



HUSKY Coverage for All of Connecticut's Immigrant Children

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Since it was launched in 1998, the HUSKY program has offered health coverage for thousands of uninsured children and peace of mind for their parents. However, the promise of the program has not been realized for all children in the state. Federal funding restrictions have excluded undocumented children from HUSKY and left it up to the state to decide if immigrant children will have access to HUSKY coverage.

An inclusive health coverage program should be an integral part of the Connecticut's strategy to ensure that all its children have access to preventive care and necessary treatment. Connecticut could achieve this goal by:

- continuing its state funded HUSKY program for legal immigrants and removing the sunset provision of this law and,
- extending eligibility for the state funded HUSKY program to all children who are ineligible for federally funded HUSKY, including undocumented children.

Federal restrictions and legal immigrants

Until 1996, immigrants who legally entered the U.S. but were not citizens had most of the same rights to public benefits as citizens. In 1996, the federal welfare reform law restricted the eligibility of non-citizens for public benefits such as Medicaid and food stamps. The federal welfare law bans most legal immigrants who arrive after the law was enacted (August 22, 1996) from federally funded Medicaid for the first five years after they enter the U.S. This five-year ban on the receipt of federally funded benefits also applies to the State Children's Health Insurance Program (SCHIP). Therefore, legal immigrants who enter the country in 2002, for example, are ineligible for federally funded Medicaid or SCHIP until 2007.

Because these federal restrictions were enacted when states were trying to decrease the numbers of the uninsured, some states took action to maintain health insurance for legal immigrants by offering state-funded Medicaid and SCHIP to legal immigrants. Connecticut currently provides state-funded Medicaid (HUSKY A)

and SCHIP (HUSKY B) to non-citizen, legal immigrants who do not qualify for federally funded assistance. However, the state law that provides health insurance to these immigrants will sunset, or expire, at the end of June 2002, unless the Connecticut General Assembly takes action to extend the coverage.

Mixed messages and undocumented immigrants

Since the implementation of HUSKY in 1998, significant outreach efforts have taken place across Connecticut to educate families on the availability of HUSKY and to enroll children in the program. Outreach workers have stressed the message that HUSKY is for all Connecticut children. However, numerous outreach workers report that they cannot enroll many uninsured children they identify, because the children are undocumented immigrants who are not eligible for HUSKY¹. Undocumented immigrants are those that enter the country without inspection or overstay a visa.

Anecdotal information from community-based agencies suggests that there are significant numbers of undocumented immigrant children in Connecticut who are uninsured. In Stamford, outreach workers have been engaged in a project that seeks to enroll all the city's uninsured children in HUSKY. They found that 37% of uninsured children in several Stamford elementary schools were undocumented immigrants. Based on these findings they estimate that there are at least 600 undocumented and uninsured children in Stamford².

Stamford's experience is not unique, and many uninsured children are enrolled in Connecticut's schools. All children, regardless of immigration status, have the right to attend school, yet these same children are excluded from public health insurance programs.

¹ As reported by Cheryl Hanley Muñoz, Connecticut Primary Care Association, October 2001 and Irene Litwak, Coordinator, Greater Danbury Immunization Action Plan, November 2001.

² As reported by Dr. Anthony Iton, Director of Health and Social Services, City of Stamford, September 2001.

Connecticut is already paying for the care of uninsured children, although at greater cost to both the child and the state because undocumented children can only receive treatment for emergency medical conditions. By providing HUSKY coverage to all children, regardless of immigration status, the state could save money currently being spent on emergency services and reduce the amount of uncompensated care delivered by essential community providers. More importantly, the state would be making a smart investment in children's health by providing all children with a medical home and comprehensive preventive care.

In the absence of health insurance coverage, children tend to receive fragmented health care services and often get care only in times of extreme need. Without preventive care, uninsured children are at greater risk for many health problems.

Joan's story

Joan and her 8 and 10-year old boys are undocumented immigrants. They have overstayed a tourist visa while waiting for their paperwork from the INS. Joan heard about HUSKY and thought her children should enroll. Joan's children have asthma but she cannot always afford to buy the medication they need to take every day. She has many bills from visits to the emergency room, where she goes when her sons have trouble breathing.

Joan tries to put aside money for her children's medicine each month, but sometimes she cannot save enough. At times she gives her children their medicine only on the days they have trouble breathing. Joan's sons are not eligible for HUSKY because they are undocumented immigrants.

Precedents for inclusive health programs

There are precedents for the federal government and states providing health coverage to immigrant populations. Emergency Medicaid covers treatment for emergency medical conditions, including labor and delivery. The treatment of communicable diseases and the provision of immunizations are offered without regard to immigration status by many local health departments and clinics. Connecticut currently provides state-funded HUSKY A and HUSKY B coverage to *legal* immigrants who are banned from receiving federally funded benefits for five years because they entered the country after August 22, 1996. A number of states provide health insurance coverage to all uninsured children, regardless of their

immigration status. New York, Rhode Island and Massachusetts currently provide health insurance to undocumented immigrant children.

Since federal regulations do not allow federal Medicaid or SCHIP funds to be used to provide health coverage to undocumented immigrant children, these states pay for their programs with state funds. Other states have developed innovative ways to fund health insurance programs for immigrant children. According to Children Now, a child advocacy organization, three California counties use monies from the state's tobacco settlement to fund a variety of children's initiatives, including a health insurance program for all children. Fifty cents from every pack of cigarettes sold in California goes to fund programs for children from birth to five years of age, and some counties use a portion of these funds for children's health insurance programs that cover undocumented immigrant children.

Benefits of an inclusive program

An inclusive HUSKY program for all children would reduce the complexity of administering the HUSKY program and make it easier to understand and promote through outreach efforts. It could also reduce some of the fear within the immigrant community of enrolling children in HUSKY. Studies have shown that since 1996, the number of immigrants participating in Medicaid has declined markedly and that there also has been a reduction in participation by citizen children in immigrant families³. One factor that may have contributed to these developments is that immigrant eligibility is difficult to explain in simple terms. One child in an immigrant family may be eligible, while another child in the same family is not, based on the date of entry into the country.

By providing HUSKY for all of Connecticut's children, the state would:

- reduce the number of uninsured immigrant children,
- promote continuity and integration of care for all of Connecticut's children,
- provide a medical home for all of Connecticut's children,
- reduce costly emergency room care and,
- reduce the complexity and administrative burden of existing eligibility guidelines that often require different treatment of children in the same family.

³ Health Coverage for Legal Immigrant Children: New Census Data Highlight Importance of Restoring Medicaid and SCHIP Coverage. Available at www.cbpp.org.