

## Undocumented families, advocates press for expansion of state-funded health care

HEALTH by JENNA CARLESSO MARCH 19, 2019

Since she arrived in the United States two months ago, Gislene Batista has been unable to find work and has had no permanent place to live.

But a more pressing issue has consumed her: Getting her 11-year-old daughter Emily, who has cerebral palsy, access to quality health care.

Batista, who fled her native Brazil to avoid violence against her family, asked lawmakers Tuesday to pass a bill that would allow undocumented children like Emily to receive state-funded health coverage.

"I know Emily has wishes and dreams just like any other child her age, and I know she could be in better health and achieve those dreams if she could have better medical insurance and health care," Batista, who lives in the Bridgeport area, said through a translator. "But these things do not work well for us undocumented immigrants and this primarily affects and hurts our children.

"These children like my daughter expect to have the minimum of dignity and care that they need to survive in this country."

The bill, under review by the legislature's Human Services Committee, drew passionate testimony on both sides Tuesday. To proponents, it's a matter of life and death for some of Connecticut's most vulnerable people. Detractors said the cost of adding thousands of children to the health plan would overburden a state that is already in fiscal crisis.

Advocacy groups estimate there are as many as 17,000 undocumented people under the age of 19 in Connecticut.

Under the proposal, those children's families would be subject to the same income eligibility requirements as everyone else – under 196 percent of the federal poverty level to qualify for Medicaid, known as HUSKY A in Connecticut, and 196 percent to 318 percent of the federal poverty level for the Children's Health Insurance Program, known as HUSKY B.

The cost per child to join the program is projected at \$2,482, advocates said. While the ultimate price tag of the expansion could exceed \$42 million, proponents say it's unlikely all of the children would enroll during the first few years. Some people are reluctant to sign up for privacy reasons; others may not meet the income requirements.

**Jay Sicklick, deputy director of the Center for Children's Advocacy, estimated the first-year cost to be \$4 million and the second-year expense to be \$13 million.** He acknowledged that no money has been set aside in Gov. Ned Lamont's proposed budget for the expansion, and there was no immediate plan to come up with the funds.

**"We're totally realistic in the landscape of the financial situation," Sicklick said, "and I'm sure the legislators who are interested in this are not immune to the idea that this has got a pretty heavy price tag."**



Gislene Batista, right, stands with her 11-year-old daughter, Emily, outside a hearing room Tuesday. Batista, who came to the United States two months ago, is pressing for state-funded health coverage for undocumented children like Emily.

**Still, “we’re optimistic,” he added. “It’s an opportunity to potentially decrease costs down the road. Preventative care for children reaps huge outcomes in the long run. It reduces acute care costs that are going to be borne by acute care hospitals down the road if children who are ineligible for health coverage are then forced into emergency situations.”**

Batista testified during a public hearing Tuesday at the state’s Legislative Office Building.

Lawmakers on the Human Services Committee called Tuesday for an analysis of the expenses currently being borne by state hospitals with regard to non-reimbursed or uncompensated care.

Kathleen Brennan, Connecticut’s deputy social services commissioner, warned legislators that the cost of expanding the program would be absorbed solely by the state. Due to the hefty expense, she said, the Department of Social Services is opposing the bill.

“If coverage were extended to all children regardless of status, the state would be unable to claim federal financial participation for children who are undocumented,” Brennan said Tuesday. “This would result in additional program costs incurred entirely by the state.”

Sarah Eagan, Connecticut’s child advocate, said the bill’s passage would encourage routine health maintenance for families who might not otherwise seek it.

“Immigration status does not alter the general physical and mental health needs that children have or the costs of medical care that families are struggling to afford,” she testified. “This is especially true for families who have a child diagnosed with a disability who needs specialized services.”

California, Illinois, Massachusetts, New York, Washington, Oregon and Washington D.C. have expanded their Medicaid programs to cover all income-eligible children regardless of their immigration status.