The National Physicians Alliance was founded in 2005 to strengthen physicians’ civic engagement on behalf of patients and to build community within the profession. United across medical specialties, we believe every person has the right to quality, affordable health care and that America should provide equal opportunity for health.

Focused on the core values that called us to the profession, we advocate for a health care system that puts patients first.

To help restore trust and integrity in medicine, the NPA accepts no funding from pharmaceutical or medical device companies.
Immigrants, the ACA, and Immigration Reform

June 4, 2013
MARCH 21, 2010 - Inside the Capitol
The Final Vote on the Historic Affordable Care Act
MARCH 21, 2010 - Outside the Capitol

Nearly 1 Million Gather in the Name of Fair, Comprehensive Immigration Reform
Presentation Overview

• Context
• Immigrant Eligibility for Insurance
• Current Status of Immigration Debate
• Moving Forward
CONTEXT
A Pivotal Moment for Immigrant Families

In the yell heard around the world, Representative Joe Wilson (R-SC) exclaims “You Lie!” In ten seconds, he sends decision makers scrambling to show just how tough the ACA is on immigrants.
...And an Equally Pivotal Response
Congress makes unprecedented restrictions to private insurance. White House officials note that the issue of health care will be “resolved” in immigration reform.
Targeted laws are passed at the state level in tandem with the highest levels of mass deportation in U.S. history. The most egregious measures encourage racial profiling and undermine voter rights.
And then Came....Electoral Momentum

In both the 2010 and 2012 elections, Latinos play a decisive role. This is game-changing for the conversation on immigration.
THE ACA: Current Eligibility
Eligibility: U.S. Citizen

• Employer-Sponsored Coverage
  – Employers with more than 50 employees responsible for providing affordable insurance options

• Medicaid
  – Current Medicaid program continues to operate
  – Blanket expansion for new Medicaid package for all persons with annual income* under 133% of the federal poverty level ($30,700 per year for family of 4)

• New Health Insurance Marketplaces, “Exchanges”
  – Tax credits for individual coverage
  – SHOPs for small businesses
Eligibility: Lawfully Present Immigrant

- Employer-Sponsored Coverage remains unrestricted
  - Seasonal workers are not counted towards employer responsibility requirements

- New Health Insurance Marketplaces, “Exchanges” available to all defined as lawfully present.*
  - Protects low-income immigrants ineligible for Medicaid
  - Administration inserts a partial rollback, denying coverage to DACA recipients.

- Medicaid
  - Unchanged, with continued legal immigrant restrictions.
  - “Qualified” immigrants barred for five-years
  - “Not-Qualified” barred indefinitely unless status changes
  - Emergency Medicaid available to those who would otherwise qualify
Eligibility: Undocumented

• Employer-Sponsored and Private Market Coverage Outside Exchanges
  – No explicit ban

• New Health Insurance Marketplaces, “Exchanges” are restricted to individuals
  – SHOPs have no explicit ban

• Medicaid
  – Explicit bar from full-scope Medicaid dating prior to ACA enactment
  – Emergency Medicaid available to those who would otherwise qualify
Alternatives to Coverage

- Emergency Medicaid
- Basic Health Plans
- Community Health Centers/Free Clinics
- Charity Care
- State-Funded Programs
Current Status of Coverage

According to the Migration Policy Institute May 2013 brief:

• Seven in ten (71%) of unauthorized workers and nearly half (47%) of unauthorized children are uninsured.

• Of those unauthorized and uninsured, just under one in three (29%) of adults receive coverage through an employer and negligible numbers (estimated at 0%) receive public coverage. One in five (21%) unauthorized children receive coverage through an employer; 32% of children receive coverage through public programs.
IMMIGRATION REFORM: The Proposals
Proposals: Senate Roadmap to Citizenship

Core Functions Include:

• An “earned” citizenship for the estimated 11 million undocumented, includes fines and a period of temporary legal status.
• Steps to eliminate the immigration backlogs.
• Addresses future flow with adjustments to current immigration system.
  – A new merit-based system.
  – A new worker visa with a path to citizenship.
• Lots and lots of enforcement.
Proposals: RPIs

- Registered Provisional Immigrants (RPI): Primary pathway for those undocumented without a backlog. Ineligible for Affordable Care Act tax credit and cost sharing benefit while in RPI status. Face an additional Medicaid waiting period.

Wait Times for Prominent Health Care Options

- Full-Scope Medicaid = 13—15 years (includes the CHIPRA option)
- ACA Affordability Help = 10 years
- Full-Priced Exchange = No Wait Time
- Employer-Based Coverage = No Wait Time
Proposals: “Blue Card” Holders and Expedited RPIs

• “Blue Card” Holders and RPIs provided expedited status: These categories include agricultural workers and DREAMERs. Ineligible for Affordable Care Act tax credit and cost sharing benefit while these categories. Face an additional Medicaid waiting period.

Wait Times for Prominent Health Care Options

• Full-Scope Medicaid = 5 years (includes the CHIPRA option, assumes immediate citizenship)
• ACA Affordability Help = 5 years
• Full-Priced Exchange = No Wait Time
• Employer-Based Coverage = No Wait Time
Proposals: “V” Visa Holders

• “V” Visa Holders: This category includes immigrants in the “backlog” waiting to unite with their family. Ineligible for Affordable Care Act tax credit and cost sharing benefit while in RPI status. Face an additional Medicaid waiting period. Face a public charge test.

Wait Times for Prominent Health Care Options

• Full-Scope Medicaid = Duration of V Visa status, plus Five-Year Bar
• ACA Affordability Help = Duration of V Visa Status
• Full-Priced Exchange = No Wait Time
• Employer-Based Coverage = No Wait Time
Proposals: “W” Visa Holders

• “W” Visa Holders: This is a new worker category that provides pathway to citizenship. All current immigrant eligibility restrictions apply, including a Medicaid waiting period once reaching Legal Permanent Resident (LPR) status.

Wait Times for Prominent Health Care Options

• Full-Scope Medicaid = Indefinite, Until they Adjust for LPR status, plus a Five-Year Bar
• ACA Affordability Help = No Wait Time
• Full-Priced Exchange = No Wait Time
• Employer-Based Coverage = No Wait Time
Proposals: House Speculation

• The House is currently negotiating the terms of their bill. Numerous media reports that House bill will “mandate” immigrants purchase of health insurance.
  – Legislators crafting the bill are not expected to remove any restrictions to health care, help with affordability, nor reduce the parameters of the package that immigrants have to purchase.

• Without coverage, legalizing immigrants are treated as undocumented and can only access care unrestricted by status. They are liable for any medical expenses and cannot gain citizenship until they pay off their bills. If they miss a payment, they are deportable.

• Emergency Medicaid is a bargaining chip.
Stumbling Blocks on the Roadmap to Citizenship

• In both packages, immigrants who do not have employer-based coverage, can only buy full-priced coverage. (~$5,000 per person, $15,000 per family). Costs will certainly impact integration and financial security.

• Any ties between medical care and citizenship could be economically debilitating. Some measures could eliminate any chance at becoming a citizen.

• Some immigrants who now have eligibility for affordable coverage options under the Affordable Care Act and choose the road to citizenship will lose that insurance option under Senate legislation (e.g. H-2As and TPS holders).
Fixes are Needed: Hirono Amendments

• “Fairness” Amendment: Will note that immigrants in compliance with all criteria for “earned citizenship” including tax liability will have access to the programs that are supported by such taxes.

• “Deeming Time” Amendment: Says time in RPI status counts towards 5-year bar requirements.

• “Do No Harm” Amendment: Allows immigrants who were already eligible for health coverage assistance to keep it (e.g. H2-A workers)
Fixes are Needed: Other Solutions to Expect

• **CHIPRA Option Amendment**: Allows states to continue options to cover all lawfully present immigrant and pregnant women.

• **State Impact Aid Amendment**: In previous immigration bills, aid has been created specifically for immigrants. In California, 70% of that aid was used for health care.
MAKING THIS HAPPEN
What We Need Now

• Educate Your Legislators
  – Senate Bill Hits the Floor June 10th
  – House Bill Continues to Be Negotiated

• Write Letters to the Editor and Get on Camera

• Collect Stories and Share

• Fight Back on Myths and Misperceptions
AND FINALLY
WE ARE A COUNTRY made Solemnly from immigrants!
The Bottom Line

Everyone get sick and immigrants—regardless of their status—will need access to health care.

Without affordable insurance, immigrants must cope by avoiding care or seeking more expensive care. As uninsured Americans, these individuals also face serious financial risk for themselves and their families. Our health “system” becomes more fragile.
we are workers.
We're taxpayers.
We are not criminals.

UNDOCUMENTED UNAFRAID
The Bottom Line

It is in our best interest to ensure that legalizing immigrants are their healthiest as they are on the road to citizenship.

Immigrants want to share the responsibilities and will pay their fair share in fines, fees, and taxes while legalizing. They also need access to the assistance and supports that make health coverage affordable, just like the majority of Americans.
My Contact Information

Jennifer Ng’andu
Director, Health and Civil Rights Policy
National Council of La Raza (NCLR)
Email: jngandu@nclr.org
Twitter: @CanDoNgandu
(202) 785-1670
www.nclr.org/healthcareforall