



## Deferred Action for Childhood Arrivals (DACA) and Reproductive Justice

On June 15, 2012, the Obama Administration announced a new policy, called Deferred Action for Childhood Arrivals (DACA), that allows undocumented youth who meet specific requirements to apply for a two-year protection, or deferral, from removals (deportations) and apply for work authorization. When the policy was announced, the National Latina Institute for Reproductive Health (NLIRH) joined the immigrant and immigrant women's rights communities to celebrate the decision, while recognizing that the policy does not create a path to citizenship for immigrant Latinas, or diminish the need to pass the DREAM Act that expands opportunities for all immigrant Latinas.

However, on August 28, 2012, the Administration announced two changes to *existing federal policy* that stripped access to health care for young people granted deferred action through DACA.

The decision has far reaching implications for immigrant women's access to benefits under the Affordable Care Act (ACA), Medicaid, and CHIP including preventive care, contraception, and prenatal care. Furthermore, the decision undermines the foundation of the ACA and principles of health equity. Below we highlight some relevant information from the National Immigration Law Center's [fact sheet](#) on this new policy and we discuss why DACA is a matter of reproductive justice and health care access.

### Q: What is Deferred Action for Childhood Arrivals (DACA)?

- ⊛ Deferred Action for Childhood Arrivals (DACA) grants relief, on a case-by-case basis, from removal for two years to undocumented youth who meet specific age, residency, educational, and other requirements.
- ⊛ Deferred Action for Childhood Arrivals is not a path to citizenship or the DREAM Act. It does not provide across-the-board deferrals as applications will be reviewed on a case-by-case basis, and is not permanent policy (it is an administrative policy enacted by the Obama Administration which could be overturned in subsequent administrations.)

### Q: Why is DACA important for Latinas' health and reproductive justice?

- ⊛ The options for pregnant immigrant Latinas with DACA status are not comprehensive, and do not take into account the full health care needs of women:
  - In every state today, undocumented pregnant women are able to deliver in any hospital. For women with very low incomes, the cost of that hospital visit may be paid for by the federal government through a special Medicaid program known as "Emergency Medicaid." However, in the majority of states, women without documents are often unable to seek regular care (prenatal care) during their pregnancy. Without prenatal care, there is a greater chance of a high-risk birth, birth defects, and low birth weight. These women also find it difficult to seek medical attention for themselves after delivery (postpartum care) since Emergency Medicaid does not cover services that are not related to labor and delivery. It's important to note that children born to women who have Emergency Medicaid are automatically eligible for Medicaid.



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- ❁ Women are the backbones of immigrant families and communities, yet policies such as the health exclusion in DACA silence the voices and experiences of immigrant Latinas and limit opportunities for Latina immigrants, their families, and their communities. Already, [a majority](#) of female immigrants do not have health care coverage and immigrant women are less likely to receive adequate reproductive health care, including cervical and breast cancer screening and treatment, family planning services, HIV/AIDS testing and treatment, accurate sex education, and culturally and linguistically competent services.
- ❁ Increases the reliance on the federal option to cover "fetuses" under CHIP. This rule, while does help women without documentation get prenatal care, does so by expanding the definition of the term 'child' so that a State may elect to make individuals in the period between conception and birth eligible for coverage under the State plan. The stated rationale for this rule is that the care provided would help ensure the health of a fetus, which, if born, would be a CHIP-eligible U.S. citizen. However this "unborn child" coverage rule uses problematic anti-choice language that seeks to create fetal personhood and undermine a woman's reproductive right to an abortion. In addition, application of this rule is up to the individual states and does not provide universal access to prenatal care for undocumented pregnant women.

**Q: 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.



**Q: What are the other main concerns about the health care restrictions under DACA?**

- ❁ Creates an unnecessary distinction between individuals granted deferred action through DACA and individuals granted relief through other discretionary remedies.
- ❁ Treats DACA youth as different and “less than” other lawfully present immigrants.
- ❁ 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 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, young people and pregnant women as second-class citizens.

**Conclusion**

The National Latina Institute for Reproductive Health advocates for policies that will provide all immigrant Latinas, regardless of immigration status, with access to the quality and affordable health care that will allow them the opportunity to live with health and reproductive freedom. We look forward to joining and sharing any actions that may be needed to respond to this decision.