

March 29, 2023

RE: Stories in support of the MinnesotaCare Immigrant Inclusion Act (SF49, Article 1, Sec. 6)

Dear Chair Wiklund and Members of the Committee:

While we support inclusion of young people without status in MinnesotaCare, we are deeply disappointed SF49 does not include MinnesotaCare expansion for adults without status. It is critically important that Minnesotans in mixed status families have access to health insurance through MinnesotaCare. You will see from the attached stories that essential workers without status are most at-risk of working on the frontlines managing chronic health conditions without health coverage.

Children are not healthy and stable when their parents are sick and excluded from healthcare.

Excluding adults from MinnesotaCare inclusion affects people like Cristina, a mother of three whose husband died of cancer in 2021 because he did not have status and access to healthcare. He lived and worked in Minnesota for 22-years. Without access to MinnesotaCare, she is forced to raise her children on her own without basic healthcare for herself.

Please see the attached stories from Minnesotans in support of the MinnesotaCare Immigrant Inclusion Act. We urge you to revert back to the original language that included adults in the MinnesotaCare Immigrant Inclusion Act and Section 4 of the MinnesotaCare Public Option.

Respectfully submitted,

Sara Lopez
Unidos-MN

Cristina Arce, Central Minnesota

My name is Cristina Arce and I live in a rural area of Central Minnesota. I came to the United States 22 years ago. Here I met my husband, got married and we had 3 Minnesotan children. My husband was a hardworking man who worked hard for his family 6 days a week, every day from 14 to 16 hours.

We did not go to the doctor for check-ups because we do not have health insurance and doctor visits are very expensive. We only treat ourselves with over-the-counter medicine and when it doesn't work for us it aggravates the illness. My husband paid all his taxes, even though he worked long hours he was not paid overtime and he never had health insurance, so he never went to the doctor.

He was a very strong man with many qualities, he loved to swim with our children, play soccer, and volleyball. He had a very high self-esteem and was very cheerful. When he was found to have stage 4 cancer. He said I am going to do all the doctors' recommendations because I want to see my children grow up and be with them. But after seeing how expensive the visits were he became discouraged and fell into depression. He didn't want me to take him to the doctor because he thought it would leave us with too much debt.

I still asked the doctor for other recommendations, the doctor gave us other recommendations but in order for my husband to be seen he had to pay over \$8,000 in advance and travel expenses. This amount was only for his exam with the cancer specialist.

Eventually he was approved for emergency insurance which has a lot of rules and does not cover everything necessary for example the appointment we went to. My husband became ill three weeks before his cancer was discovered, which was in September 2020 and he passed away in August 2021.

If my husband had health insurance, my husband would have been treated and his illness would have been caught early. Fortunately, all the bills that the emergency insurance did not cover no longer arrive in my mail.

Now I suffer from severe headaches and have no health insurance. I need health insurance because I have three kids to support. My children need me to be strong and healthy to give them a university education and a better future.

Dr. Kate Mechelke, Saint Cloud

For the past three years I have provided care, on a volunteer basis, for undocumented immigrants who are uninsured in the state of Minnesota. This is done through a charitable organization called Faith in Action. The care that I and the other volunteer doctors provide is limited due to constraints of not having good access to diagnostic testing and long-term medications. We are able to provide short term supplies of some generic medications through a grant from CentraCare Health, but that is a band-aid approach for many of these patients who have chronic health conditions. Not being able to provide ongoing, organized care for patients with chronic diseases like hypertension and diabetes leads to increased total cost of care overall when they end up presenting for emergency or inpatient care due to complications such as heart attack and stroke. Lack of preventive care leads to people presenting in advanced stages of cancer, rather than being picked up earlier, where treatment options are better. It also increases rates of unintended pregnancy and increased ER visits when things that initially would have been simple urgent care illness are left to progress into urgent or life-threatening conditions.

These patients are working full time (or often greater than full time) and having taxes deducted from their paychecks, yet they are not eligible for health insurance. These are human beings,

who have come to the US as they have no other way to seek out a sustainable life for themselves and their families. Due to political gridlock these patients are often not able to move forward with being granted US citizenship in a timely fashion. They provide important labor for our agriculture and services sectors.

From an ethical standpoint, these people deserve to be treated with dignity and compassion, in the same way that those who have the good fortune to have been born into the US system are treated. From a financial standpoint, including this group of people in the expansion of Medicaid and MinnesotaCare programs is sound policy.

Pedro Romero Lopez

I need medical insurance because it's the first thing clinics ask for when I arrive for medical appointments. I've been living in this country for 5 years and working on a ranch milking cows, contributing to the country since I arrived. On January 18th of this year, I had an accident at work where I was hospitalized for 3 days because a cow attacked me. As a result, three of my ribs are broken and my right leg is fractured. I am still very hurt, especially my leg and ribs, which will take longer to heal. I am worried because I don't feel well, and I haven't been able to work for these long months. I need to go to the doctor, but I don't have health insurance. I've had medical appointments to try to feel better, but I'm in a bad shape.

That's why it's urgent that you support this proposed law to include people like me who don't have medical insurance. I need to feel well and be strong to continue supporting my family who depends on me. I've received letters saying that I have to pay for my medical appointments, but I don't work, and I don't have medical insurance. I would prefer not to go to the doctor because I don't have the money to pay, but I know that if I don't go, I won't be able to support my family because I can't work until I feel better. It's very important that you support us to have access to medical care.

Lourdes Quintero, Saint Cloud

My name is Lourdes Quintero, and I am a leader of Fe y Justicia. I live in Saint Cloud. I had a fall on February 22, 2022 at 10 PM after leaving my work, when I was about to go to my car I slipped on some concrete stairs from 5 to 6 steps, I fell backwards and hurt my hip, my neck, my back and I tried not to hit my head but the impact was so big that I lost my breath and it took me a few minutes to get up.

As soon as I could, I called my supervisor to report my fall to have medical attention, but since I do not have health insurance, all this took longer than normal and I was finally treated on March 7, 2022, from the day of my fall until the day I was treated, I had a lot of pain throughout my body and I had difficulties doing my daily activities and my work, since I was physically and emotionally damaged.

Now, whenever I have appointments and therapies I have to wait a long time for my appointments to be approved. To this day, I still need medical help and I'm still waiting for insurance approval. My fall was almost a year ago and the pain continues in my left leg and back, so I ask you to support this health proposal so that we can all have insurance and take care of our medical needs. I ask you to please support SF 986, as this bill will ensure countless Minnesotans get access to life-saving care.

Maria Maldonado, Saint Cloud

My name is Maria Maldonado, I have lived in Saint Cloud for 21 years and I am a leader of Fe y Justicia. In August 2022, a vein broke in my left foot and since I don't have health insurance I was taking care of it at home, but now I'm worried because the wound constantly reopens and my foot still doesn't heal completely.

On February 1st, I decided to go with a doctor and I asked him if he could refer me to a specialist and the doctor told me that it was necessary for me to see a specialist because of my condition but a health insurance is needed to be able to go to that appointment since it is very expensive.

So, I am here today to highlight the importance of having health insurance, I am a wife and a mother of four kids but I am also diabetic and I am afraid that the wound will become infected and I do not want to lose my foot, because that will affect my ability to work and I need to support my family, but without a health insurance I cannot attend my appointments regularly

The MinnesotaCare Immigrant Inclusion Act will make a life changing difference for me and thousands of Minnesotans.

Dr. Kim Tjaden, CentraCare Southway Clinic, Saint Cloud

I have been providing medical care on a voluntary basis to undocumented, uninsured immigrants for the past 3 years. The care I provide is quite minimal in that I am unable to order any tests to help in making a diagnosis or following patients with long term health conditions such as diabetes and hypertension. I am, however, able to prescribe a limited amount of medications thanks to a grant from Centracare but this is only for short term or urgent care issues. As a result, I am unable to manage patients who have long term health conditions or who are in need of healthcare maintenance because my patients are unable to afford health insurance. These folks cannot afford the price of paying cash at a local clinic, often they cannot afford the cost of over-the-counter medications.

Many of the patients I care for also have chronic diseases such as diabetes and hypertension. They also need preventive care and family planning resources. This includes birth control and

cancer screening. This puts them at risk for unplanned pregnancy. They are also at risk of developing complications from their chronic diseases such as heart disease, stroke and advanced cancer. As you know, long term consequences of poorly controlled chronic disease are far more expensive than if they would have received the care they needed initially. Time and time again, it has been proven that early diagnosis and treatment of chronic disease prevents complications and higher cost. At this time, much of this care is provided by the emergency departments because that is the only place they can go to get the care they need.

Recently, I saw an asylum seeker who was being treated with antivirals for his HIV in his home country and was unable to get those medications here in the US. Members of our team drive him from the St Cloud area to the Twin Cities monthly to receive those life saving medications. I am embarrassed that Nicaragua has a better healthcare system than we do! Unfortunately, he was driven out of his home by threats of violence and has no choice but to live here and seek asylum.

The people I care for are hardworking tax paying individuals who are here to make a better life for themselves. They are an important part of the Minnesota economy especially in the farming and service sectors. It is not their fault that our immigration system is broken because of political gridlock. They deserve to be treated with dignity and respect. They deserve affordable healthcare which is available to all the other people who live in Minnesota.

Marco Loera Alvarez, Rochester

Chair Liebling, Committee Members, my name is Marco Loera Alvarez. I am from Rochester, I am a leader with Unidos and I am a pharmacy technician. Thank you for including the MNCare Immigrant Inclusion Act in HF2930. Today I am here to share with you my family's struggle with healthcare. In 2004 my father was diagnosed with type 2 diabetes and thyroid disease. My dad was lucky to have been granted healthcare insurance through the state , which helped tremendously for his medicine and appointments. Fast forward to 2006, after policy changes my dad was no longer able to qualify for insurance. We, and I say we because we all suffered as a family. There were times when my dads diabetes would reach levels above 300 and above, and we were scared to go to the ER because of the hefty price tag . Mentally we were depleted, scared, and exhausted of having to navigate such a complicated system. This was and is a trickle down problem. If we want kids to be successful then we have to think about the parents! You want healthy kids, give them healthy parents. Our immigration status should not determine whether we have dignified healthcare for our hard working parents, uncles, aunts, friends , neighbors. Let's not forget who's body we're on the line during COVID. And yet through all this, we still don't have accessible healthcare for those who were in the front lines of COVID and have secondary side effects. It's time to show up for our hardworking immigrants and grant them access to healthcare. Please support the MNCare Immigrant Inclusion Act until it becomes law.