



Legislature OKs Medicaid for undocumented children 12 and younger

By Jenna Carlesso

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Children 12 years old and younger whose guardians meet the qualifying income limit will be eligible for Medicaid coverage regardless of their immigration status beginning Jan 1.

Included in the [state budget](#) that was adopted by the House and Senate Tuesday was an expansion of the Medicaid program, known as HUSKY in Connecticut. Last year, lawmakers opened the program to children 8 and younger — regardless of immigration status — who come from households earning up to 201% of the federal poverty level (for a family of four, that's \$55,778). Kids from households earning between 201% and 325% of the federal poverty level also qualify but are subject to an asset test.

This year, legislators expanded the pool to children 12 and younger and are allowing any child in that age group who signs up for coverage to keep the insurance through age 19. Children older than 12 on Jan. 1 would not be eligible.

Lawmakers have set aside \$400,000 for this year's expansion.

"The fact that this was able to be included in the budget shows the power our community has," said Carolina Bortolletto, a volunteer with the HUSKY for Immigrants Coalition and a co-founder of Connecticut Students for a Dream. "And it shows that our legislators know this was the right thing to do."

Bortolletto helped organize days of [rallies](#) outside the state Capitol this spring, bringing together undocumented residents, health care workers, high school students, advocates and others to call for an expansion of the Medicaid program.

Proponents had hoped the legislature would broaden the program this year to children 18 and younger, regardless of their immigration status, but the bill that would have done that did not advance beyond the Human Services Committee. It was defeated by a 10-10 tie vote, with every Republican and three of the committee's 13 Democrats voting against it, including co-chair Rep. Cathy Abercrombie, D-Meriden.

Some legislators voiced concerns that the expansion was premature because of a lack of information on the number of residents who would qualify for the program and what the cost would be to the state.

After the bill died, lawmakers crafted a more modest expansion of HUSKY in the state budget. Despite a smaller financial commitment, the move angered some representatives who debated the budget in the House.

"That bill, in Human Services, failed. It failed with votes on both sides of the aisle, and we're moving it forward," said Rep. Jay Case, R-Winsted, during the House debate. "Is that the right process when something fails in committee? 'OK, we'll just put it in the budget.' That's where I have a problem."

Language from failed bills or other proposals can sometimes end up in the budget implementer, even if the proposals have only a nominal connection to the budget.

Bortolletto said she and others will continue to advocate in future years for another broadening of Medicaid. She hopes all residents, regardless of age and of immigration status, will eventually be eligible.

“We’re recommitting to the fight, because health care is a human right. No one should be denied health care — a chance at survival — because of their immigration status, no matter their age,” she said.

Hundreds of people testified on the proposal or wrote to lawmakers this spring, many in support of expanding the Medicaid program.

“My son is a U.S. citizen, but my husband and I do not have HUSKY or any other health insurance because we are immigrants,” resident Sandra Aguilar [wrote to legislators](#). “Having health insurance would be a huge help for us because we both need dental care ... I had to spend \$300 to get a tooth fixed at a private dentist. It took me a long time to get the tooth fixed because for my family, \$300 is too much and we cannot afford it.

“My husband is prediabetic and has not been able to get the medical care he needs because every medical appointment comes with a cost that affects our finances.”

Karina Flores, a new Britain resident and student at Capital Community College, said her parents are uninsured and struggle to access health care.

“Coming from a Hispanic household, I firsthand witnessed the struggles my parents would have to go through just to be able to receive medical assistance,” she [testified](#). “At times they wouldn’t even go to the doctor’s office for any checkups due to being low income and not having health insurance.”

“My mother was first diagnosed with type 2 diabetes when I was 18 years old, a senior in high school. Unfortunately, she didn’t have health insurance, which was super hard to pay for medications and doctor visits — which made me have to work extra hours to help her out,” Flores said. “We will never know when and why we are going to get sick. ... We all deserve to have a source of medical help. Immigration status does not determine how much of a human we are.”

Jay Sicklick, deputy director of the Center for Children’s Advocacy, called this year’s expansion “progress.” Analysts project that opening HUSKY to kids 12 and younger would add 1,020 children to the program next fiscal year and 2,750 by 2024.

“You have to start somewhere. And if the starting point is [children] 12 and under, I think we’ve made some progress,” Sicklick said. “In a perfect world, one would think that insuring the entire cohort of individuals up to age 19 would be the primary focus ... but at the end of the day, some progress is better than none. We’ll have to work diligently next year and in other future years to ensure ... no one gets left behind.”