

HEALTH CARE FOR COFA CITIZENS

COFA CITIZENS AND OUR NATIONAL SECURITY

Since 1986, the Compacts of Free Association (COFA) have defined the relationship between the United States and the independent governments of the Freely Associated States (FAS) including the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau. Under the Compact, in exchange for permitting the U.S. exclusive military use and strategic positioning in the Pacific, the U.S. provides grants to fund education, health care, and infrastructure in the FAS. Maintaining good relationships with the FAS is imperative to our national security as other countries seek to grow their influence in the Pacific region.

The Compacts also permit citizens of the FAS broad migration privileges to the U.S. and its territories. Known collectively as “COFA citizens” when they enter the U.S., the Compacts allow citizens of the FAS to apply for admission to the U.S. as “non-immigrants” and without visa requirements. Currently there are at least 61,000 such COFA citizens legally residing, working, and studying in the U.S. and its territories.¹ These official estimates likely undercount the numbers.² These COFA citizens pay taxes and play a role in driving our economy, but they are not eligible for many of the programs that their tax dollars support.

COFA CITIZENS WERE FORMERLY ELIGIBLE FOR FEDERAL HEALTH PROGRAMS

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), commonly referred to as welfare reform, changed the categories of persons eligible for certain federal safety-net programs including Medicaid and the Children’s Health Insurance Program (CHIP). As a result, COFA citizens were stripped of their ability to qualify for these programs. In the aftermath of PRWORA, some states continued to provide health care services to COFA citizens using their own funds, recognizing the contributions and health needs of COFA citizen populations in their states.

COVERAGE OPTIONS ARE LIMITED

Because COFA citizens are statutorily barred from Medicaid, regardless of their income or length of time in the U.S., they are left with few coverage options. While COFA citizens are eligible to purchase health insurance plans in the Affordable Care Act Marketplace with the support of subsidies, many still struggle to afford these plans. The lack of affordable coverage options is becoming increasingly problematic as more COFA citizens move out of the Compact designated impact jurisdictions of Guam, the Commonwealth of the Northern Mariana Islands (CNMI), American Samoa, and Hawaii. Nine additional states have COFA citizen populations exceeding 1,000: California, Washington, Oregon, Utah, Oklahoma, Texas, Arkansas, Missouri, and Arizona.

SUPPORT EFFORTS TO FIX COFA MEDICAID COVERAGE NOW

Since 2001, 21 bills have been introduced to reinstate COFA eligibility for Medicaid. Legislation, including the Covering our FAS Allies Act, the Health Equity and Access under the Law (HEAL) for Immigrant Women, and the Health Equity and Accountability Act, would address this injustice.

¹ <https://www.doi.gov/oia/interior-assistant-secretary-discusses-health-care-coverage-options-representatives-freely-0>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5418851/>

COFA HEALTH

The denial of Medicaid has led to adverse health consequences for COFA citizens. Even those who have insurance through state programs avoid doctors because they can't afford the cost sharing.³ Meanwhile, research has shown that a lack of coverage for COFA citizens is associated with higher rates of uninsured emergency room visits and likely forgoing of preventative services.⁴ People from COFA nations face higher rates of diabetes, hepatitis, tuberculosis, and other conditions that must be viewed in the context of U.S. presence in the islands, such as nuclear testing and introduction of a western diet largely based around processed foods.⁵

STATE COVERAGE EFFORTS

Some states have acted to grant COFA citizens access to health care through their own programs or through programs that break down barriers for all immigrants, many using state-only dollars. Yet states do not receive nearly enough in federal aid to offset the overall costs of serving their COFA residents.⁶ Restoring access to Medicaid would reassume the federal government's responsibility to this important population.

STATE	PROGRAM
Arkansas	Starting in 2018, Arkansas elected the state option to provide ArKids coverage to all lawfully residing children, including COFA citizens under the age of 19, as well as pregnant women.
California	California provides Medicaid coverage to all otherwise eligible, lawfully residing immigrants.
Hawaii	Hawaii covers the premium COFA citizens earning under 100 percent of poverty who are enrolled in a silver plan on the state's health exchange. Specific groups, such as children and pregnant women, may be Medicaid eligible.
New York	New York provides Medicaid coverage to all otherwise eligible, lawfully residing immigrants.
Oregon	Oregon covers the premiums and in-network bills for COFA citizens who are not eligible for Medicaid and who are enrolled in a silver plan on the state's health exchange. Specific groups such as children and pregnant women, may be Medicaid eligible.
Washington	Washington covers the premiums and out of pocket costs for COFA citizens who are not eligible for Medicaid and who are enrolled in a silver plan on the state's health exchange. Specific groups, such as children and pregnant women, may be Medicaid eligible.

³ <http://www.princeton.edu/sites/default/files/content/WWS%20591e%20ACA%20Final%20Report%202017.pdf>

⁴ <https://www.uhero.hawaii.edu/assets/UHEROwp1901.pdf>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3123150/>

⁶ <https://www.gao.gov/assets/590/586237.html>