

FREQUENTLY ASKED QUESTIONS

On June 15, 2012, the Obama Administration announced a new initiative, Deferred Action for Childhood Arrivals (DACA), allowing certain undocumented youth to qualify for “deferred action” status. Although this status does not provide a path to lawful permanent residency, it does grant a temporary suspension of deportation proceedings and enables grantees to gain work authorization.

Recent data from the Migration Policy Institute and Immigration Policy Center indicate that 8-9% of DACA-eligible youth are Asian, which amounts to more than 100,000 individuals. 82,361 immigrant youth have already applied for deferred status under DACA, including a significant number of Asians and Pacific Islanders.¹

However, on August 28, 2012, changes to federal policy were announced, excluding DACA-eligible youth from accessing many of the affordable health insurance options available under the Affordable Care Act (ACA). This policy change harms these communities by denying them access to crucial health care services and treating DACA youth as different and “less than” other lawfully present immigrants.

Below we highlight some relevant information from the National Immigration Law Center's [fact sheet](#) on this new policy and we discuss its effect upon the AA/NHPI communities.

1. What kind of health coverage will DACA-eligible individuals have?

Though they will be able to apply for a Social Security Number, DACA-eligible individuals face the same barriers to health care and health insurance as those without papers. For example, individuals granted DACA:

- Cannot get comprehensive health insurance under Medicaid or CHIP in their state, unless the state has a separate, state-funded program, or has elected the federal option to provide prenatal care regardless of the woman’s immigration status. The policy can be found [here](#).
- Cannot apply today for the high-risk insurance pool (“PCIP”), unless there is a separate state-funded program. The federal policy can be found [here](#).
- Will not be able to buy private, comprehensive health insurance in the exchange after 1/1/14.
- Will not be eligible for federal tax credits to make private health insurance affordable (even if they are paying federal taxes) in the exchange.
- Will not be eligible for the Basic Health Plan if their state has this program.
- After 2014, will not be required to have health insurance under the “individual mandate.”
- Can buy full price health insurance outside of the exchanges, if it is available.
- Will be eligible for employment-based health insurance.

2. What are the other main concerns about the health care restrictions under DACA and what are the implications for the AA/NHPI community?

- Creates an unnecessary distinction between individuals granted deferred action through DACA and individuals granted deferred action through other avenues.
- Further restricts access to health care for immigrants, especially children and pregnant women.
- Excludes DACA-eligible youth from the main benefits of the ACA, two years before most of these programs are implemented.
- Emboldens state lawmakers to discriminate against this group in providing other services.
- Sets a bad precedent for future DREAM Act or other legalization proposals to treat newly legalized immigrants as lower-class citizens with fewer rights than most other lawfully present immigrants.
- Exacerbates the myth that immigrants come to the U.S. to get health care or public benefits rather than for job opportunities and to reunite with family members.
- Denies the right to health care for the nation's youth and future generation.
- Signals that it is permissible for lawmakers to make decisions that hurt real people for political gain in the short-term over what's best for individuals and the country in the long-term.
- Signals that health care reform and comprehensive immigration reform will continue to treat immigrants as second-class citizens.

3. **What effect does this policy have on Community Health Centers?**

The new policy increases the burden on community health centers which provide quality and affordable health care for those excluded from the benefits of the ACA. The regulation, by creating an arbitrary distinction between individuals obtaining deferred action status through DACA and through who obtain deferred action status through other means, will likely complicate the ability of eligible immigrants from obtaining much needed health insurance coverage. In addition, this policy will make it more difficult for children and pregnant women to access health care.ⁱⁱ Community health centers will continue to act as the health care safety net for those excluded from the ACA, including undocumented and DACA-eligible immigrants.

Next Steps:

The National Council for Asian Pacific Americans' Immigration and Health Committees will be working on "model comments" to the Interim Final Rule. We will distribute these as soon as we have them finalized with instructions on how to submit.

For a more comprehensive analysis of DACA and the federal regulation, please see <http://www.nilc.org/dreamdeferred.html>

ⁱ New York Times *Quick Start to Program Offering Immigrants a Reprieve* published on September 11, 2012 retrieved from: http://www.nytimes.com/2012/09/12/us/program-offering-immigrants-reprieve-is-off-to-quick-start.html?_r=3&hp

ⁱⁱ For a more comprehensive analysis of DACA and issues of Reproductive Justice, please see <http://latinainstitute.org/issues/immigrant-rights>