



**Testimony Regarding S.B. 314 An Act Concerning Emergency Medicaid Coverage for Treatment of
Emergency Medical Conditions**

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Human Services Committee
March 7, 2024

Dear Senator Lesser, Representative Jillian, Senator Seminara, Representative Case, and esteemed members of the Human Services Committee,

Thank you for accepting this testimony **supporting S.B. 314 An Act Concerning Emergency Medicaid Coverage for Treatment of Emergency Medical Conditions**, on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Lack of health insurance is one of the most significant barriers to [health care access](#). Insurance coverage facilitates access to health care and prevents long-term chronic illness. It also helps individuals find specialized care when needed. While health insurance alone does not ensure optimal health or quality care, it is a crucial access component. People with health insurance are more likely to have a regular health provider and are [less likely](#) delay or forgo care.

Due to federal policies, certain immigrants are [systematically excluded](#) from the most affordable healthcare coverage options. Immigrants without documents are ineligible for Medicaid and unable to purchase health insurance on Access Health CT, and many categories of lawfully present immigrants must wait five years to become eligible for coverage through Medicaid and the Children's Health Insurance Plan (CHIP). Similarly, limited employment options make purchasing private coverage too expensive to afford out-of-pocket, and immigrants without legal status or who may not be proficient in English face are more likely to work for employers that do not offer [employer-sponsored health insurance](#). Due to these barriers, immigrants face much [higher rates of uninsurance](#) and often forgo or delay care until no longer possible. An estimated [23% of the total number of uninsured people in Connecticut](#) are immigrants without legal status. As a result, Emergency Medicaid plays a pivotal role in addressing some of the coverage gaps and protecting certain income-eligible immigrants *and* certain [uninsured U.S. citizens](#) for emergency medical conditions and situations. Emergency Medicaid also allows states to receive [federal matching funds](#) between 50-90 percent, depending on the medical situation.

This bill is a step forward in improving health outcomes for all Connecticut residents. It is a much-needed upgrade to Connecticut's Emergency Medicaid policies by expanding the conditions eligible for Emergency Medicaid coverage in Connecticut to include treatment for chronic conditions in an outpatient setting and allowing people to apply for Emergency Medicaid in advance. Pre-enrollment will ensure patients do not need to worry about this administrative task during a medical emergency. Altogether, these upgrades will ensure that Connecticut's uninsured residents have better health outcomes when facing life-threatening conditions.

HEALTH EQUITY SOLUTIONS

Furthermore, many other states include various conditions under their Emergency Medicaid coverage that are not reflected in the list provided in S.B. 314. ***We respectfully recommend the committee amend S.B. 314 to incorporate the additional conditions proposed below, along with the states known to be covering them through their Emergency Medicaid policy, especially if federal matching is guaranteed:***

- Surgery and chemotherapy for cancer care related to a current diagnosis are covered in [Minnesota](#) and [Washington](#).
- Acute outpatient, as well as inpatient, psychiatric treatment is covered in [Arizona](#).
- [Indiana](#) and [Minnesota](#) cover dental emergencies more broadly. Dental services for severe tooth pain, unusual swelling of the face or gums, or an avulsed tooth were previously covered in Oregon.
- Anti-rejection drugs post-organ transplantation are covered in [Washington](#). It is important to note that federal law prohibits federal reimbursement for the transplantation procedure for individuals not eligible for full Medicaid coverage, however, it does not prohibit federal reimbursement for medications needed post-procedure to avoid a crisis, as with anti-rejection drugs.
- Family planning-related services, such as the treatment of sexually transmitted infections as covered in [Colorado](#).
- Make [permanent](#) the coverage provisions for diagnosis and treatment for coronavirus infection, which is currently covered in [Connecticut](#) and across many other states.

The attached markup of S.B. 314 makes some revisions to reflect what other states are covering as an emergency medical condition.

Medicaid programs, including Emergency Medicaid, play a vital role in mitigating racial health disparities and promoting health equity in our state. Based on country-of-origin estimates, it is reasonable to assume that most immigrants without documents living in Connecticut are people of color, particularly from Latin America, and trends have shown that people who are [uninsured](#), both among immigrants and citizens, are more likely to be Black or Latino/a. As a result, expanding covered conditions under Emergency Medicaid for people who are uninsured and ineligible for Medicaid or CHIP is one important pathway to advancing health equity in our state.

Notably, Emergency Medicaid coverage should be expanding alongside increased coverage options through the HUSKY programs for *all* income-eligible residents regardless of their immigration status and age. Emergency Medicaid alone is not a replacement for HUSKY programs which provide access to essential *primary and preventative* medical services and offer opportunities for health education, and support services that can positively impact long-term health outcomes and are more cost effective than solely addressing emergency situations.

Thank you for the opportunity to submit this testimony supporting S.B. 314. We respectfully urge the committee to vote favorably on the bill. We can be reached with any questions at kvilleda@hesct.org.



General Assembly

February Session, 2024

Raised Bill No. 314

LCO No. 2090

02090 _____ HS_

Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

AN ACT CONCERNING EMERGENCY MEDICAID COVERAGE FOR TREATMENT OF EMERGENCY MEDICAL CONDITIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective from passage*) (a) As used in this section, (1) "emergency medical condition" means a medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in (A) placing the patient's health in serious jeopardy, (B) serious impairment to bodily functions, or (C) serious dysfunction of any bodily organ or part; and (2) "emergency Medicaid coverage" means Medicaid coverage for treatment of an emergency medical condition.

(b) The Commissioner of Social Services shall expand emergency Medicaid coverage consistent with federal law for treatment of emergency medical conditions, including, but not limited to, emergency medical conditions related to (1) a high-risk pregnancy, (2) diabetes Type 1 [in persons under the age of twenty-one], (3) diabetic emergencies, including, but not limited to, diabetic ketoacidosis, (4)

renal failure requiring ongoing dialysis, (5) fracture of a bone in the skull, arm, neck, leg, spine or pelvis occurring in the two-month period prior to a request for emergency Medicaid coverage, (6) hypertensive emergencies involving persons presenting with signs or symptoms of end organ damage or systolic blood pressure equaling or exceeding one hundred eighty or diastolic blood pressure equaling or exceeding one hundred twenty, (7) unstable seizure disorder characterized by at least five minutes of uncontrollable seizures or at least two discrete seizures between which the person does not regain consciousness, (8) active treatment for cancer related to a current diagnosis, including surgery and chemotherapy, (9) ventilator dependency, (10) labor and delivery, [and] (11) acute inpatient and outpatient psychiatric [hospitalization] treatment, (12) diagnosis and treatment for coronavirus infection, (13) dental services provided for severe tooth pain, unusual swelling of the face or gums, or an avulsed tooth, (14) anti-rejection drugs post-organ transplantation, and (15) diagnosis and treatment of a sexually transmitted infection. Where an emergency medical condition is present, non-emergency medical transportation as well as emergency medical transportation shall be covered for treatment related to such condition.

(c) Not later than October 1, 2024, the commissioner shall establish an administrative system for persons to apply in advance for emergency Medicaid coverage for emergency medical conditions that can be treated in outpatient or inpatient settings rather than in hospital emergency departments. The commissioner shall include a prominent link to the application and a list of covered emergency medical conditions on the Internet web site of the Department of Social Services and its HUSKY Health websites for both providers and enrollees. The commissioner shall also include information about advance applications for emergency Medicaid coverage and [a] the non-exhaustive list of covered emergency medical conditions in all department forms and policy manuals related to emergency medical condition coverage. Individuals who apply for and are granted coverage for an emergency medical condition which is continuing in

nature shall be issued HUSKY enrollment cards resembling the cards issued to full-benefit enrollees.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

Statement of Purpose:

To require the Commissioner of Social Services to upgrade policies to provide Medicaid coverage for more outpatient treatment of emergency medical conditions.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]