

WASHINGTON, DC – U.S. Rep. Michael Honda (CA-15), chair of the Congressional Asian Pacific American Caucus, is leading efforts to contain health care costs for all Americans and boost public health by including legal and undocumented immigrants in health care reform legislation. Joining Rep. Honda are leaders within the Congressional Tri-Caucus, the Congressional Progressive Caucus (CPC), and other Members of Congress. These congressional leaders are sending two letters to key players in the reform debate in the House of Representatives and the Senate.

The two letters emphasize the impact of immigrant inclusion on containing health care costs for all Americans, increasing preventive care services, and streamlining the delivery of health care. One letter urges elimination of the five year waiting period for legal immigrants in the Medicaid program and opposes imposition of further barriers on legal immigrants seeking to access federal health programs in new legislation. The second letter opposes the Senate proposal that would bar undocumented immigrants from purchasing unsubsidized health insurance coverage.

In response to Senate Finance Chairman Max Baucus' much-publicized proposal to exclude undocumented immigrants from purchasing health insurance coverage and legal immigrants here less than five years from accessing tax credits, said Rep Honda: "American taxpayers are already paying for the health care costs of immigrants when they use emergency and social services. Americans currently pay \$56 billion annually to ensure the uninsured's use of emergency care. The fiscally prudent response, then, would be to seize the opportunity to have the uninsured help pay for their own health care, instead of spreading the cost to others — something I have pushed for as part of comprehensive immigration and health care reform efforts."

Quotes from the letters include: "The unnecessary and burdensome waiting period has increased racial and ethnic health disparities, and thwarts the goal of health care reform. It is not only fiscally shortsighted, but also arbitrary and fundamentally unfair to deny health care coverage to legal immigrants." These requirements are "cumbersome, ineffective, expensive, and create administrative barriers that prevent citizens from getting the health care they need. Disease and illnesses do not discriminate based on immigration status, and neither should America's health care policy."

###

TEXT OF FIRST LETTER:

We applaud the achievements that our Congress has made in advancing the health care reform debate and as Members of Congress who are committed to advocating for all, including the most vulnerable communities in our nation, we are proud to be an active part of the health care debate. As President Obama stated in his address to Congress, we have made unprecedented strides in moving health care legislation forward, with strong support from diverse stakeholders. Today, we write to strongly urge you to include in the final House and Senate versions of health care reform legislation a provision to eliminate the five year waiting period for legal immigrants in the Medicaid program. We also write to oppose the imposition of any further barriers on legal immigrants seeking to access federal health programs, including waiting periods to obtain affordability credits to purchase health insurance.

### I. Treatment of legal immigrants under current law

As you know, current federal law prohibits use of federal Medicaid funds to cover lawfully present immigrant adults in the U.S. during their first five years here, even when they meet all other eligibility requirements. This arbitrary 5-year waiting period leaves vulnerable, low-income legal immigrants uninsured, requiring them to delay medical care until their condition worsens. The unnecessary and burdensome waiting period has increased racial and ethnic health disparities, and thwarts the goal of health care reform. We believe it is essential to eliminate barriers and streamline access to affordable health care for more people and would support an amendment to achieve this goal.

Congress recognized the harm of a waiting period for vulnerable residents and partially addressed the situation by allowing states to opt to cover lawfully residing immigrant children and pregnant women without a five year waiting period in the Children's Health Insurance Program Reauthorization Act of 2009 (H.R. 2) enacted earlier this year. Although this was a step in the right direction, these children are not guaranteed access to affordable health care and their coverage is vulnerable to budget cuts and ideological changes to state policy. Even in states that are taking up the new option, parents and grandparents of immigrant children remain without access to affordable health care.

Recognizing the importance of providing access to affordable care to all of its residents, many states use state funds to provide health care to legal immigrant adults who are otherwise forced to wait years for access to affordable health care due to the federal five-year waiting period. Again, those programs are vulnerable to budget cuts and freezes – particularly during challenging economic times. These states are making public-health conscious and compassionate choices to care for their residents and they deserve more federal help for their efforts. Furthermore, legal immigrants work and pay taxes; both the state and federal government have an obligation to them to use those tax dollars wisely and fairly.

According to the American Journal of Public Health, immigrants tend to arrive to the U.S. in their prime working years and are typically younger and healthier than the rest of the U.S. population. Their health care expenditures are fifty five percent lower than expenditures of a native-born U.S. citizen with similar characteristics. Affordability credits proposed to help ease the burden of the individual insurance mandate in the House and Senate bills will be provided on a sliding scale – legal immigrants will fall all along the eligible income rate, with many making

too much to qualify. Allowing legal immigrants to access subsidies would allow immigrant families to purchase health insurance that they otherwise would not be able to afford. Allowing younger, healthier families to buy into the insurance pool would lower premium costs for all Americans.

It is not only fiscally shortsighted, but also arbitrary and fundamentally unfair to deny health care coverage to legal immigrants. Immigrants are part of our families, our communities, our economy, and contribute to the fabric of America. It is simply wrong that their taxes would pay for public health insurance programs to which they are not allowed access. The majority of the American public recognizes the fundamental unfairness of this unequal treatment and supports eliminating the five-year waiting period for legal immigrants.

Finally, there are public health implications when a large portion of the U.S. population cannot afford quality health care. It makes good public health policy for everyone residing in our country to have access to quality and affordable care. Disease and illnesses do not discriminate based on immigration status, and neither should America's health care policy. The threat of pandemics and other infectious diseases demonstrate particularly well the folly of politicized public health policy. For example, the rapid spread of H1N1 flu should make policymakers cognizant of and guarded about the public health implications of effectively denying access to health care coverage to legal immigrants.

### II. Opposing Additional Barriers for Legal Immigrants

We applaud the leadership in the House and on the House committees of jurisdiction for refraining from imposing any further waiting periods for legal immigrants. However, there are some who do not share this approach. We write to urge you to oppose the imposition of any additional waiting periods, and any other barriers to access for legal immigrants to health care.

We appreciate your openness during this process and look forward to continuing our work together to ensure that the House of Representatives and the Senate passes strong health care reform legislation that addresses the needs of all our diverse communities.

### TEXT OF SECOND LETTER:

Thank you for your leadership in the health care reform debate. Like you, the President, and every other American, we seek reforms in health care that will contain costs in a system that has become increasingly unaffordable, especially for working class families. However, Senate Finance Committee Chairman Max Baucus recently proposed to exclude undocumented immigrants from purchasing health coverage through the insurance "exchange." This proposal runs counter to some of the core components of health care reform: containing health care costs, increasing the use of preventive care services, and streamlining the health delivery system. We write to urge you to oppose this proposal.

Health care reform has been structured around the idea that the U.S. needs more people, especially young and healthy individuals, to buy insurance and pay into the health care system

to make health care affordable for all. For this reason, the proposals introduced by the Administration and both houses of Congress seek to institute an individual mandate for purchasing coverage and investments in prevention, counting on the participation of millions more healthy individuals to help drive down the cost of health care. The cost of providing the uninsured with expensive emergency room care has been frequently cited by many in the health reform debate as a key contributor to skyrocketing premiums.

As such, it is not rational to exclude individuals who are willing and able to share in the responsibility of paying into the system. As immigrants tend to come to the U.S. during prime working years, they tend to be younger and healthier. Immigrants have been shown to seek substantially less medical care even while carrying insurance than native born Americans. In fact, immigrants spend 55 percent less on health care than U.S. born individuals. Thus, immigrants' contribution to the health care system would buoy the affordability of health care for everyone else in this nation. Chairman Baucus's proposal to prevent undocumented immigrants from purchasing unsubsidized coverage will only add to uncompensated care costs and costly emergency room visits. Costs due to such visits will be shifted and distributed among all those who have been mandated to carry insurance. With skyrocketing health care costs, legislators should do all that we can to contain costs for working American families.

Congress and the Administration have also recognized that prevention is a key element of reform. Investing in preventive care is cost-effective and results in better health outcomes and long-term cost-savings. Yet, the success of a prevention framework is critically dependent upon access to health coverage. Continuing to allow undocumented immigrants to purchase unsubsidized, private health insurance coverage will contribute to the goal of replacing emergency care with the increased use of much cheaper preventive care.

There are also public health implications when a large portion of the U.S. population has severely limited access to health care coverage. It is good public health policy for everyone residing in our country to have access to health care coverage. Disease and illnesses do not discriminate based on immigration status, and neither should America's health care policy. The threat of pandemics and other infectious diseases demonstrate particularly well the folly of politicized public health policy. For example, the rapid spread of H1N1 flu should make policymakers cognizant of and guarded about the public health implications of effectively denying access to health care coverage to a large portion of the population.

Finally, Senator Baucus's proposal would require the implementation of a costly immigration status verification requirement. As we learned from implementing Medicaid documentation requirements under the Deficit Reduction Act of 2005, such verification requirements are cumbersome, ineffective, expensive, and create administrative barriers that prevent citizens from getting the health care they need. In 2007, the Government Accountability Office found that the documentation requirement resulted in enrollment declines for eligible citizens and posed administrative burdens (GAO-07-889). Twenty-two of forty-four states reported declines in Medicaid enrollment due to the requirement, and a majority of these states attributed the declines to delays in or losses of Medicaid coverage for individuals who appeared to be eligible citizens. Thus, even if undocumented persons are barred from purchasing health insurance in the exchange, we urge you to refrain from imposing documentation requirements that will

prevent citizens and other eligible individuals from obtaining health care coverage.

The proposal to prohibit undocumented immigrants from buying unsubsidized health care coverage is ill advised and we hope that you will not let the health care reform debate slip away from the goals it seeks to achieve.

We appreciate your openness during this process and look forward to continuing our work together to ensure that Congress passes strong health care reform legislation that includes all measures possible to reduce health care costs for American families.