



*A Passionate Voice for Compassionate Care*

**March 2017**

## **EXPANDING COVERAGE FOR IMMIGRANTS**

### **THE ISSUE**

According to the US Census Bureau's American Community Survey of 2015, over 43 million immigrants are residing in our nation. The majority of immigrants work but generally are employed in jobs or industries that offer lower wages and provide limited access to employer sponsored insurance. Due to limited access to employer sponsored coverage and eligibility restrictions for Medicaid and CHIP, non-citizens are three times as likely to be uninsured compared with US-born citizens and are less likely to obtain needed care or preventive services.

CHA believes all persons should have equal access to health care, regardless of immigration status, and therefore supported inclusion of health coverage for both legally resident and non-legally resident immigrants in the Affordable Care Act (ACA). Providing health care access also makes sense from a fiscal standpoint—uninsured immigrants, like uninsured citizens, receive care but in the most expensive setting, the hospital emergency room, adding to hospital uncompensated care costs. Including all immigrants in the health care system would save money in the long term by enabling them to receive timely care in a less costly primary care setting. Lawfully present immigrants also are subject to a five-year waiting period for Medicaid. Keeping the five-year bar on Medicaid for legally present immigrants prevents them from accessing a program more affordable than private health coverage.

### **MINISTRY TRADITION**

The United States Catholic Conference, in their 2003 pastoral letter on immigration *Strangers No Longer*, the bishops reaffirmed that regardless of their legal status, immigrants, like all persons, possess inherent human dignity which should be respected. The social doctrine of the Catholic Church teaches that each person is created in the image of God; that each human life is sacred and possesses inalienable worth; and that health care is essential to promoting and protecting the inherent dignity of every individual. The Catholic health ministry, as stated in our *Vision for U.S. Health Care*, further reaffirms our call to pay special attention to the needs of the poor and the vulnerable, those most likely to lack access to health care, in our journey towards affordable, accessible health care for all. This commitment is why the ministry has strongly supported health coverage for all immigrants, legal residents and undocumented residents.

### **CHA'S POSITION AND ACTIVITIES**

CHA continues to support legislation to expand health coverage for immigrants, including elimination of the current moratorium on access to federal health programs for legal immigrants for the first five years of residence in the U.S. This provision was enacted into law in 1997 and has been amended to allow legal immigrant children and pregnant women to be exempt from the five-year waiting period under Medicaid and CHIP at state option.

CHA also supports comprehensive immigration reform and strongly urges Congress to continue efforts to pass legislation such as the bill approved by the Senate in 2013. Together with our immigration coalition partners, we will urge Congress in particular to ensure:

- An earned path to citizenship for undocumented persons in the United States, and the priority of family reunification within comprehensive reform legislation
- That years spent under any transitional legal status also apply to any waiting period for federal benefits for legal immigrants, such as the five-year moratorium on access to Medicaid benefits
- That no legislative or statutory changes be enacted to expedite removal proceedings for immigrants currently in the US
- Compassionate care of undocumented families in US custody and adequate funding for health care, housing and legal services for unaccompanied children

Additionally, CHA supports the **BRIDGE Act (HR 496/S 128)**, allowing immigrants who meet certain requirements to apply for and receive “provisional protected status” and work authorization for a three-year period. These requirements are essentially the same as those for the Deferred Action for Childhood Arrivals (DACA) program, created in 2012.