

The Health Equity and Access under the Law (HEAL) for Immigrant Families Act 117th Congress

What is the Problem?

For decades, health care and immigration policy in the United States has limited immigrant access to affordable, comprehensive health insurance. Harmful policies and rhetoric on immigrants' rights, and the health, safety, and wellbeing of immigrants and their families have contributed to long-term health disparities. The unjustifiable five-year waiting period on Medicaid and CHIP enrollment—in place since 1996—in addition to other longstanding restrictions mean that immigrants must navigate a complicated patchwork of care that often forces them to pay out-of-pocket for basic health services. Furthermore, targeted threats on immigrants' access to health care, such as the previous administration's unlawful attempt at expanding the “public charge” rule,¹ have instilled fear in immigrant communities when seeking care.

The spread of COVID-19 has also laid bare the many ways our country has failed our most marginalized communities, including cruel and unnecessary policy barriers that prevent immigrants from accessing affordable and timely health care. Immigrants make up nearly a fifth of all essential workers in the United States, and more than two-thirds of all undocumented immigrant workers serve in these frontline jobs.² Instead of focusing on how to support essential workers and people impacted by COVID-19, anti-immigrant policymakers are focusing on *preventing* access to critical health care services, including testing, treatments, and vaccines, for immigrant communities. We put all of society at risk when we fail to ensure equitable access to health care for all families, including immigrants of all statuses.

These restrictions are harmful for immigrants' health and interfere with their basic right to protect their own and their families' well-being. These barriers translate directly to immigrants being uninsured: the 14.6 million noncitizen immigrants of reproductive age in the United States in 2019 were three times more likely to be uninsured than naturalized citizen immigrants or U.S.-born people (36% vs. 12% and 12%, respectively). For noncitizen immigrants who are also low income, the proportion of people uninsured grows to half.³ Obtaining health care is not a reality if it is not affordable.

Legal and policy barriers to federal health programs disproportionately harm Black, Indigenous, Latinx, Asian, Pacific Islander, and other Immigrants of Color, and contribute to persistent inequities in the prevention, diagnosis, and treatment of health conditions. Many immigrant communities of color face compounding barriers and discrimination from health care providers and systems when accessing care based on sexual orientation, gender identity, income, ethnicity, disability, primary language, and immigration status. Black immigrant women often cite cost as a major barrier to health care, with many

¹ The Trump-era public charge regulations are permanently blocked nationwide. On March 9, 2021, the Biden Administration began to halt the government's defense in lawsuits challenging the Trump-era public charge regulations. As a result, the government's appeals were dismissed, meaning the final judgment entered in the Northern District of Illinois on Nov 2, 2020, which vacated the public charge rule nationwide, is now in effect. Protecting Immigrant Families, *Victory! The Trump Administration's public charge rule is permanently blocked, nationwide*, <https://protectingimmigrantfamilies.org/>.

² FWD.us, *FWD.us Estimates Show Immigrant Essential Workers are Crucial to America's COVID-19 Recovery*, December 16, 2020, <https://www.fwd.us/news/immigrant-essential-workers/>.

³ Guttmacher Institute, *Uninsured Rate for People of Reproductive Age Ticked Up Between 2016 and 2019*, April 2, 2021, <https://www.guttmacher.org/article/2021/04/uninsured-rate-people-reproductive-age-ticked-between-2016-and-2019>. Note: Low-income people are those in families with incomes under the federal poverty level (\$21,330 for a family of three in 2019). Data include some information on undocumented immigrants, although that information is generally acknowledged to be a considerable undercount of that population group.

who are undocumented forgoing doctors' visits altogether due not only to the financial burden, but additionally experiencing consistent racial bias by medical practitioners and racism in health care.⁴ The financial burden is often exacerbated for people living with a disability, who are also more likely to live in poverty than those without disabilities.⁵

These onerous barriers additionally limit access to contraceptive care, maternity care, and other preventive sexual and reproductive health care services for immigrant communities. Half of noncitizen immigrant women of reproductive age who would otherwise qualify for Medicaid are uninsured.⁶ Even for those immigrants who qualify for Medicaid during pregnancy, many are limited in coverage to only labor and delivery costs, leaving them unable to afford crucial prenatal care. Research also shows that immigrant women are less likely to receive other preventive services, such as Pap tests, hepatitis B vaccinations and mammograms.⁷ This gap in access exacerbates the risk of negative pregnancy related and other reproductive and sexual health outcomes. Restrictions on sexual and reproductive health and rights affect everyone, including LGBTQ immigrants—especially those that are transgender, nonbinary, and gender diverse—who face specific stigma and discrimination in accessing reproductive health services and barriers, due to anti-LGBTQ laws, policies, and gender norms.

Now more than ever, the basic human needs and rights of the nation's immigrants must be elevated in policymaking.

What does the HEAL for Immigrant Families Act do?

The Health Equity & Access under the Law (HEAL) for Immigrant Families Act of 2021 removes political interference and restores coverage so immigrants in the United States can participate in the health care programs their billions of tax dollars support. By ensuring that all immigrants can access affordable coverage for which they are otherwise eligible, this bill will allow immigrant women and their families to receive the health care they need, and create healthier communities and a stronger economy. Specifically, the bill:

- **Restores enrollment to full-benefit Medicaid and the Children's Health Insurance Program (CHIP) to all federally authorized immigrants who are otherwise eligible.** The bill removes the discriminatory legal barriers to health coverage for immigrants imposed by the Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA). Specifically, the bill eliminates that 1996 law's restrictive five-year waiting period and outdated list of "qualified" immigrants for Medicaid and CHIP eligibility. Through these changes, the bill ensures all individuals granted federally authorized presence, including Deferred Action for Childhood Arrivals (DACA) recipients, are eligible for federally funded health care programs.
- **Removes the unjustifiable exclusion of undocumented immigrants from accessing health insurance coverage on the Affordable Care Act's Health Insurance Exchanges.** The bill would allow all individuals' immediate eligibility to purchase qualified health insurance coverage, obtain premium tax credits and cost-sharing reductions, and enroll in the Basic Health Program, in accordance with

⁴ Labiran, C. (2020). *Our Stories and Visions: Gender in Black Immigrant Communities* (Rep.). New York, NY: Black Alliance for Just Immigration.

⁵ Nanette Goodman, Bonnie O' Day, and Michael Morris, National Disability Institute, *Financial Capability of Adults with Disabilities: Findings from the FINRA Investor Education Foundation National Financial Capability Study 7* (Dec. 11, 2017).

⁶ *Supra*, note 1.

⁷ Guttmacher Institute, *Immigrant Women's Access to Sexual and Reproductive Health Coverage and Care in the United States*, November 26, 2018.

<https://www.guttmacher.org/article/2018/11/immigrant-womens-access-sexual-and-reproductive-health-coverage-and-care-united>

existing income eligibility requirements. This access would be available for everyone, regardless of their documentation or status.

- **Ensures access to public and affordable health coverage for Deferred Action for Childhood Arrivals (DACA) recipients**, and ensures that those who will gain new forms of administrative relief via a deferred action program will not be similarly excluded from the health care programs their tax dollars support.

Why should you support the HEAL for Immigrant Families Act?

- **Health should not depend on immigration status.** Every individual deserves to be healthy and to obtain *affordable* health care with dignity, regardless of how long they have been in the US or the status they have been granted.
- **This is important for women and families.** When women are healthy, their entire family benefits. Immigrant women are often the decision-makers regarding health care for their families and the backbones of their communities.
- Under current law, immigrants must navigate a complicated patchwork of care that often forces them to pay out-of-pocket for health care, particularly if a community health center or employer-sponsored health insurance is not available to them. **Obtaining health care is not a reality for immigrant communities if it is not affordable.**
- **Viruses do not discriminate based on race, ethnicity, or national origin—but people and policies do.** The pandemic has made it clear that every person should be able to get affordable health care no matter how long they have been in the U.S. or the status they have been granted, especially now.
- From threats to health care and nutrition to affordable housing, to separating families at the border and mass deportation, the **Trump administration spent four years relentlessly working to strip away agency and dignity from immigrant families.** As we move forward under a new administration, we need **bold and impactful legislation** that expands access to the basic care that immigrant families need and deserve.

How can you support the HEAL for Immigrant Families Act?

- **To cosponsor**, contact:
 - **House:** Jazmine Garcia Delgadillo (Jazmine.GarciaDelgadillo@mail.house.gov) with Rep. Pramila Jayapal or or Miranda Hernandez (Miranda.Hernandez@mail.house.gov) with Rep. Nanette Barragán
 - **Senate:** Kimberly Miller-Tolbert (kimberly_miller-tolbert@booker.senate.gov) with Senator Booker's office
- HEAL is endorsed by over 250 national and state organizations. **To endorse** as an organization, please visit <http://bit.ly/endorseheal2021>
- For more information, please visit www.napawf.org/heal or contact Jaclyn Dean, National Asian Pacific American Women's Forum, at jdean@napawf.org, or Candace Gibson, National Latina Institute for Reproductive Justice, at candace@latinainstitute.org