateful I am this proposals being considered and that, whatever the outcome, it's so important to have this public discussion on the best ways of helping our fellow residents, not only whether there's public -- not only to weather this Public Health crisis, but in bringing them into the fold, what it means to be part of the Constitution State. And I thank you and I hope you can see behind me is our brand new -- brand new signs. -- and let me see -- and I guess you have to read it backwards, but, families together, it's our new logo, we're very proud of it on our website. Thank you very much.

REP. ABERCROMBIE (83RD): Thank you, Robert, thank you for your testimony and thank you for your advocate -- advocacy. I don't see any questions so I'm just going to say have a great evening. Thank you so much.

ROBERT FISHMAN: Thank you.

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REP. ABERCROMBIE (83RD): Demetrios, followed by Luis, followed by Iruka, I hope I said it right. Demetrios? Demetrios, I see you.

DEMETRIOS GIANNAROS: Can you hear me now?

REP. ABERCROMBIE (83RD): Yes, sir.

DEMETRIOS GIANNAROS: Okay, but I see Bob Fishman there. Hi, do you have my picture -- my photo, turn it on.

REP. ABERCROMBIE (83RD): No, we don't Sir. We don't see you on the screen, we just hear you.

DEMETRIOS GIANNAROS: Just hear -- here you go. Hi, how are you.

REP. ABERCROMBIE (83RD): Hello, former State REP. and colleague. It's nice to see you.

DEMETRIOS GIANNAROS: Great to see you and I want to thank you for doing this and spending so many hours already on this Public Hearing. It's very difficult, of course, under the circumstances of pandemic it's even a lot more difficult than I was encountering when I was Chair in Committees back then. My name is Demetrios Giannaros, I'm the Chair of the Immigrant Heritage Hall of Fame and Vice Chair of the Immigrant -- the Connecticut Immigrant and Refugee Coalition.

Among other things, I'm a Professor of Economics, as you know, and I've never done anything at the Capitol without really presenting the economic perspective on issues, because I taught for 35 years a course called economics of public policy. So I had the obligation in my mind, that is, to speak from economic perspective and I'll make some references, in fact, today. Humanitarian point of view, there's no excuse, there's no question that

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every human being should be covered for healthcare and provided preventative healthcare, so that all of us are safer and better for my -- for my healthcare point of view.

And economic point of view, it is totally crazy from an economic point of view, to have employees go to work sick or go to work and leave in the middle of the day, because they are sick or simply not be able to perform up-to-par, or infecting others as it's happening now with regards to the virus that we are confronting.

All of this is at cost to society, to the economy, and to the State, because the income is going to be less as a result of what I just mentioned, because productivity and economic production and income will be less, tax revenue will be less so, if we can prevent all of that, actually, we are -- we will end up with more economic activity, more employment, more income, and more tax revenue that will more than pay for all the costs that we're talking about in covering healthcare for people that are not covered at this point, or do not qualify.

The economic and social costs, of course, justify, in my opinion, covered for all, but earlier in the day, you had the Commissioner and you asked, I think, Senator Moore or somebody asked, what is the cost to cover all the -- what is intended in this particular Bill. I've done the calculations as he was speaking and we're really talking about 8.1% of the total Medicare costs of the State, because the rest of it is paid by the Federal Government. If we were to finance \$195 million dollars, basically we're increasing the Medicare costs, the part that the State is covering by 8.1%. But, since they already have \$50 million dollars in the budget, we're talking about a 6% increase on the Medicare costs to cover the Bill that we're talking about.

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Another thing that I did some calculation on and, of course, as I said, I do -- I look at things from an economic perspective, because the costs and benefits, as was mentioned earlier by one of the speakers Jay Sicklick, who I know well and he's a very smart man, if you take the \$195 million dollars that the Commissioner talked about, the cost of this particular Bill, as a percentage of the State's budget, we're talking about 0.85% of a percent, or if you already accounted for the \$50 million dollars that's already in the budget, 0.63%; that is less than 1%, 0.63%.

And if you were to cover all immigrants, all immigrants, 100%, for all healthcare costs, and I'm talking about the undocumented now, who are -- in our State, we have an estimated population of 120 million undocumented immigrants. If you want to pay for all of their healthcare costs, it would be about 2% to 3% of the budget, maybe 3.5% --

HEATHER FERGUSON-HULL: Excuse me, your three minutes is up, please summarize.

DEMETRIOS GIANNAROS: Yeah, and I'm gonna wrap up because I -- as you see, I'm getting excited. So, but because they -- the undocumented immigrants, they already -- half of them are already covered for healthcare, we're really talking about a total value increase of 2% in the overall budget. So the bottom line is that, if we were to save all the costs that we are encountering by not treating people, they are less productive and more healthcare costs, we lose people, they die or they become less capable to, work as we heard so many great testimonies today.

If we save all of that by investing in healthcare and preventing all these things from happening, actually, the State will gain revenue and we will have a net benefit, rather than a net cost, based on economic cost benefit analysis. So I strongly support S.B. 956 without any question, it is a smart

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investment, and I would support that anytime anywhere, for that matter.

REP. ABERCROMBIE (83RD): Thank you Representative, thank you for your testimony. Representative Hughes.

REP. HUGHES (135TH): Oh, thank you, Madam Chair, I just wanted to clarify, you said 120 million undocumented. I think you meant 120,000 in Connecticut?

DEMETRIOS GIANNAROS: Yeah, I did say million and I -- I did mean -- thank you for correcting me, Representative.

REP. HUGHES (135TH): I just wanted to set the record straight. 120,000, yes.

DEMETRIOS GIANNAROS: 120,000, yes. Yeah, it's 3.4% of the State population.

REP. HUGHES (135TH): And we know that there's about at least -- over 50% uninsured, if we invest in 2% of the overall Medicare Medicaid budget, it would more than cover the cost savings from not covering the--

DEMETRIOS GIANNAROS: Yeah, if we were to cover the rest of the undocumented fully, a 100%, without having to worry about those already covered, this -- the cost to the state would be the equivalent of 2% of the State budget, that's what I meant.

REP. HUGHES (135TH): Of the State budget?

DEMETRIOS GIANNAROS: Yeah, what I was talking about before was \$195 million dollars, which relates to this particular budget. That would be 6% of the Medicaid cost with the same pace.

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REP. HUGHES (135TH): Same pace, okay. Do you have those figures in a document that you're submitting with your testimony?

DEMETRIOS GIANNAROS: I, you know, I calculated this because I was listening to the testimony and I thought this would be interesting it's -- and good to have. I can send it to you, I'll type it up and I can -- I can send it to your Clerk there so they can pass it on to you.

REP. HUGHES (135TH): Thank you so much, this is very helpful. Thank you Madam Chair.

REP. ABERCROMBIE (83RD): Thank you Representative and thank you Representative Demetrios. It's so nice seeing you and I'm so happy to see you're doing so well, I think it's been well over 10 years so --

DEMETRIOS GIANNAROS: Yes.

REP. ABERCROMBIE (83RD): It's a nice surprise to see you.

DEMETRIOS GIANNAROS: Yeah, I think we were overlapped for about three terms, six years.

REP. ABERCROMBIE (83RD): I think so, too, yes.

DEMETRIOS GIANNAROS: And I'm following you and some of the other Members of the Committee, you're doing a fantastic job, thank you.

REP. ABERCROMBIE (83RD): Thank you, Sir. Thank you, it's so nice seeing you, have a great night.

DEMETRIOS GIANNAROS: You too, thanks.

REP. ABERCROMBIE (83RD): Luis, followed by Iruka, I hope I'm saying that right. Luis?

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LUIS LUNA: Hi, good afternoon, Members of the Committee, distinguished Madam Chair, Representative Hughes. My name is Luis Luna, I am an organizer with the Connecticut Working Families Party. I'm also a member of the Semilla Collective and we heard some of our -- some of our friends testify. I am here this -- I'm here and I stand in support of S.B. 956 enact, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUAL REGARDLESS OF IMMIGRATION STATUS. I will submit my testimony. and I just wanted to just share that last Friday, I had an accident and I messed up my knee and I was able to see a doctor earlier this afternoon, I was able to go see the orthopedic surgeon, and they're scheduling an MRI for my -- for my leg and then they might they might do surgery on my knee.

And I mentioned this because I have insurance and I was able to get medical care. So this makes me think about my whole family, I come from a mixed-status family, I have family Members who are undocumented, I have family Members who don't have access to healthcare, don't have access to the stimulus check, don't have access to any other type of federal aid. And I'm also thinking about my brothers and sisters here in Connecticut who are undocumented and who also don't have access to this to medical care. I think like we understand that -- that healthcare is a human right, and with a pandemic we have seen that workers, we have redefined workers, we have redefined who are our essential workers, those who take care of our children, those who take care of our elderly, those who grow our food and those who are in the front line, you know, making sure that we continue to move forward and fight this fight against this pandemic.

So with that, I just want to -- I wrote some in my testimony, but I just wanted to just kind of like bring out the fact that we are here as a resilient community, as a strong community, as a community that has really seen the brunt of this -- of this

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administration and often the immigrant community is forgotten. And we are in a moment where we can vote for this Bill out of this Committee, we are in a moment where your fellow colleagues both in the Senate and the House can, in fact, vote for the -- for this Bill and can get this Bill passed, so many Members of my family, many Members of my community have access, or can have access to health insurance.

We have heard from folks like Evelyn. Evelyn is one of my friends and she testified a little while ago. And she owes thousands and thousands of dollars, and I was able to get an MRI, but her husband wasn't able to get an MRI, so they had him wait months and months and months, until his conditions got a lot worse. So with that, I'll stop right there and I really urge this Committee to vote in favor of S.B. 956.

REP. ABERCROMBIE (83RD): Thank you, Luis, and we hope you make out well with your name as you go forward. Seeing no questions, thank you so much for being here, and have a great evening.

LUIS LUNA: Thank you.

REP. ABERCROMBIE (83RD): Iruka, followed by Maricela, followed by Nayeli. Could you say your name, I'm just curious if I said it even close?

IRUKA HALL: My name is Iruka, good afternoon everybody, Members of the Community Services Committee. I live in New Haven, Connecticut, and I'm a member of Semilla Collective, and I'm here to stand in support of S.B. Number 956, with clear language that extends eligibility to all a HUSKY programs to all Connecticut residents, regardless of status. Healthcare is a human right. Everyone deserves healthcare. We need to extend this human dignity and respect to everyone. I work at a soup kitchen in New Haven and some other harm reduction organizations.

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Every day, I meet undocumented folks including some who are on the street, on house or housing-insecure, who have chronic medical complications and cannot get the care that they need. They have to live with extremely difficult conditions that could have had a solution through preventative care, but they are instead denied care and dignity, violating their human rights and putting them in dangerous situations every day and even, putting them at the risk of death. They're going through literally heart-wrenching and inhumane situations every day due to this lack of access.

It's not okay that folks don't have access to healthcare, it will never be okay or justifiable in any way. This is a literal -- discussing violation of human rights and it needs to change now, and this is why I'm here to stand with my undocumented brothers and sisters in support of extended and eligibility to all HUSKY programs, regardless of immigration status, as the bare minimum of care that we can extend to happen. And this needs to happen now. So, thank you for listening to my testimony.

REP. ABERCROMBIE (83RD): Thank you so much, we do appreciate it. Seeing no questions, thank you very much, have a great afternoon.

REP. ABERCROMBIE (83RD): Maricela?

MEGAN FOUNTAIN: Yes, Representative Abercrombie, I believe that Maricela is not going to testify.

REP. ABERCROMBIE (83RD): Okay, then we will move on to Nayeli and I think you're here to testify -- I mean to translate for her.

MEGAN FOUNTAIN: Yes.

REP. ABERCROMBIE (83RD): So just tell her welcome, and you can proceed.

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MEGAN FOUNTAIN: [Foreign Language].

NAYELI GARCIA: [Foreign Language]. Good afternoon, Members of the Human Services Committee, my name is Nayeli Garcia, I am a resident of West Haven and a member of ULA, Unidad Latina en Accion. I want to give my testimony in favor of S.B. 956 for the right to healthcare for all with no regard for immigrant status.

My story is -- I want to tell you the story of a member of my organization. She's a resident of Westport, Connecticut, she's lived there since 2011 with her children. They are all undocumented, her 16-year old son is studying high school and gets good grades. His dream is to become a doctor. Diana hopes that her son can become a person who helps this country, but it's not easy because he came to this country when he was seven years old and he is undocumented. Neither Diana nor her children have health insurance and sometimes her kids have been sick, but because she was afraid of the bills, she did not take them to the doctor.

Just like me, Diana is a domestic worker, she cleans houses, she is a single mother who has to work every day to bring food -- to put food on the table. And a year ago, she fell on the job, and because of that, for a whole year her leg and her knee have been swollen. She was -- she spent three and a half months in bed with no medical care and, finally, four -- after four months after the fall she got an appointment with the doctor. The appointment took so long because she didn't have health insurance and she didn't have any support from her employer, and because she did not get the care in time, it created a lot of repercussions that she could have avoided.

LUZ OSUBA: [Foreign Language].

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NAYELI GARCIA: [Foreign Language]. The problem is that, if you don't have insurance, it's very hard to get an appointment with a specialist, you have to apply to some charity organizations. So you apply to different charities, you hope that they take your application, they reject your application. Finally, thanks to God, they -- a charity helped Diana, but it took too long. She got sick fighting to get care and she still has her leg swelling, and every day she ties up her leg, which is in pain, to feel a little bit better. And even though she's in pain, she has to go to work every day to put food on the table, she's a single mom.

For domestic workers, like her and like me, we clean houses, we care for children, we care for elderly, and there's no -- there are no laws that protect our rights. Our work is essential, but it's undervalued. I also work as a house cleaner and I believe that as human beings, as undocumented people, and as citizens, all of us deserve to have healthcare. Thank you.

REP. ABERCROMBIE (83RD): Thank you, tell her thank you -- thank her for her testimony and wish her all the best.

MEGAN FOUNTAIN: [Foreign Language].

REP. ABERCROMBIE (83RD): Perla, followed by Hector, followed by Angela.

PERLA CARDOSO: Hi. Hello, how are you?

REP. ABERCROMBIE (83RD): Good evening.

PERLA CARDOSO: Dear Members of the Human Services Committee of Connecticut General Assembly, my name is Perla Cardoso, I am a resident from New Britain, Connecticut. I'm a first generation child of immigrants. I am a Community organizer here in New Britain at Connecticut Students for a Dream, a

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youth-led organization that fights for the rights of undocumented youth and their families. I stand in support of S.B. Number 956, AN ACT PROVIDING MEDICAL ASSISTANT -- sorry, ASSISTANCE TO CERTAIN INDIVIDUALS, REGARDLESS OF IMMIGRATION STATUS, with clear language that extends eligibility to all HUSKY programs to all Connecticut residents, regardless of immigration status.

I'm here to ask you to take immediate action to open up the HUSKY healthcare program for all individuals, regardless of their citizens -- citizenship status. I've seen my parents, family and community struggle paying their healthcare bills. I know of folks in the community who've been turned down by doctors because of the immigration status. It is unfair. With more than 130,000 estimated undocumented immigrants residing in our State, this is a massive Public Healthcare concern. Early treatment effectively reduces the amount and individual will pay for healthcare in the long term by preventing health issues from developing further.

Undocumented immigrants in our State pay roughly \$145 million dollars into State and local taxes each year. These undocumented tech -- these undocumented taxpayers are funding State healthcare programs, such as HUSKY or Connecticut -- residents use, but due to their status are unable to access any of these health programs. As taxpayers funding State health programs, undocumented residents deserve an equal and fair opportunity to access the very programs they fund.

Now I'll share a personal story. I come from a mixed-status family. So my parents are undocumented, my older brother is undocumented, and they've been here for over 21 years, right. 21 years of paying taxes, 21 years of going to medical visits and leaving with \$300 of bills to pay, right, and that's for every time that they have to go, right. And this one really hits home because,

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again, like, even though we say -- we pay taxes, that doesn't mean we -- that doesn't make us less human, right. So, like, my mom, she worked at a -- at a nursery -- plant nursery two years ago. And two years ago, she had an accident and she injured her already messed up knee, right.

Surely after that, she got laid off, right, so after she got laid off, she had to go keep getting -- she had to keep getting checkups and eventually now, two years later, it led her to having arthritis, severe arthritis, right, which could have been avoided, right. And not only that, right, my father as well, he has his own landscaping company, right, and even with that, right..

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

PERLA CARDOSO: Sure, thank you. Right, and, yeah, right, so I feel like these are many stories that you'll keep hearing and that you've heard all day today, but with that, I stand in support of S.B. Number 956, with clear language to extend current HUSKY eligibility rules to all city residents, regardless of immigration status and I ask the Committee to support this legislation. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Perla, great job. Seeing no questions, have a good evening. Hector Castro. No, Hector. Angela Bellas.

ANGELA BELLAS: Hello.

REP. ABERCROMBIE (83RD): Hi, Angela. We can't see you, just so you know, Angela.

ANGELA BELLAS: That's okay, I'm pulled over in a parking lot. Hi, my name is Angela Bellas, I'm a member of Connecticut Mutual Aid East of the River and Uniting for a Safe Inclusive Community, and I live in Manchester. I'm here in support of S.B.

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956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS, REGARDLESS OF IMMIGRATION STATUS, with clear language that extends eligibility to all HUSKY programs to all Connecticut residents, regardless of immigration status, because healthcare is a human right.

I currently have healthcare coverage as a graduate assistant at UCONN, but I lived without health insurance for years, and during these years, I didn't have a PCP, I didn't go to a dentist for a decade, I didn't seek medical advice when I was ill, because I couldn't afford to. This is not a unique story, clearly we've heard this over and over today, it is well documented that uninsured individuals are less likely to seek medical care, until it is urgent and therefore more dangerous and more costly.

I am also the daughter of an immigrant and when I was a teenager, my father became very ill and went to see a doctor for the first time in decades. He was eventually diagnosed with Non-Hodgkin's lymphoma. My father struggled through rounds of chemotherapy and radiation treatments and eventually, kidney failure. When I think about these years and all of the pain and suffering my father experienced, first with cancer, then after his first heart attack, and later in life, with chronic kidney disease, another heart attack and finally, years of dialysis, I'm grateful that he had access to healthcare that extended his life for 25 years beyond his initial cancer diagnosis.

My six year old daughter only got to know her [papu] because of the healthcare and interventions he received through multiple organ failures. Do you have any idea how much dialysis costs out of pocket, how much 10 days in the hospital costs, most of us can't dream of being able to pay the hundred thousand dollar plus hospital bill, or a year of dialysis out of pocket. The additional stress of crushing medical bills, while dealing with life or

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death medical issues, only further exacerbates human suffering and racial health disparities.

I'm testifying today because my father actually did have access to quality healthcare and extended his life, improved his quality of life for years, and I know that everyone should have access to preventative interventional and lifesaving healthcare, regardless of immigration status. Our immigration system is grounded in white supremacy. My father's story is very different because he happened to be born in a European country and the US quota system for immigration has over-privileged white European immigrants migrating for the same reasons anyone migrates, for economic opportunity, to escape the violence of poverty, to escape the violence of war and civil conflict, for love.

It is long overdue that Connecticut ensures that our immigrant friends and neighbors, the same essential workers holding up our economy, our food systems through a global pandemic, have access to preventative and lifesaving healthcare. This was true before the COVID-19 pandemic struck and in the midst of a global pandemic, passing S.B. 956 is imperative.

I'm also speaking today as a member of CT Mutual Aid East of the River and USIC, because many of my friends are not able to take this time away from work or family obligations to speak to you. And many of my friends and our Members are scared or intimidated by this process for a variety of reasons.

HEATHER FERGUSON-HULL: Excuse me Angela, your three minutes are up, please summarize.

ANGELA BELLAS: Sure, just like a lot of other folks said today, I have folks in my life who get that \$10,000 emergency Bill from the hospital and can't pay it and don't have healthcare access and no one

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should have to live that way. I'm here for and with those friends, because healthcare is a human right, and we need to codify access to healthcare coverage to HUSKY, regardless of immigration status into Connecticut law. I support S.B. 956 with clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of immigration status and I ask the Committee to support this legislation. Thank you.

REP. ABERCROMBIE (83RD): Thank you, Angela, seeing no questions, have a great night. Drive safely.

ANGELA BELLAS: Thanks.

REP. ABERCROMBIE (83RD): Julissa? I don't see Julissa, so we'll move on to Alison. Hi, Alison.

ALISON WEIR: Hi, Representative Abercrombie, Senator Moore, Members of the Committee, my name is Alison Weir and I'm with Greater Hartford Legal Aid. I submitted my written testimony supportive of S.B. 956. You've already heard so many more eloquent personal stories about how important this is. I just want to use my time to call the Committee's attention to a couple of -- some disparate -- disparities and how HUSKY A, HUSKY B, HUSKY A, C and D are identified appropriations as compared to HUSKY B. In sections one and two, we addressed the HUSKY A and HUSKY C, HUSKY D, as well as HUSKY A for pregnant women.

The extension is limited to within available appropriations, but in section C of HUSKY B is extended regardless of immigration status. I imagine this will -- probably get you -- might have been an oversight in drafting and it'll probably get cleared up when it gets to appropriations, but I just wanted to call your attention to it. Otherwise, I think this is an important Bill for, not only the individuals you've heard from, but also for Public Health and basically making the State of

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a better fairer place, so I urge you to support the Bill.

REP. ABERCROMBIE (83RD): Thank you, Alison. Thank you for your testimony.

ALISON WEIR: Have a good night.

REP. ABERCROMBIE (83RD): Seeing no questions, have a great night. Jorge. Jorge. I don't see him. Colleen. There she is. Hi, Colleen.

COLLEEN FITZGERALD: Hello, good evening to you all. Thank you for hearing me, dear Members of the Human Services Committee of Connecticut General Assembly, my name is Colleen Fitzgerald, I'm a resident from Granby, I am the daughter, sister, niece and spouse of immigrants. I stand in support of S.B. Number 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS, REGARDLESS OF IMMIGRATION STATUS, with clear language that extends eligibility to all HUSKY programs to all Connecticut residents, regardless of immigration status.

As I said, I was born in the US, but live in a family of first generation immigrants. I spent about 10 years of my childhood in Connecticut, growing up in Granby, attending Catholic schools in Simsbury and West Hartford. Then I moved on to college in Maine and eventually moved abroad to Argentina, where my current spouse and -- is from and that's why I experienced life as an immigrant myself. I want to share a little bit about my experience in Argentina briefly, before I bring it back to Connecticut. You see, as an artist and Community activist, my income over the last six years has never been stable. But I continued to do this work because it is essential to a healthy society.

In Argentina, there is universal healthcare. So as an immigrant, albeit privileged coming from the US,

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but without much money, it was a comfort to know I could always go to a public hospital whenever I needed, regardless of my immigration status. Nothing was ever asked of me to have access to these services, and that gave me an immense peace of mind. I was able to use the Public Health system in several emergency and non-emergency situations. Fast forward a few years, and I have brought my Argentinian husband to live with me in my home country. We went through this process of immigration in extremely hostile anti-immigrant sentiment that's currently plaguing our country, but here we are, as two young able-bodied and hardworking people, we are doing all that we can to live a decent life here.

Unfortunately, the pandemic caused us both to lose jobs that we secured a few months prior, and we currently rely on government-provided social safety nets. We were both uninsured for several months as we lost our jobs, and had to move quickly from New York to Connecticut. Our biggest worry during this pandemic was going to the hospital without health insurance and falling into medical debt. But let me say that again, our biggest worry was not dying, but falling into crippling debt during this crisis. Things should not be this way. Luckily, in December 2020, we signed up for healthcare through Access Health and I was able to get HUSKY health as a US citizen, but my spouse was not eligible due to not living in the country long enough.

And while the healthcare remained relatively affordable for him, our different immigrant statuses meant different access to affordable healthcare. While I know the US is a ways away from the universal healthcare I experienced in Argentina, I'm hopeful that my home state can lead the way towards a more equitable system. Healthcare is a human right, but that's not how it's treated here. If you have the economic resources, you will get quality care, if you are poor, an immigrant, undocumented,

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you will not have access to the same care. And coming from an immigrant, from a family of immigrants, I know just how hard is to get to work to get by in this country, and they work -- truly work harder than most people, most citizens. But our social services, often exclude them, especially those who are undocumented.

We must make sure that everyone has healthcare, and it is for this reason I support S.B. Number 956, with clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of immigration status. And I ask the Committee to support this legislation, thank you very much for your time tonight.

REP. ABERCROMBIE (83RD): Thank you, Colleen. We appreciate you taking the time to come and testify, and we hope you have a good evening. Next we're going to move on to, and I hope I say it right, Zucely, followed by Julio, followed by Tanner. Representative Garibay is going to cover, I have another meeting, starting at six, until Senator Moore returns. So I'm not sure if I see -- oh, there, Zucely, you're up next. Number 109.

ZUCELY ALVAREZ: [Foreign Language].

REP. ABERCROMBIE (83RD): Do you need an interpreter?

ZUCELY ALVAREZ: Yes, please. [Foreign Language].

MEGAN FOUNTAIN: Good afternoon, my name is Zucely Gonzales; I'm a member of the Chapinas Unidas Group in Norwalk and Stamford, Connecticut. I've had a lot of problems since I've been living here for -- because I have not had health insurance. My husband is a US citizen since 1998 and he is always paid his taxes. Initially, he paid for health insurance for me, but he does not earn a lot of money. I had -- I

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gave birth to two children here and it was very hard, I had C sections and it was complicated.

Four years ago, I had vaginal bleeding and I had to have various exams, ultrasound, CAT scan, and I owe thousands of dollars for those tests. I pay a rate of \$100 per month, but I can't pay it anymore because of the coronavirus pandemic, I've been left jobless. I need to get a pap smear and mammography because I have family Members who've had breast cancer, but I can't pay for the bills. I don't know how I'm going to do it. My husband says he can't pay the bills anymore. That's my testimony, I've always been mistreated by the health system just be -- even before coronavirus, I got an infection in my throat and the -- and they did not want to give me care, because I did not have insurance.

I ask you to please accept us to have free health insurance or affordable health insurance, some of my children have to pay private insurance, because they have to get vaccinated, they have to keep up-t-date on their vaccinations and their care. Well, this is my testimony and I ask you, please, to help pass this law.

REP. GARIBAY (60TH): Okay. Thank you so much, Miss Alvarez, for your testimony. We're so sorry for your pain. Is there anyone that has a question of Miss Alvarez?

ZUCELY ALVAREZ: My last name is Gonzales.

REP. GARIBAY (60TH): Okay, it was wrong on the paper, I apologize. We'll move on to Julio Leon.

ZUCELY ALVAREZ: Good evening, can you hear me?

REP. GARIBAY (60TH): Yes, we can hear you.

JULIO LEON: All right. Awesome. Chair Abercrombie, Senator Moore, and other Members of the

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Committee, thank you for the opportunity to testify before the Committee in support of resolution S.B. Number 956. My name is Julio Leon, now I am a current student at the UCONN School of Social Work and I'm also arrested in part three [014728]. This pandemic has confirmed and exposed the massive disparities and inequities within the economic and healthcare system that affects low income communities of color and undocumented folks. According to research done by the New American Economy Research Fund, the problem is the following.

In 2014, Connecticut immigrants contributed an estimated \$1.8 billion dollars in state and local taxes and \$3.3 billion dollars in federal taxes. Undocumented immigrants alone pay roughly \$145 million dollars into state and local taxes every year, taxes that are then appropriated to fund Connecticut's HUSKY Program. Yet, despite their contributions, many immigrants communities cannot access health coverage due to HUSKY's limiting eligibility rules for immigrants.

In turn, tens of thousands of families and individuals with no coverage cannot receive the proper care and treatment they deserve. This is a massive Public Health concern. Expanding HUSKY's eligibility to be inclusive of all immigrants, regardless of status will help equalize access to healthcare coverage and help reduce the uninsured state -- rate in Connecticut. Why should this Bill be supported, number one, healthcare is a human right, number two, preventative care will save money. And, lastly, people are waiting and in need of crucial support in these times that we're living in. Families are lacking the abilities to afford healthcare and are getting into debt and many are uninsured.

No one should have to worry about how they're going to afford their next medicine, their next doctor visit, or life-threatening surgery. Thank you for

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your time and I urge the Committee to pass S.B. Number 956 may justice rain down like waters and may it be so [indiscernible]. Thank you for your time.

REP. GARIBAY (60TH): Thank you so much, Julio, for your testimony. Is there anyone that has a question? Seeing none. I want to thank you again. I'm going to now turn it over to Senator Moore who's back with us.

SENATOR MOORE (22ND): Thank you, REP. Garibay. And thank you too, REP. Abercrombie. Next is number 112, Tanner Bommersbach.

TANNER BOMMERSBACH: Thank you, Senator Moore, Representative Abercrombie and Members of the Committee, my name is Dr. Tanner Bommersbach and I'm a physician working across New Haven County. I stand in support of Senate Bill 956, but with the modifications that others have mentioned, to include all Connecticut residents that qualify under the current HUSKY eligibility. I work as a psychiatrist in a public clinic for children and young adults with psychiatric disorders.

Every day, I care for undocumented individuals who have overcome unimaginable challenges early in their lives and have managed to contribute to their communities in truly inspiring ways. Yet, these children and young adults are unable to access affordable healthcare simply due to their immigration status. As their doctor, I struggled to get them necessary health services, including preventative primary care visits, medications to treat their psychiatric conditions, and referrals specialist. One college student I work with, who is undocumented has a serious condition that causes her to experience seizure-like episodes multiple times a day.

For the last year, she has not been able to see a neurologist to diagnose these episodes simply due to

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her undocumented status. These episodes have significantly impacted her school studies, her job opportunities, and her ability to stay involved in her Church, which has her favorite activity.

Last month, after struggling with these seizure-like episodes for several years without appropriate medical care, she had to take a leave of absence from her college classes. I believe that if she had had insurance and was able to see a neurologist for her condition, she would be able to continue college and achieve her goal of becoming a social worker to help other young adults facing similar challenges. I struggle knowing that, while my undocumented patients have the right to go to school in Connecticut, they do not have the right to basic health and healthcare in Connecticut.

And today, I'm urging you to join six other states, including our neighbors in Massachusetts and New York, to pass Bill 956. Passing this Bill is not only the right thing to do, I also believe that makes financial sense for our state. I would just like to highlight, again, the Connecticut Health Foundation analysis that Jay Sicklick sent over to your Committee that showed that expanding HUSKY A and B to undocumented children in Connecticut is estimated to cost about \$11 million dollars for year one and about \$14 million dollars for year two, for a total of \$25 million dollars over the biennium.

In 2017 alone, Connecticut hospitals provided \$1.66 billion dollars in unreimbursed and uncompensated care. Similar to the expensive care provided so many of my patients who are undocumented, every time they have to go to the emergency room, because it's the only way they can get lifesaving care. I realize that passing this Bill in the midst of our state's budget deficit is a difficult task. But, as others have said so well, this is an issue of healthcare access, of healthcare equity, and of basic human dignity. And for all these reasons, I

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support Senate Bill 956, with clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of their immigration status, and I urge the Committee to pass this Bill. Thank you so much for your time.

SENATOR MOORE (22ND): Thank you Doctor, I apologize for -- mispronunciation of your last name. It's night-time eyes, so I need to shift my glasses to night time.

TANNER BOMMERSBACH: That's okay.

SENATOR MOORE (22ND): Not seeing any questions for you, but I thank you for your testimony.

TANNER BOMMERSBACH: Thank you.

SENATOR MOORE (22ND): Sara LeMaster, followed by JULIA ROSENBERG. Sharon Thorstenson.

JULIA ROSENBERG: Sorry, I was waiting for Sarah, I'm here.

SENATOR MOORE (22ND): Oh, Julia, okay. Are you doing it with Sara?

JULIA ROSENBERG: No, no. I just didn't know..

SENATOR MOORE (22ND): Oh you're waiting for Sarah to come on, to see if you would come on next, right? Okay.

JULIA ROSENBERG: All right, thank you. Thank you so much, Senator Moore, Representative Abercrombie, distinguished Members of the Human Services Committee. Good evening, and thank you for this -- for listening for -- all of today. I'm a pediatrician, I'm originally from Connecticut. I returned to my home state to practice medicine in New Haven, and I stand in support of S.B. 956. As a pediatrician, I worry and I care for the children I

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see, but I worry even more for those whom I do not see.

Many of whose stories you have heard and will continue to hear today, as our fellow Connecticut residents share stories of delayed and missed healthcare and the costly and difficult consequences. I'm so thankful that so many of our neighbors who have shared their stories today, and to all of you for listening, I just wish I could have heard these stories much earlier, in my office, not here when it's far too late. It's clear that I and so many others as physicians are unable to achieve a simple mission right now, which is to provide compassionate care that is needed for vulnerable children and families. With regular healthcare, children and parents built trusting relationships with their clinicians. Parents turned to physicians to properly identify everything, from developmental delays, to mental health disorders, to medical problems, all of this which is even more concerning during the COVID-19 pandemic.

The relationship that's built from consistent and reliable care can reduce unnecessary and inexpensive emergency room visits, hospitalizations and preventable illnesses. And we know this from the research, children's health suffers without insurance covered -- coverage. Compared with their uninsured peers, insured children avoid risky behaviors, they do better in school, and then, have better school attendance and more successful careers, and then, they have better health as adults, with fewer costly and painful and chronic conditions like you've heard about today.

For many undocumented Connecticut residents that without insurance -- who have already faced significant trauma, serious problems may only to medical attention when it's too late. That results in costly and sometimes dangerous consequences that should have been preventable from hospitalizations

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to permanent disabilities. With S.B. 956, Connecticut has the opportunity to join six states, as my colleague just mentioned, California, Oregon, Washington, Illinois, our neighbors Massachusetts and New York, and also Washington DC, who already provide undocumented children with the healthcare that they need.

And with S.B. 956, Connecticut also has the ability to lead the way to ensure that all residents, regardless of documentation status, can receive the healthcare that they need. Ensuring our residents, regardless of documentation status, is an upfront investment that will ultimately result in a brighter and healthier future for Connecticut's next generation. Passage of S.B. 956 will benefit not only Connecticut's children and families, but also the health and well-being of our state and its future.

Thank you all so much for the opportunity to testify, and thank you very much to so many who shared their stories today.

SENATOR MOORE (22ND): Thank you, Doctor. Thank you, Doctor Rosenberg. I don't see any questions for you. Appreciate you.

JULIA ROSENBERG: Thank you.

SENATOR MOORE (22ND): I'm going to go back and see if Sara LeMaster is here. If not I'll move on to Sharon -- Sheldon Toubman. Sheldon, I'm going to ask you to hold on a moment because I see Sharon Thorstenson. I see her, but I don't see her. Sharon, are you there?

SHARON THORSTENSON: Yes, I'm here.

SENATOR MOORE (22ND): Okay, you're up next -- you're up now.

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SHARON THORSTENSON: Oh, I'm up now?

SENATOR MOORE (22ND): Yes.

SHARON THORSTENSON: Okay, how about now, do you see me now?

SENATOR MOORE (22ND): I do see you now. It's like, can you hear me now?

SHARON THORSTENSON: All right, but -- yes. I had an incoming call and I was like, oh no, I can't -- and then I guess I tapped the screen and then my sound went out and I was like, oh no, they're not gonna be able to hear me.

SENATOR MOORE (22ND): I can see you and hear you.

SHARON THORSTENSON: Well, good evening, how are you doing? All right. It's been a long day, right? Okay, I'm going to turn my phone sideways, we -- can you still see me?

SENATOR MOORE (22ND): Yes.

SHARON THORSTENSON: All right, great, all right. My name is Sharon Thorstenson and good evening to the Human Services Committee, and thank you for this opportunity to speak before you to testify, and Senator Moore and Abercrombie and distinguished Members, I guess. I'm a consumer-employer and I received PCA services in my home and I'm very grateful for them, believe me. I became disabled eight years ago, due to I have demyelinating spinal cord disease, in which this past year I've progressively worsened and I'm now bedridden and wheelchair-bound. And it's hard and so, there's days that I get really bad, like, tremors and muscle spasms, or really bad stiffness and I cannot tell you, the pain is just terrific.

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And so I'm grateful that I have this program. So what -- part of my testimony -- the part of my testimony is in regards to Allied it's the Inter -- whatever that name is for them, I -- intermediary or fiduciary, whatever, they do the payroll for PCAs, and since I got the program four years ago, I have lost -- I counted after last week's testimony, I had 19 PCAs who quit because of Allied. And the last three were all at the same time two years ago, because it was six weeks that they had to wait and we faxed and we emailed and we even drove up to where the Allied is and brought them in hand, and even had a assigned receipt that they had brought them there. And they still did not get paid, and so they had families, they got children and everything, and so it's a domino effect on everybody when they don't get paid.

And then, it takes away from me because, I'm the employer, you know, self-directed here, consumer, and it puts a strain on me and my health and takes away from me, you know. And so, I really ask this Committee, please if we could hold Allied accountable, maybe perhaps they would make sure that people get paid on time. And even my recent PCA, he didn't get paid for -- was is it only the week before I testified the week before and they held it up for two weeks, and there was nothing wrong with the timesheet. And we began the electronic verification system, I can only imagine that it's only going to get worse with that. So please, I ask the Committee, can we please hold them accountable, because we don't have a case manager to turn to.

And so, we're kind of on our own and then, you know, we rely on the PCAs but we're in the same boat, you know. So if you could please pass H.B. 6560 and hold Allied accountable. Ideally, it would be nice to get a different payroll company, but I understand their contracts going to be ending in, I think, June, if I'm not mistaken.

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HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

SHARON THORSTENSON: I am, thank you. So, in summary, please support passing HP 6560, I greatly appreciate it with all my heart. Thank you.

SENATOR MOORE (22ND): Thank you, and we are going -
- and when we get there with this, we will look at -
- in to. We are really trying to do something to hold their feet to the fire.

SHARON THORSTENSON: Okay, make.

SENATOR MOORE (22ND): -- And make sure that this is done on a timely basis, we understand. Thank you so much for your testimony.

SHARON THORSTENSON: And thank you. All right, you have a good night.

SENATOR MOORE (22ND): You too, dear. Sheldon Toubman. [Technical difficulties] Sheldon, is that you talking baby talk? Or is that coming from someplace else? Sheldon, we don't hear you. It sounds like you took some helium and decided to start talking. Is he gone, did we lose him?

HEATHER FERGUSON-HULL: I think he's gonna try to log back on, Senator Moore.

SENATOR MOORE (22ND): Okay, so we'll go on to the next one. It's Nika Zarazvan, and then Stephen Karp. I see you Stephen, but I don't hear you.

STEPHEN WANCZYK-KARP: Hi, I'm Stephen Wanczyk-Karp, Executive Director for National Association of Social Workers, Connecticut Chapter. I'm here to speak on 957, you have written testimony from me on the value of social work services in-home here and you'll hear from, and have heard from, social workers who do perform that work.

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I want to respond to Commissioner Gifford's comments this morning and use my time is for that purpose. The Commissioner points out correctly that clinicians, licensed clinicians, are paid by DSS, including for home visits. What's not pointed out is you can't find them. There are no -- almost no private clinicians who are going to go out to someone's home and it's not because you don't care about people at home. It's because it's financially completely unsound, the amount of time that is spent in travel that's unreimbursible [sic] just does not make that feasible.

Social workers are in people's homes every day, even in this pandemic, but they're all social workers who are connected to agencies and are salaried. I would also point out that even if you can find somebody, an individual clinician to go to a home, it is not best practices to do that in terms of home care patients. By having a social worker come out from the agency itself, you have integrated and coordinated healthcare. It's very important because you're not just dealing with someone's behavior or mental health, you are also dealing with a whole host of physical health problems that have made that person homebound.

To not have that connection between the nurses, to physical therapist, to occupational therapist, all coming out including -- integrating for the same agency, you are really -- are losing the client, is really losing out in terms of -- in terms of benefits. We do believe that this isn't also an issue of mental health parity, I mean, in terms of physical healthcare is being covered, but behavioral healthcare is not covered by Medicaid.

To us, if not -- it's not a violation by statute, it's really at minimum a violation of spirit, if you will. It's also very difficult to find social workers who are trained in the field of aging, so

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once again, if you can find individual practitioners, you're going to have a very difficult time finding someone who has the right specializations. Home care agency social workers are very much connected and trained in working with older adults, they're connecting train and working with people with addictions, so the training is very important and the agencies are the ones who have those individuals available.

Now in the DSS written testimony, it doesn't say, you know, it's not in the budget. Well, it's not in the Governor's budget, it doesn't mean that can't be in the legislature's budget. Now, we surely understand the issue that Medicaid, CMS Medicaid rules do not currently include behavior health. Our reading is that doesn't mean that Connecticut cannot do that, it does obviously mean that there's not going to be that maxing federal share, I think that's an issue for the advocates to sit down maybe with DSS and to see whether we can get our congressional delegation on board.

It's unbelievable that behavioral health is not covered in home care and Medicaid, but, nonetheless, the importance of social services and also the importance of saving dollars for the State, there's a very clear connection between body and mind. So if you have people going on a physical healthcare side, but you don't have someone properly trained and capable of providing the social work services and the behavioral health services, you are probably going to be elongating for many people their recovery time..

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

STEPHEN WANCZYK-KARP: Sure, so let me just say that, in terms of the whole body and mind that it's just costing the state more. And, finally, I do want to say that we do support 956, we have

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submitted testimony to that effect. So I thank you for your opportunity to -- opportunity to speak to you tonight.

SENATOR MOORE (22ND): Thank you. And we'll look at your written testimony also. Appreciate it. I don't see any question for you.

HEATHER FERGUSON-HULL: Representative Abercrombie has her hand raised hazard, Senator Moore.

SENATOR MOORE (22ND): Okay. Representative Abercrombie.

REP. ABERCROMBIE (83RD): Hi, Steve.

STEPHEN WANCZYK-KARP: How are you, Representative?

REP. ABERCROMBIE (83RD): It's so great to see you and thank you for being here tonight and testifying. So with the issue with this social workers being included in Medicaid, I think the way the language will probably read is, if it's permissible under Federal Law. Tracy Wodatch is actually checking into her association to see if there are some States that are able to cover it under Medicaid. The reality is, we really do need to get the reimbursement from the feds, there's -- you know, there's just not enough dollars to go around. But I'm very hopeful that maybe we're going to find a solution too, but I want to thank you for being here and it's been a pleasure working with you through the years.

STEPHEN WANCZYK-KARP: Thank you. And, you know, anything we can do to move this forward is a positive.

SENATOR MOORE (22ND): Thank you. Is there anyone else? Thank you. I'm gonna go back to Sheldon.

SHELDON TOUBMAN: Yes, can you hear me now?

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SENATOR MOORE (22ND): Yes.

SHELDON TOUBMAN: Great, thank you. I'm sorry about that. Good evening, Senator Moore, Representative Abercrombie and other Members of the Human Services Committee, my name is Sheldon Toubman. I'm an attorney in the benefits and elder law units of New Haven Legal Assistance, we support 956 to expand HUSKY to include residents, regardless of immigration status. I know some people testified incorrectly, the Bill does not cover HUSKY A and D. I'll be happy to explain why it does if somebody asks at the end. We also support 6560, attempt to address the problems with Allied.

And I do want to say that the EVV solution that the Commissioners refer to this morning is definitely going to make matters worse, it really made matters worse when it was imposed for home care workers who work for agencies and these people don't have any back office to help them, so the problems will only get compounded. But mainly, I want to speak with you about 980. S.B. 980 removes all income and asset limits from the medic -- MED-Connect program, which already has very generous income and asset limits, and -- but the Bill does nothing to address the far lower income and asset limits for HUSKY C covering many more elderly and disabled people who are not able to work.

MED-Connect, otherwise known as the working persons with disabilities program, is an important Medicaid Program, which for people who are disabled and are able to regularly work every week, some number of hours, provides full Medicaid coverage at an income limit of \$7500 dollars per year and assets of \$10,000 for a single, \$15,000 dollars for a couple. But contrast that with HUSKY C also for disabled people, as well as elderly and not able to regularly work, in most parts of the state, the income is \$10,620 dollars, that's 83% of the federal poverty

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level, and consider HUSKY D at 138% of poverty level, or HUSKY A for adults 160%, and the asset limits are \$1600 dollars for one, \$2400 for a couple.

So you can see, it's a way more stingy program, it has an income limit about one-seventh of MED-Connect, assets of about one-sixth. And Met-Connect only works if you can regularly work. So we really need a solution for this problem and one solution is that you could set the HUSKY C limit at HUSKY D, which is again 138% of poverty, that's about -- for one about \$7616 dollars a year, that's still only about 23% of the current \$75000 dollars income limit under MED-Connect. But with this change, many people who can't qualify now for HUSKY C, except by spending down their excess income, and I think most you understand that process, would newly have access to Medicaid and avoid having ailments addressed.

And I know some people say, well, but these people are in Medicare, right, so they can get those services, well, yeah, but there's all kinds of things that Medicare doesn't cover at all like dental and vision, and most home care, medical transportation, so there's no coverage for that and people could not meet their spend out. There was testimony submitted by somebody by name of Susan Salter, I urge you to look at it. Her adult son is on the MED-Connect program, but she's terribly worried he'll worsen and be unable to work anymore, in which case then income -- income limit will plummet go to one seventh of what it is now. We really need a solution for this. I'd be happy to help provide alternative Bill language to accomplish this.

I do want to say that the asset limit for MED-Connect should be addressed, asset limits don't work, they don't work and they won't work in MSP, they really don't work for MED-Connect, but the real issue is HUSKY C. And finally...

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HEATHER FERGUSON-HULL: Excuse me, your three minutes is up, please summarize.

SHELDON TOUBMAN: Yep, I just want to say that I'd be happy to explain about 956, the nightmare of the Statute at reference there, but only fast. Thank you.

SENATOR MOORE (22ND): Yes, Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. I would like you to clarify about that and also clarify about HUSKY A and D, expanding that -- the current Bill language does include that, you think?

SHELDON TOUBMAN: Yes, and we spent a lot of time studying this and I think there's a lot of confusion, totally understandably, because what the Bill says is that -- this is in section one, it says that within available appropriations, the Commissioner -- I'm sorry section one says 17B-261 of this general statute is amended to say that we're going to provide within available appropriations benefits to undocumented or people who are not otherwise eligible. So you have to turn to 17B-261, and 17B-261 is what it is, is it's sort of a statute, it's a nightmare, like I said.

And the reason it's that way is that, over the years, the Medicaid program, of course, is very complicated and it started as a couple of small things decades ago, and over the years as changes were made, it was glommed on to, so now if you read it, 17B-261 subsection A is really in all honesty, incomprehensible, but except to lawyers like me and my colleagues. But if you do look at it, I'll tell you where exactly you see that -- that C and A covered. So it refers to the fact that people are eligible if they have income below the benefit amount paid to a person with income under the Temporary Family Assistance Program, which is -- I'm

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sorry, specifically the standards for eligible and for medical assistance are at 143% of the benefit amount paid to a household of equal size, with no income under the Temporary Family Systems Program in the appropriate region of residents.

So, what that is it doesn't say in Statute, but everybody under -- at DSS understands that's the medically needed income level, so the medically needed income level is set at %143 of the TFA payment amount, that is how you get to the income, the [MNIO], which applies only to HUSKY C, except there's a disregard. So that's your HUSKY C part and the HUSKY A part is that, in two different places in this very long statute, it refers to individuals under 19 can be covered up to 196%. And then, it talks about caretaker relatives and parents and it uses that -- it actually says 150% but there's another 10% in there. So that's how you get to a HUSKY A for kids and parents. Between all those things, the Bill does cover the basics of HUSKY A, B, C and D, although, as my colleague Alison testified earlier, it's a little odd that only B is an entitlement. The rest are all appropriation-limited.

In general, it's -- the entitlements are at the lower income levels, and then the higher income levels like HUSKY B would be appropriation-limited, but that's the way it's written right now.

REP. HUGHES (135TH): Thank you for that, through you Madam Chair, the MED-Connect is working for decades with people with disabilities, we know that -- that their income and working is very insecure, they're like literally the low man on the economic totem pole. And there's all kinds of cliffs then that would jeopardize their access to basic healthcare, and they already have often compromised health systems.

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So, again, that is another reason why fixing that HUSKY C limit for working people with disabilities would, in my mind, be an economic investment savings in the long run, because it -- and like you said, asset limits don't really work in -- in this day and age, and they don't really save us money. So yeah, thank you for clarifying and testifying specifically on that. Thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you. Are there any other questions, comments? No, I don't see any. Thank you so much for your testimony.

SHELDON TOUBMAN: Thank you.

SENATOR MOORE (22ND): Next, Nika Zarazvand.

NIKA ZARAZVAND: I'm here, thank you. One moment, sorry. Dear Members of the Human Services Committee of Connecticut, my name is Nika Zarazvand and I thank you for hearing my testimony today in favor of Bill S.B. 956. My family and I moved to the US from Iran in 2006. It wasn't until my brother was born with multiple health conditions that I realized what it meant to have access to healthcare. At the age of 10, 11 and 12, I knew exactly what it meant to see 10 different specialists before finding a doctor who is willing to avoid doing open-heart surgery on my one and a half year old brother.

We were extremely lucky, to say the least, my brother had a 50-50 chance of survival with any of the other specialist before the one who was willing to find another way to save his little heart. And even then, there were complications. This hearing today and the last four and a half years I have lived in community with undocumented Connecticut residents, asked me to entertain the possibility of my family not having had access to even one specialist, and I simply cannot fathom how my brother or any other child would be -- much less have a greater chance of survival. When my father

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lost his job, we were still able to take him to routine heart and lung visits. I am describing my family's experience to demonstrate how difficult it already is for those of us with status, who experienced medical conditions that are rare and require years of access to specialized care.

But this country and, unfortunately, our state says to undocumented families who have paid into programs, they have never benefited from, to go through what my family went through and pay every penny to their name because they don't have access to specialized care and can't even get the referrals. The rhetoric we have always heard is that there is no money to expand these programs, and this rhetoric says to all of us clearly that our state and our entire national economy would not run without exploiting undocumented workers and denying them healthcare. This cannot be the case, this was a crime and a violation of human rights, long before we entered a pandemic that made it crystal clear how our health is interconnected. But for undocumented frontline workers who did not have health insurance, we asked them to pay the cost of keeping businesses afloat with their health while putting their lives on the line.

No human being should have to demonstrate why they need or are deserving of healthcare, but to tell taxpaying immigrants that they cannot qualify for the programs they pay for is clearly exploitation. If it were any other entity collecting money from people without recirculating the funds, we would unequivocally call it stealing, and this is happening in broad daylight in our state. I'm trusting that the Committee will elevate our testimonies to reach policymakers and legislators. I want to share the words of one of these individuals who has not able to be here today, but has been a frontline worker in constant contact with a virus for the past year without healthcare or safety nets and lives with chronic pain like myself.

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He says my pain is everyone's pain, and your pain is my pain in return, if we don't have empathy for the suffering of others and only care about ourselves, we won't be able to make progress in any area.

The journey is to see that, regardless of where we come from or how we look or the language we speak, we all share this facet of being human beings and suffer from human pains, from someone's back pain, to the decay in a larger health system that COVID has brought to light. Thank you.

SENATOR MOORE (22ND): Thank you, I appreciate that. I don't see any questions for you, thank you for your testimony. The next is Brigith Rivera, followed by Katherine Newton Jones, followed by Roselia Aquino.

BRIGITH RIVERA: Hi, yes, here. Brigith, yes. Dear Members of the Human Services Committee of Connecticut General Assembly, my name is Brigith Rivera, I am undocumented student and resident of Hartford. I am undocumented on the shame and I stand to support S.B. 956. My family has lived in Connecticut for more than 10 years and we have never had healthcare. My father's sick and I just want you to envision seeing your mother endlessly cry of desperation, because the love of her life is painfully hurting. For my family, having access to healthcare, would allow me to continue to pursue post-secondary education. It would bring peace of mind, no more having to rely on over-the-counter medication or seeing the people I love being an unbearable pain.

Opening access to healthcare will save lives, healthcare is a human right and it is unacceptable that undocumented people can be organ donors, but not receive organ transplantations themselves. It's unacceptable for the state of Connecticut to take a documented people's labor, money, and bodies without consideration for their existence as human beings.

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Health is a collective issue and, as we all know, there are [inaudible], undocumented individuals, and to not offer healthcare access to them is deliberately neglecting their well-being and the well-being of the Community. Making COVID-19 testing available is not enough and relying on a Community health services is not enough. Healthcare access is preventative care, and it is a well-known fact that preventive care is cost effective.

Additionally, I respectfully ask the Committee to be skeptical of the data gathered by the DSS. Their total costs assumes all individuals will take advantage of the opening up of healthcare access and, as I -- as much as I wish that were true, that's unrealistic. Additionally, through just one Google scholar search, you will learn that immigrants actually come into the country with better health than US citizens and that this is not only -- this is, once again, not taken into consideration in the cost analysis report by DSS. Lastly, before hearing commentary by the state that there is not much -- the state is in debt and their budget cuts, I must ask every single member, calling out too, Representative Mastrofrancesco, Representative Case, Representative Wood, you know, what is the cost of a human life, what price is too much to pay to save the life of a child, to save the life of a mother, what price is too much to pay to save the life of your child, to save the life of your mother?

I reinstate that the State of Connecticut -- the State of Connecticut is capable and would benefit from providing access to healthcare for undocumented immigrants. Because it can serve as a full preventative care that is cost-effective, it would acknowledge the healthcare is a human right, regardless of once decision to migrate. And, given that the health is a collective issue, it would contribute to the health -- the health of a

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community. The time to act is now. Thank you for your consideration.

SENATOR MOORE (22ND): Thank you. Bye. I do want to say to you, it's not appropriate to call out any individual. No one has taken a vote here, everyone is listening to the testimonies, so thank you for your testimony. Any questions from anyone? Thank you -- thank you, Brisa, you made some really good points. I didn't realize that about organ donors.

BRIGITH RIVERA: My name is Brigith.

SENATOR MOORE (22ND): Brigith, okay.

Brigith, yes. Okay, thank you, Brigith. The next is Katherine Newton Jones. Roselia Aquino. Michael Hebert.

HEATHER FERGUSON-HULL: Senator Moore, I believe Rosalia Aquino is here, and she needs an interpreter.

ROSELIA AQUINO: [Foreign Language]. Good afternoon. Good evening to the Members of Human Services Committee. My name is Roselia Aquino. I am a resident of the city of New Haven and a member of ULA. I'm giving testimony in favor of 956, for the right to health for all. I want to ask you, please, and explain to you why I need health insurance. More than one year ago, -- more than a year ago I went to the clinic with a strong stomach pain and they just gave me some pills, but the pain continued. I had to go to the emergency room at Yale hospital and they did see me, but they would not give me the tests. Because they said I did not have insurance and even after that, they sent me a Bill of \$2890 dollars. And they sent me back to the health Center to my primary care doc who said -- who referred me to get a colonoscopy.

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But when I went to the appointment for the colonoscopy, they would not give it to me, because I did not have insurance and, to this day, I haven't had it. And I haven't been able to get any charitable organization or special program to get the tests that I need, because apparently, these are very expensive. I continue to have strong pains and severe pains and the bills keep coming, and during COVID-19, I went to the emergency room and again, they would not perform the tests, because I did not have health insurance. She said the hospital sent her a Bill for the care for COVID and she can't pay it because she is jobless, and so she asks you to please approve this Bill.

So I ask you, please, to approve this Bill for hundreds of families like me and people who are essential workers and people who can't get the medical tests that they need. I hope that you understand our stories, I thank you for listening to our stories, I hope that it will move you to create this human right that we so yearn for. Thank you.

SENATOR MOORE (22ND): Thank you for your testimony. I don't see any questions for you. Thank you. I see Katherine Jones, are you ready? I'll go to Michael Hebert. Raquel Smith. Antonia Rodriguez.

ANTHONY BARROSO: I will be interpreting for Antonia Rodriguez.

SENATOR MOORE (22ND): Thank you.

ANTONIA RODRIGUEZ: [Foreign Language].

ANTHONY BARROSO: Good afternoon, Members of the Human Services Committee of Connecticut General Assembly, my name is Antonia Rodriguez, I'm a New Haven resident I'm an immigrant, and I'm a mother of a family. I am originally from Tlaxcala, Mexico. I've lived here for over 19 years and over the course of those years, there have been many times

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where I put my health at risk, out of not being able to go to the doctors or seek medical assistance, because of my legal status. In the times that we've had to go to the doctor, especially my partner who suffers from many life-threatening allergies, we've had to cut back costs at home, because we are not able to afford the medical care and the cost of food and living expenses.

In this country, we are labeled as foreigners, illegals, they dehumanize us and they strap us away from our humanity. Myself and all the other undocumented folks in Connecticut deserve the right to healthcare. And in conclusion, that's why I support Senate Bill 956, with rewritten language that clearly states the expansion of current HUSKY eligibility rules to all Connecticut residents, and I ask the Community to support this legislation.

SENATOR MOORE (22ND): Thank you for your testimony Antonia.

ANTONIA RODRIGUEZ: [Foreign Language].

ANTHONY BARROSO: Thank you for listening to my story, and I hope that you guys make the right decision and find it in your heart to give us access to the healthcare that our community needs, thank you.

SENATOR MOORE (22ND): Thank you. Number 120, Katherine.

KATHERINE NEWTON JONES: Yes. Yes, good afternoon Senator Moore, Representative -- I can't pronounce that name, and Members of the Committee. My name is Katherine Jones Newton and I am a consumer in the Medicare -- Medicaid Waiver Program that lives in New Haven. In 2012, I broke my hip in a bad car accident and my mobility has been limited ever since. I have been able to stay in my home and live as much as a normal life as possible, thanks to the

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help of home care workers who are paid -- excuse me, who are paid by Allied Community Resources.

I'm here today to testify in support of House Bill 6560. Being able to receive service in my own home has had a great impact on my quality of life. After being in the facility for six months, I know the difference that it makes to be able to be in my home, where I feel secure, comfortable, and happy. My home care workers help me in every part of my life, they help me move, take a shower, make sure I take my medication, get my groceries, clean my house and a million other small things that I might need throughout the day. They have also become my friends and they support me in my times of need, and I do the same for them. Allied has paid my home care workers for the past eight years, and I have seen the problems with Allied increasingly get worse.

Last year, for example, I faxed the timesheets to Allied and kept the fax confirmation sheet. However, on that day before payday, Allied called to tell me that they couldn't find the timesheets. But one of my workers that worked then had to refax them herself at the cost of \$6. She still didn't get paid on payday. Instead she had to wait over a week to get paid. My home care worker had to go around borrowing money to cover her bills, plus the late fees she incurred on top of them. In fact, I had to lend her money to get through.

Through another pay period, we had additional problem, when I called Allied, they told me that both my PC -- PCAs will get paid. Then I got an automated text saying there was a problem with -- when I -- when I call -- when I called, they told me that my two PCAs had an hour overlap. Except they were wrong, there was no overlap and my PCA timesheet was filled out correctly. However, it didn't matter, they still held one entire week of pay for one of my PCAs. Because the time has been

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correct to start with, I simply submitted another timesheet showing the same exact hours with an hour on the top of -- up on the top of the sheet, and they paid her a week late. She was so frustrated she wanted to quit and I don't blame her.

I have taken a lot of time and effort in finding my PCAs, training them and building trust and rapid -- wrap it. In turn my PCAs make me feel secure, comfortable, and happy in my home.

HEATHER FERGUSON-HULL: Excuse me -- excuse me, your three minutes are up, please summarize.

KATHERINE NEWTON JONES: Okay. But they can't be secure, comfortable, and happy, if they can't pay their bills and support their families, and I do not want to lose them over someone else tragedy. In completeness, our home care workers work hard, they deserve better. Please pass the Bill 6560. Thank you for your time.

SENATOR MOORE (22ND): Thank you, Ms. -- I'm sorry, Newton Jones.

KATHERINE NEWTON JONES: Thank you.

SENATOR MOORE (22ND): Seeing no questions for you, thank you.

KATHERINE NEWTON JONES: Thank you.

SENATOR MOORE (22ND): I have Brisa Cruz, followed by Keysi Najera, followed by Oralís Guzman.

BRISA CRUZ: Good afternoon, Members of the Health Services Committee of the Connecticut General Assembly, my name is Brisa Cruz, and I am a student at Eastern Connecticut State University. I am also a resident of the city of West Haven, and I am undocumented. I stand in support of Senate Bill Number 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO

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CERTAIN INDIVIDUALS, REGARDLESS OF IMMIGRATION STATUS, with clear language that extends eligibility to all HUSKY programs to all Connecticut residents, regardless of immigration status. I am a Senior Sitting Criminology and Political Science in hopes of becoming a lawyer.

My parents migrated to the US in early 2000 in hope of giving me a better future and more opportunities than the ones they weren't afforded in Mexico. But during the first few years in the US my parents did not have a car, they would have to take the city bus to get to work or ride a bike. One day, after my father shift, he was riding his bicycle back home when he was hit with a car. The car ran his legs over and the people that had witnessed the event called 911. He was then transported to the hospital via ambulance and had to undergo surgery. The surgery was successful, but they required him to be off his legs for a couple months and -- to be to be able to make a full recovery. This re -- this meant that my mom was the only one working, when we only had one income coming in.

A month after his surgery, we received a hospital Bill in the mail. The Bill was huge, the incident took place in 2002 and it wasn't until just last week that my dad was finally able to pay off the complete medical Bill. He had been making payments to the hospital for over 15 years. My father isn't the only one who has had to seek medical help and because of the -- because of our inability to access healthcare have become indebted. This is a story that's all too familiar and seen in far too many families across Connecticut. There is a number of times in which my parents have become sick and wait until it gets pretty bad before they even consider seeking medical attention. They'd try the home remedies and exhaust every single other avenue before going to the doctor's office. They know that there is a high cost that comes with walking into the doctor's office. Healthcare should not be a

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luxury that can only be afforded to some. It should be available to everybody, regardless of their status.

If this Bill were to pass, it would mean that me and my family, my community, would be able to seek medical attention at the first sign of problem rather than waiting until it gets worse. It would mean that a trip to a doctor's office would no longer be something we fear, but rather something we do annually. We shouldn't have to make Go-Fund-Me pages and rely on the kindness of strangers over the Internet to help pay our medical expenses. I support S.B. Number 956, with clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of their immigration status, and I ask the Committee to support this legislation. Thank you for your time.

SENATOR MOORE (22ND): Thank you, dear, you did a beautiful job.

BRISA CRUZ: Thank you.

SENATOR MOORE (22ND): And I see no questions for you, but thank you so much. Next is -- is Keysi here, or Kaysi? I apologize if I'm pronouncing it wrong. Oralis, I see you. Oralis Guzman.

ORALIS GUZMAN: [Foreign Language]. Good evening Members of the Human Services Committee of Connecticut. My name is Oralis Guzman. I'm a mother who lives in Hartford Connecticut and I am undocumented. I stand in support of Senate Bill 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. Regardless of immigration status. With my son, it's been very challenging for him to not have health insurance, he has asthma and his medicine costs there -- are very expensive. His medicine costs \$300 dollars to \$400 dollars.

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At first, I had many difficulties trying to get him to be seen by specialist, because he did not have health insurance. For me personally, I also have many medical bills that I haven't been able to affect. Sometimes I've had to choose whether to pay my medical debt or to pay for the bills. And even now, being in the pandemic, I keep getting calls from debt collectors. I owe \$6000 to the hospital because of a medical emergency I suffered. I couldn't stand up and I had difficulty breathing. My whole body was in pain, and I thought I was gonna die.

When I arrived at the hospital, they took very long until anyone intended me. The first thing they asked was if I had health insurance, and once they found out that I didn't have health insurance, they treated me less. It's been four years since I had a pap smear. It's very expensive. I'm currently on the waitlist for a program that will help me get the pap smear I need. I contracted COVID-19 and due to the virus, my white blood cell count has been very low. And now I need to see a dermatologist.

LUZ OSUBA: [Foreign Language].

ORALIS GUZMAN: [Foreign Language]. I have not gone to see the specialist because I don't have health insurance. Living without health insurance makes me anxious and depressed. Thank you for listening to me, and thank you for your time. I hope that the Committee votes favorably for Senate Bill 956. Have a great night.

REP. HUGHES (135TH): Senator, you're on mute.

SENATOR MOORE (22ND): Sorry, I wanted to ask her if she uses the federally qualified health centers for any services.

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ORALIS GUZMAN: [Foreign Language]. Yes, I have been able to go to the Charter Oak Health Center and I have referrer right here

SENATOR MOORE (22ND): Because for the -- for the clinical breast exam and the Paps, the Community health centers will do that for her, for the cervical cancer tests also. Just so she's aware of that.

ORALIS GUZMAN: [Foreign Language]. I went and they said that I had to wait, or get on the waiting list for the Program.

SENATOR MOORE (22ND): Just get enrolled. Just want to make sure that she's aware of those services for her.

ORALIS GUZMAN: [Foreign Language]. Okay. Thank you.

SENATOR MOORE (22ND): Thank you. Thank you. Have a good evening. Marta Gomez, Brian Mezick, Fana Hickinson, in that order. No, Martha.

SENATOR MOORE (22ND): Marta, Brian, Fana.

MEGAN FOUNTAIN: Yes, her other name is Maria.
[Foreign Language].

SENATOR MOORE (22ND): Is she here? Good evening.

MARTA GOMEZ: [Foreign Language]. I did not print out my testimony.

SENATOR MOORE (22ND): But you have three minutes to speak from your heart.

MARTA GOMEZ: [Foreign Language]. All I want to say is to ask for your support to expand healthcare for so many people like me. I have high blood pressure and I don't have health insurance to get the

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treatment that I need. My big worry is that I have four children and what if I left them alone, and there are many families in my situation.

So the only thing that I ask is there are many people like me who need this, I hope that your hearts are moved today. This health insurance healthcare is necessary not just for -- immigrants, but for everyone who can't afford it. I have bills, I have medical bills that I can't pay, if I pay the medical bills, I can't pay the rent. So I know that the United States, and especially the state of Connecticut is very generous, I know the Connecticut is a welcoming state for immigrants and if we unite, we can do this.

I hope that that we can get this Bill approved. I want to thank you so much for listening and God bless you.

SENATOR MOORE (22ND): Thank you, Marta. I apologize, and next is Brian Mezick. Hi, Brian.

BRIAN MEZICK: Hi, Senator Moore, Representative Abercrombie, it's good to be with you. My name is Brian Mezick, I'm a Connecticut State Marshal based in New Haven. I've been watching this afternoon, been learning a lot about the work of your Committee. I'm here on behalf of the State Marshals Association, we represent Marshals across the state.

I'm here to testify on a Bill that hasn't really got much attention today, it's H.B. 6562, AN ACT CONCERNING CHILD SUPPORT ENFORCEMENT. The Bill -- it's geared towards increasing child support collection and setting up a task force to study technology, and we've submitted written testimony on this and also offered some substitute language that we feel could improve the system. State Marshals sometimes get overlooked in State Government, people forget about us, so what I want to do with our time, my short time this evening, is just to highlight the

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role that the State Marshals play in our child support system and what we do for the state.

For DSS and for support enforcement, state Marshals serve [KPS] warrants, that was -- are civil arrest warrants that bring people into court who failed to appear. There's approximately 30 State Marshals who are specially trained to do this work, they're trained at the Connecticut Police Academy to make the arrest. And we save the state money because we only receive compensation when they make a successful arrest. So when we saw H.B. 6562, I had some discussions with our Union and our Marshal Members this week, who served these KPI warrants. I just want to quickly share some of their insights with the Committee, just quickly.

First is, the Marshals that do this kind of work, the men and women across the state, they really are an asset to the state, they put out their own time, their own finances, their own safety to do this kind of work, it requires extra insurance and equipment costs, so they're really financially and personally invested in doing this work for the state. However, I want to bring to the attention the Committee, we lack some vital tools, we don't have any access to criminal justice information systems that exists, so this Bill 6562, it proposes to get a couple of the DSS officers who also execute this -- these warrants and this work, access to the collect system, but State Marshals really need access to this also, the state's information sharing systems that are already in place.

We've tried over the years to get access to this data. We really need your help of the Committee and the General Assembly, perhaps a task force to be able to figure out how we can really empower and equip the State Marshals with technology. It's 2021, the systems are in place, we should be able to do this, so I think there's really a great area of opportunity here to improve the system and the

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Marshals that are doing this work. Our state Marshals are serving a vast quantity of these warrants, so we really would appreciate your help if we could figure out how to do this. If not in this session, in future sessions really get this over the line, we would appreciate it.

So, I'm happy to answer any questions you might have from the Committee Members, and I thank you for your time.

SENATOR MOORE (22ND): Yeah, all right. Thank you so much for that. I think the Bill is doing something else, but, you know, I know Representative Abercrombie is so good, I can tell by her posture when she wants to ask a question or she has a comment. Representative Abercrombie, and then Senator Berthel.

REP. ABERCROMBIE (83RD): My Senator knows me so well. Sorry, my other Zoom is ending. So, Brian, thank you for being here and just for clarification. So originally, it was going to be a task force, but as we were investigating, we had a task force back in 2014, 2015, and not all of the recommendations had been implemented. So what we're looking at, and this is where you can be helpful, is any of your thoughts on things that we should have been doing through those recommendations, and I would be more than happy to send them to you, so that we can implement them. One of the things that we were told from DSS was it was the computerized updated system, they finally got permission through DAS, which is, as you know, no agency can do any work without the support of DAS.

They finally got a contract on that which, according to DSS -- sorry, Department of Social Services, will be able to implement a more smooth system under your child support. So is -- did we get your written testimony with some of your thoughts?

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BRIAN MEZICK: We did, we put in written testimony. What piqued our interest with this Bill was, it was specifically a task force to study how technological improvements could improve the system, and I did hear the testimony earlier today from the Commissioner that they have systems in place, we don't know if that has anything to do with us and the warrants we serve. The Marshals that do this kind of work are doing it really on an old-fashioned kind of basis, the paper -- they get a paper warrant, a picture of the person and maybe a data sheet, and go get them, so we don't have any access to the state's criminal justice system, so we have no idea if this person was recent -- recently released from prison., if there's another criminal warrant out against them, if they have a history of violence against police officers.

So, I think there's an opportunity to get the Marshals plugged into that system, I know many years ago, maybe in 2014, we tried to get access to collect and there was some federal issues, so I'm sure those things can be untangled, I'm willing to put in the work and our group that's affiliated with Council for, really wants to get this over the line, but we're going to need your help to do it. I think we could improve the system that the Marshals already working really hard at, with technology.

REP. ABERCROMBIE (83RD): So you're -- so the systems you're talking about, yes, those are the ones that just got approved through DAS for DSS, Department of Social Services. So they're supposedly, and I always say supposedly because nothing's in stone in this place, it should be up and running by May. DSS should have all their ducks in a row -- it in a row, and have their -- have the system up and running. In your testimony and I apologize, because we received a lot of testimonies and I haven't had a chance to look at yours, do we have contact information for you?

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BRIAN MEZICKP I don't think it's on the testimony itself, but you can certainly reach out to me or Marshal DeLorenzo in Harford County, and we can...

REP. ABERCROMBIE (83RD): So, if you could -- if you could send an email to either Senator Moore or myself, we would be more than happy to give you our email addresses, with your contact information it would be easier that way for us to be able to track you down. I would love to share with you some of the recommendations that have not been implemented and also kind of connect you with DA -- with DSS, about the computerized system.

I think, and I'm going to be honest with you, where it may get a little challenging is, we're human services, anything that has to do with you as the State Marshals has to go through the Judiciary Committee, which we have no say on. My understanding is, when we did the task force, a lot of the recommendations that were -- that had to go to Judiciary did not get out of that Committee. So there's a whole different mindset, if you may, when it comes to what we do in Human Services and what they do and the Judiciary Committee. So -- but I would love to, and I think I speak for my Co-Chair here, I think we would love to work with you on this issue, because our numbers here in Connecticut are not as high as they should be when it comes to child support.

And I think that we could do a better job of it. So if you want to send us an email, we would be more -- and if you want, I can give you my email address real quick right now, if that would be good for you.

BRIAN MEZICK: Oh, I can get it after the call too. And I appreciate that and I think there's also a public safety component too. I think they're kind of the final say on who gets some of this data in the database.

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REP. ABERCROMBIE (83RD): I think so, too.

BRIAN MEZICK: I -- you know, we want to do the work to get it over the line, we know it's going to be a chore, but I think we could set up for the years ahead and Marshals that get added in the future to really have a system that's beneficial for everyone.

REP. ABERCROMBIE (83RD): Yeah. And the main thing is having this dialogue, which I think is great. So thank you for being here, thank you for your help, and I look forward to working with you on it. Thank you, Madam Chair.

BRIAN MEZICK: Thank you.

SENATOR MOORE (22ND): Senator Berthel.

SENATOR BERTHEL (32ND): Thank you, Madam Chair. Brian, thank you for being here, we're in our ninth hour of this -- this hearing, I hope you haven't been on since 10 o'clock waiting to speak with us. But I did take a look at your testimony in addition to the many great things that the Chair just spoke to. I think there's some common sense in -- in the substitute language that you provided, and I'm glad that my colleague Representative Abercrombie and the Co-Chair have agreed to take a better look at this.

The work that you do is very important and there's absolutely room for improvement in terms of in terms of the work that you guys do, in part, you know, and it's not the only thing the Marshals office does, obviously, but this is an important piece of what your services to the people of our great state. So I look forward to furthering the dialogue with you, as well as one of the ranking Members on this Committee, and thank you again for being here and for providing your testimony and the substitute language as well.

Thank you, Madam Chair.

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BRIAN MEZICK: Thank you.

SENATOR MOORE (22ND): You're welcome. Thank you, Brian, I -- and I agree with both of my peers here that I think it's much deeper from the things that you're asking for, but I feel as though while we're looking at this, maybe we can get it right, you know, by working together from one Committee to another. So thank you for your testimony.

BRIAN MEZICK: Thank you very much. Appreciate it.

SENATOR MOORE (22ND): You're welcome. Fana Hickinson?

FANA HICKINSON: I'm present.

SENATOR MOORE (22ND): Hi Fana, how are you?

FANA HICKINSON: Good, good. Should I just jump in?

SENATOR MOORE (22ND): Yes.

FANA HICKINSON: All right. Good evening everyone, dear Members of the Human Services Committee of Connecticut General Assembly, my name is Fana Hickinson and I'm a resident of New Haven, and a teacher at New Haven public high school. I am here to join the chorus of united voices insisting that all of our residents, regardless of immigration status be afforded their basic human rights. And this is a fact, access to affordable healthcare is a human right. Just thinking about the past testimony, it would also be awesome if we could work on ways to make sure that people have jobs, so that they can pay for child support, rather than criminalizing them.

As such, it is imperative that we bring your attention to the many residents of Connecticut who need S.B. 956 to be passed, especially during this

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unprecedented pandemic and global crisis, in order to be able to survive and thrive, both now and beyond this moment. S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS, REGARDLESS OF IMMIGRATION STATUS, with essential modifications, will undoubtedly positively impact the lives of individuals in our state. Those who are vital parts of our communities, many of whom have been on the front lines of the COVID-19 pandemic, who would have the stable health insurance and affordable access to care they need. While the impact on individual lives is hugely significant, it does not have to be the only incentive today.

Ensuring that all of our citizens have access to Connecticut's HUSKY program only strengthens our communities, our state and our nation. Speaking from my experience as a public school teacher in New Haven, it is certainly true that our Community is only as strong as those most vulnerable within it. The COVID-19 pandemic has proven as much, I think it is appropriate to bring our attention to the promises that our state makes to students and to their families. Our state's Board of Education rightly points to the fact that hold child models for K-12 education directly connects the health and safety of our students and their families to their academic achievement and to our societies overall success and prosperity.

How can we expect our students to meet their potential if they themselves or their caretakers do not have access to their basic human rights? How can we be in service of equity, if we do not address the needs of all students? S.B. 956 is an opportunity to act so that our legislation matches our purported values. Live unafraid is not just a hashtag or a request, it is a call to uphold the rights that we claim to believe in, and to support our most vulnerable Community Members who also happened to be some of the most deserving. Each of us, including undocumented immigrants, has the right

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to live unafraid of an emergency trip to the hospital, of exorbitant medical bills, and the right to be supported by timely, affordable, preventative options for healthcare.

I am here today to stand in full support of S.B. 956, including the proposal modifications that extend eligibility to all HUSKY programs to all CT residents. All immigrants are essential, just as it is essential that we pass this Bill to provide all with the care they need during this Public Health crisis and into the future. Thank you for your time.

SENATOR MOORE (22ND): Thank you. I don't see any questions for you. You're an educator in New Haven?

FANA HICKINSON: I am. I teach at New Haven Academy.

SENATOR MOORE (22ND): Thank you so much. Thank you. Liz Gustafson?

LIZ GUSTAFSON: Hi, Senator Moore, Representative Abercrombie, and distinguished Members of the Human Service Committee. My name is Liz Gustafson, and I am the State Director of NARAL Pro-Choice Connecticut, and I am here this evening to testify in strong support of S.B. 956, AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS, REGARDLESS OF IMMIGRATION STATUS.

As a state that provide -- that prides itself on leading the fight for reproductive freedom, we have been provided with an opportunity to act on behalf of health equity and expanding reproductive healthcare access for all. Healthcare is a human right and everyone deserves access to high-quality, affordable healthcare, regardless of their race, gender sexuality, zip code, immigration or economic status. This current healthcare system is one that is built upon decades of burdensome and

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discriminatory policies, and it is clear that barriers continue to put access to essential and quality healthcare out of reach for many.

Research by the Guttmacher Institute found that, among those who are of reproductive age, the percentage of non-citizens who are uninsured is nearly three times higher than their naturalized and US-born counterparts, which underscores the importance of ensuring, no one is left behind when implementing policies that expand access to healthcare. Barriers and exclusion from coverage harms everyone's health and our state has the responsibility to ensure every resident, regardless of immigration status, can exercise their basic right to protect their health, their family's health and their economic well-being. Immigrant communities face a number of systemic barriers, such as lack of reliable transportation, language barriers, and also restrictive immigration policies.

Expanding access to quality, affordable healthcare coverage is just one crucial step towards addressing ongoing reproductive injustice and health inequity. Early treatment effectively reduces the amount an individual will pay for healthcare in the long term, by preventing health issues from developing further. And as taxpayers funding state health programs, immigrant communities deserve an equal and fair opportunity to access the very programs that they fund. Furthermore, insurance coverage is even more critical now, as we continue to navigate the ongoing COVID-19 pandemic, as people are now seeking care in an overburdened healthcare system and unprecedented circumstances.

Advancing the sexual and reproductive health and well-being of families and communities requires action from policymakers and S.B. 956 is one step we can and should take to support all residents who continue to be shut out of the healthcare system. And storytelling is a powerful and essential tool

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for change, and courageous testimony provided in today's hearing has only affirmed that our State's immigrant residents and their families cannot wait, we all deserve access to essential healthcare and dignity and respect when doing so.

I urge the Committee to vote favorably in support of S.B. Number 956, with clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of immigration status. Thank you so much for your time and consideration, as we are hours into this hearing, I really appreciate it.

SENATOR MOORE (22ND): Thank you. Thank you Liz, I didn't see any question for you.

LIZ GUSTAFSON: Okay, thank you.

SENATOR MOORE (22ND): I appreciate your testimony. Thank you so much.

LIZ GUSTAFSON: Take care.

SENATOR MOORE (22ND): Jennifer Orlando, followed by Nishant Pandya.

JENNIFER ORLANDO: Can you hear me?

SENATOR MOORE (22ND): Yes, I can.

JENNIFER ORLANDO: Alright, good evening Madam Chair and distinguished Members of the Committee, my name is Jen, I'm a social worker and student from New Haven, and I stand in support of S.B. 956. I was born in the United States, and my husband, an immigrant, joined me in 2020, after several years of navigating the spousal visa process. When I lost my job during the COVID-19 pandemic, I was fortunate to be eligible for Medicaid. Yet, some of our most hard working residents, who happened to be undocumented immigrants, cannot say the same.

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My husband, an immigrant and US resident of less than five years, is also not eligible for HUSKY despite us meeting the income requirements. This puts a burden upon my family. Although my husband can now buy insurance, because he has the privilege of having a Social Security Number, this process took months. While we were waiting, I asked the Access Health Office and Department of Social Services about his eligibility for emergency Medicaid, should something happen. Every Representative I spoke to did not know about such Program. It turns out, after some research, emergency Medicaid isn't something that can be pre-approved, instead you basically have to show up to the hospital with a life-threatening emergency and hope that some of the Bill or all, or whatever, may be covered once submitted to a review team at DSS. Our situation isn't as extreme as Members of the undocumented community face, because ultimately, my husband now has a Social Security Number, however, this process was truly eye-opening.

I know what it feels like to not be able to sleep at night because you're worried someone you love might become sick or injured. Any number of situations could easily have bankrupt us should my husband needed medical care during this time. During this time I've also worked an internship at a school, which is mandatory for my social work program, and I could have easily brought home COVID.

A misconception persists that immigrant rights do not affect the lives of US citizens when, in reality, over 50,000 citizens living in Connecticut live with at least one family member who is undocumented. One in 20 children also live in a household with one undocumented family member. I am a 33-year old Grad student paving my way to become a clinical social worker and public servant. I shouldn't have the added anxiety or -- of worrying what happens if my husband gets sick or hurt. Both of us having health insurance means we can invest in

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our futures here in Connecticut and focus on our careers, our families, and our communities, and I only want everyone in our state to be able to say the same thing.

I support S.B. 956, with clear language that extends HUSKY to undocumented immigrants and new immigrant residents, and I urge the Committee to vote favorably for this legislation. Thank you for your time.

SENATOR MOORE (22ND): Thank you, Jennifer. Representative Hughes.

REP. HUGHES (135TH): Thank you Madam Chair, and thank you for going into the social work field. You have a unique perspective from being in one of those families directly impacted, but also striving to be a provider, and we're seeing the compounded impact on those providers that are on the front lines, as well as well as undocumented family Members. Can you say something about -- your husband -- are there people who say don't go to the hospital, because you won't get care? See -- that's what I'm hearing about, is that people talk to themselves -- talk to each other, and then, you know, even though there is technically a way to get emergency lifesaving care, if people don't know about it, and even the hospital emergency room doesn't really offer that, how is that accessible? Can you speak to that?

JENNIFER ORLANDO: Sure, I mean, he has the privilege of having a Social Security Number, so we haven't gone, you know, years without insurance. But being a social worker, I am familiar at least with some of the local resources, so say he got, you know, a sinus infection or needed antibiotics or, you know, something that's not life-threatening, we've probably gone to the Fair Haven Community clinic. But, you know, you're one year at home, during a pandemic, and, you know, all these things

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are going wrong, your mind always jumps to the worst possible scenarios too.

So, you know, what happens if he gets sick or what happens if he gets in an accident when we're driving to the grocery store, or, you know, all of these different things. Yeah, like, I don't know what we would have done, so I hope that helps.

REP. HUGHES (135TH): It does. Thank you. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you, Jennifer. Nishant.

NISHANT PANDYA: Hello there. Hello there to the senators and the Members on the Committee there, my name is Nishant Pandya, I am a pediatrician at Yale hospital, a resident of New Haven, and an immigrant myself. I stand in support of Senate Bill 956, with a modification that would ensure this leg --this legislation extends HUSKY eligibility to all low income residents, regardless of their immigration status.

I would like to echo many of the calls of the wonderful speakers before have made to consider health and health equity for Connecticut residents, while providing access to care for residents who belong to the Connecticut community, are contributing to its well-being, as well. COVID has taught us painfully that illness does not spare anyone based off of their documentation status, and as a society, we all suffer when we pick and choose who has access to care. Using broad strokes, as a pediatrician, I view this Bill as being crucial to improving the health of children, because it will help their health in the short term immediately, but also their health as adults, looking at -- looking at studies in other states that have expanded Medicaid for children.

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Children with Medicaid have a 22% reduction in high blood pressure as adults. It will improve educational outcomes for students, they are less likely to drop out of high school and more likely to earn a bachelor's degree, and it will increase their financial outcomes and increase the amount they will contribute in taxes, when they become adults. But, when I think of this, I think of the patients I've -- I've taken care of -- I've taken care of children who are undocumented and children whose parents are undocumented, and I think we have heard many incredible first-hand accounts. One perspective I would like to add is, when I was caring for a child in the emergency room, he came after a motor vehicle accident.

After we stabilized him, I took some time to talk with them about what his concerns were, what he stressed about at home and what kept him up at night, and despite having facial lacerations, a head injury and feeling the effects of the motor vehicle accident, the number one thing that kept him up at night was feeling stressed his parents could not access care. Despite being acutely sick himself, the thing he worried about was his parents being unable to access care because their illness was not deemed an emergency, yet they were dealing with chronic pain and chronic illness, unsure of what steps to go next.

Being sick is a -- is a burden on children and they should not have to carry the burden of their parents illness, when the state does not provide them the ability to access care. That's not fair for the child, that's not fair for the family, and that is why I strongly support Senate Bill 956 and I hope the Committee views and votes in favor of this Bill. Thank you so much for your time.

SENATOR MOORE (22ND): Thank you for your testimony.

NISHANT PANDYA: Thank you.

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SENATOR MOORE (22ND): I don't see any questions for you. Thank you, though.

NISHANT PANDYA: Thank you so much.

SENATOR MOORE (22ND): Sheila Mulvey, followed by Adelina Camacho, followed by Ty Wrenn. Sheila, I see you -- but I don't see you.

SHEILA MULVEY: Can you hear me now?

SENATOR MOORE (22ND): I can hear you Sheila, yes.

SHEILA MULVEY: Okay, thank you, thank you. I am Sheila Mulvey of Plantsville, and I'm here to speak to Raised Bill 6560, TIMELY PAYMENTS TO PERSONAL CARE ATTENDANCE.

I am the Employer Representative designated by a family member who receives services through the Department of Developmental Services self-direct Medicaid waiver. I've served for nine years on the PCA workforce council and I am solely speaking as an employer and not for any affiliation. The self-direct program is very unique and to groundbreaking approach for persons with disabilities to live their lives with freedom, to choose where they live and how they live in the Community. This is an enormous right of choice, it never existed before, and we will work together to preserve it.

I think we have heard -- all of us have heard today, the complexities of the issue before us. Considering this, I strongly support the suggestion of Kathy Flaherty to develop a working group, because it is such an important and complicated issue that we need to get it right for the benefit of all involved. Disruptions in the workforce can weaken the program and we do not want that to happen here. Our fiscal intermediary is Sunset Shores, and for over the past 12 years, I and our devoted staff

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have never experienced anything but professionalism and helpful treatment from them.

With the new electronic verification system coming into place, eventually we'll be replacing all timesheets submittals. I'm optimistic that we will see less payment issues, but we should continue to work on training of the mechanics of the jobs offered, and educational opportunities for employers, again, in the mechanics and on the Labor laws in Connecticut. Please excuse me for changing some of my testimony, but I was so compelled by what I heard today. I just wanted to make a few changes there and I want to thank you very much for listening to me.

SENATOR MOORE (22ND): Thank you Sheila. I want to thank you, I commend you for not just giving your own testimony, but listening to what other people have to say so people understand the decisions we make are not just based on a couple people, but that other people are having input, so thank you.

SHEILA MULVEY: Yes, thank you.

SENATOR MOORE (22ND): I don't see any questions for you, so have a good evening.

SHEILA MULVEY: Yes, you too, thank you.

SENATOR MOORE (22ND): Thank you. Adelina Camacho. Ty Wrenn.

TY FERNANDES WRENN: Hello.

SENATOR MOORE (22ND): Hi, Ty, is it Fernandes or is it Wrenn?

TY FERNANDES WRENN: Wrenn. Wrenn, Fernandes Wrenn, but...

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SENATOR MOORE (22ND): You can begin your testimony. Thank you.

TY FERNANDES WRENN: Alright, thank you very much, Senator. Dear Members of the Human Services Committee of the Connecticut General Assembly, my name is Ty Fernandes Wrenn, I'm from Waterbury, and a first generation of [indiscernible]. First and foremost, I stand in support of S.B. Number 956, with clear language that extends eligibility to all HUSKY programs to all CT residents, regardless of immigration status.

My personal stake in this is that my mother immigrated here from Portugal at 16 to this state and was not a citizen until her adult years. I don't even want to think about how, if she were injured at a young age, that under the current rules her health would not be covered. She came in the 80s, she was sold the story of the American dream, and here we are in 2020, and our state can't even cover those same immigrants coming to Connecticut dreaming for more for themselves and for their families. My question is, what must a person do to earn the right that is healthcare, must they go to both ho -- high school during the day, and then at night to English, must they Americanize themselves to fit in? Must they work hours after night school cleaning bathrooms to help with income, must they rush into a marriage for Green Card simply to stay in the country?

These are all things my mother had to go through, and my family had to go through. I firmly believe healthcare is a human right for all. Who are we as mere humans to determine if a person lives or dies, suffers or thrives, all because their relationships with the state just for some healthcare. The Connecticut I know was made up of immigrants, both documented and undocumented. And for the Connecticut I know, everyone deserves the safety and

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comfort of knowing that one bad accident might not end their career or livelihood.

I support S.B. Number 956 with clear language to extend current HUSKY eligibility to all city residents, regardless of immigration status and I ask the Committee to support this legislation. I'm really just here today to embrace the space where we, the public, are able to speak our peace to you and be heard. I hope you're able to listen to the plethora of people in support of our state immigrants, and I mean -- we -- may maintain the care the state has provided in the past for people like my mom, and expand that to make Connecticut as inclusive as possible. Thank you for your [Foreign Language]. Thank you.

SENATOR MOORE (22ND): Thank you, Ty. So we accomplished the part of what you've asked, because we have listened to many voices, so thank you, your is included. Thank you, I don't see any questions for you. Next is Camila Guiza-Chavez.

CAMILA GUIZA-CHAVEZ: Yes, thank you. Dear Members of the Human Services Committee of Connecticut General Assembly, My name is Camila Guiza-Chavez. I'm a resident of New Haven, a member of Semilla Collective, and I work in an organization that provides job training and a space to organize for refugee and immigrant women from the Middle East and Latin America. I stand in support of SP number 956, with clear language that extends eligibility to all HUSKY programs to all Connecticut residents, regardless of immigration status. I'm not undocumented, but many of the most important mentors, friends, and leaders in my life are.

There should be no question in the minds of legislators based on the powerful words that have been shared today and the vast turnout in support this Bill, that the current system is not working and makes the simple act of living more precarious

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and dangerous for many Members of the undocumented Community across our State. I grew up deeply understanding how critical having access to healthcare can be in the life of an individual and of that individual's family and their community, as my mother was diagnosed with a chronic degenerative disease, when I was 12 years old. While there's no cure for her disease, and she was told from the beginning that her life would never be the same, she could at least manage her symptoms and slow down the pace of damage to her nervous system through injections she'd have to give herself every day.

These alone cost thousands of dollars per week. If we had not had health insurance through my mother's work, I don't know what we would have done. There's just no feasible way that we would have been able to prioritize my mother's health without going into mountains of debt. In the more than 10 years since her diagnosis, my mother's health insurance has allowed her to pursue different kinds of care, from traditional to alternative medicine. So, even though her body will never be the same as it was before her diagnosis, the ability to explore these different ways of healing so she can live life as fully as possible, has given her some sense of agency and power over her own body and future.

And as scientific research around my mother's disease evolves, again, only because of her health insurance, she's able to avail herself of new medicines when they're made available. Today, she no longer has to give herself daily injections, but instead can get monthly medicine transfusions at a nearby hospital, where they know her name, her medical history, and where she's treated with respect. This kind of access to care is what every human being deserves. Every human being deserves to live with the confidence that if something happens to them, if their bodies get sick like human bodies do, that they'll have a net to fall back on, that they won't be left behind that -- by the community

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they live in, call home, and help to sustain. And undocumented immigrants do help to sustain our communities, not just materially through literal tax dollars, but also through their ideas and presence and perspective and creativity.

As Fatima Rojas said before me, the undocumented community makes this state vibrant. Not providing healthcare to the undocumented community is a choice and it's a criminal choice to knowingly violate basic human rights. I urge you all to use the power that you have to stand with the undocumented community and make the choice to prioritize human life over profit, and pass S.B. 956 without exclusions. The time is now and our community will continue to fight until we win.

Thank you. Thank you for your time today.

SENATOR MOORE (22ND): Thank you, Camila. Can I ask what is Semilla?

CAMILA GUIZA-CHAVEZ: Sorry, Semilla.

SENATOR MOORE (22ND): Semilla, what is that?

CAMILA GUIZA-CHAVEZ: Collective, it's a collective in New Haven, and many, many other people on this call, I think it's 16 people, today at the Public Hearing who testified with Semilla Collective.

SENATOR MOORE (22ND): Yeah, I don't think I -- that I saw it before, but I don't think I asked anybody what it was, so thank you. Any questions? Seeing none. Thank you. Next is Shannon O'Malley. Hi, Shannon.

SHANNON O'MALLEY: Good evening, and thank you, distinguished Members of the Human Services Committee for the opportunity to testify tonight in support of Senate Bill 956, With the modification to include all Connecticut eligible residents. My name

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is Dr. Shannon O'Malley and I'm an assistant professor and a pediatrician in New Haven and New London, and I specialize in taking care of children who need to be hospitalized. I've also cared for children in a refugee clinic in Connecticut, volunteered as a health educator with Connecticut's local refugee resettlement organization, and have done immigration advocacy work at the Texas-Mexico border.

I write today with my own opinion and I do not write representing the opinions of those with whom I work, but I would like to add very proudly that Yale New Haven children's hospital has submitted written testimony in strong support of this Bill. So as a child, an immigrant health advocate, as a physician, as a resident of Connecticut, and just as a human being, I strongly support Senate Bill 956 because access to healthcare is a human right. Aside from this ethical and moral imperative, this Bill just plain makes sense from a financial and Public Health perspective. Though I believe wholeheartedly that every single person deserves healthcare, I'm going to focus the rest of my testimony on what I know best, children.

Based on the most recent data, we estimate that about 1300 undocumented children are currently living in Connecticut. And they're living in families that make income eligible for HUSKY, so they would be eligible for HUSKY, but because of immigration status, they do not qualify for HUSKY. Their families most often otherwise cannot afford to purchase insurance or pay out of pocket. Research has shown, as well as the powerful lived experiences of those testifying today, that those without insurance are understandably more likely to delay or even be turned away from care, resulting in worse long term outcomes and greater financial and human health costs. This is why many of my primary colleagues, as Dr. Rosenberg has recently testified,

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do not get to see these children in the clinic, but I do as a doctor who works in hospitals.

Instead of being able to see -- receive our standard preventative care, families are forced to wait to see costly and complex care in the hospital. As an example, I recently cared for a child who became ill after infection with COVID. Quickly we discovered he was in heart and kidney failure. The family did not know the child had any health issues, because he never had a well child visit the pediatrician, who most likely could have caught these issues before they became life-threatening, with basic and inexpensive screening, and potentially present -- prevented his hospital admission and his need for now lifelong dialysis or transplant. He needed to stay for almost four months or 120 days in the hospital, or 2880 hours. This is the equivalent of almost two-thirds of an entire school year.

And, as many have previously pointed out in their testimony, it's frustrating that our current legislation supports the fact that all children deserve a free education, which I believe, but the fact that only some children deserve to be healthy enough to enjoy it. Not only will this Bill save on an individual level, as an example of my patient shows, but also on a greater Public Health level. Undocumented children are a considerable part of our future of the state, and we know that children without insurance and without access to read -- a ready -- regular medical care have worse school performance without the insurance, worst school attendance, worse health as children, and worse health as adults, and therefore -- potential impact as adults.

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize, thank you.

SHANNON O'MALLEY: So please help ensure these children, as all children should, have access to

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healthcare and the ability to lead happy and healthy lives and reach their full potential. Thank you for your commitment to child and immigrant health, please support Senate Bill 956.

SENATOR MOORE (22ND): Thank you, Dr.O'Malley.

SHANNON O'MALLEY: Thank you.

SENATOR MOORE (22ND): I don't see any questions for you, I appreciate your testimony. Thank you.

REP. ABERCROMBIE (83RD): Representative Wood has her hand up, Madam Chair.

SENATOR MOORE (22ND): Representative Wood.

REP. WOOD (141ST): Thank you, Madam Chair, and thank you, Dr.O'Malley. Question for you on -- I mean, I've learned a lot in this testimony today. Question to you on how many patients you know in the New Haven area take advantage of the federally-qualified health centers, just a rough percentage, and how many don't know they exist?

SHANNON O'MALLEY: Yeah, so I work mostly as an in-patient pediatrician, so I would say, you know, of the patients that I'm seeing that come to the hospital with these conditions that could have been prevented, most of them are not seeing outpatient pediatricians. But I do work very closely with some of the other general pediatricians who have testified tonight and I'd be happy to get you a better -- a better estimate of how many we have in our -- in our clinics, and how many they feel like know about, potentially, some free or discounted care.

REP. WOOD (141ST): I hate to add work to anybody's plate, we're also -- plates are so full, only if it's convenient and it comes your way, but it's -- I

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appreciate your testimony and certainly appreciate your work.

SHANNON O'MALLEY: Thank you, yeah, I'd be happy to do that, I can send you some estimates.

REP. WOOD (141ST): Alright. Thank you, I appreciate it. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome, thank you. Thank you, Dr. O'Malley. Next, I have Theresa Sandoval-Schaefer, followed by Anthony Barroso, followed by Megan Fountain.

TERESA SANDOVAL-SCHAEFER: Thank you. My name is -- can you hear me?

SENATOR MOORE (22ND): Yes, Teresa.

TERESA SANDOVAL-SCHAEFER: My name is Teresa Sandoval-Schaefer. I am a resident from Hamden, an immigrant from Mexico, and a member of the Semilla Collective, New Haven. I stand in support of S.B. 956, with clear language that extends eligibility to all HUSKY programs to all Connecticut resident, regardless of immigration status.

I am a naturalized citizen, I am not undocumented, but I am here to speak on behalf of the thousands of undocumented immigrants that reside in the state of Connecticut and that every day work so hard to contribute to the society and the economy of our state. It's time to recognize that undocumented immigrants are not invisible, the United States Government wants to pretend they don't exist so they can be left out of government stimulus and programs. But they are not invisible; they are the essential workers that have been cleaning up at hospitals, clinics, office buildings, public spaces, etcetera, risking their own and their family's lives during a pandemic. They are essential workers that have been growing, preparing, serving, and delivering our

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food, so privileged people like me and all of you legislators can safely work from home.

And yet, these essential workers have also been left out of one of the most essential human rights, access to healthcare. Now, access to healthcare is particularly critical for undocumented immigrants, because the nature of their jobs puts them at higher risk of injuries, because having long work days for very low wages puts them at higher risk of chronic debilitating diseases. But especially during the COVID pandemic, leaving anyone out of healthcare access is immoral and repugnant. Lack of access to healthcare could be the difference between surviving or succumbing to COVID-19. But even for those that survived, about 30% are considered long haulers and may suffer for months or years or possibly the rest of their lives.

I am a COVID-19 survivor and a long hauler, since I got COVID a year ago; I haven't been able to perform strenuous activities without feeling out of breath. I can't even go hiking or walk long distances without having to pause to breathe. Thankfully, my job doesn't require this kind of stamina and I have access to healthcare in case I need it, but we need to recognize this is a crisis, and this is not the time to keep anyone out of healthcare access.

As you listened to the testimonies and make a decision about supporting S.B. 956, please know that we don't need a Hispanic Heritage Day, what we need is not a Margarita or Taco Day, all were asking from you is to recognize our humanity. Please support S.B. Number 956, with clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of immigration status. Finally, I just want to say that nobody is safe, unless everybody is safe, thank you.

SENATOR MOORE (22ND): Thank you, Teresa. I don't see any questions for you, thank you. I hope you

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continue to get better from -- I know there's after effects and after COVID-19, so I hope you -- your body heals.

TERESA SANDOVAL-SCHAEFER: Thank you so much, Senator.

SENATOR MOORE (22ND): You're welcome. Anthony, are you actually going to give testimony? I know you've been interpreting for people, are you going to give testimony also?

ANTHONY BARROSO: Yes, I am.

SENATOR MOORE (22ND): Okay, so you're next.

ANTHONY BARROSO: Thank you, Madam Chair, and thank you Members of the Human Service Committee of Connecticut. My name is Anthony Barroso. I'm a student, I'm a parent, and I'm a resident from New Haven, Connecticut. I'm also a recipient of DACA and a member of Connecticut Students for a Dream and the Semilla Collective. I stand in support of Senate Bill 956, with modifications to the language that -- so that it clearly extends eligibility to all HUSKY programs, to all CT residents, regardless of their immigration status.

I was born in Ecuador and came to the United States when I was seven years old. I have lived in New Haven for most of my life and experienced the many barriers of being undocumented until I received my work authorization through DACA, which by the way, was an organizing win from the immigrant community. Being undocumented has impacted many aspects of my life. For example, when I was in high school, I did not think going to college was a possibility because I knew I wasn't eligible for any financial support from the Government and my single mother did not have the means to financially support me with tuition. I also avoided after-school activities that could cause injury, such as sports, out of fear

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of getting hurt and putting my family in a difficult financial situation, by having to pay out of pocket for medical costs.

Overall, being undocumented in the US means living in constant fear of getting sick, encountering police, or worse, being separated from your loved ones, something that I personally experienced. A lack of status also limits one's ability to provide for yourself and your family. I know this all too well, I had my son when I was 18 and I started working multiple jobs to keep up with the costs of providing for a family and paying for living expenses. At one point, I found myself working three jobs, with some days working 19 to 22 hours straight.

One night after leaving my last job around midnight, I fell asleep behind the wheel of my car and barely missed the gas pump as I crashed into a Jersey barrier located in the parking lot of the gas station close to my apartment. I woke up disoriented and in pain, but my first thought was not if I was okay, but that I needed to leave the situation, because I was scared of the police coming, and scared of being handed over to ICE. I called a friend and they picked me up and they insisted I go to the emergency room where I had X-rays and other diagnostic evaluations. At the time, I did not have health insurance and I was in the facility for less than four hours.

Fortunately, I was determined to be okay, just slightly bruised, my car was totaled, but then a couple of weeks later, I received the Bill from Yale for a total of \$8000. I panicked, I knew there is no way I could afford that with an infant son, while working bare minimum wage jobs. My story is not unique. Immigrants all across the US face unfair barriers to healthcare that they need, lack of coverage, no language access, fear about immigration status, and discrimination in doctors' offices, and

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other aspects of the health system all make it more difficult for immigrants to get preventative and long term healthcare. Ensuring that all immigrants can access Medicaid will take away one of the many barriers for care to immigrants.

That is an -- and -- an important step towards health justice in our State. The COVID-19 pandemic has also highlighted the inequities in our society. Many people have lost their jobs, and undocumented people are excluded from all forms of safety nets, including unemployment stimulus checks and various other services. Through the pandemic...

HEATHER FERGUSON-HULL: Excuse me, your three minutes are up, please summarize.

ANTHONY BARROSO: Throughout the pandemic, I've organized and been in community with many undocumented families through the state and I've listened to countless stories of people who develop chronic illnesses such as diabetes, heart disease, or become disabled due to untreated injuries, or cannot afford lifesaving medicine. I know our people are resilient and will find ways to stay in solidarity with one another, but we should not have to suffer like this. Access to affordable healthcare is a human right and should not be negotiable.

So in conclusion, I urge the Committee to pass Senate Bill 956, with clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of immigration status without exclusions. Thank you for your time.

SENATOR MOORE (22ND): Thank you, Anthony. I want to thank you personally for hanging in there with us all day doing that interpretation for people, appreciate it, thank you. Next is Megan Fountain, Tawana Galberth, Ann Pratt. Megan? Tawana? Ann Pratt, you're up.

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ANN PRATT: Good evening Senator Moore, Representative Abercrombie, Members of the Human Services Committee. I am the director of organizing at Connecticut citizens Action Group, and I am also the Co-Chair of the Medicaid Strategy Group and I'm here to support the Bill that we've all been listening to and others have testified, in support of 956, with all of the caveats that you have heard every speaker mention, and I just want to say I have prepared testimony, but I just wanna say, it has been incredibly powerful to be here tonight and to hear the stories that we've all heard. I am both tortured and inspired by the courage of people who have been on this call tonight. And I'm in this work -- been in it for 40 years and I think I just am so incredibly sick that this is the reality for so many of the people in our communities.

So what I'm going to add to the conversation is that some of the obstacles that have been put forth to making this happen have been financial ones, that we do not get a federal match on opening up Medicaid to undocumented, and I'm going to say that there's a way to make this happen and we do not want to let that stand in our way. There are ways which are being proposed in Senate Bill 842, that basically puts a tax on insurance companies to help provide subsidies, so that's a way. There are two Bills that are going to be heard in finance Committee, that is about restructuring our tax structure and creating it more equitable. That is a way, it can create an enormous amount of resources and this is what we need to be putting our money into, addressing these stories and this existence of health inequity.

We also have 17 people in this state, 17 people in this state who over the last 10 months during a pandemic have increased their wealth, that is increased, not gained, but increased their wealth by close to \$4 billion dollars; that is a lot of money

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for 17 billion people, and our state suffers and is hurt by the fact of this inequity in healthcare. And it's just wrong, and we can do something about it. We can, you, you all who have sat here listen, experienced what I have experienced with you, and we can figure out how to do this so that's all I gotta say.

We are in support of this Bill, and I thank you, Senator Moore and Representative Abercrombie for holding this hearing and, of course, for every single story that has been told tonight.

SENATOR MOORE (22ND): Thank you, Ann. I appreciate you, I know the work that you've done, I think I mentioned the first year you started. So I appreciate that and I, you know -- I -- you know -- when we sit here, you know, for 10, 12, whatever hours, we hear the stories of people's real lives and how they're living and the stressors of not having insurance and what happens and living with these worries all the time. So we hear them, this is Public Hearing, but you hear them every single day by being out and about with -- and that's what we have to figure out, what are the solutions to get this done.

So, I appreciate your testimony.

ANN PRATT: And I just want to add, I also just moved to Southbury, Connecticut, and I see my Senator is here and I'm happy that he's listening to that as well. So this is good, I just wanted to put that into -- hello Senator, I'm glad that you're listening to this.

SENATOR MOORE (22ND): Thank you, Ann. I don't see any questions for you. Thank you. Next is Jose Ramirez, Jesus Morales Sanchez and Juan Carlos Pozo. Jose? Jesus?

JESUS MORALES SANCHEZ: Hello, hi.

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SENATOR MOORE (22ND): Hi, Jesus.

JESUS MORALES SANCHEZ: All right, good evening everyone, thank you for the opportunity to speak. My name is Jesus Morales Sanchez, I'm a community leader and I'm a volunteer with Connecticut Insulin for All, as well as Semilla Collective in New Haven, and I'm also a youth development specialist and educator at Planned Parenthood of Southern New England. I'm a US citizen, I'm an immigrant from Mexico, and I come from a mixed status family. What that means is that my family has family Members that are of different immigration statuses.

I'm here to testify in favor of S.B. 956, as this Bill could be the difference between life and death for people in my community, including my family. I was diagnosed with type-one diabetes on October 6th of night of 2018. At the time, I was uninsured and unemployed. At the time of my diagnosis, I have lost over 100 pounds in just a few months. Being six foot tall, I weighed a total of 130 pounds, so I was skin and bone effectively. I was able to get the testing and treatment through -- that I needed through the Fair Haven Community clinic after waiting for one month to get an appointment. Then, they were able to prescribe insulin through the 340B program.

While I waited months to be able to navigate the bureaucracy, as I tried to recover from nearly dying from undiagnosed diabetes. And, ultimately, I was eligible to sign up for HUSKY D, as I was unemployed at the time. While these safety nets are far from perfect, they were effective at keeping me alive and I'm very thankful for that. I often joke with my family that we were lucky that it was me who got sick, because had it been any one of my family Members that are undocumented, or the ones that have literally just got a permanent resident card, they

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would not have qualified to a lot of these safety nets programs.

So, the safety nets allowed me to get the care that I needed, the medication that I currently need to stay alive at an affordable price, and they were the reason why I'm here today. I also need to acknowledge that all of these was available to me because I had recently been a naturalized US citizen. Today, as such, I have the luxury of having a full time job that offers me health benefits through a private insurance company. My monthly insulin prices -- these three pieces of medication, without insurance the insulin price would be over \$1800 dollars for a month supply of my medication, \$1800 dollars. This does not take into account the needles that I need to administer the medicine, does not take into account the glucose meter and the test strips, does not take into account this little device that makes controlling my diabetes a lot easier and manageable.

Unlike type-two diabetes, which also runs in my family, my mom has been a type-two diabetic for years, for over a decade, type-one diabetics are immuno -- insulin-dependent for the rest of their lives. Our pancreas does not produce insulin anymore, we will read-- need insulin for the rest of our lives, and without it, a lot of us can die -- I'll be close -- I'm close to closing -- will die within a matter of hours.

In a state where more than half of undocumented population is uninsured, it is also -- and also in the times of a global pandemic, it's been painfully obvious that we need to expand affordable healthcare, regardless of immigration status, because illnesses like type one diabetes, they don't know about people's race, they don't discriminate about -- because of people's ethnicity, or immigration status, or socio-economic status, then why should healthcare?

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I'm asking you, please, to support AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS, ensuring that everyone that would qualify to any of the HUSKY programs can do so, because for me, HUSKY was a life -- a lifeline. It was able to save my life. And while -- yes, the 340B Program made my medication affordable; right now that's another fight that we're doing at the federal level. As insulin companies, the same producers of these lifesaving medication that hold them.

SENATOR MOORE (22ND): We're going to ask you to please wrap.

JESUS MORALES SANCHEZ: Yes, withdrawing from this program limiting the access to life saving medication. So, with that, I -- that's my testimony. Thank you so much for listening.

SENATOR MOORE (22ND): Thank you Jesus. I don't see any questions for you, so I thank you for your testimony.

JESUS MORALES SANCHEZ: Thank you.

SENATOR MOORE (22ND): Mark. Well, Juan Carlos. Juan Carlos, here? Then I'll go to Mark Kosnoff. Angie Soto. Richard Kremer. It's all yours, Josh.

REP. ABERCROMBIE (83RD): Senator, I see Richard.

SENATOR MOORE (22ND): Do you?

REP. ABERCROMBIE (83RD): I do. He's on the bottom. Richard, can you hear the Senator?

SENATOR MOORE (22ND): Well, we'll come back to him if he does, okay.

RICHARD KREMER: No, no, I'm here.

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SENATOR MOORE (22ND): Okay. All right, a few minutes.

RICHARD KREMER: I haven't been here the full time as you all have. And I will say that I've been astounded by the six or seven hours that I've been here. I'm pastor Rick Kramer. I serve an urban multi-racial, multiethnic church. Grace Lutheran in the Asylum Hills section of Hartford which is the part of Hartford that has the largest proportion of immigrants and refugees.

I truly and fully unconditionally support Bill Number 956 with the recommended changes that is all residents being permitted to receive all aspects of the HUSKY programs. I'm going to skip most of what I said, but I want -- I wanna -- what I wrote. I want to say what an incredible day it's been. And I want to thank the people who have the courage, who are people that do not have papers and are standing up and talking about their lives.

What courage? I come from Rhode Island, where I served a multi-racial, ethnic church and providence. And the difference between Connecticut and Rhode Island is dramatic. And I am so glad to be here back in Connecticut. I just want to say a few things. One is most of our ancestors came here looking for a safe place to live and begin a new life. Today's immigrants and refugees are no different, say where they come from their race and their ethnicity. After the horrors of recent years, even after the horrors of recent years, our immigration system has been long broken and people all over the world are looking for a place for the families and a safe place.

I've been to Dallas, I've crossed the border there. I've been to Tucson in the federal courts, I've gone to Nicaragua and El Salvador. There's a reason for people coming to this country. And those reasons

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are only stronger than they were back when I was doing that in Rhode Island. Life in the shadows, afraid to be identified, fearful of being deported and afraid to seek healthcare for fear that their identities would lead to their hopes -- the end to their hopes for their families and relatives, and those are areas of grave concern. There are very limited ways that people in these circumstances can get a much-needed basic healthcare. Emergency room hospitals are filled and they're stressed.

So, when the people in the emergency rooms, and I've been there with people say, "Hey, this is all we can do." It's almost always a factor of the stress level that they're living with. But also, there aren't any rules or laws like this particular one that would help somebody who didn't have the ability to have health insurance.

HEATHER FERGUSON-HULL: Excuse me -- excuse me. Sorry, your three minutes are up, please summarize.

RICHARD KREMER: Okay. I just want him to say that Connecticut has shown remarkable leadership by being a source of asylum to those in need and giving them a chance. So, providing these services and doing so for all of those people that are doing all the jobs that nobody else would do and getting paid so little can at least be given a proper access to healthcare. Thank you.

Thank you for all the work that you're doing as a Committee.

SENATOR MOORE (22ND): Thank you, pastor. We see any questions for you. Well, thank you so much. Next is Josh.

JOSH PAWELEK: All right. Representative Abercrombie, Senator Moore and Members of the Human Services Committee. Thank you for this opportunity to testify in support of S.B. 956 AN ACT PROVIDING

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MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. I support this Bill with the addition of clear language that extends eligibility for all HUSKY programs, to all Connecticut residents, regardless of immigration status. My name is Josh Pawelek. I'm the Minister of the Unitarian Universalist Society, East and Manchester. I'm a leader with the Recovery for All Campaign, our churches among those in the state who identify as sanctuary congregations.

We are committed to supporting undocumented immigrants in any way we can. I'm echoing my colleague, Richard from Grace Lutheran and Hartford. I want to give just a note of gratitude to all of you on the Committee who've been sitting here at this long day, listening to testimony and also to the undocumented people who are testifying telling their stories, I'm deeply grateful to them. What they're explaining to us is that like citizens, undocumented people get sick and require medical attention. We've been hearing this testimony all day long, undocumented people suffer injuries, develop cancer, heart disease, diabetes, mental illness.

When these things go untreated due to lack of access to healthcare, they can get worse. They can make it impossible for a person to work and support their family. They can land people in the emergency room. They can result in death S.B. 956 takes this reality seriously. It is a very caring Bill. It is a justice seeking Bill. It is a loving Bill and it is a Bill that will, if it becomes law, get undocumented people access to the care that they need.

Having said that I was under the impression that as it's written, it doesn't go far enough. I was in trade with Sheldon Tubman's testimony earlier, arguing that he actually believes all the HUSKY programs would be open to all qualifying

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undocumented people if the Bill becomes law. If he's right, then hooray. And if he's not right, then I think it's critical that this Bill be amended to include clear language that extends eligibility for all HUSKY programs, to all Connecticut residents, regardless of immigration status.

I am convinced our state can afford the cost. And I urge all elected officials to take to heart the recovery for all campaigns, revenue proposals. If you -- if you're concerned about cost, consider those proposals. We cannot forget that healthcare is a human right, regardless of immigration status. There are abundant revenue options available in Connecticut to provide this human right to undock -- undocumented people. Please support S.B. 956. And again, thank you.

SENATOR MOORE (22ND): Thank you. I was ready to say amen there for a moment there. Thank you. I don't see any questions for you, but I appreciate your testimony.

JOSH PAWELEK: All right, you got about 40 more to go. Good luck.

SENATOR MOORE (22ND): We'll be here. We're here till we're done.

JOSH PAWELEK: I know.

SENATOR MOORE (22ND): We're here. Thank you.

JOSH PAWELEK: Good night.

SENATOR MOORE (22ND): Simone Radoveden, Elizabeth Gonzales.

ELIZABETH GONZALEZ: Thank you. I need that interpreter for me. Testimony, please.

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ANTHONY BARROSO: Good evening Committee Members. My name is Elizabeth Gonzales. I am a daughter, mother of four children and a wife and I working woman. And I -- yeah, sorry, that's it. I've lived in this country since 2001, and I am just another immigrant. Asking you to place your hand on your heart and give us your support to all of us. We need access to health insurance. Two years ago, I lost my father due to not receiving adequate preventive healthcare.

Every time I brought him to a clinic or try to get an exam for him, they would deny us because he lacked health insurance. And I want to emphasize that we are people who have lost loved ones due to a lack of health insurance, and we continue to lose our loved ones due to a lack of health insurance. We are conscious human beings who feel pain and feel hurt. We have family that depend on us and we're not robots. We need care. We need access to take care of ourselves.

And I support Bill 956 with the intention that it includes everyone in the undocumented community to have access to healthcare. And additionally, to all the folks who have been financially distressed, who have been experiencing the pain of the pandemic, we have found support in community, from organizations like this AMEA collective, like Oola and many others that step up when the government doesn't do what they should. Sorry. And I ask you to please, with all your heart, give us -- give us the access to healthcare. It's what we need. And thank you for listening to my words.

SENATOR MOORE (22ND): Representative Hughes.

REP. HUGHES (135TH): Thank you, Madam Chair. Gracias, Elizabeth. And I wanted to say how sorry I am for the loss of her father and all the preventable deaths in our community. And now that

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we know this is happening, we must do better. I just want to [indiscernible].

ANTHONY BARROSO: Condolences. Thank you.

REP. HUGHES (135TH): Thank you.

SENATOR MOORE (22ND): Carlos Moreno, followed by Alexis Garcia, followed by Jenny Cornejo. Kelly Whittener? Kelly?

KELLY WHITENER: Hi, thank you. Members of the Human Services Committee, thank you for the opportunity to submit testimony regarding race Bill 956 AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. I am an associate research professor at Georgetown University's, my course 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 submitted written testimony, summarizing my research and observations as other states have advanced legislation to cover more children and families. And it is my understanding that Members of the Committee have seen a brief, I authored specifically on expanding HUSKY A and B that was funded by the Connecticut Health Foundation and mentioned in earlier testimony by Jay Sicklick.

As the Committee now knows after lots of testimony, the -- under federal rules, Medicaid and CHIP coverage for non-citizens is generally limited, certainly lawfully -- to a certain lawfully present immigrants or certain emergency services, though many states have taken advantage like Connecticut has a federal options to cover more immigrant groups. States have also implemented coverage programs with State only funds to reach immigrants, regardless of citizenship status. States have also used state only funds to fill gaps in coverage, such

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as for lawfully residing, pregnant women and other adults who are in the five-year waiting period.

The experience of other states most recently, Oregon, makes very clear that having a robust outreach campaign is critical to reaching newly eligible immigrant groups, especially given the anti-immigrant climate perpetuated by the Trump administration. Therefore, I believe that when working through this Bill Members of the Committee should consider adding funding for an outreach campaign relying on community-based groups to reach the needed populations. And I understand that there are limited resources for this Bill and for other priorities before the Committee, but I believe that when estimating the costs of expanding HUSKY to undocumented individuals, it's really important to remember that not all eligible individuals will enroll.

I heard some of the testimony earlier today from the department which made sense in terms of a starting place and estimating the costs looking at the migration policy Institute data, to understand the size of the undocumented population. That's also the group I would turn to. And then, the per member per month costs as they described. However, it's really important to also think about the participation rate. Even with a robust outreach campaign, like the one conducted in Oregon, only about a third of eligible children enrolled in the first year, the majority of whom were transferred automatically from their emergency Medicaid program. Therefore, it's important in the fiscal note to account for an enrollment ramp up period, and bear in mind that reaching every eligible individual may never be possible.

So, in thinking about the total costs, I think it makes a lot of sense to start with the total number of potentially eligible people, and then turn to the participation rate, which is a piece that is often

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overlooked before computing the total costs based on those per member per month estimates that department provided earlier. Thank you for this opportunity to testify.

SENATOR MOORE (22ND): Thank you. Thank you. Any questions? Seeing none, I just want to say thank you. And thank you. We'll look at the report. I did not get a chance to look at it, but I will. Thank you. Next is -- we're going to go back up and see -- I see Juan Carlos. Juan, do you want to unmute? Do you need an interpreter?

JUAN CARLOS POZO: Yes.

SENATOR MOORE (22ND): Is there an interpreter here?

ANTHONY BARROSO: Hey I could interpret.

SENATOR MOORE (22ND): Thank you.

ANTHONY BARROSO: No problem. Firstly, I'd like to thank the Committee for the opportunity to share my testimony tonight. My name is Juan Carlos. I'm from Ecuador and my wife and daughter as well. When my daughter was six years old the doctor discovered that she had a tumor. She underwent three surgeries for her brain and in the third surgery, they placed the valve that saved her life. Thank God, today she's still alive. Due to the economic situation in our home country, we made the decision to immigrate to the US because of the quality of care and the specialists that exists in this country. I knew that we would be undocumented, but we wanted to do anything for our daughter.

When my daughter came to this country, she was nine years old. Now she's 16. And in the course of that time, she has seen neurologists, specialists, surgeons, and various other medical staff. We've applied to reduced fee programs provided by Yale but even so, the costs are still a lot and we've had to

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do what we have to do and pay out of pocket to save our daughter's lives. So, I wanted to share with you all the story of my daughter and how we have gone through great lengths to try to save her life and give her a better quality of life. We need access to affordable care. It would mean so much to our family. It would help us and give us the support we need. Especially during this trying time, my wife and I have lost our jobs in restaurants, and we just want to do whatever we can for our daughter. She has become disabled after the surgeries that she received, and we need more support. We need access to healthcare.

And if we received the support and access to affordable care, my family and I will be very gracious and very thankful to the state and to this country for all the benefits that it has given us. Thank you very much.

SENATOR MOORE (22ND): And I hope your daughter -- will get what you need for your daughter to kind of [inaudible] this journey for you. Thank you.

JUAN CARLOS POZO: Thank you guys.

SENATOR MOORE (22ND): We don't really have that many, so I'm going to go through the list of what we have left. Next, I would have Sana Shah.

SANA SHAH: Your Representative Abercrombie, Senator Moore, Senator Berthel, Representative Case, and esteemed Members of the Human Services Committee. My name is Sana Shah, I'm testifying today on behalf of Connecticut Voices for Children. Can I give voices for children in standing in support of Senate Bill 956 AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS with modifications to include the coverage of our low-income children and parents under HUSKY A and low income, elderly and disabled individuals under HUSKY C, Connecticut's most vulnerable communities,

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particularly low-income families and people of color are more likely to be exposed to adverse social determinants of health.

Included among these individuals are undocumented residents, undocumented families, because they are also largely excluded from Connecticut's health insurance system are in a particularly unique position of vulnerability under the pandemic. As many individuals in this hearing have highlighted today, research tells us that a lack of access to health coverage and inequities in healthcare lead to poor health outcomes, coverage gaps raise healthcare costs for both hospitals and community from delayed patient care seeking, which can also worsen patient outcomes.

Unfortunately, an estimated 120,000 undocumented immigrants residing in Connecticut are prohibited from buying into Access Health Connecticut, and are ineligible for Medicaid, Medicare, and other health coverage programs. Even though COVID-19 has exacerbated this pre pandemic injustice, it is necessary to eliminate disparities and insurance coverage because if corrective action is not taken this harm will tiff in and continue to persist for generations to come. Immigrants make incredible contributions to our state, but are consistently punished and denied access to human rights, such as basic healthcare because of their legal status. In addition to having limited access to healthcare, they are ineligible to participate in other antipoverty programs, such as SNAP in TANF.

Throughout the pandemic, undocumented families and mixed status families have been largely excluded from six congressional spending Bills designed to help residents through the many economic challenges. Connecticut's immigrant workers drive economic growth and contribute more than \$120 million in state and local taxes every year, and many are on the front lines of the pandemic. Sadly, they're

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denied basic human rights and the coverage and protections necessary to avert death, especially during the pandemic. What's more insured individuals will be more likely to seek testing and treatment and other needed care, which is especially important now more than ever. Everyone should have an opportunity to obtain optimal health. Expanding coverage to all residents is the right thing to do and necessary to advance health equity.

I'm the daughter of an immigrant, and I'm just so grateful to share space today with such incredible individuals who have elevated their personal stories to underscore the importance of this legislation. We urge Members of the Committee to honor those stories and pass Senate Bill 956 AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS with modification to expand eligibility to all residents. Thank you for your time and consideration.

SENATOR MOORE (22ND): Thank you, Sana for staying with us and your testimony. I don't see any questions for you, or if I miss them raise your hand. Thank you very much. Have a good night.

REP. HUGHES (135TH): Representative if you --

SENATOR MOORE (22ND): Yes, Representative Hughes.

REP. HUGHES (135TH): I just want to make sure you submitted your testimony Sana and those statistics that you cited and that we have that in writing. Thank you. Thank you. Thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. So, I went over somebody, but I see Anghy now. Anghy [crosstalk] to give testimony?

ANGHY IDROVO: Yes, of course. Good evening, everyone. The all Members of the Human Services Committee of Connecticut General Assembly. My name

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is Anghy Idrovo Castillo. I'm a resident of Danbury Connecticut and I'm also undocumented. I stand in support this evening of SS.B. 956 AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. I was born in Cuenca Ecuador and migrated to the states when I was 12 years old with my parents and my younger siblings. Most people think that the only barrier that the undocumented community face is access to higher education. Truth is that our community faces multiple barriers, trying to access basic human like healthcare.

My family and I have been living in the United States for over 12 years, and since our arrival, we have always relied on over the counter medicine and homemade remedies. Before turning 18 years old, my siblings and I were part of this free children's clinic, where we only had access to annual checks -- checkups -- checks up but nothing beyond that. Throughout my middle school years and my high school years, my parents never visited a doctor or had a yearly checkup. First, because they -- their income didn't allow them to spend -- to spend beyond rent, food, clothes, and school items, but also because they never qualified for any medical insurance program.

On multiple occasions, we had intense stomach, bone, teeth, and muscular pain, but regardless of our pain, we refuse to go to the emergency room. We knew that a visit to the ER will never -- will leave us in depth and we didn't have access to any health insurance. So, we never had any primary care doctor, but today I'm most concerned about my mother who's 49 years old, and my father who's 52. Even though at this moment, my father holds a private healthcare insurance card, thanks to his current job, I know that his situation can change in years, months, or days as he can get laid off or having accident. My father's situation is very unique. It's a very unique one. I don't think anyone should

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wait until they are over 50 for a miracle to happen, as my dad recently got this private health insurance from his construction job.

On the other hand, and my brother who's 21 years old have been recently diagnosed with asthma, which the doctor mentioned that it could be two -- due to the after effects of COVID. His medicine is over \$3,000 and his weekly income is half of the amount. Having access to healthcare will give my family and my community, the opportunity to live a long, healthy life which in no way should be a privilege. Today. I hope that in my family's story and my community's one impact you and this Committee, the Human Services Committee and rises S.B 956 in favor. Again, I'm in support of S.B. 956 with clear language to extend HUSKY eligibility rules to all Connecticut residents, regardless of immigration status. And I ask the Committee to support this legislation. Thank you.

SENATOR MOORE (22ND): Thanks, Anghy. Let see. I don't have any questions for you. Thank you for your testimony. Have a good evening.

ANGHY IDROVO: Thank you. You too.

SENATOR MOORE (22ND): Sarah Buccino.

SARAH BUCCINO: Hi, good evening.

SENATOR MOORE (22ND): Good evening.

SARAH BUCCINO: Okay. Senator Moore, Representative Abercrombie and Members of the Human Services Committee. My name is Sarah Buccino and I am here to support S.B. 975. I am a licensed clinical social worker and the manager of social work services at Hartford Healthcare at Home, the largest home care agency in Connecticut. I have worked for Hartford Healthcare for the last seven years, and during this time I have observed an increased need

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for social work services, especially for our Medicaid patients.

The Department of Social Services does not reimburse home health social work interventions with Medicaid clients because they are encouraged to utilize DSS workers for linkage to entitlements and benefits. Many home health patients have difficulty accessing DSS in person and via telephone and do not have an assigned worker. Their questions are often left unanswered and their needs unmet. Home health social workers are clinically trained and licensed professionals, not only providing linkage to community resources for basic needs, but also providing psychosocial assessments and treatment plans to meet all patient needs.

Home health, social workers have an advantage that no other setting can offer the ability to observe patients in their home environment. Seeing patients where they are the most comfortable allows home health social workers to complete the most comprehensive psychosocial assessments. Home health social workers are highly trained and through observation can skillfully identify unspoken needs and challenges that most likely would not have been uncovered in another setting. With this vantage point, they're also able to identify and timely report any signs of abuse, neglect, or exploitation, which can go unnoticed outside of the home. Without being in the home items like living conditions, family caregiver interactions, or a food insecurity could also be overlooked and left unaddressed. For this reason, home care, social workers are often called upon by colleagues in hospitals, doctor's offices, state funded programs that are requesting home visits to observe and assess what they cannot.

Home health social workers have always been well equipped to address complex psychosocial needs. Now more than ever COVID-19 related uncertainties and its aftermath has presented our patients with many

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more challenges, crisis situations, grief, PTSD, isolation, anxiety, depression, and really just how to survive. Home care social workers have been able to witness the emotional and social toil of COVID-19 up close and connect these patients to much needed supports, resources and have helped them adjust to a new sense of normalcy.

Hartford healthcare -- home care social workers conduct an average of 60 visits per month to Medicaid patients, which equates to approximately 720 unpaid visits last year. Knowing that our Medicaid patients often have the most complex cases, it is unfortunate that home health providers have never had a reimbursement rate for social work interventions. The value of social work is recognized in other settings as all other mental health professionals are reimbursed for providing social, emotional and psychological services needed yet Connecticut home care social workers are not reimbursed for the same or similar services.

HEATHER FERGUSON-HULL: Excuse me. Your three minutes are up, please summarize.

SARAH BUCCINO: Yep. For these reasons I urge you to support S.B. 957. Thank you.

SENATOR MOORE (22ND): Thank you, Sarah. I don't see any questions for you. [crosstalk] Thank you for your testimony. Next, I have Carmen Lanche. Lanche. Carmen. I see her on the screen. Carmen, do you need an interpreter? That's it for me now, please. [crosstalk] carried away because it's getting late that I suddenly have to us. Most of us picked up another language. All right. All right. Is there enough interpreter here?

ARIANA SHAPIRO: I can -- I can interpret.

SENATOR MOORE (22ND): Thank you.

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ARIANA SHAPIRO: Good evening to the esteemed Members of the Human Services Committee. My name is Carmen Lanche and I've lived in the city of Norwalk for ten years. I'm the mother of a family. I have two children and a husband. And I'm giving my testimony in favor of the Bill S.B. 956. I'm going to tell you my husband's story. My husband is named Rodrigo. And two years ago, he fell, got a fall. He fractured his foot and his Achilles tendon. During this time, he was going to community clinics and they were sending him only paid medication. So, when he went to -- they sent him a boot to protect his foot, but it didn't help at all. And the following appointments, it was the same.

Until now it's two years later and now he needs surgery. And every time they try to make the appointment for surgery, they ask him for his medical insurance. The problem has become chronic and he will be disabled for the rest of his life. The fracture healed, but it didn't heal correctly. So, all of the tendons are on one side and he is in -- and he's in a lot of pain. He is a very caring, loving husband, and he's going to be in this situation for the rest of his life. Every day he would go to work. He paints houses and because he has to go up on the ladders, he was in a lot of pain. All of his worries about his foot caused anxiety and stomach problems for him as well. So, they -- there's the -- there's things that they're worried about that potentially are carcinogenic. And they want to do surgery, but every time they try to make the appointment, they keep asking for his health insurance. So, he's not the only one suffering. The entire family is suffering.

Yesterday, they did a biopsy, they cut out part of his stomach to see if he still did not have cancer. And because of COVID, I can't accompany him to his medical appointments, and it's so, very hard -- very painful to see him suffer. I think sometimes

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hospitals are thinking more about money than about the health of people. It's painful to see every day that people are dying because they don't have medical insurance. And this pandemic has shown that there have been many people -- many Latino people that have died for lack of medical insurance. You all, as Representatives, as politicians, you're responsible for the good of the people, and I urge you to pass the S.B. 956 Bill. And she's speaking -- I'm speaking from communities without borders.

SENATOR MOORE (22ND): Thank you for your testimony. I'm sorry for the journey that you're on and your husband's health. I hope he heals. And I appreciate you sharing the details of what it's been like if it goes to that, even during COVID. And hoping that we can get to some resolution to address some of these issues that we've heard tonight. So, thank you. Are there any other comments?

ARIANA SHAPIRO: She said, I thank you. Thank you. And I hope that you vote in favor of this Bill to support the community.

SENATOR MOORE (22ND): Thank you, Carmen. Good night. Next, I have -- I'm going to go through the list. It's Jose Sanchez. Laura Garcia?

LAURA GARCIA: Yes, I'm here.

SENATOR MOORE (22ND): Yes. Laura, you can -- you can go.

LAURA GARCIA: Okay. [crosstalk] I'm going to call some paragraphs and I'm going to stop.

ARIANA SHAPIRO: Okay. My name is Laura Garcia and I'm testifying tonight for the Bill S.B. 956 for -- to pass HUSKY for immigrants. So, I've been living in Norwalk for seven years. I pay my taxes and I'm here representing -- [foreign language] Chapinas Unidas is the group, and ULA. I'm also here

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representing my son Mathias, who So, died at -- he was still born at 39 weeks of pregnancy. I'm representing all the women who haven't had -- who suffered for not having access to healthcare. Last November, my son died for not being incurred. In spite of that, I'm still fighting even with the pain of losing my son and knowing that it happened because of malpractice during my pregnancy -- medical malpractice.

So, I had -- I had many complaints of symptoms during my pregnancy, for example, I was vomiting a lot during my pregnancy. And I asked for some pills for that, they sent me pills that cost me over \$1,000 because I didn't have insurance. I said, "I can't pay \$1,000 for pills." So instead, they sent me different pills that I could pay for, but they didn't help, and I continued vomiting. So, I when I asked for pills, they said to go to CVS and buy and to get Tums. So, they told me to go get a test to check about down syndrome -- down syndrome. And they said it would cost over \$700 because I didn't have insurance. The most important thing for me is the health of my children. So, I said, yes, of course I'll pay for that test.

So, when they did the test, they found that -- they said that there was a problem with the blood and it was too late to do the test for the down syndrome at that point. They lost; they lost my blood test. So many -- I had many other symptoms. My nails became very -- my nails became bruised. I complained a lot, but instead of sending me to do tests --

LAURA GARCIA: They always say, "It's for the cold. That's why your nails are horrible."

ARIANA SHAPIRO: Because it's cold. It was really hard for me, and I still can't recover from the loss of my son.

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LAURA GARCIA: Okay. So, I asked for other clinics, I went to Americare and they say they don't have [Foreign language]. I don't know how to say that.

ARIANA SHAPIRO: A gynecologist.

LAURA GARCIA: Yeah. I asked for them and they say they don't come with [gynecologist]. And I asked the other clinics and they don't do nothing on me too. I -- they do wrong with me only because I don't have insurance. And other -- I meet with other girls that she went to the same clinic and she's pregnant and because you have insurance, she complained about this terrible clinic, is a community clinic. And she complained with her insurance and they changed her clinic because she had insurance. And it's no fair that now my son is here only because I don't have insurance because they listen to me when I complain all the time, just because I don't have insurance. And because I don't have the money, I don't have the status.

That is no fair that my kid is here now. So please, please, we don't deserve this. We don't deserve that our kids die because they don't listen to us. I went to so many places I asked for help and nobody listened to me until my kid die. And I almost died too. Thank you so much.

ARIANA SHAPIRO: If I can just correct a translation that was made earlier, because it will help give more context. She suffered from gestational diabetes and preeclampsia, which is why she had fetal demise.

SENATOR MOORE (22ND): Thank you. And so, there's -- there are mothers on here, there are fathers, grands and great-grands. I'm so sorry for your loss and what you have to go through and that it could have been avoidable, if you had insurance. You know, all those stories combined, really, it's story of healthcare in the United States in the year 2021,

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what people have gone through. And I -- and I totally understand that some people are undocumented, but we are human. And many of these people that we've talked to today have talked about paying into the system, they pay their taxes, they considered the society, and I don't know where these places are, where people are going through and being treated. But I -- you know, it breaks my heart to hear that this is taking place in 2021 in Connecticut.

I'm really sorry for your loss, and I know we have to do better. We have to do better. Representative Hughes.

REP. HUGHES (135TH): I just wanted to ask the name of your baby?

LAURA GARCIA: It's Mathias. I want to say that for him, and so many other babies that probably their moms are no -- like me and don't have the first to say what is happening, but it is no -- because it's not only me. I know so many women that they went to the same clinic that they have -- they got treated really bad. They treat really bad. They don't care. So, please, because I don't want to see any more moms suffering what I'm suffering now, when I keep next to my bed no life in one arm like this, Thank you so much.

REP. HUGHES (135TH): Thank you.

SENATOR MOORE (22ND): Thank you Laura for sharing.

LAURA GARCIA: Thank you.

SENATOR MOORE (22ND): -- Representative Hughes for that. Okay. Is there Byron Arevalo?

BYRON AREVALO: Yes, I'm here.

SENATOR MOORE (22ND): Yes, you are next Byron.

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BYRON AREVALO: Okay, thank you for having me here and thank you for staying late I know it's late it's being a long day. My background is used to have my mom my dad and my sister they here just supporting me like always. To make sure, my name is Byron I'm from Danbury Connecticut. I'm in favor of this Bill is gonna help us be the hospital for immigrants. Little about me, I belong to the class of 2020 with the major of Biochemistry, ACS approval and a minor on Mathematics. I graduated from Western Connecticut State University and I'm currently doing my masters on Rutgers University, and I'm doing my research on the Public Health Research Institute Newark, New Jersey. My research is about DNA we try and find mechanisms of how DNA gets transferred from the membranes.

The reason why I'm talking about my life is because, I've been in school, all my life and I have to pay for the insurance every year in order to be in school, you are forced to pay insurance therefore I've been paying \$3,000 dollars yearly for a private insurance. Only my master's program is \$50,000 dollars so, you can estimate how much I paid for insurance, this is my sixth year in the university. Working today on their research public Center on Newark New Jersey, working with science. I never told how important was to have insurance until this pandemic. I always only paid insurance sometimes I don't even use, but I still have to pay in order to go to school, in order to be at a school.

I get tested for COVID every week my mom dad sister; they can even get tested because they don't have an insurance. However, we've been filing taxes, yearly as a family. My dad works as a truck driver, moving hay, because a country man. The hay has given him some [fungi 05:03:21] infections on the skin. My mom will go to endoscopy for the annals and the mouth this month. My sister works in a nail's spa trying to you know make woman's look beautiful with

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their nails they are exposed to COVID every year, every day and I don't think it's fair for us like, to not have insurance as a student, as a science, I think this is a huge topic that something that needs to be changed because health insurance should not even a problem today. The problem should be right now fighting what this is, a research trying ways to improve the economy and not having to worry about insurance.

HEATHER FERGUSON-HULL: Excuse me please, your three minutes are up please summarize.

BYRON AREVALO: I thank you for listening to me, I will get vaccinated on March 26th for COVID my mom dad sister they will now. Lastly, my sister was born with [indiscernible] and the pilot, pilot and limb are broken she can even not go for a treatment, this is my reason, this is my reason why I'm applying for dental school, I still have four more years to go for dental school and I still have to pay yearly \$2,000 dollars for my health insurance, you can change this today and help me to accomplish my dream and my family's health, thank you.

SENATOR MOORE (22ND): Thank you, Byron. First of all, congratulations to be ruckus and going to school, that opportunity, thank you for that, and hopefully we'll be able to change something, your family must be very proud of you.

BYRON AREVALO: Ah yes, she is. Thank you.

SENATOR MOORE (22ND): Don't give up, help is on the way, all right, thank you. Next is Kathleen I'm sorry Katherine Kennedy.

KATHERINE KENNEDY: Yes, good evening SENATOR Moore Representative Abercrombie and Members of the Human Services Committee. My name is Katherine Kennedy and I'm a physician I work in New Haven and reside in Branford. I'm testifying in support of S.B. 956

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provided there's clear language that extends eligibility for all HUSKY programs to income eligible Connecticut residents, regardless of immigration status. I know the hour is late I'm one of the last people here and so as this Public Hearing draws to a close I'm confident that you and everyone watching have had your hearts and minds opened by the courageous and heartbreaking testimonies we've all witnessed after today I'm hopeful that all of you will believe, as I do that access to healthcare is a human right that all people, young and old, are entitled to healthcare that includes preventive care services like vaccines and health screenings and also specialized care to prevent minor health problems from becoming major health crises.

So, now that your hearts are open, the next step, as I see it, is to open your wallets and obviously not your personal wallets but what I'm asking you to do is to open a pathway for Connecticut to fund this critical Bill, I say this because in 2019 similar legislation failed because that fiscal note was too high. I just want to highlight some numbers that had been shared earlier today, Commissioner Gifford testified that the cost for this HUSKY expansion would be around \$190 million dollars per year. She also mentioned a \$50 million dollar Fund available for targeted Medicaid expansion efforts. We also heard other testimonies how undocumented Connecticut residents pay state taxes of a \$145 million dollars annually.

I just find it amazing that \$145 million dollar plus \$50 million dollar adds up to \$195 million dollar and that's just a bit more than the cost estimate projected by Commissioner Gifford of \$190 million dollar. So, I would suggest, perhaps that a solution would be the most equitable pathway would be, to use the state taxes generated by undocumented people here in Connecticut plus the special Medicaid expansion fund to pay for this Bill. We also have

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another potential pathway that emerged today, when we learned that Connecticut will be the recipient of \$10 billion dollars as part of the federal COVID-19 relief packages since S.B. 956 is only going to cost a \$190 million dollars, can we find a way to pay for this Bill out of that \$10 billion dollars.

In closing, if there any lessons that I've learned during this pandemic it's these as a state, we are only as healthy as our least healthy Members and as a society we are judged by how we care for our most vulnerable citizens and residents and I honestly can't imagine any group more vulnerable than low-income undocumented children and their families, and so I urge the Human Services Committee to please, please don't let this Bill die in Committee. Please add clarifying language to include all undocumented income eligible Connecticut residents and please advance S.B. 956 out of this Committee again thank you so much for staying so late to hear all of us, thank you.

SENATOR MOORE (22ND): Very well, said and it's early, it's early so we thank you for staying with us to give that testimony I don't see any questions so I'm going to call on Rosana Ferraro.

ROSANA FERRARO: Hi, good evening CHAIRS and Members of the Human Service Committee, thank you for the opportunity to testify and supportive SENATE Bill 956, I'm Rosana G Ferraro and I'm the Policy and Program Officer at Universal Healthcare Foundation of Connecticut and it's been a long day for all of you, and I appreciate your time. At universal we believe healthcare is a human right as you've heard many times today, and when we say universal, we mean everybody. Everybody should have access to quality, affordable equitable healthcare, regardless of immigration status, especially now during a pandemic.

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When we say all immigrants should be covered under HUSKY programs, we also include all who are currently excluded undocumented immigrants and adults who have been here, less than five years. Undocumented immigrants are currently locked out of our private and Public Healthcare coverage system with terrible results as you've heard here today, opening up HUSKY programs is just one way we can ensure undocumented immigrants have access to coverage and care. Here at universal we've heard the story of a middle aged undocumented Hispanic man from Meriden. He lives in fear that he will only be able to receive medical attention if his life is at risk, and then he might develop the sickness that can become more severe with time.

Because he lacks healthcare access and coverage, this is cruel, but a reality for many undocumented immigrants and worse as you've heard today black and brown communities are hit hardest by the pandemic, for a variety of reasons, including that black and brown people are being disproportionately in essential frontline jobs and are disproportionately suffering from conditions that can worsen COVID-19 infection. The crisis is a wakeup call for our healthcare system to change it's time we start to think differently regarding healthcare and move towards keeping all Americans healthy documented or not, the undocumented population in Connecticut as an uninsured rate of 52% in 2018 and comparatively in 2018 Connecticut had a 6.3% uninsured rate that is a substantial disparity expanding HUSKY programs to all regardless of immigration status would help address this disparity and bring us to step closer to health equity.

For years HUSKY has worked efficiently and effectively providing low-income families, access to health coverage, with no cost sharing. This lack of cost sharing is critical to access because low-income families do not have the financial resources to afford healthcare coverage otherwise by

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supporting the expansion of HUSKY for all regardless of immigration status Connecticut can take one step closer to universal healthcare, please support this important legislation is not only the right thing to do, but the only way forward, thank you again for your time.

SENATOR MOORE (22ND): Thank you, Rosana. Any questions? Thank you. Next is Rosa Jimenez.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: Good evening I need someone to translate which I will do.

ROSA JIMENEZ: [Foreign Language].

SENATOR MOORE (22ND): Thank you.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: Hi my name is Rosa Jimenez I'm a resident of New Haven and a member of Unidad Latina en Accion, and also a member of my local church.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: I'm a mother, I am a domestic worker and I've been a resident of Connecticut for 18 years.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: And my request is that you pass S.B. 956 to make healthcare free and human right for all immigrants, because it would change the lives of many of us.

ROSA JIMENEZ: [Foreign Language].

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REBECA VERGARA: I'm going to be brief about how this has impacted me I don't have medical assistance.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: And recently I had a visit to the emergency room for cardiac issue, and I did not have money to pay for it.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: And I've gone to the ER various times for these types of crisis and positions they're always tell me that I need to get the operation, but because I don't have health insurance and I can't pay for this operation because it's thousands of dollars. This has greatly impacted my health.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: Ever since the first day that I walked on this land of the United States, I have paid my taxes.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: And despite me and paying my taxes and being under the income limit I've never gotten money back from paying my taxes.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: And I just asked the SENATOR and everyone who's listening that they please approve insurance for us and take our stories into account.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: And I hope that all the people who are listening today know how much that this will

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change our lives and that it touches your hearts and allows you to make the decision to vote yes on this legislation.

ROSA JIMENEZ: [Foreign Language].

REBECA VERGARA: I thank you guys, for your time and I'm thankful for being able to be here in this country, and I hope you all have a good night.

SENATOR MOORE (22ND): Thank you Rosa. I don't see any. Thank you. [Foreign Language]. Next is Jorge Centellas.

JORGE CENTELLAS: Yes.

SENATOR MOORE (22ND): Hi, Jorge.

JORGE CENTELLAS: Hello.

SENATOR MOORE (22ND): Hi.

JORGE CENTELLAS: Good evening, dear Members of the human service Committee, my name is Jorge Centellas and I'm a student at Eastern Connecticut State University. I'm also a doctor recipient and I stand in support of S.B. 956 AN ACT PROVIDING MEDICAL ASSISTANCE TO CERTAIN INDIVIDUALS REGARDLESS OF IMMIGRATION STATUS. Now, as a child, healthcare to me as always been associated with something that's unattainable if you don't have the financial means for it a privilege, many people have that I never did or had growing up and I knew my family was not the most financially secure at the time, and because of this, there were moments, where I would hide my injuries my cuts my sicknesses and other forms of pain, because I did not want to put that burden of high costs on my family and I did this because I knew my family thought that just by ignoring these issues, ignoring the fact that they don't have insurance and to just work twice as hard and pay out

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of pocket they could afford to support their children's health.

It was, it was a priority and all the stories you've heard today is a result of that and I knew the extent they were willing to go for me and my siblings however, this idea of throwing more money at a problem and hoping for solution, doesn't work or isn't realistic on doctors are human and they aren't perfect you cannot expect something to be cured or fixed just by throwing more money at the problem and hoping it's enough these, the high cost for treatments will at times even fail medical and health sciences, is very complex and it isn't so simple and because of this, in those moments once they did pay the high amounts and it didn't lead to what they hope for at that point, the money isn't really a priority to them what matters to them is, if their loved one is all right if they're okay everything else just doesn't matter to them and we can't really you know solve what science or doctors can do, but what we can't control what we can help us help support and alleviate that pressure that they have to make sure that when they fall, they have something to fall back on safety net and SENATOR my family is hard working they work just as hard as anyone else's family yet, they don't receive decent benefits that so many others are so fortunate enough to have.

Healthcare is a human right, and I was mistaken to think of it as anything less and I know this Bill will support many people who are in need of such help, and I know it has such an immense impact and positiveness in their lives. Thank you for your time, thank you for listening to everyone's testimonies and stories thank you.

SENATOR MOORE (22ND): Thank you, Jorge. I have no questions, so thank you have a good evening so we're gonna go back and there's a couple people waiting, Jaime Myers-McPhail, Jaime? Jaime? Okay go with Greg

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Myers and then I'll come back to Jamie or is that one and the same. Jamie or Greg, I see you both on the screen, but I can't hear you.

GREG MYERS: There we go, can you hear me.

SENATOR MOORE (22ND): I can.

GREG MYERS: So, should I give my testimony now?

SENATOR MOORE (22ND): Yes, please.

GREG MYERS: All right, I'm giving my testimony in support of 6560 Good evening SENATOR Moore Representative Abercrombie and Members of the Committee, my name is Greg Myers I've been a healthcare provider for over 20 years my aunt is a nurse my mother retired as a nurse, and my grandmother retired from Hartford hospital as nursing staff. So, you can say you can kind of say that this is a family business, and it runs in the family, I like helping people and being there for person in their time of need.

Currently, I care for a friend of mine from high school who got into an accident, a few years ago I based my consumer check his wounds cook clean and feed and groom him as well, I'm currently working nearly 80 hours per week because of all the PCAs have COVID or have [quit]. But supporting a family of nine one a PCA's wages a \$1625 dollars an hour is no small fee you have to budget or saw me not eat. Since getting paid by Allied starting in 2019 I've had frequent problems, but this year, the problem becomes unbearable last month.

I went three weeks without pay, I was all 255 hours at one point, and it became physical and mental strain upon me. I went two days without eating because I had no money, allies owed me thousands of dollars and I couldn't even get a hamburger or sandwich I was physically weak I couldn't even catch

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the bus as a matter of fact, because I had no money, and unfortunately to walk to work doing double shifts for six days a week. To this day, allies still owes me one week of pay ally tells me they sent my payment to close the account my Bank tells me that they've returned it to Allied but ally says that they've never received the check back and, in the meantime, what does that leave me.

As PCA we deserve better we provide comfort and assurance for our consumers, and yet we can't care for ourselves or our families. If we are paid on for our week of work, it makes it very hard, so please HOUSE Bill 6560, thank you for your time.

SENATOR MOORE (22ND): Thank you.

GREG MYERS: Have a good evening.

SENATOR MOORE (22ND): You also, I don't see any questions for you. Greg are you still having that problem, though you haven't received your pay?

GREG MYERS: Yeah, I haven't received the 85 hours yet and, one of one of my payrolls was a mistake, I put the 21st twice on the payroll so they owe me 16 hours on that [stub] and trying to think, I think that's it and hopefully I'll get paid tomorrow.

SENATOR MOORE (22ND): Okay.

GREG MYERS: I just got a message. Hold on one second -- it like paused you out. I couldn't even hear you.

SENATOR MOORE (22ND): Thank you, Greg.

GREG MYERS: You're welcome Thank you.

SENATOR MOORE (22ND): Next, is, let me get my bearings here, I think, Carolina. Carolina, are you there?

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CAROLINA BORTOLLETO: Yes, I'm here Okay, let me get to a place, where I can turn on my camera. Hello, thank you all for staying this late and listening to a testimony, my name is Carolina Bortolletto and I'm here to testify in support of S.B. 956.

SENATOR MOORE (22ND): No wait, your twin aren't you Carolina?

CAROLINA BORTOLLETO: Yes, I'm.

SENATOR MOORE (22ND): Yeah, your sister was on earlier so, you are not on twice

CAROLINA BORTOLLETO: different story, yeah, my sister testified many hours ago. Thank you all for staying this later, I really do appreciate it. I am undocumented I lived in Danbury in Brookfield since 1998, I support expanding access to husky to undocumented immigrants, because I know firsthand the emotional financial and health tool that lack of access to health insurance has on individual and families, like I said I'm undocumented and in 2014 I had medical issue, I had sudden severe stomach pain there was a result of my stomach obstruction and overnight my stomach ruptured. I was pulling in a medically induced coma and I only learned what happened to me after I woke up in the ICU two weeks later, four tubes and surgical skills.

It was several weeks before I was lucid enough to think to myself oh my God, how is my family going to pay be for this? but I imagined that this financial aspect of it was always on my parent's minds, I spent like seven months in the hospital before being discharged. payment for my here came in many forms Gofundme, Zumba fundraisers free care whichever that came from the hospital and thankfully because I had a life and death situation I qualify for emergency Medicaid but once I left the hospital and my medical care was no longer life and life and death, I could

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no longer qualify for emergency Medicaid but still had medical needs when I was discharged from hospital after nine open abdominal surgeries and dozens of invasive procedures.

I couldn't eat or drink anything and inside I was fed by a feeding tube into my abdomen and a permanent vein in my arm in each case which is with the onset of a feeding tube and a pump and I also in formula to go to the pump and go through my feeding tube and I still had an open wound on my abdomen which I won't describe, and I have three more bags [indiscernible] in tubes into my abdomen to capture various kinds of fluid and output they wanted on the result of the surgeries that a lot of medical equipment and a lot of medical upkeep for someone with no insurance, who had to rely on hospital charity here. I stay in this limbo unable to eat or drink anything for the next two and a half years.

In order for me to be able to eat and drink again I needed to have a surgery, but the surgery was complicated and there was no surgeon in the hospital, where I qualify for charity here who's, who was willing to perform the surgery, and since I didn't have insurance, I couldn't look for a specialist who could do the surgery. So, for two and a half years I languished unable to eat or drink attached to a wall with a still open surgical wound on my abdomen. I don't like to think about how my lack of status or may lack of insurance kept me in the state of limbo. But sometimes I wonder if my lack of insurance in my side kept me from receiving the care I needed and how those two and a half painful years full of grief and sadness could have been avoided if I had access to care to put me back together. Again, one moment that sticks in my mind is...

HEATHER FERGUSON-HULL: Excuse me, I'm sorry to interrupt, your three minutes are up, please summarize.

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CAROLINA BORTOLLETO: I will be quick. For those of you who don't know, a feeding tube is of the size of a pen and it goes into abdomen, it's like a pliable tube. And one day after many years and I had to tube a crack developed in it, so that anytime I had to put water in it. It will leak, and I had to put my finger on top, on the whole on the tube so that the water will not leak, I told my providers this hoping they would change the tube and they said just keep watch on it. One day, I was tired of keep watch on it and I decide to get some superglue to put on the tube in a feeding tube so that it will not leak anymore. And then it stopped leaking, but no one would have used superglue to fix the medical equipment when it's something that could be easily fixed and that's why I support S.B. 956 thank you.

SENATOR MOORE (22ND): Thank you, Carolina. You all have done a wonderful job of staying the course and fighting the good fight so thank you, we see if there's any. Yes, a Representative Dathan.

REP. DATHAN (142ND): Thank you very much, Madam Chair. And thank you, Carolina for coming back to the Committee, I know you've been a couple times in your story is very compelling, just wanted to check with you, if you would have, when you first started experiencing symptoms what prevented you from going to get treatment, was it lack of insurance?

CAROLINA BORTOLLETO: My symptoms started, this whole thing was very suddenly, it really started one day and 24 hours later, I was in a coma in the hospital, so it wasn't really anything, it could have been prevented okay.

REP. DATHAN (142ND): And no symptoms before that you would have been able to try to get treatment, a little earlier.

CAROLINA BORTOLLETO: No it was too late.

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REP. DATHAN (142ND): Now it's too late. Well, thank you for your fight and I'm sorry being a young person and having to go through what you've gone through is horrendous and I'm sure it's been a disruption on your studies, your family's work and everything, and so I commend you for having the strength and energy to fight for those, so thank you for coming to testify today. Thank you, Madam Chair.

CAROLINA BORTOLLETO: I will say the six months after I got health insurance, I was able to have the surgery to fix me and I was able to eat and drink again after two and a half years.

REP. DATHAN (142ND): Wow!

CAROLINA BORTOLLETO: It was very easy to fix once I had the insurance.

REP. DATHAN (142ND): Yeah, yeah, well I'm so glad to hear that Carolina and you take care and keep up the good health, thanks, a lot, and thank you, Madam Chair.

SENATOR MOORE (22ND): You're welcome. Thank you Carolina. Next is Stephany Melgar Montoya

STEPHANY MELGAR MONTOYA: Hi.

SENATOR MOORE (22ND): Hi Stephany.

STEPHANY MELGAR MONTOYA: Okay.

SENATOR MOORE (22ND): Do you need an interpreter?

STEPHANY MELGAR MONTOYA: Yes, please. [Foreign Language].

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REBECA VERGARA: Good evening Members, esteemed Members of the Human Services Committee of Connecticut.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: My name is Stephany Melgar Montoya. I am a student from the Stamford heist from Stamford high school and I am undocumented.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: And I am in favor of S.B. 956, which is a law that will be providing medical assistance to individuals, regardless of their immigration status with modifications that will allow it to extend to all city residents, regardless of status.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: I'm 20 years old, I've been living in Stamford for the past two years and I'm a senior in Stamford high school, my parents and my brothers arrive for a months ago, we are from Peru. And coming here was a huge change in our lives, but everything was in search of a better future.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: When I was a child, I was diagnosed with many heart problems, this includes a large heart murmur will Parkinson's white syndrome and Epstein anomaly.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: I have always gotten checkups, EKGs, echoes, when I was 11 I had a catheter placed to close a murmur in my heart and, unfortunately, that murmur didn't close.

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STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: But what has most affected me is will Parkinson's white syndrome, I had many tachycardias that have ended up in the hospital for and at 15 I had an operation for that syndrome in Lima.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: Operation was really expensive, my father paid only a part of it, and the rest was covered by my insurance and everything went well until a few months, when the syndrome reappeared and the tachycardias are so strong that they said I'd have to get operated again.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: And then, on 16 they operated on me again, and it didn't work and it came back.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: From the checkups that I did I got here, it seemed like the will Parkinson white syndrome was no longer there.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: But now the doctors telling me that it's the Epstein anomaly that I have that's important and that and it was that. He operated on me or I you would need to operate or I could run some risk of that the anomaly would grow.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: And that was something I didn't know from when I was in my country, and they didn't do any test about that, but here they did.

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STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: And he also explained that this operation would-be open-heart surgery, and the only places that it can be done were at Columbia hospital and the New Haven hospital.

STEPHANY MELGAR MONTOYA: [Foreign Language].

LUZ OSUBA: [Foreign Language].

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: So when I when I found that out, I got really scared it wasn't just a fear of the operation, whether it be successful or not, it was also the fear of not having the financial support and how the operation would turn out for me.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: I only have good financial aid from Stamford and I'm looking for other financial aid in two other places and it's very difficult because this operation is very expensive and I can't have HUSKY because I'm undocumented.

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: And it's been almost a year and I still can't find any help and I'm still looking for it.

SENATOR MOORE (22ND): I'm gonna ask her to wrap just give us one last sentence, please.

REBECA VERGARA: [Foreign Language].

STEPHANY MELGAR MONTOYA: [Foreign Language].

REBECA VERGARA: My sister also suffers from 5:40:25
On Wednesday, In three years she turns 18 that that

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will be taken away from her and so. In the case of my family and myself, this is why I think it's important to give HUSKY to all immigrants, help as a fundamental right and but it's sometimes very expensive and not very accessible for immigrants and. It would really be helpful to us and others in difficult and delicate moments in our lives. Thank you.

SENATOR MOORE (22ND): Thank you, thank you for her testimony and you know I don't realize how blessed a lot of us all, with no ailments at all for her to be so young and had been on this journey, so thank you.

REBECA VERGARA: [Foreign Language].

STEPHANY MELGAR MONTOYA: Thank you.

SENATOR MOORE (22ND): Ok, so Lisa Bergman.

LISA BERGMANN: Good evening Members of the Committee. Thank you so much again for staying honestly and for hearing all of our testimonies I. Also, just want to applaud the courage of all the folks who are testifying today for undocumented sharing their stories it's extremely moving. So, thank you to everybody who's involved in this in this project, my name is Lisa Bergman, I live at 49 Livingston street in New Haven Connecticut. I'm testifying today as a member of the Connecticut Communist Party Winchester new hobo Club in New Haven, and I stand in full support of SB956 and I urge the Members of the Community to do the same. I work in the healthcare field supporting Unionized food service workers in Connecticut and accessing health benefits, many of these workers are undocumented. They are paying the same exact amount in taxes as their co-workers who were born in this country, however, they are unable to access state health programs, such as HUSKY.

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During this past year and nearly all of the workers that I support in my job were laid off, I was able to support some workers in transitioning to HUSKY when they lost their jobs. However, the undocumented workers cannot qualify for HUSKY and we're left with no insurance once their employer stopped paying for their coverage. And these cases I searched for free clinics for these Members, but many free clinics are only open for limited hours or only on Saturdays and do not have specialized care that is needed for common chronic conditions such as diabetes and cancer. Many of these Members who are undocumented ended up in the hospital soon after their coverage ended due to lack of access to their medication or other routine care. Beyond the Unionized workforce are undocumented community is usually doing the hardest jobs that include the fewer the fewest employer paid benefits. This is a community that needs HUSKY the most if our undocumented neighbors lack access to care for COVID, STIs, cancer, diabetes, hypertension and other chronic conditions, our whole community is at higher risk for these illnesses. If S.B. 956 has passed, it would make our entire state safer for everyone, I support S.B. Number 9956 with the clear language to extend current HUSKY eligibility rules to all Connecticut residents, regardless of immigration status and I ask the Committee to do the same Thank you so much for your time and have a great evening.

SENATOR MOORE (22ND): Thank you. Heather, Is there anyone else don't leave me yet. Lisa, Is there anyone else Heather.

HEATHER FERGUSON-HULL: Just if you wouldn't mind calling Jaime Myers-McPhail one more time see if she can unmute herself.

SENATOR MOORE (22ND): Okay. I guess not so oh. Lisa you're the last one what's your wish.

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LISA BERGMANN: I wish for the Bill to be passed.

SENATOR MOORE (22ND): Sprinkling dust. Thank you so much.

LISA BERGMANN: To the bitter end.

SENATOR MOORE (22ND): Thank you. Alright, so I don't have anybody else on the screen left. And I want to thank everybody who was able to hang in here with us and coming going, I know how busy we are and going back and forth between the two, but I'm you know I'm so glad that I got to hear like 90% of what people are going through in Connecticut and I understand, finance and what it costs, and I looked at the cost of healthcare and what it costs us, on the other side, and I think about these lives and how courageous, I mean I don't know. If I were undocumented then I wouldn't be so bold and brave to stand before people have my face out there, my name to speak up for what I believe in, but that's what people do when they ride hard.

And they believe that what they do and they and they're not just doing it for themselves, but for other people also and for generations, so I salute them, no matter what the outcome is I got to give them kudos for being able to stand up and tell those stories and talk about their lives and how much they're suffering. And they continue on, so I thank everybody for coming on giving their testimony and I thank Representative Abercrombie and helping me do this and Representative Garibay for we're sitting in for me during this hearing if anybody has anything to say now's the time I'm getting ready to go have some dinner.

Representative Wood, did you want to say something.

REP. WOOD (141TH): Oh just thank you.

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SENATOR MOORE (22ND): All right, then go to the order

REP. DATHAN (142ND): Thank you, Madam Chair.

REP. HUGHES (135TH): And move we adjourn.

SENATOR MOORE (22ND): Second and the third. Representative Mastrofrancesco, I did hear from you come on.

REP. MASTROFRANCESCO (80TH): It was a pleasure today listening I didn't ask a lot of questions, but I was listening, I would say about 80% of the time I was in between meetings so. Today, thank you.

SENATOR MOORE (22ND): Good night everybody.

REP. HUGHES (135TH): Thanks.

SENATOR MOORE (22ND): Thank you for the interpreters.

REP. HUGHES (135TH): Thank you.

SENATOR MOORE (22ND): Wonderful job. Lunch, thank you all.

HEATHER FERGUSON-HULL: Well --

REP. BUCKBEE: Well done.

REP. DATHAN (142ND): Good night, everyone.

REP. MASTROFRANCESCO (80TH): Thank you.