

The Health Equity and Access under the Law (HEAL) for Immigrant Families Act of 2023

TALKING POINTS

CORE MESSAGE

Living free from violence and ensuring justice for communities of color means having access to the resources we need to thrive – including comprehensive health coverage – no matter how long someone has been in the U.S. or the status they have been granted.

- › Everyone should be able to have access to the health care they need so that they can take care of themselves and their families with dignity, regardless of their immigration status or how long they've been in the United States. This is true always and even more now, as immigrant communities continue to grapple with the devastation of COVID-19.
- › Barriers to federal health insurance programs disproportionately harm Black, Latinx, Asian American, Pacific Islander, Indigenous, and immigrants of color, and contribute to persistent inequities in the prevention, diagnosis, and treatment of health conditions.
- › As we work to undo this harmful legacy of the prior Administration, we need bold and impactful legislation that expands access to the basic care that immigrant families need and deserve.

TALKING POINTS

Health coverage and care are critical for every family. Equitable access to health care should not depend on immigration status.

- › **The HEAL for Immigrant Families Act removes the five-year bar in Medicaid/CHIP, opens up the ACA marketplace, and expands access to Medicare, so that immigrants can access the affordable health care they need.**
 - Immigrants need the HEAL for immigrant Families Act to access crucial and comprehensive health care that is central to their agency and their lives, their families, and their communities.
 - After unceasing and intensifying political attacks on immigrants and health care access, immigrants and families need bold, proactive legislation like the HEAL Act. The HEAL Act demonstrates our country's commitment to health access for all who have made the U.S. their home, including immigrant families living with low incomes.

TALKING POINTS

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- › **FIVE-YEAR WAIT RESULTS IN MORE UNINSURED:** Current U.S. policies limit access to critical health coverage. Many immigrants must wait five years or longer before they can enroll in Medicaid or the Children's Health Insurance Program (CHIP). Undocumented immigrants are completely barred from these programs as well as from purchasing insurance from the Marketplace.
- **Uninsured Rates:** In 2019, among the nonelderly population, [25 percent of lawfully present immigrants and more than four in ten \(46 percent\) of undocumented immigrants](#) were uninsured compared to less than one in ten (9 percent) citizens.
 - **Women Are Disproportionately Impacted:** Immigrant women are disproportionately affected by these restrictions. According to the [Guttmacher Institute](#), 32 percent of noncitizen immigrant women ages 15–44 are uninsured. Among noncitizen immigrant women ages 15–44 who are low-income, 46 percent are uninsured.
 - **Children Are Most Vulnerable:** A quarter of all children in the U.S. have an immigrant parent, and the majority of those children are U.S. citizens themselves but are still [twice as likely](#) to be uninsured as children who have parents who are citizens. [Research](#) supports that when parents are able to enroll in health care they are more likely to enroll their children as well, and they are of course better able to care for their children.

ADDITIONAL TALKING POINTS (Q&A)

Q: *What provisions of this bill are new in the 118th Congress?*

A: Just in time for the 58th anniversary of the Medicaid and Medicare programs, the 118th iteration of the HEAL for Immigrant Families Act will incorporate the Medicare program for the first time in the bill's history and expand upon the existing Medicaid and CHIP provisions within the bill.

Medicaid/Children's Health Insurance Program (CHIP): In addition to restoring full-benefit Medicaid and CHIP eligibility to all federally authorized immigrants who are otherwise eligible, for the first time in the HEAL Act's history, it would also create a State plan option to expand Medicaid and CHIP eligibility to immigrants without lawful presence. States that opt into providing this coverage would receive federal reimbursements for a percentage of its total Medicaid expenditures, consistent with current guidelines on the Federal Medical Assistance Percentage (FMAP). In states that opt into providing this coverage, all immigrants who are otherwise eligible, regardless of status or age, could access Medicaid and CHIP coverage without a waiting period.

Medicare: For the first time in the bill's history, HEAL would remove the five-year continuous residence requirement that LPRs who do not qualify for premium-free Medicare Part A must satisfy before becoming eligible for any Medicare benefits.

ADDITIONAL TALKING POINTS (Q&A)

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Q: *Given the current political climate, this bill is unlikely to pass. Why should we continue to support HEAL during this time?*

A: The five-year wait for health care for coverage has a 25-year legacy imposed by the Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA). Since its passage, we have seen additional anti-immigrant threats to health care, nutrition, and affordable housing, and increases in separating families at the border and mass deportation.

The global COVID-19 pandemic further exacerbated health disparities for immigrant families 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, timely, and comprehensive health coverage. During the pandemic, immigrants made up [nearly a fifth of all essential workers](#) in the United States, and more than two-thirds of all undocumented immigrant workers served in these frontline jobs. It is a moral failure that today, millions of immigrant workers were considered “essential,” and yet are subject to deportation and policy barriers to health care coverage. We must ensure everyone has access to critical health care coverage to protect the safety of individuals and communities at large.

In light of this critical moment in our public health landscape, and the constant attacks on access to health care and reproductive rights, we need bold and impactful legislation that expands access to the basic care that immigrants and their families need to remain safe, healthy, and thriving.

Q: *How much will this bill cost?*

A: We do not have a CBO score for this bill. We are seeking support to identify a CBO score. We know this will likely not be a low cost piece of legislation, as most eligibility expansions are not. However, these costs are already primarily being borne by other entities. The average safety-net hospital provides [\\$71 million in uncompensated care](#) annually (care of uninsured patients for which they do not receive payment). In states like California, New York and Massachusetts, state governments have been paying out of pocket for lawfully present immigrants’ Medicaid for years. Elsewhere, community clinics, food banks, shelters and emergency rooms are taking on the costs that would be much more efficient if they were borne by the federal government. For example, in many states, immigrants ineligible for their status cannot get preventative care, yet the government will reimburse for very expensive things like dialysis through emergency Medicaid.

Health care needs should not be dependent on income, immigration status, or where a person lives. People of all immigration statuses should have access to affordable care to make the best health care decisions for themselves and their families. Many immigrants without access to insurance delay or forgo preventive or primary care. Failing to ensure access to comprehensive and affordable health coverage for all individuals in the United States leads to increased costs for immigrant communities through higher hospitalization usage, chronic untreated conditions, and social costs, including school and work absenteeism.

ADDITIONAL TALKING POINTS (Q&A)

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Q: *How does this bill relate to the Lift the Bar Act (H.R.4170/S.2038)?*

A: Federal public benefit programs provide essential support to individuals and families facing economic hardship. These programs are particularly crucial during times of economic and public health crises. In 1996, Congress passed restrictive welfare and immigration legislation that created unnecessary barriers, including an arbitrary five-year waiting-period in some programs that delays access to critical benefits and services for immigrants. These restrictions are disproportionately harmful for immigrants of color and LGBTQ+ immigrants and exacerbate existing inequities, particularly with regard to health care access and affordability. Removing these barriers is a critical step in achieving equity as we recover from the pandemic.

The HEAL for Immigrant Families Act would remove the five-year waiting period for Medicaid and CHIP, as well as remove unjustifiable restrictions from the Affordable Care Act (ACA) that prevent undocumented immigrants from accessing marketplace coverage. The LIFT the BAR Act would restore access to public programs for lawfully present immigrants by removing the five-year waiting period and other restrictions on access to broader federal public benefits, such as Medicaid, CHIP, SNAP, TANF, SSI, and certain housing assistance. Both bills are key in making much needed progress for immigrant access to health care, housing, and nutrition programs that are crucial for immigrant families. Our community is healthier and our economy is stronger when all of us have access to comprehensive health coverage and other basic human needs.

Q: *How does this relate to other bills furthering abortion access and justice like the Equal Access to Abortion Coverage in Health Insurance Act (EACH H.R.561/S.1031) and the Women's Health Protection Act (WHPA H.R.12/S.701)?*

A: The HEAL for Immigrant Families Act expands coverage for sexual and reproductive healthcare, by expanding access to federal programs such as Medicaid and the Affordable Care Act marketplace. These programs provide crucial coverage of reproductive and sexual health services such as contraception and maternal healthcare. HEAL does not have language that overrides the current restrictions in place that prohibit the use of federal funds for abortion services or that make accessing care more difficult. The EACH Act is federal legislation that would eliminate the Hyde Amendment's ban on insurance coverage of abortion for people enrolled in Medicaid and federal use of funds to cover abortion in other federal health programs. WHPA is federal legislation that would create a statutory right to access abortion free from medically unnecessary restrictions and bans on abortion – including mandatory waiting periods, biased counseling, two-trip requirements, and mandatory ultrasounds. Building support for each of these bills is critical to ensure people seeking health care, including abortion, can get the care they need whatever their income, race, ethnicity, sexual orientation, gender identity, or immigration status.

Q: *Will giving benefits to immigrants encourage more people to come to the United States for the wrong reasons?*

A: People come to the United States today for the same reasons our parents and grandparents did – to work hard and make a better life for themselves and their families. Our health care and other public benefits programs exist to promote equality of opportunity and the health and economic stability of our families and communities; all who contribute to these programs should be able to participate in them. Immigrants are inherently a vital part of our communities and should be treated that way, both in policy and practice.