



Continuing HUSKY for Legal Immigrants

Revised February 2003

Connecticut has provided state-funded health coverage for legal immigrants who do not qualify for federally funded assistance since 1996. The state law that authorizes health insurance benefits for these immigrants states that the Department of Social Services shall not accept applications for these benefits after June 30, 2003.¹ Unless the Connecticut General Assembly takes action to extend the coverage, legal immigrants needing health coverage will not be able to apply for HUSKY or Medicaid after June 30, 2003. It is vitally important that Connecticut continue HUSKY and Medicaid coverage for immigrant families.²

Many states fund benefits for 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, federal welfare reform restricted immigrant eligibility for public benefits such as Medicaid and food stamps. The federal welfare law bans most legal immigrants who arrived 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). Recognizing the unfairness of denying health care to legal residents who would otherwise be eligible, many states offer state-funded Medicaid and SCHIP to legal immigrants. In 2002,

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¹ Section 17b-257b, Connecticut General Statutes

² This brief is limited to the HUSKY program and medical assistance. However, state laws that govern the provision of other types of assistance also state that applications will not be accepted after June 30, 2003. Efforts to extend other types of assistance, such as food

almost half of states, including Connecticut, provided state-funded benefits to some or all immigrants who were ineligible for federal health insurance programs.

Immigrants: working but uninsured

Legal immigrants work and pay taxes that support programs like HUSKY. Yet, immigrants who work are more likely to have jobs that do not offer health insurance. Half (51%) of all non-citizen immigrants in the U.S. who work full-time are uninsured.³ Low-income immigrant children are twice as likely to be uninsured as low-income citizen children.⁴

The cost of covering immigrants under HUSKY is modest. In the state fiscal year 2003 budget, the cost of health coverage for immigrants makes up less than one-half of one percent of Connecticut's Medicaid budget.

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Leaving immigrants uninsured increases costly emergency and uncompensated care

Nearly 40% of uninsured adults and one in four uninsured children have no regular source of health care. Nearly 40% of uninsured adults say they have postponed getting a recommended test or treatment, and 30% have not filled a prescription in the last year because they could not afford it.⁵ The uninsured are less likely than the insured to use

stamps and cash assistance (TFA), to legal immigrants should also be supported.

³ "Health Insurance Coverage of Immigrants Living in the United States," *Amer. Journal of Public Health* (June 2000).

⁴ Zimmerman, Wendy and Karen C. Tumlin, *Patchwork Policies: State Assistance for Immigrants under Welfare*

⁵ The Kaiser Commission on the Uninsured, *The Uninsured and Their Access to Health Care*. February 2002.

preventive services, such as regular check-ups and mammograms.

Immigrants who do not qualify for HUSKY solely because of their immigration status are eligible for emergency Medicaid coverage for treatment of emergency medical conditions, including labor and delivery. Thus, the choice is coverage for primary and preventive care through HUSKY, or the provision of more costly emergency services and treatment.

Covering primary care is a more prudent way to spend state health care dollars

Safety net providers⁶ are being asked to serve more patients with fewer resources, which is threatening not only their viability but also the strength of Connecticut's public health infrastructure. A weakened infrastructure may not be able to adequately respond to public health needs.

Safety net providers maintain "open doors," offering services to patients regardless of their ability to pay. While the proportion of uninsured patients using safety net providers has grown, state support for these entities has declined.

- About a quarter of all community health center users in 1997 were uninsured, while in 2001 that figure had grown to 33%.⁷
- In 1999, community health centers received \$44.44 per uninsured visit in state dollars. In 2002, that figure had shrunk to \$30.14.

Eliminating HUSKY coverage for legal immigrants would add more financial stress to Connecticut's already strained health care safety net.

Connecticut has provided health coverage for income eligible legal immigrants since 1996 and should make the provision of HUSKY benefits to legal immigrants permanent.

⁶The Institute of Medicine defines safety net providers as providers who deliver significant health services to uninsured, Medicaid and other vulnerable patients. Safety net providers include but are not limited to hospitals, community health centers and school-based health centers.

⁷ Connecticut Primary Care Association, December 2002.