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**Testimony before the Human Services Committee in Support of
S.B. 1053 AN ACT EXPANDING MEDICAID AND HUSKY B COVERAGE FOR CHILDREN**

March 19, 2019

Senator Moore, Representative Abercrombie, Senator Logan, Representative Case, and members of the Human Services Committee, thank you for the opportunity to submit testimony in support of S.B. 1053: An Act Expanding Medicaid and HUSKY B Coverage for Children.

My name is Kayla Goldfarb and I am a Policy Analyst for the Connecticut Association for Human Services (CAHS). CAHS is a statewide nonprofit that works to reduce poverty and promote equity and economic success for children and families through both policy and program initiatives. We support S.B. 1053, which would provide Medicaid and Husky B coverage to immigrant children, regardless of legal immigration status.

Access to health insurance has clear, direct benefits on children's health, including fewer preventable hospitalizations, decreased reports of mental health problems, improved oral health, reduced BMI, and many other health-related gains.ⁱ Access to health insurance coverage through Medicaid in early childhood (birth to age 5) has further been associated with lower likelihood of obesity, high blood pressure, heart disease, and type 2 diabetes through adulthood.ⁱⁱ Research has also identified associations between health insurance coverage and academic outcomes, including improved reading scores and higher rates of high school and college completion.ⁱⁱⁱ Finally, Medicaid can play a significant role in improving family economic security, as low-income families with children covered by Medicaid have more to spend on food and housing and are less likely to be hit with medical debt and subsequent bankruptcies.^{iv}

However, despite these clear benefits, nationwide, the noncitizen population is significantly less likely to have health insurance compared to the citizen population; 23% and 45% of lawfully present and undocumented immigrants, respectively, are uninsured, compared to just 8% of citizens.^v Among children, there is still a marked disparity, with 7% of children with at least one non-citizen living without health insurance, compared to 4% of those with citizen parents.^{vi} For non-citizens, the lack of access to health insurance means that available health services are often limited to emergency services, charity care, or community health centers.

While non-emergency Medicaid has been generally limited to citizens and "qualified immigrants," including lawful permanent residents, asylum-seekers and refugees, victims of domestic violence, and trafficking victims, since 2009, states have been able to use federal matching funds to cover all lawfully present children and pregnant women without the typical five-year waiting period imposed on most non-humanitarian permanent residents. Additionally, Massachusetts, New York, Washington, Illinois, Chicago, and the District of Columbia have expanded their Medicaid programs to provide insurance to income-eligible children, regardless of immigration status. These programs include critical preventative services such as regular check-ups, immunizations, vision and dental care, as well as sick child doctor visits, prescriptions, hospitalization, mental health and substance abuse services.^{vii}

Connecticut is home to roughly 22,400 non-citizen children. However, because this Medicaid and Husky B coverage would still only apply to income-eligible children, estimates based on other state programs provided by the Center for Children's Advocacy project that approximately 10,000 to 12,000 additional non-citizen children in Connecticut would be eligible for this coverage, at a cost of \$2,482 per child.^{viii} Additionally, providing Medicaid and Husky B coverage to all income-eligible children, regardless of immigration status, could mean immediate and long-term savings for our state. When kids do not have access to health insurance, they miss out on



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preventative care, early interventions, and other routine health services, which makes them more likely to depend on emergency room services when urgent health issues arise.^{ix} The state is already paying for uncompensated care incurred by clinics and hospitals who serve uninsured patients. Ensuring that all income eligible children are covered by our HUSKY programs is a pathway to preventative, cost-saving care that will increase the well-being and economic strength of our state.

Thank you for the opportunity to testify in support of S.B. 1053: An Act Expanding Medicaid and HUSKY B Coverage for Children. The Connecticut Association for Human Services strongly supports expanding Medicaid and Husky B coverage to all income-eligible children, regardless of immigration status, and urges the committee to pass S.B. 1053 this session. I can be reached with any questions at kgoldfarb@cahs.org.

ⁱ Murphey, David. "Health insurance coverage improves child well-being." (2017).

ⁱⁱ Wagnerman, K., Chester, A., & Alker, J. (2017). Medicaid is a smart investment in children. Georgetown University Health Policy Institute.

ⁱⁱⁱ Levine, P. B. & Schanzenbach, D. W. (2009). The impact of children's public health insurance expansions on educational outcomes. NBER Working Paper No. 14671.

^{iv} Wagnerman et. al, 2017

^v Keiser Family Foundation, Health Coverage of Immigrants, 2019. <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/>

^{vi} Ibid.

^{vii} National Conference of State Legislatures, Immigrant Eligibility For Health Care Programs In The United States, 2017. <http://www.ncsl.org/research/immigration/immigrant-eligibility-for-health-care-programs-in-the-united-states.aspx>

^{viii} Center for Children's Advocacy, Healthcare for Undocumented Children, <https://cca-ct.org/healthcareforallchildren/>

^{ix} Percheski, C. & Bzostek, S. (2017) "Public Health Insurance and Health Care Utilization for Children in Immigrant Families." Maternal and Child Health Journal. 21.