

33 Whitney Avenue
New Haven, CT 06510
Voice: 203-498-4240
Fax: 203-498-4242
www.ctkidslink.org

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Contacts: Sharon Langer Senior Policy Fellow, CT Voices for Children, (203) 498-4240
Ellen Scalettar, Senior Policy Fellow, CT Voices for Children, (203) 498-4240

Dozens of Connecticut Organizations and State Officials Call on Federal Agency to Eliminate Ill-Conceived Barriers to Health Care for U.S. Citizens

Groups criticize onerous new federal Medicaid regulations

Dozens of Connecticut organizations, as well as the state's Attorney General, Comptroller, Healthcare Advocate, and Speaker of the House, have called on the federal government to ease onerous new Medicaid paperwork rules that could result in thousands of children, parents, pregnant women, and persons with disabilities being denied health care coverage or experiencing delays in getting care. The rule will apply to more than 300,000 currently eligible children, parents, and pregnant women on the state's HUSKY health insurance program. It will also affect some persons with disabilities who are applying for Medicaid.

Connecticut, like other states, is struggling to implement a dramatic change in its Medicaid application process. As of July 1, 2006, a new federal law requires that states obtain proof of citizenship and identity for most US citizens applying for or renewing their Medicaid coverage. (Under previous Medicaid rules, US citizens had to sign a statement under penalty of perjury that they were citizens.) The new law directed the federal Centers for Medicaid and Medicare Services (CMS) to write regulations to help states implement the new requirement. However, instead of recognizing the challenges low-income families and state agencies will have in meeting the new rules, the regulations impose onerous and unnecessary requirements that are even stricter than those required by the original law. CMS invited public comments on their regulations.

At least 25 Connecticut organizations and associations concerned about healthcare, as well as the Connecticut Attorney General, Comptroller, Healthcare Advocate, and Speaker of the House, submitted written comments to CMS expressing their grave concern about the rigid, unrealistic, and burdensome requirements of the rule. These organizations and individuals have urged CMS to revise its draft regulation to eliminate the unnecessary burdens on DSS and the families it serves. The organizations represent a broad range of health and human services, religious, legal, nonprofit, women's, and educational groups.

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Among the many problems with the federal regulation is that applicants must submit original or certified documents, even though Congress imposed no such requirement in the federal law. Photocopies made by an applicant are not acceptable. This means that a parent who uses a driver's license as proof of identity must either mail in the license (and be unable to drive), or take time off from work to bring the photo ID to a DSS office. This unnecessary requirement makes mailed applications impractical for most families. "We are already seeing the effects of this requirement to submit original documents," said **Lawrence Cross, Executive Director of the Norwalk Community Health Center**. "For example, one of our patients mailed an original document to DSS which promptly got lost."

Further, many low-income people simply do not have the required documentation. More than one in twelve low-income adults born in the U.S. do not have a U.S. passport or birth certificate. More than one in ten low-income adults with children do not have a birth certificate or passport for at least one of their children. The new rule applies to them nonetheless.

James Amann, Speaker of the House, remarked, "As Connecticut Speaker of the House of Representatives, my goal along with many other state leaders has been to simply the eligibility process and expand access to health care coverage. These new regulations will result in just the opposite."

Importantly, the rules create new burdens for eligible, U.S. citizens without any valid reason to do so. While the new requirements were purportedly intended to prevent undocumented immigrants from fraudulently receiving public health coverage, a report by the federal government found no substantial evidence of such a problem. Importantly, a four-year audit by the Connecticut Department of Social Services did not find a *single instance* of an applicant falsely declaring citizenship. The new law does not affect eligible legal immigrants, who are already required to document their immigration status.

Comments on the regulations were unanimous in their concern:

"By delaying or denying healthcare to citizens who need it, these overreaching regulations will force people to access care at the most expensive points in the system. The resulting additional expenses will not just disappear – they will be shifted onto those already struggling to pay unaffordable insurance premiums. Thus, the new requirements affect all of us – the insured and uninsured alike," said **Kevin Lembo, State of Connecticut Healthcare Advocate**.

"Connecticut hospitals' emergency departments have long served as the 'safety net' for individuals who may have nowhere else to turn for care. This new Medicaid requirement has the potential to put added stress on an already challenged healthcare system, by shifting even more of this care on to emergency departments," said **Jennifer Jackson, President and CEO of the Connecticut Hospital Association**.

"Some of the federal rules make no sense," adds **Sharon Langer, Senior Policy Fellow at Connecticut Voices for Children**. "For example, families of newborns who were born in Connecticut to mothers on Medicaid must prove that the newborns are citizens, even though Medicaid paid for the birth, and these babies are by definition US citizens, having been born here. This is a waste of time and money."

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“I support the citizenship status requirement but urge that documentation be made sufficiently flexible as well as accurate,” **Attorney General Richard Blumenthal** said. “The current interim rule is unnecessarily restrictive – and may even thwart the goal of providing Medicaid assistance programs to citizens of the United States, irreparably harming our most vulnerable citizens. The Centers for Medicare and Medicaid Services should ensure that any identification requirements be flexible and facilitate citizens’ receipt of vital Medicaid program benefits instead of establishing rigid barriers that deny services to those entitled to them.”

Connecticut Voices for Children is a statewide, research-based policy and advocacy organization committed to promoting leadership, policy change, and investment on behalf of all of Connecticut’s children and youth (www.ctkidslink.org). A resource page with information on the documentation requirement is at www.ctkidslink.org/citizen.html.

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