

HEALTH CARE FOR COFA MIGRANTS

COFA MIGRANTS 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 use and military strategic positioning in the Pacific, the U.S. provides grants to fund education, health care, and infrastructure in the FAS. Maintaining good relationships with our FAS allies is imperative to our national security and strategic positioning as other countries seek to grow their influence in the Pacific region.

The Compacts permit citizens of the FAS broad migration privileges to the U.S. and its territories. Known collectively as “COFA migrants” 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 56,000 migrants from the COFA nations legally residing, working and studying in the U.S.¹ These COFA migrants serve in high numbers in our military, pay all taxes and drive our economy, but are not eligible for the health programs that their tax dollars support.

COFA MIGRANTS 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 migrants 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 migrants using their own funds, recognizing the contributions and health needs of COFA migrant populations in their states. Many COFA migrants suffer from chronic diseases and health conditions that can be linked to the medical effects of U.S. nuclear testing in the region. The current fiscal crisis, however, has forced many states to reduce funding for these efforts since they cannot use Federal Medicaid funds to cover these communities.

WITHOUT MEDICAID, COVERAGE OPTIONS ARE LIMITED

Because COFA Migrants are statutorily barred from Medicaid, regardless of their income or length of time in the U.S., they are left with few coverage options. COFA migrants are subject to the Affordable Care Act’s (ACA) individual mandate, which requires nearly all citizens and lawfully present persons to have minimum essential coverage or pay a penalty. While COFA migrants are eligible to purchase health insurance in the newly created Marketplaces with the support of subsidies, many still struggle to afford these plans because their incomes are at Medicaid levels. The lack of affordable coverage options is becoming increasingly problematic as more COFA migrants move out of the Compact designated impact jurisdictions of Guam, the Commonwealth of the Northern Mariana Islands (CNMI), American Samoa, and Hawaii. Nine states have COFA migrant populations exceeding 1,000: California, Washington, Oregon, Utah, Oklahoma, Florida, Arkansas, Missouri, and Arizona.

¹ <http://www.gao.gov/new.items/d1264.pdf>

CONGRESSIONAL EFFORTS TO REINSTATE COVERAGE

Since 2001, 21 bills have been introduced to reinstate COFA eligibility for Medicaid. In the 114th Congress, Senator Hirono (D-HI) and Representative Gabbard (D-HI) introduced S. 1301 and H.R. 2249, the Restoring Medicaid for Compact of Free Association Migrants Act of 2015.

TABLE: MEDICAID PARITY LEGISLATIVE HISTORY FOR COFA MIGRANTS

U.S. SENATE		U.S. HOUSE
	114th	H.R. 5475 Health Equity and Accountability Act of 2016 (Rep. Robin Kelly)
S. 1301 Restoring Medicaid for Compact of Free Association Migrants Act of 2015 (Sen. Hirono)	114th	H.R. 1974 HEAL for Immigrant Women and Families Act of 2015 (Rep. Lujan Grisham)
	114th	H.R. 2249 Restoring Medicaid for Compact of Free Association Migrants Act of 2015 (Rep. Tulsi Gabbard)
	113th	H.R. 4240 HEAL Immigrant Women and Families Act of 2014 (Rep. Lujan Grisham)
	113th	H.R. 912 Restoring Medicaid for Compact of Free Association Migrants Act of 2013 (Rep. Hanabusa)
S. 744 Border Security, Economic Opportunity, and Immigration Modernization Act (Sen. Schumer), Amendment introduced by Sen. Hirono. passed in Committee and included as Section 4415	113th	H.R. 15 Border Security, Economic Opportunity, and Immigration Modernization Act (included as Section 4415) (Rep. Garcia)
S. 1504 Medicaid Restoration for Citizens of Freely Associated States Act of 2011 (Sen. Akaka)	112th	H.R. 1035 Medicaid Coverage for Citizens of Freely Associated States Act of 2011 (Rep. Hirono)
S.2474 Health Equity and Accountability Act of 2012 (Included as Section 415) (Sen. Akaka)	112th	H.R. 2954 Health Equity and Accountability Act of 2011 (Included as Section 415) (Rep. Lee)

U.S. SENATE		U.S. HOUSE
	111th	H.R. 2680 Territorial Health Parity Act of 2009 (Rep. Bordallo)
	111th	H.R. 3962 Affordable Health Care for America Act (Amendment included as Section 1736) Passed the House of Representatives (Rep. Engel, Rep. Abercrombie, Rep. Bordallo)
	110th	H.R. 3014 Health Equity and Accountability Act of 2007 (Included as Section 507) (Rep. Christensen)
S. 1676 To extend eligibilty for certain Federal benefits to citizens of the Freely Associated States. (Sen. Akaka)	110th	H.R. 4000 To extend eligibility for certain Federal benefits to citizens of the Freely Associated States. (Rep. Abercrombie)
S. 2051 To extend eligibility for certain Federal benefits to citizens of the Freely Associated States. (Sen. Akaka)	109th	
S. 1580 Healthcare Equality and accountability Act (Included as Section 132) (Sen. Akaka)	109th	H.R. 3561 Healthcare Equality and Accountablitiy Act (Included as Section 132) (Rep. Honda)
S. 1632 To extend eligibility for certain Federal benefits to citizens of the Freely Associated States (Sen. Akaka)	108th	
	107th	H.R. 5067 Compact of Free Association Children's Health Improvement Act of 2002 (Rep. Mink)

Revised August 2016