Testimony in Support of Raised Bills S.B. 835 (An Act Expanding Medicaid Coverage for Children) and H.B. 6540 (An Act Concerning the Prevention of HIV)

By Jay E. Sicklick, Deputy Director, Center for Children’s Advocacy
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Members of the Black and Puerto Rican Caucus of the General Assembly: thank you for providing the Center for Children’s Advocacy with an opportunity to submit testimony in support of Raised Bills S.B. 835, An Act Expanding Medicaid Coverage for Children and H.B. 6540, An Act Concerning the Prevention of HIV. I am the Deputy Director of the Center for Children’s Advocacy (“CCA”) and an attorney who has worked for 19 years on issues involving children’s health and child welfare. CCA is the largest non-profit legal organization in New England devoted exclusively to protecting and advocating on behalf of the legal rights of children. CCA is affiliated with the University of Connecticut School of Law and provides holistic legal services for poor children in Connecticut communities through individual representation, education and training, and systemic advocacy. I also submit this testimony as Director of the Center’s Medical-Legal Partnership, an interdisciplinary collaboration between CCA and medical/clinical partners that seeks to improve children’s health outcomes through interdisciplinary interventions in Connecticut.

I. We support the passage of Raised Bill No. 835, AN ACT EXPANDING MEDICAID COVERAGE FOR CHILDREN … To expand Medicaid coverage for children regardless of immigration status.

Raised S.B. 835 is a thoughtful start to an important public health issue – providing health insurance coverage through the state’s Medicaid and HUSKY B programs to insure all the state’s most vulnerable children, including undocumented children and youth under the age of 19. At present, Connecticut provides healthcare coverage to the state’s most vulnerable, low-income children, but leaves out undocumented immigrant children due to their immigration status.

Why: HUSKY coverage guarantees children the services they need, such as well-care check-ups, dental care, immunizations, prescriptions, and health screenings. Research shows that childhood access to Medicaid programs such as HUSKY is associated with a 26% decline in high blood pressure in adulthood and lower hospitalizations and emergency department visits. Expansion of coverage to the state’s most vulnerable population will also reduce racial and ethnic disparities in coverage by increasing access to comprehensive care to children who have predominantly emigrated from Latin American and African countries. Furthermore, Medicaid access not only improves health outcomes but also increases attendance in school. Children who benefit from Medicaid eligibility are much more likely to graduate from, high school and more likely to graduate from college. In addition, Connecticut provided hospitals $1.66 billion in unreimbursed care and uncompensated care in 2017. Health insurance for this population
reduces expensive, uncompensated emergency care, increases access to primary care and promotes early detection of chronic disease.

**Who:** It is estimated that there are approximately 17,000 undocumented children and youth under the age of 19 who would benefit from the expansion of Medicaid and HUSKY B in Connecticut. Connecticut would join California, Illinois, New York, Washington (state), Oregon and Washington, D.C., which already provide *full coverage* for undocumented children and youth, and Massachusetts, which provides partial coverage under its state health insurance plan.

**How:** Connecticut should expand the state’s Medicaid and HUSKY B programs to include all children otherwise eligible, including undocumented children and youth. Projections for costs are approximately $3.4 million of the expansion in year one, and $15.5 million for year two and for ongoing coverage. These costs will *not* be reimbursed by the federal government as traditional Medicaid expenditures are.

**When:** Now! While S.B. 835 is an excellent start, it limits Medicaid expansion to a population of earners that exceed 196% of the federal poverty level (“FPL”) but whose income is lower than 319% of the FPL. This virtually excludes the vast majority of undocumented children and youth who reside in Connecticut. The bill should be amended to include all of Connecticut’s most vulnerable immigrants, specifically those who would otherwise qualify for Medicaid/HUSKY A benefits.

**II. We support the passage of H.B. 6540, An Act Concerning the Prevention of HIV**

B. 6540 is an important public health proposal that seeks to expand healthcare access to an extraordinarily vulnerable population. This endeavor to amend the language of Conn. Gen. Stat. §19a-592 is the result of several years of collaborative advocacy led by dedicated physicians and medical providers, public health experts, state and local health officials, as well scores of HIV and AIDS front-line workers. The bill seeks to expand the ability of minors to confidentially consent to the administration of PrEP, a clinical, medical intervention which prevents the transmission of HIV and AIDS when taken as prescribed.

We are dedicated to the passage of this bill for three specific reasons:

1. **Expanding access to PrEP will address a critical health disparity – namely the astounding number of individuals of color diagnosed with HIV.**

The Center for Disease Control and Prevention estimates that the lifetime risk for African-American men who identify as having sex with men is *one in two*; the lifetime risk for Hispanic men is *one in four*, while for white men, the risk is *one in eleven*. The state’s Department of Public Health’s (DPH) “Getting to Zero” campaign aims to *reduce these health disparities by eliminating new HIV infections*.¹ An important piece of this campaign has been to eliminate the transmission of HIV to youth who are most at risk. Stigma, homophobia, and privacy concerns pose obstacles to HIV related testing and prevention for youth. Many of the youth who

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would most benefit from PrEP are unable to access it due to fear of parental rejection. Allowing youth to consent would foster trusting relationships between young people and adult providers by opening new avenues for preventative care. Our goal should be to provide clinical experts with every tool imaginable to reduce health disparities, reduce long-term health costs, and eliminate the stigma and emotional devastation that is an HIV diagnosis. S.B. 6540 gives us an opportunity to do that in Connecticut.

2. Providing minors the opportunity to consent to Truvada (as PrEP) is consistent with the complicated yet well-defined pattern of minor consent laws that presently exist in Connecticut.

Through years of thoughtful and well-planned legislation by the General Assembly, minors have been able to gain access to critical healthcare needs, specifically in the areas of reproductive health, mental health care and treatment, substance abuse care and the diagnosis and treatment of HIV and AIDS. A minor who is diagnosed with a sexually transmitted disease, including HIV and AIDS, is permitted to engage in confidential care and treatment for that diagnosis, pursuant to the present statutory scheme. Providing a minor with the legal capacity to consent to preventative medical intervention to preclude the transmission of HIV and AIDS is completely consistent with the legislature’s pattern of providing healthcare access to youth at risk.

3. Providing minors with the ability to consent to PrEP is cost effective, will reduce future medical costs for young individuals at risk, and avoid a lifetime of medical intervention to treat HIV and AIDS.

The data surrounding young men’s exposure to HIV and AIDS is staggering … youth ages 15-24 account for nearly 20 million new sexually transmitted diseases in the United States each, accounting for approximately $16 billion in health care costs. And while an individual who lives in the United States has a one in 99 chance of contracting an HIV infection in their lifetime, young men ages 13-24 who engage in sexual relationships with other men have a one in five chance to contract HIV. As a result of this group of young individuals at risk, there is a significant cost advantage to treating susceptible individuals prophylactically, rather than for a lifetime of medical treatment for a diagnosis of HIV/AIDS. For example, while administering PrEP to a youth costs anywhere from $1,300 - $1,600 per month, the cost of a lifetime of HIV/AIDS treatment can be as high as $367,000.

Respectfully submitted,

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2 See e.g. Conn. Gen. Stat §§19a-216 (Examination and Treatment of Minor for Venereal Disease), 19a-600-602 (Abortion), 19a-14(c) (Mental Health Treatment – Outpatient), 17a-75-81 (Mental Health Treatment – Inpatient), 19a-58(a)-(c) (HIV & AIDS).

3 Sources: CDC.Gov (2013-2017 data, specific links available upon request)