

HEALTHCARE FOR IMMIGRANT COMMUNITIES AND THE NEW ADMINISTRATION

MARCH 8, 2017

APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM



Center on
**Budget
and Policy
Priorities**

HOUSEKEEPING



- All participants are automatically **muted** by the webinar administrators.
- Throughout the webinar you may type in your questions under the questions panel box and we will answer questions towards the **end** of the presentation.
- The webinar will be **recorded** and will be shared with you after today's webinar.

USING GoToWebinar



Control Panel

File View Help

Audio

Telephone

Mic & Speakers [Settings](#)

MUTED 0000000000

Questions

[Enter a question for staff]

Send

Webinar Housekeeping
Webinar ID: 275-918-366

GoToWebinar

Grab Tab

SPEAKERS

Amina Ferati

Senior Director of
Government Relations
& Policy

Asian & Pacific Islander
American Health Forum
@APIAHF

Angel Padilla

Health Policy Analyst
National Immigration
Law Center
@NILC_org

Shelby Gonzales

Senior Policy Analyst
Center on Budget and
Policy Priorities
@CenterOnBudget

- I. Context and previous lessons
- II. Immigrant Communities in the United States
- III. Immigrant Eligibility for Healthcare Programs
- IV. Threats to Immigrant Health
- V. What Advocates Can Do
- VI. Q&A

AGENDA

ABOUT APIAHF

The Asian & Pacific Islander American Health Forum works with communities across the nation to influence policy, mobilize communities, and strengthen programs and organizations to improve the health of Asian Americans (AA), Native Hawaiians, and Pacific Islanders (NHPI). Founded in 1986 with headquarters in Oakland and an office in Washington DC, APIAHF is the oldest and largest health advocacy organization working with AA and NHPI communities across the nation, in the US Territories and with the US-affiliated Pacific jurisdictions.

MISSION

APIAHF influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders.



CONTEXT AND PREVIOUS LESSONS

2013 Immigration Reform Effort and Healthcare

- Push for citizenship process for currently undocumented
- Healthcare tie ups in the Senate and House
- Health care champions needed to be bucked up

Immigrant Communities in the United States



WHO ARE THE IMMIGRANTS LIVING IN THE UNITED STATES?

Undocumented v. Lawfully Present Immigrants

- Lawfully present refers to anyone who is federally authorized to be in the United States (may also have work authorization, but not necessarily)
- Undocumented are those who are not federally authorized to be in the US (about 11 million)
 - Not all entered without inspection – many came lawfully!

Source: MPI

WHO ARE THE IMMIGRANTS LIVING IN THE UNITED STATES?

Foreign Born

- Total: 43 million (14% of US population)
- Naturalized Citizens: 20 million
- Noncitizens: 23 million
- Age: 80% are between 18-64

Source: MPI

TYPES OF IMMIGRATION STATUSES

Lawful Permanent Residents – green card holders, one step from becoming US Citizens

Humanitarian Visas

- Asylees
- Refugees
- Cuban/Haitian Entrants
- Temporary Protected Status
- Deferred Action
- Others!

TYPES OF IMMIGRATION STATUSES

Survivors of Domestic Violence, Trafficking, other Crimes

Nonimmigrant Visas

- Tourists, visitors, workers, etc.

Many others!

- Some don't fit neatly into any category, but have federal authorization to be in the country

MIXED-STATUS FAMILIES

The truth is, we're all immigrants!

Many families are “mixed-status” where at least one person is undocumented.

- For example – It's not uncommon to have a family with US citizen children, but where one of the parents is undocumented.
- Huge implications for access to programs, services, affecting the entire family

16.6 million people live in mixed-status families (2013)

1/3 of US Citizen children of immigrants live in a mixed-status household (2013)

Source: Center for American Progress

Immigrant Eligibility for Healthcare Programs



Eligibility for Affordable Health Coverage Was Greatly Restricted for Immigrants in 1996

ELIGIBLE IMMIGRATION STATUSES FOR MEDICAID AND CHIP

“Qualified” Immigrant Categories:

- Lawful Permanent Resident (LPR/green card holder)
- Refugee
- Asylee
- Cuban/Haitian Entrant
- Paroled into the U.S. for at least one year
- Conditional Entrant
- Granted Withholding of Deportation or Withholding of Removal
- Battered Spouse, Child and Parent
- Trafficking Survivor and his/her Spouse, Child, Sibling or Parent

ELIGIBLE IMMIGRATION STATUSES FOR MEDICAID AND CHIP

Others

- Member of a federally-recognized Indian tribe or American Indian born in Canada
- Afghani and Iraqi Special Immigrants
- Certain Amerasian Immigrants

FIVE YEAR WAITING PERIOD

Generally, “qualified” immigrants are subject to a five-year waiting period (also known as the “5-year bar”)

- The five years begin when an immigrant obtains a “qualified” immigration status

FIVE YEAR WAITING PERIOD

Some people with a “qualified” immigration status are not subject to the 5-year bar:

- ✓ Immigrants who physically entered the U.S. before 8/22/96 and remained in the U.S. continuously until obtaining a qualified status
- ✓ Refugees, asylees, persons granted withholding of deportation/removal (even if they later become LPRs)
- ✓ Cuban/Haitian entrants, certain Amerasian immigrants, individuals granted Iraqi or Afghan special immigrant status, trafficking survivors (even if they later become LPRs)
- ✓ Qualified immigrants who are U.S. veterans or on active military duty and their spouses or children
- ✓ Children (at state option)
- ✓ Pregnant women (at state option)

STATE FLEXIBILITY

Variations From General Eligibility Rules

Federal Medicaid/CHIP Options

- States have the option to cover lawfully residing children and/or pregnant women → this includes:
 - Qualified immigrants, without the 5-year bar restriction
 - Lawfully residing/present people, a broader group than “qualified” immigrants
- * *31 states have taken up this option for children and 23 for pregnant women*
- Through CHIP, states can provide pregnant women certain medical services (such as prenatal care) regardless of immigration status
 - Based on the eligibility of the unborn child

State Funded Options

- States can cover additional immigrants with state-only funds

EMERGENCY-ONLY MEDICAID

Medicaid payment for limited services related to an emergency medical condition is available to people who meet all the state's Medicaid eligibility requirements except for immigration status, including:

- ✓ Qualified immigrants who have not met the 5-year waiting period
- ✓ Lawfully present but not qualified immigrants, such as persons with Temporary Protected Status (TPS) and many others
- ✓ Undocumented immigrants
- ✓ DACAmented immigrants

The ACA Greatly Expanded Eligibility for Affordable Health Coverage for Immigrants

APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM



Center on
**Budget
and Policy
Priorities**

ELIGIBLE IMMIGRATION STATUTES FOR MARKETPLACE COVERAGE

Statuses Eligible for Medicaid:	Other “Lawfully Present” Immigrants:
<ul style="list-style-type: none"> • Lawful Permanent Resident (LPR/green card holder) • Refugee • Asylee • Afghan and Iraqi special immigrants • Cuban/Haitian Entrant • Certain Amerasian immigrants • Paroled into the U.S. for at least one year • Conditional Entrant (prior to April 1, 1980) • Granted Withholding of Deportation or Withholding of Removal • Battered Spouse, Child and Parent • Trafficking Survivor and his/her Spouse, Child, Sibling or Parent • Member of a federally-recognized Indian tribe or American Indian born in Canada 	<ul style="list-style-type: none"> • Granted relief under the Convention Against Torture (CAT) • Temporary Protected Status (TPS) • Deferred Enforced Departure (DED) • Deferred Action (except DACA)* • Paroled into the US for less than one year • Individual with Nonimmigrant Status (includes worker visas; student visas; U visas; citizens of Micronesia, the Marshall Islands, and Palau; and many others) • Administrative order staying removal issued by the Department of Homeland Security • Lawful Temporary Resident • Family Unity Beneficiary

***EXCEPTION:** Individuals granted deferred action under the **2012 Deferred Action for Childhood Arrivals (DACA)** program are not eligible to enroll in coverage in the Marketplace.

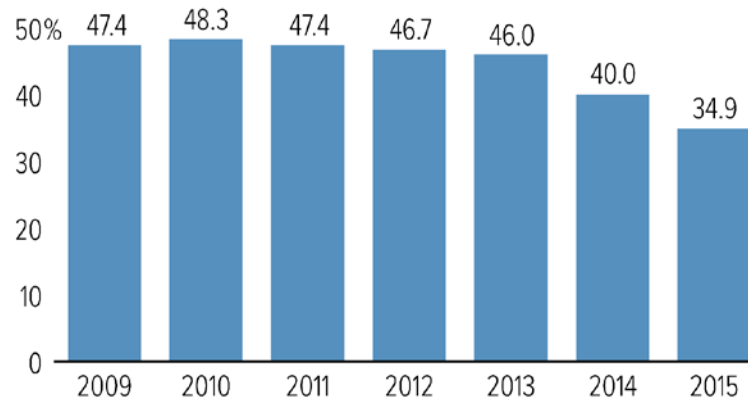
ELIGIBLE IMMIGRATION STATUTES FOR MARKETPLACE COVERAGE

APPLICANT for Any of These Statutes:	Must Also Have Employment Authorization:
<ul style="list-style-type: none">• Lawful Permanent Resident (with an approved visa petition)• Asylum*• Special Immigrant Juvenile Status• Victim of Trafficking Visa• Withholding of deportation or withholding of removal, under the immigration laws or under the Convention Against Torture (CAT)*	<ul style="list-style-type: none">• Applicant for Temporary Protected Status• Registry Applicants• Order of Supervision• Applicant for Cancellation of Removal or Suspension of Deportation• Applicant for Legalization under IRCA• Legalization under the LIFE Act
<p><i>*Only those who have been granted employment authorization or are under the age of 14 and have had an application pending for at least 180 days are eligible</i></p>	

ACA IMPROVES COVERAGE FOR NON-CITIZENS

- The uninsured rate among non-citizens has **declined by almost one-quarter** since 2013.
- **2.2 million fewer** uninsured non-citizens since 2013 even as the non-citizen population has grown.

Share of non-citizens without health insurance coverage



Source: American Community Survey.

Threats to Immigrant Health



UPCOMING THREATS

ACA repeal/replace proposals are bad for immigrants

- Restricted Eligibility
- Required documentation concerns
- Beyond reconciliation

Other threats

- Regulatory restrictions
- CHIP and ICHIA

LEAKED Executive Order – Public Charge and Public Benefits

IMPORTANT

This Executive Order has NOT been signed – the policies have not changed.

A lot of confusion and fear – we don't want to add to it!

BACKGROUND

Public Charge: an immigration term, one of the grounds for “inadmissability” into the U.S. (**Important:** Not used when obtaining US citizenship)

- For over 100 years it has been interpreted to mean a person who is likely to rely on cash assistance or long-term institutionalized care provided for by the government
 - Requires account of the totality of a person’s situation
 - Does not include asylees and refugees
 - NOT included – health care, nutrition assistance, housing assistance, etc.
- A person found to be a public charge can be denied entry into the US, prevented from becoming a lawful permanent resident (green card holder), and even deported
- Has nothing to do with a person’s eligibility for a program

LEAKED EXECUTIVE ORDER

Leaked Executive Order would dramatically expand those programs considered in Public Charge determinations

- Immediately rescinds field guidance on public charge without providing alternative guidance
 - USCIS officers may consider access to programs beyond those traditionally considered – like nutrition assistance, Medicaid, etc.
 - Reminder – will most often occur when a person tries to get their green card
- Essentially, it would force lawfully present immigrants to choose between accessing a support program **for which they are eligible** and risk adverse immigration consequences as a result

OTHER PROVISIONS

Sponsor Liability – instructs agencies to pursue reimbursements from sponsors

Welfare Restrictions – seeks to apply eligibility restrictions to other programs, beyond those laid out by 1996 welfare reform

Child Tax Credit – would require a Social Security Number for both child and parent in order to claim the child tax credit

Social Security – prohibits workers from get social security credit for any time worked without work authorization

BUT – EVEN IF THIS IS EXECUTIVE ORDER IS SIGNED, SOME OF THIS COULD NOT BE IMPLEMENTED IMMEDIATELY, OR AT ALL.

HOW HAS IMMIGRANT COMMUNITY RESPONDED?

Fear – part of a concerted attack against immigrants by this new administration

- Foregoing health care
- Dis-enrolling in other benefit programs
- In some cases, pulling children out of schools

HOW HAS IMMIGRANT COMMUNITY RESPONDED?

What should you tell them?

- Most important message: the leaked Executive Order has not been signed. The policies have not changed
- If you're sick, go to the doctor. Send your kids to school. No benefit in disenrolling in programs
- Know Your Rights – NILC has materials specifically for immigrants and for patients
- Sign-up for our alerts. If anything changes, we will provide updates

What Advocates Can Do



Questions?



LET'S STAY CONNECTED

**Amina Ferati, Senior Director of Government Relations & Policy
Asian & Pacific Islander American Health Forum**

aferati@apiahf.org | www.apiahf.org

**Angel Padilla, Health Policy Analyst
National Immigration Law Center**

padilla@nilc.org | www.nilc.org

**Shelby Gonzales, Senior Policy Analyst
Center on Budget and Policy Priorities**

gonzales@cbpp.org | www.cbpp.org



Thank you for
your time!

