

Congress of the United States

Washington, DC 20515

October 26, 2000

The Honorable John Edward Porter
Chairman
House Appropriations Subcommittee On Labor, Health
2373 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

We write to respectfully call your attention to the critical need of U.S-born citizen children in immigrant families, legal immigrant children, and pregnant women for state-option federal matching health care funds. Given the magnitude of this issue, it is our hope that you will include the Commerce Committee's bipartisan corrective language in the Labor, Health and Human Services Appropriations Conference Report.

As you know, under the '96 Welfare Act, legal immigrants – including pregnant women and children – who arrived after August 22, 1996, the Act's enactment date, are banned for five years from receiving health benefits under Medicaid or the State Child Health Insurance Program. While these individuals may still get emergency medical care, they are ineligible for the basic medical services that may reduce the need for such emergency care. This makes no sense and unnecessarily increases the cost to taxpayers.

The Legal Immigrant Children's Health Improvement Act of 2000 (HR 4707), which we introduced, would lift the 5-year bar currently in place on receiving federally funded health services for lawfully present immigrant children and pregnant women who entered the United States after August 22, 1996. Under our bill, states would be allowed to decide whether or not to provide health services to these women and children through Medicaid and the State Children's Health Insurance Program (SCHIP).

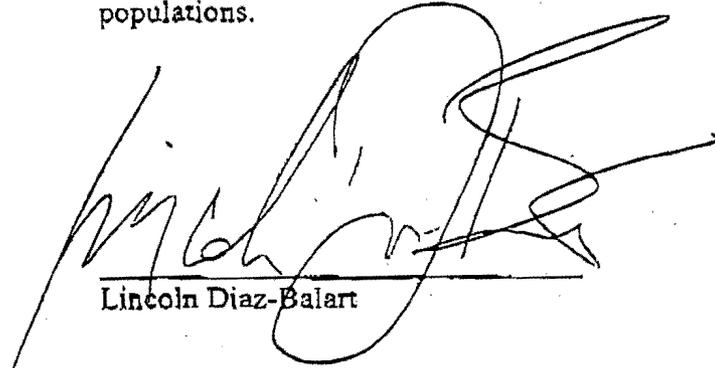
We are grateful to Commerce Committee Chairman Bliley and the committee's membership for its help in advancing the objectives of our bill through its Medicare Balanced Budget Act giveback language. The Commerce Committee proposal to reduce the 5-year ban to two years will save lives. Though we remain committed to full coverage for all lawfully present children and pregnant women, Chairman Bliley and the entire Commerce Committee should be commended for laying the groundwork for passage this year.

Unfortunately, the 5-year ban is having the unintended effect of impacting U.S. citizen children in immigrant families. Recent census data suggests that U.S. citizen children in immigrant families are at an increased risk of not being able to access Medicaid and SCHIP funds. Even though U.S.-born citizen children remain eligible under the '96 Act on the same terms as citizen children of native parents, they are nonetheless foreclosed from access to these programs because their parents are often confused by, and afraid of, negative INS scrutiny and costly documentation and legal fees. For this reason many working poor U.S. citizen children are never enrolled in Medicaid or SCHIP. According to the Census data, the share of these children who lacked health insurance rose from 28 percent in 1995 to 31 percent in 1999.

Mr. Chairman, this Congress has recognized the need to protect the most vulnerable populations from the unintended effects of the 96 Welfare Act. For example, in 1997 we restored disability payments under SSI to the blind, the elderly, and disabled. This Congress needs to take a firm stand again in 2000 to prevent catastrophic suffering by pregnant women and children of immigrant families. The legislation approved by the Commerce Committee has strong support from health care providers including the American Hospital Association, the American Academy of Pediatrics, and the National Association of Children's Hospitals. In addition, the legislation is supported by 90 national health care, religious, ethnic, and children's organizations.

Accordingly, we respectfully request inclusion of this legislation in the Labor Health and Human Services Appropriations Act for FY 2001. We thank you for your kind consideration of this request and for your consistent record of investment in the well-being of the most vulnerable populations.

Sincerely,



Lincoln Diaz-Balart



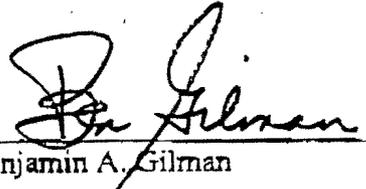
Rick Lazio



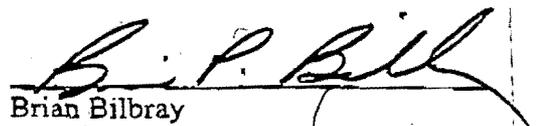
Bill McCollum



Heana Ros-Lehtinen



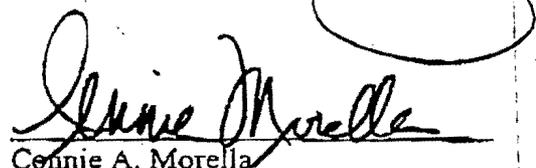
Benjamin A. Gilman



Brian Bilbray



Mark Foley



Connie A. Morella

October 26, 2000

The Honorable Trent Lott
Majority Leader
United States Senate
Washington, D.C. 20510

RE: Immigrant Children's Health Improvement Act of 1999 (S. 1227)

Dear Majority Leader Lott:

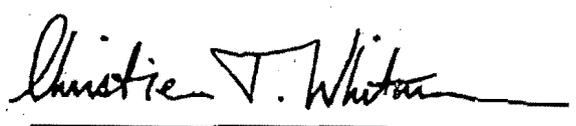
As you complete final negotiations prior to adjournment, we ask your assistance on bipartisan legislation that is of critical interest to a number of States.

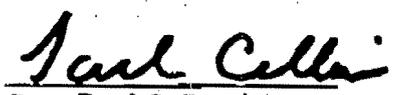
Our States are home to many legal immigrant families who have been granted residence through federal immigration policies, and we support the option of a federal-state partnership for providing health care to this population. *S. 1227: the Immigrant Children's Health Improvement Act of 1999* would allow states the option of providing Medicaid and the State Children's Health Insurance Program (SCHIP) to legal immigrant children and pregnant women.

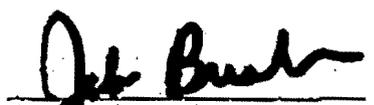
Ensuring that legal immigrants, who are highly motivated individuals, have the tools they need to care for their families now is directly related to their current and future ability to maintain jobs and contribute to the economy. Providing children with important check-ups, immunizations, and other preventive health services, and avoiding emergency room care assures all residents healthier schools and communities. S. 1227 would relieve the undue burdens that have been placed on our states that have chosen to provide this important health coverage.

We urge you to support efforts to restore Medicaid and SCHIP to legal immigrant children and pregnant women by including S. 1227 in an appropriate final legislative package.

Sincerely,


Gov. Christie Whitman


Gov. Paul Cellucci


Gov. Jeb Bush

Legal Immigrant Medicaid Coverage File

United States Senate

WASHINGTON, DC 20510

October 19, 2000

The Honorable Trent Lott
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Tom Daschle
Minority Leader
United States Senate
Washington, D.C. 20510

The Honorable Dennis Hastert
Speaker of the House
U. S. House of Representatives
Washington, D.C. 20515

The Honorable Richard Gephardt
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Majority Leader Lott, Minority Leader Daschle, Speaker Hastert, and Minority Leader Gephardt:

We are writing to encourage your support of bipartisan legislation (S. 1227/H.R. 4707) giving states the option of covering more legal immigrant children and pregnant women under the Medicaid and S-CHIP programs. We urge you to include this provision in pending legislation prior to adjournment. As you know, the bipartisan Commerce Committee version of this legislation took an important step toward solving this problem, and we hope to work with you to build on their efforts.

We would like to call your attention to a family that has been impacted by the 1996 welfare law's provisions barring states from giving health benefits to legal immigrants. Marisela and Chrisofero Dominguez followed all the rules. They immigrated to the United States legally and went to work full-time to support their daughter Athalia. But, like many native-born citizens, they still could not afford health insurance. Unlike native citizens and legal immigrants here before August 22, 1996, the Dominguez family does not qualify for Medicaid or S-CHIP. Because they do not have insurance, Marisela was unable to get health care and suffered a miscarriage when four months pregnant. They have also been unable to get routine care for Athalia, who has a serious heart condition.

We are enclosing a recent statement made by Mrs. Dominguez to help illustrate the impact of the current law on her family. We hope it will help you to understand and to persuade others that families like the Dominguez family cannot wait any longer for access to health care.

Since 1996, we have made substantial, bipartisan progress in restoring benefits to the most vulnerable legal immigrant populations -- the blind, the elderly, and the disabled. First, we restored disability payments (SSI); then, we gave states the option of restoring Medicaid or CHIP to pregnant women and legal immigrant children who arrived in this country before the 1996 law went into effect, but our work is not finished. We hope that you will be able to work toward the ultimate goal of finishing the job this year.

Sincerely,

Bob Crenshaw

Rich Chafee

Jim Jeffords

Beni Belton

Curtis Mace

Jay Rockefeller

J. Wilson

Janice Kristina

Al Rago

Paul Wellstone

Patty Murray

Sander Levin

Rich Ann-Bauer

Robert Kennedy

Mark Foley

Lucille Roybal-Allard

Ciro D Rodriguez

Jon a Warner

Robert J. Matsui



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT
STATE HOUSE - BOSTON 02133
(617) 727-2800

ARGEO PAUL CELLUCCI
GOVERNOR

JANE SWIFT
LIEUTENANT GOVERNOR

October 17, 2000

The Honorable Trent Lott
Senate Majority Leader
487 Senate Russell Office Building
Washington, D.C. 20510-2403

Re: The Immigrant Children's Health Improvement Act of 1999 (S. 1227)

Dear Majority Leader Lott:

It is my understanding that the Senate is considering bi-partisan legislation that would give states the option to provide Medicaid and the State Children's Health Insurance Program (SCHIP) to legal immigrant children and pregnant women. Massachusetts is home to the seventh largest immigrant population in the country. Therefore, it is critical that health care is restored to this vulnerable population.

When Congress cut Medicaid to legal immigrants who entered the country after 1996, Massachusetts provided some state funding for this population. However, an undue burden is placed on states such as Massachusetts that choose to cover legal immigrant families who have been granted residence by federal immigration policies. Most taxes paid by immigrants go to the federal government, whereas the largest expenses due to immigration - education and infrastructure costs - are shouldered by state and local governments. The provisions of the 1996 welfare law that bar legal immigrants from using many programs only exacerbates this inequity, leaving states with fewer dollars and a greater level of unmet need.

As you move forward in your budget deliberations, I strongly urge you to support efforts to restore Medicaid and SCHIP to legal immigrant children and pregnant women through the *Immigrant Children's Health Improvement Act of 1999*.

Sincerely,

Argeo Paul Cellucci

United States Senate

WASHINGTON, DC 20510

October 10, 2000

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

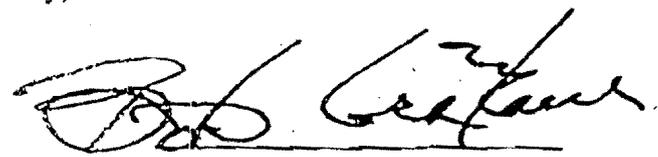
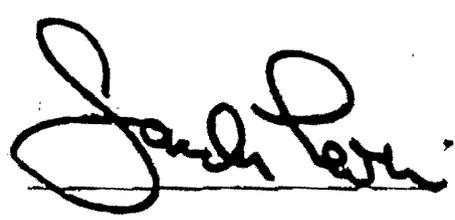
We are writing to thank you for your support of bipartisan legislation (S. 1227/H.R. 4707) giving states the option of covering more legal immigrant children and pregnant women under the Medicaid and S-CHIP programs. We urge you to continue making it a top priority to include this legislation in pending Medicare/Medicaid legislation. As you know, the bipartisan Commerce Committee version of this legislation took an important step toward solving this problem, and we hope to work with you to build on their efforts.

We would like to call your attention to a family that has been impacted by the 1996 welfare law's provisions barring states from giving health benefits to legal immigrants. Marisela and Chrisofero Dominguez followed all the rules. They immigrated to the United States legally and went to work full-time to support their daughter Athalia. But, like many native-born citizens, they still could not afford health insurance. Unlike native citizens and legal immigrants here before August 22, 1996, the Dominguez family does not qualify for Medicaid or S-CHIP. Because they do not have insurance, Marisela was unable to get health care and suffered a miscarriage when four months pregnant. They have also been unable to get routine care for Athalia, who has a serious heart condition.

We are enclosing a recent statement made by Mrs. Dominguez to help illustrate the impact of the current law on her family. We hope it will help you to understand and to persuade others that families like the Dominguez family cannot wait any longer for access to health care.

Since 1996, we have made substantial progress in restoring benefits to legal immigrants, but our work is not finished. We hope that you will be able to work with Congressional leaders to finish the job this year.

Sincerely,



Cornie Mack

Jim Jeffords

Paul Wellstone

Jay Rockefeller

Patty Murray

Ken A. Waxman

Frank Lautenberg

Kathleen Kennedy

Mark Foley

Frank Lautenberg

OCT. 6. 2000 5:28PM

NO. 0103 P. 2

Congress of the United States

Washington, DC 20515

October 6, 2000

The Honorable Dennis Hastert
Speaker
U.S. House of Representatives
H-232, the Capitol
Washington, D.C. 20515

Dear Mr. Speaker:

We write to respectfully call your attention to the urgent need of U.S.-born citizen children in immigrant families, legal immigrant children, and pregnant women for state-option federal matching health care funds.

As you know, under the '96 Welfare Act, legal immigrants – including pregnant women and children – who arrived after August 22, 1996, the Act's enactment date, are banned for five years from receiving health benefits under Medicaid or the State Child Health Insurance Program. While these individuals may still get emergency medical care, they are ineligible for the basic medical services that may reduce the need for such emergency care. This makes no sense and unnecessarily increases the cost to taxpayers.

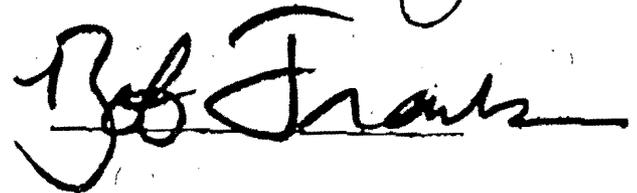
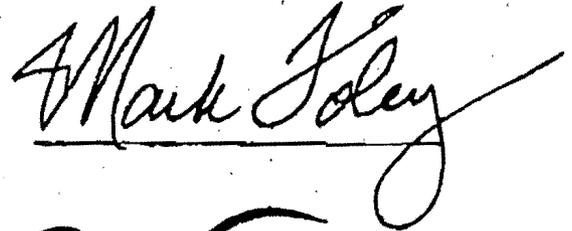
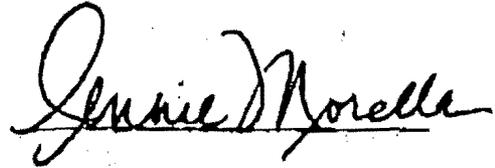
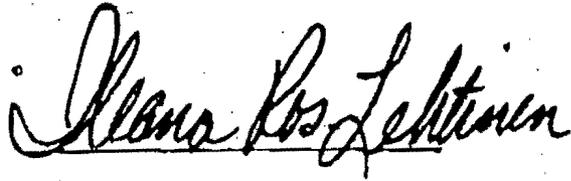
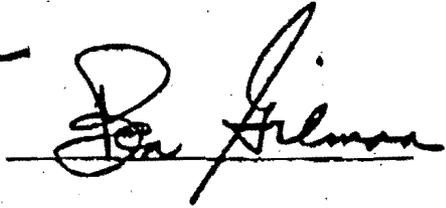
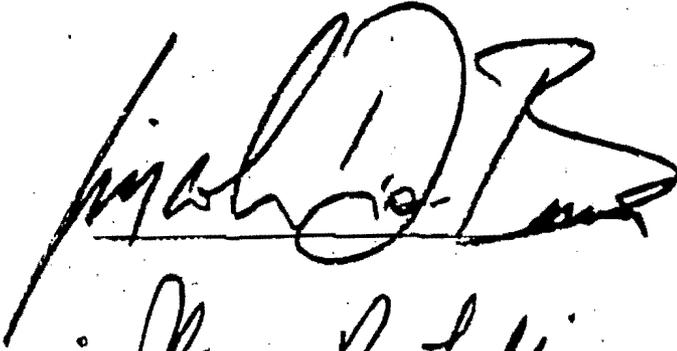
The Legal Immigrant Children's Health Improvement Act of 2000 (HR 4707), which we introduced, would lift the 5-year bar currently in place on receiving federally funded health services for lawfully present immigrant children and pregnant women who entered the United States after August 22, 1996. Under our bill, states would be allowed to decide whether or not to provide health services to these women and children through Medicaid and the State Children's Health Insurance Program (SCHIP).

We are grateful to Commerce Committee Chairman Bliley and the committee's membership for its help in advancing the objectives of our bill. The Commerce Committee proposal to reduce the 5-year ban to two years will save lives. Though we remain committed to full coverage for all lawfully present children and pregnant women, Chairman Bliley and the entire Commerce Committee should be commended for laying the groundwork for passage this year.

Unfortunately, the 5-year ban is having the unintended effect of impacting U.S. citizen children in immigrant families. Recent census data suggests that U.S. citizen children in immigrant families are at an increased risk of not being able to access Medicaid and SCHIP funds. Even though U.S.-born citizen children remain eligible under the '96 Act on the same terms as citizen children of native parents, they are nonetheless foreclosed from access to these programs because their parents are often confused by, and afraid of, negative INS scrutiny and costly documentation and legal fees. For this reason many working poor U.S. citizen children are never enrolled in Medicaid or SCHIP. According to the Census data, the share of these children who lacked health insurance rose from 28 percent in 1995 to 31 percent in 1999.

We respectfully request that you advance this legislation in any "Medicare givebacks" package that moves forward in this Congress. It is critical for the health of children and pregnant women that this legislation be enacted this year. Thank you for your leadership and your unwavering commitment to greater access to health care coverage.

Cordially,





JEB BUSH
GOVERNOR

STATE OF FLORIDA

Office of the Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399-0001

www.flgov.com
850-488-7146
850-487-0801 fax

September 27, 2000

The Honorable William V. Roth, Jr.
104 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Daniel P. Moynihan
464 Russell Senate Office Building
Washington, D.C. 20510

Dear Chairman Roth and Senator Moynihan:

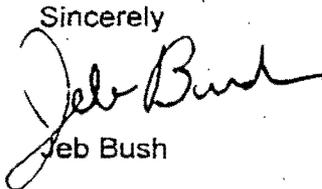
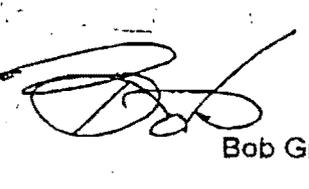
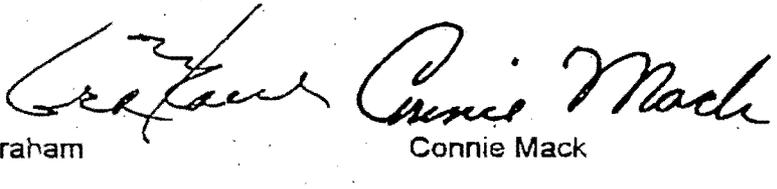
As you complete work on the Balanced Budget Relief Bill, we would like to ask your assistance on a provision that is of critical interest to the State of Florida, and other states.

Inclusion of the Immigrant Children's Health Improvement Act of 1999 (S.1227) would allow states the option of providing Medicaid and the State Children's Health Insurance Program (SCHIP) to legal immigrant children and pregnant mothers. As Florida is the home to many legal immigrant families who have been granted residence through federal immigration policies, we support the option of a federal-state partnership for providing health care to these children.

Providing children important check-ups, immunizations, and avoiding emergency room care assures all Florida residents healthier schools and communities. S. 1227 recognizes this federal responsibility in these goals, and would extend the State's ability to target those needs.

We would appreciate your efforts in achieving this alternative to current policy. Thank you for your attention to this important matter.

Sincerely

Jeb Bush

Bob Graham

Connie Mack



Governor's Mentoring Initiative

BEA MENTOR. BEA BIG HELP.

1-800-825-3786



THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

July 26, 2000

The Honorable Trent Lott, Majority Leader
United States Senate
S-230 The Capitol
Washington, DC 20510

Dear Majority Leader Lott:

I write in support of legislation to increase the number of H-1B visas for foreign-born workers who have the special skills and talents that American high-technology industries now desperately need. Currently there is a critical nationwide shortage of workers with this kind of specialized training. I also urge Congress to except high fashion models from current H-1B visa requirements and fees, and to change current immigration laws to stabilize an important segment of the workforce already in this country.

New York City is home to booming high-tech and new media industries and is the center of America's fashion and garment industries. These industries have helped promote the economic vitality of New York, and could not have achieved such success without the skills and talents of short-term foreign workers.

Although Congress last year voted to raise the H-1B visa ceiling for temporary high-skilled workers, the existing cap of 115,000 is insufficient. New York City's economic growth over the last year has outpaced the rest of the nation. Over the past six years, the City has created more than 400,000 new private sector jobs, many of which are in the high-tech industry. Raising the cap on H-1B visas will help sustain New York's economic growth and prosperity and that of the nation.

The H-1B visa program allows professionals who possess particular skills and at least a bachelor's degree to work in the United States for a maximum of six years. The program is particularly important for high-technology companies seeking to fill vacant jobs with skilled foreign workers. These workers, generally admitted to the United States

on non-immigrant H-1B visas, fill the national shortage of highly specialized professionals, that includes scientists, computer experts, mathematicians, and engineers. S.2045, sponsored by Senators Hatch (R-UT) and Abraham (R-MI), and H.R. 3983, sponsored by Reps. Dreier (R-CA) and Lofgren (D-CA), would provide a much-needed increase in the level of H-1B worker visas allocated annually.

The program is also open to other industries with specific employment needs that cannot be filled by American workers. One such industry is high fashion, in which international models are a critical element. Fashion models are the only workers under this program who are not required to hold a bachelor's degree.

New York City has quickly become the fashion center of the world. The economic impact of the fashion industry on the City is \$26.5 billion per year. A total of 85,739 persons work in the fashion industry, of which approximately half work in manufacturing. In FY 1999, a total of 1,931 H-1B visas were awarded to fashion models, of which 1,587 went to Region 2/New York District. By exempting fashion models from the law requiring this visa for admission, more H-1B visas could be available for high-tech workers.

Furthermore, this legislation should exempt the fashion industry from any training fees designed to help train American workers. Clearly, the current training fee of \$500 could not be used effectively to produce additional American-born fashion models. In addition, colleges and universities and nonprofit research institutions are already exempt from this fee.

The House and Senate bills do not address the unique nature of the fashion industry. Foreign-born models are generally only admitted into the U.S. through the H-1B visa program, but they rarely work continuously in this country for the full six years allowed. The use of H-1B visas for fashion models reduces the number of visas available to accommodate industry demands for longer-term high-technology workers.

While these changes would ease the worker shortage in the high-tech and fashion industries, Congress must not ignore the labor demand that exists across sectors representing workers of all skill levels. Over the years, immigrants both skilled and unskilled have made an enormous contribution to America's extraordinary prosperity. As they come to this country to build new lives, they fuel our economy with their entrepreneurial spirit. Whether immigrants are creating new businesses, working in restaurants and hotels, or working as nursing home aides and childcare providers, they are vital to our economy and our country. They continually reinvigorate our neighborhoods by investing in businesses and homes in communities others have long abandoned. As much as immigrants are able to improve their lives coming to the United States, the nation also benefits immensely from their economic, cultural, and social contributions.

Yet many of these immigrant workers are long-time residents who have been left in legal limbo for too many years, while they continue to help the economy grow, support

their families, and pay taxes. Many are Central American and Caribbean refugees, who are law-abiding, hard-working individuals who have not been granted legal permanent status. Others were wrongly denied years ago by the federal government the opportunity to apply for legal permanent status. Some have been here for more than fifteen years, established deep roots in this country, and created businesses and job opportunities in their communities.

Still there are others who are citizens or permanent residents who have been waiting for too many years to be reunited with close family members because of unacceptable backlogs. Because family reunification is the cornerstone of United States immigration policy, additional visas should be made available for parents and children, spouses, and brothers and sisters seeking to be reunited.

By making changes to our immigration laws that would provide equity for certain groups of immigrants already in the United States, Congress has an opportunity to enable these workers to become legal permanent residents and be eligible for citizenship. Moreover, by reducing the backlogs in the family reunification program, family members could be reunited sooner and help ease the worker shortage. In making these important changes, all immigrants will be able to become full and equal participants in our society.

Thus, I also recommend that Congress pass legislation under consideration that would:

- Allow Salvadorans, Guatemalans, Hondurans, and Haitians to apply for adjustment of status on the same terms as already provided to Cubans and Nicaraguans in 1997;
- Allow all persons of good character who have resided in the United States and have established ties to American communities to apply for adjustment of status by updating the cutoff date for registry;
- Restore a provision [Section 245 (I)] of immigration law that permits those who are out of status but otherwise eligible for permanent residence to adjust their status while in the United States without having to return to their home country to obtain their visas;
- Reunited families by establishing a program to provide additional visas for family members of citizens and permanent residents so as to reduce unacceptable backlogs and help stabilize the workforce.

To be sure, increasing the annual number of H-1B visas for foreign-born workers will sustain economic growth in many specialized industries. At the same time, Congress has a unique opportunity to make some critical, long overdue changes in the nation's immigration laws that would help workers of all skill levels already in this country and also ensure continued economic growth. A balanced approach that provides a reasonable increase in the number of H-1B visas, protects and stabilizes the U.S. workforce, and ensures fairness for hardworking immigrants already in this country, would help keep families together and our economy strong.

I would also like to express my continued support for a full restoration of federal public benefits to legal immigrants who were denied benefits under the 1996 welfare

AUG-03 00 14:15 FROM:NYC WASH. OFFICE

202-624-5926

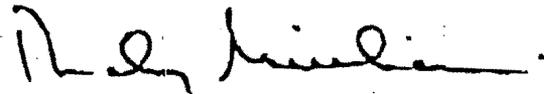
TO:92283904

PAGE:005/005

reform law. Notwithstanding Congress' 1997 restoration of Supplemental Security Income (SSI) and Medicaid eligibility to most elderly and disabled legal immigrants who were in the U.S. prior to August 1996, and the 1998 restoration of federal Food Stamps to elderly immigrants over age 65 who were in the U.S. prior to August 1996, benefit restriction remain in effect for many immigrants who arrived both before and after that date. For the most part, immigrants, particularly children and other vulnerable immigrants, still do not have access to critical safety net programs, health care, and nutrition programs. As I have recommended in the past, Congress must enact legislation that would restore federal benefits to all legal immigrants.

As you and your colleagues move forward in your deliberations, I strongly urge you to support efforts to make sensible changes to our nation's immigration and welfare laws. I thank you for this opportunity to express my views on this important issue.

Sincerely,



Rudolph W. Giuliani
Mayor



JEB BUSH
GOVERNOR

STATE OF FLORIDA
Office of the Governor

THE CAPITOL
TALLAHASSEE, FLORIDA 32399-0001

May 11, 2000

Senator Bob Graham
524 Hart Senate Office Building
Washington, D.C. 20510

Re: S.1227 - The Immigrant Children's Health Improvement Act of 1999

Dear Senator ~~Graham~~: **Bob:**

It is my understanding that the Senate is considering legislation that would give states the option of providing Medicaid or the State Children's Health Insurance (SCHIP) to legal immigrant children and pregnant women. As Florida is home to many legal immigrants who have been granted residence through immigration policies established by the federal government, I support the option of a federal-state partnership as proposed in The Immigrant Children's Health Improvement Act of 1999 (S.1227).

Key findings within Florida's Health Insurance Study coordinated by our Agency for Health Care Administration indicates the importance of including non-citizen children in the SCHIP program. The uninsured are heavily concentrated in certain regions of the State and are putting significant stress on those safety net providers within those communities. Many immigrants arrive in Florida without assistance or support. The opportunity provided states through S.1227 would extend our ability to target those needs.

Since certain groups of children and pregnant women who legally entered the U.S. on or after August 22, 1996 are currently barred from receiving SCHIP and Medicaid, this legislation would ensure their coverage. Lack of health care access is an obstacle to preventive treatments and timely care for acute conditions. We are all too familiar with the high costs associated with policies that only permit emergency treatment at critical points. Congressional approval of this bi-partisan bill would offer an important alternative to current policy.

I urge your support of the Immigrant Children's Health Improvement Act, and thank you for your kind attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Jeb Bush".
Jeb Bush

**BACKGROUND ON WHY MEDICAID ENROLLMENT
SHOULD NOT BE INCLUDED IN PUBLIC CHARGE DETERMINATIONS**

October 13, 1998

ISSUE: Recent changes in the welfare and immigration laws, along with changes in the Medicaid program, have created some confusion about how Medicaid should be considered in the determination of whether an individual is a "public charge." There have been documented instances in which individuals have been denied re-entry to the U.S. because they received Medicaid. Moreover, individuals have been told that receipt of Medicaid will have a negative effect on their immigration status. These cases have translated into widespread concern in the immigrant community about legal receipt of Medicaid, even where the beneficiary is a citizen child. The concern about immigration risk associated with the legal use of Medicaid interferes with the President's goal of increasing the number of insured people in this country and improving public health.

RECOMMENDED POLICY: The proposal is for the INS and the State Department to issue guidance that past or current use of Medicaid or the Children's Health Insurance Program (CHIP) is not to be considered in determining whether a person is a public charge, except where an individual has received institutionalized care funded by Medicaid.

The Department of Justice's Office of Legal Counsel has determined that the Attorney General and Secretary of State have broad discretion in determining what factors to consider in making a "public charge" determination. A decision to exclude past or current receipt of Medicaid from the public charge determination -- except in the cases of institutionalization -- is therefore legally permissible under the Immigration and Naturalization Act (INA).

Given this broad discretion, the Administration wishes to exercise it to avoid the harm that considering Medicaid would cause.

While serving the public policy goal of increasing the number of people with medical insurance and improving public health, the proposed policy would not attract indigent immigrants to the U.S. Since welfare reform, immigrants are generally denied access to Medicaid and CHIP for the first five years they are in the country and their sponsors are required to sign a legally binding affidavit of support.

RATIONALE: There are three reasons for this proposed policy: the public health imperative to insure people through Medicaid and CHIP; the ability to identify a public charge through other means; and the adverse effects that result from the current, ambiguous guidance.

Public health value of Medicaid and CHIP

- **Medicaid is a cost-effective health insurance program.** It covers the cost of preventive, primary and acute health care as well as long-term care for those who need it. By providing health insurance through Medicaid, the Federal and State governments protect local, publicly-funded hospitals and clinics from having to absorb the high costs of caring for uninsured patients. By law, hospitals cannot refuse to treat patients with medical emergencies, even if they have no insurance. Medicaid obviates some of this emergency care by providing preventive and timely basic health care.
 - A recent study found that insured children are less likely to be sick as newborns, more likely to be immunized, and more likely to receive treatment for illnesses such as recurrent ear infections and asthma (Institute of Medicine, 1998).
 - Prenatal care is essential to the health of both mothers and children. Studies have found infant mortality was lower when mothers use prenatal care, even holding constant parental age, race, and educational status (e.g., Hoyert, 1996).
- **Medicaid mostly provides health insurance to low-income children, their parents and pregnant women.** Eligibility for Medicaid can be divided into three categories:
 - First, Medicaid covers low-income children, their parents, and pregnant women. In most states, this coverage is extended to people above poverty, in recognition of the public health value of providing preventive and prenatal care services to working as well as children and pregnant women in non-working families. Nearly 24 million (two-thirds) of Medicaid beneficiaries are children, their parents or pregnant women (HCFA, 1998). Almost 40 percent of all births in the U.S. are covered by Medicaid (NGA, 1997).
 - Second, Medicaid covers people with disabilities and low-income elderly who are on Supplemental Security Income (SSI). It also covers Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. About 9 million low-income, non-institutionalized disabled and elderly people are on Medicaid (HCFA, 1998).
 - Third, Medicaid covers people who are impoverished due to the high costs of institutional nursing home care. About 1 million institutionalized people are covered by Medicaid (HCFA, 1998).

In the past decade, eligibility for Medicaid has moved away from its traditional link with welfare cash assistance and towards a pure income standard. Because nearly half of the people covered by Medicaid work or have a family member who works at least part of the year, Medicaid health insurance coverage cannot be considered a welfare program (CPS, 1998).

- **CHIP only covers children in working families.** In 1997, the President and Congress created the Children's Health Insurance Program (CHIP). Its intent is to cover uninsured children in families with too much income to qualify for Medicaid but too little to afford private coverage. By definition, children insured through CHIP are not public charges since their families must have income above the poverty limit to qualify. [note: in the remainder of this paper, "Medicaid" is intended to include CHIP]

Why Medicaid should not be considered in "public charge" determinations

- For most beneficiaries, Medicaid coverage provides only preventive and basic health care coverage if the person becomes unexpectedly ill. In other words, Medicaid is an insurance program, not a welfare transfer program of the type traditionally considered in public charge determinations.
- People with disabilities and low-income elderly people usually become eligible for Medicaid because they receive Supplemental Security Income (SSI). Receipt of SSI can be considered in the public charge determination. Considering Medicaid adds nothing to the analysis.
- The INA already requires health to be taken into consideration in public charge determinations. Individuals in poor health who seek to enter the U.S. or adjust their status would continue to be subject to a public charge determination based on their health. Since health status by itself is not an eligibility criteria for Medicaid, considering Medicaid in determinations again is superfluous.
- The proposed change would allow people so ill or disabled that they are institutionalized to be determined to be a public charge if covered by Medicaid. People who are institutionalized receive room and board under Medicaid, and thus these people can be considered public charges.

Adverse effects of using Medicaid in the determination of public charge

- **Fear that receiving Medicaid will affect immigration status is a major reason why eligible immigrants do not apply.** A survey in Los Angeles found that the number-one reason why eligible immigrant children are not enrolled in Medicaid is for fear of the INS (Mejia, 1997). The U.S. General Accounting Office (GAO, 1998) cited the actual and rumored use of Medicaid in determining whether a person is a public charge as a deterrent to enrollment of eligible immigrant families.
- **Lack of insurance is highest among Hispanic people who comprise most immigrant families.** In 1997, nearly 30 percent of Hispanics were uninsured -- comprising nearly one in five of America's uninsured. The Census also reports that nearly 20 percent of naturalized citizens, over one-third of foreign born people and 44 percent of non-citizens were uninsured, compared to 14 percent of native born Americans (Bennefield, 1998).

- **Many children legally eligible for Medicaid remain uninsured.**
 - **Over one million uninsured children eligible for Medicaid live in immigrant families.** Nationwide, while 90 percent of uninsured Medicaid-eligible children were U.S. born, more than one-third of these uninsured children live in immigrant families (U.S. GAO, 1998).
 - **In Florida, migrant farmworker children are at risk.** The East Coast Migrant Headstart Centers found that over 300 of the 980 children served -- almost all of whom are U.S. citizens with immigrant parents -- were eligible for but not enrolled in Medicaid. The most common reason cited by the parents for not enrolling children was fear that receipt of Medicaid would adversely affect their immigration status. (Harmatz, 1998).
 - **Nearly 50 percent drop in California's Medicaid enrollment of citizen children with non-citizen parents:** In California, the number of citizen children with non-citizen parents enrolled in Medicaid dropped by 48 percent between January 1996 and 1998 -- despite the fact that the number of such children increased by 6 percent over the same time period. (Zimmerman & Fix, 1998).
- **Prevents prenatal care:**
 - While about 87 percent of non-Hispanic white pregnant women received prenatal care, only 72 percent of Hispanic pregnant women did in 1996 (NCHS, 1998).
 - In Decatur County, Georgia, only four pregnant women out of 10,000 migrant farmworkers and their families enrolled in the state's Perinatal Case Management Program (Schlosberg & Wiley, 1998).
 - In Los Angeles, a pregnant woman married to a U.S. citizen did not apply for Medicaid even though she was eligible for fear that it would affect her permanent residency. Not only did she not receive prenatal care covered by Medicaid, but she developed pregnancy-related diabetes. Uncontrolled, this condition poses a serious health risk and could cost the hospital caring for the mother and child thousands of dollars in uncompensated care costs. (Schlosberg & Wiley, 1998).
- **Rubella outbreak in NY:** In December 1997, the nation's largest outbreak of rubella occurred in Westchester, NY. The epidemic spread through the Hispanic immigrant community among people who had not been vaccinated for the disease. Public health officials believe that one of the major reasons for this lack of vaccinations was the fear that use of the health department might adversely affect immigration status (Schlosberg & Wiley, 1998).

REFERENCES

Bennefield RL. (1998). Health Insurance Coverage: 1997. Washington, DC: U.S. Department of Commerce, Bureau of the Census, Current Population Reports.

Current Population Survey (CPS). (1998). Analysis by the Department of Health and Human Services.

U.S. General Accounting Office (GAO). (1998). *Outreach to Medicaid-Eligible Children*. Washington, DC: General Accounting Office, GAO/HEHS-98-93.

Harmatz M., Florida Legal Services, Memorandum. July 31, 1998.

Health Care Financing Administration (HCFA). (1998). Medicaid statistics (2082 data for 1996). HCFA.WWW website.

Hoyert DL. (1996). Fetal Mortality by Maternal Education and Prenatal Care. Rockville, MD: National Center for Health Statistics, Vital Health Statistics, 30(20).

The Institute of Medicine. (1998). *America's Children: Health Insurance and Access to Care*. Washington, DC: National Academy Press.

Mejia R., Acting Director, Medi-Cal Long-Term Care District. Memo: "Barriers Faced by Medi-Cal Applicants." December, 26, 1997

National Center for Health Statistics (NCHS). (1998). Health United States. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

National Governors' Association (NGA). (1997). *MCH Update: State Medicaid Coverage of Pregnant Women and Children*. Washington, DC: NGA.

Schlosberg C; Wiley D. (1998). The Impact of INS Public Charge Determinations on Immigrant Access to Health Care. Washington, DC: National Health Law Program and the National Immigration Law Center.

Zimmerman W; Fix M. (1998). *Declining Immigrant Applications for Medi-Cal and Welfare Benefits in Los Angeles County*. Washington, DC: The Urban Institute.

**TREATING LEGAL IMMIGRANTS FAIRLY:
SUMMARY**

"We must join together to do something else, too, something both Republican and Democratic Governors have asked us to do: to restore basic health and disability benefits when misfortune strikes immigrants who came to this country legally, who work hard, pay taxes and obey the law. To do otherwise is simply unworthy of a great nation of immigrants."

-President Clinton, 1997 State of the Union.

Restoring fair treatment for legal immigrants is a key part of the President's agenda this year.

The President's budget proposal makes good on his promise to correct the welfare law's harsh provisions on legal immigrants -- provisions that punish children and legal immigrants with severe disabilities, and burden State and local governments. The welfare law denies most legal immigrants access to fundamental safety net programs unless they become citizens -- even though they are in the U.S. legally, are responsible members of our communities, and in many cases have worked and paid taxes. These provisions have nothing to do with the real goal of welfare reform, which is to move people from welfare to work.

- The President's budget proposes to restore Supplemental Security Income (SSI) and Medicaid to legal immigrants who become disabled after they entered the country and to legal immigrant children. This country should protect legal immigrants and their families -- people admitted as permanent members of the American community -- when they suffer accidents or illnesses that prevent them from earning a living. Similarly, the country should provide Medicaid to legal immigrant children if their families are impoverished.
- The President proposes to extend the SSI and Medicaid eligibility period for refugees and asylees from 5 to 7 years, to give that vulnerable group additional time to naturalize.
- Finally, the budget proposes to delay the ban on Food Stamps for legal immigrants from April to September 1997 to provide more time for immigrants who are in the process of naturalizing to complete the process.

The President's proposal would reinstate SSI eligibility for approximately 320,000 severely disabled legal immigrants. Of these 320,000 immigrants, the budget restores Medicaid coverage to 195,000 disabled legal immigrants. In addition, the proposal restores Medicaid coverage to about 30,000 non-disabled legal immigrant children. The cost of these immigrant proposals is \$14.6 billion over 5 years -- \$9.7 billion in SSI costs, and \$4.9 billion in Medicaid costs.

In January, the National Governors' Association agreed that the legal immigrant provisions of the welfare law will cause a considerable cost shift to some states and expressed concerns about the effect of the law on aged and disabled legal immigrants. Providing state-funded benefits to this needy population will divert resources from job training and child care -- which are critical to moving people from welfare to work. The NGA passed a resolution asking Congress and the President to work together to find a equitable solution for states and vulnerable legal immigrants without reopening the welfare reform debate. The President's proposal would do just that.

**TREATING LEGAL IMMIGRANTS FAIRLY:
RESTORING BENEFITS FOR LEGAL IMMIGRANTS WITH SEVERE DISABILITIES**

The President's budget would restore SSI benefits for 312,000 legal immigrant adults who become disabled after their entry into the U.S., in recognition of the fact that they cannot provide for their own support through work. Of those 312,000 legal immigrant adults, approximately 195,000 adults would have Medicaid coverage restored.

Denying SSI eligibility to aged and disabled legal immigrants has nothing to do with welfare reform. Barring legal immigrants who played by the rules and entered the country according to our laws from programs available to all other taxpayers is unfair and shortsighted.

- Approximately 900,000 SSI recipients are now receiving notices that they are at risk of losing their benefits, unless than can show that they are citizens or are in one of a narrow group of exceptions. Under current law, over 400,000 legal immigrants will lose their SSI benefits in August and September of this year.
- Disabled legal immigrants who have sponsors can turn to them for assistance, but many sponsors can't afford the extra costs associated with a disability. In addition, an estimated 44% of legal immigrants, such as refugees, never had sponsors in the first place. Others had sponsors who have died or ceased to support them.
- Many disabled legal immigrants are elderly and reside in nursing homes or assisted living facilities. Without SSI cash assistance, they may face eviction from assisted living arrangements. About 39,000 legal immigrants are in nursing homes and a large number have difficulties with the activities of daily living.
- Nearly 70% of legal immigrants on SSI are over age 65; nearly 30% are over 75 years of age.
- Without SSI payments, state and local governments and private charities will become the prime source of assistance to legal immigrants with severe disabilities.
- In addition, under current state Medicaid plans, it appears that some states may have no provision to continue Medicaid coverage for legal immigrants who lose their SSI. In some states, disabled recipients who lose their SSI may also be without any help for medical expenses.

TREATING LEGAL IMMIGRANTS FAIRLY: PROTECTION FOR LEGAL IMMIGRANT CHILDREN

The President proposes to restore SSI and Medicaid for legal immigrant children.

- The welfare reform law denies SSI and Medicaid to many legal immigrant children who become seriously ill, or have an accident and become disabled, and whose families fall on hard times. It also denies preventive services under Medicaid to legal immigrant children, likely leading to more costly health problems in the future. This policy threatens the health and well-being of a very vulnerable population -- legal immigrant children of low-income parents who need medical services or cash assistance (if disabled), and cannot work their way out of need. We all lose if we deny future citizens the care and support that all children need.
- Under the President's proposal, legal immigrant children would continue to be eligible for SSI and Medicaid. In FY 1998, this proposal would protect SSI and Medicaid eligibility for about 8,000 disabled legal immigrant children, and ensure medical care for about another 30,000 non-disabled children. Existing program income eligibility rules are not affected; only legal immigrant children who are members of low-income families would be eligible for the restored SSI and Medicaid.
- The President's proposal does not undermine or "reopen" welfare reform. The welfare reform provisions denying assistance to legal immigrant children have nothing to do with the central goal of welfare reform: moving people from welfare to work. Instead, the President's proposal protects access to health care for vulnerable low-income children who are permanent members of this nation's communities, cannot work, and do not have any other means of health care. It also protects cash assistance for low-income immigrant children with severe disabilities.
- It is important to note that legal immigrant children cannot become naturalized citizens unless both parents are citizens, or the surviving or custodial parent is a citizen. Therefore, unlike adult legal immigrants, children immigrants do not have an independent avenue to naturalization. For example, orphaned immigrant children must be adopted by a U.S. citizen in order to be classified as a citizen.
- The SSI and Medicaid costs associated with these immigrant children are about \$400 million over 5 years. This policy will ensure that low-income immigrant families with severely disabled immigrant children continue to have a safety net of SSI and Medicaid. It also guarantees that non-disabled legal immigrant children are protected by the Medicaid benefit package, which provides on-going assistance for children suffering from chronic asthma, screening for developmental disabilities, and well-child and preventive care to prevent the need for intensive and costly care in the future.

TREATING LEGAL IMMIGRANTS FAIRLY: EXTENDING ELIGIBILITY FOR REFUGEES

- As a nation of immigrants, this country has a long-standing policy of welcoming to this country refugees and asylees who are fleeing persecution in their home country, and helping them resettle in their new home.
- Under the welfare law, refugees and asylees are exempt from SSI and Medicaid eligibility restrictions for the first 5 years that they are in the U.S. However, after 5 years, needy refugees and asylees would be denied SSI benefits, and Medicaid coverage is a state option rather than guaranteed.
- The President's proposal would extend from 5 to 7 years the period of SSI and Medicaid eligibility for refugees and asylees. This extension would alleviate current hardships while providing elderly refugees an extra 2 years to learn English well enough to naturalize. This policy would cost about \$700 million over 5 years, and protect eligibility for about 17,000 refugees and asylees in FY 1998.
- Few refugees arrive with any financial assets that can be used for self-support. In addition, refugees do not have sponsors.
- Refugees and asylees need a longer eligibility period for assistance than other legal immigrants because of the circumstances that bring them to this country in the first place. Refugees and asylees come to the U.S. with a history of persecution in their country of origin. These individuals frequently experience greater difficulties putting their lives together and becoming self-supporting than other legal immigrants. About one-half of refugees speak little or no English when they arrive here; only about one-tenth speak English fluently.
- Elderly refugees are a particularly vulnerable group. SSA data indicate that of the estimated 58,000 elderly refugees who will lose their SSI eligibility in August/September 1997, 24,000 are aged 75 or older. An estimated two-thirds (38,000) of the 58,000 are severely disabled.
- Generally, refugees and asylees may apply for citizenship after residing in the United States for 5 years. However, the naturalization process can take up to a year, or more. Therefore, individuals who entered the U.S. as refugees or asylees will lose their SSI -- and potentially their Medicaid -- before completing the application process for citizenship, even if they apply for citizenship as soon as they meet the 5 year residency requirement. Also, many elderly refugees are not able to acquire sufficient English language skills in this period of time to pass the citizenship test.
- In refugee communities, the pending loss of SSI and Medicaid and the inability to become naturalized citizens is a major concern. Elderly refugees are understandably terrified that they will be left destitute and homeless.

TREATING LEGAL IMMIGRANTS FAIRLY: THE FOOD STAMP PROGRAM

The welfare reform law made most legal immigrants ineligible to participate in the Food Stamp Program. It was effective immediately for new applicants and at the next recertification for already participating non-citizens.

Concerned about the impact of the law on legal immigrants, who are in the country legally and, in many cases, work and pay taxes, the Administration has worked since the passage of the law to ensure fairer treatment for legal immigrants.

- As an immediate first step, on the day he signed the law the President signed a directive instructing USDA to allow states to extend the certification periods (the time during which people are authorized to receive benefits) of currently participating non-citizens in order to ensure that their recertification be made fairly and accurately. USDA responded by issuing a memorandum to all state agencies on August 26, 1996 that waived Food Stamp regulations and allowed state agencies to extend the certification periods of all households containing participating noncitizen members up to the maximum time permitted by law -- 12 months (24 months in the cases of households with all elderly or disabled adult members), though not beyond August 22, 1997.
- The President then signed the Omnibus Consolidated Appropriations Act on September 30, 1996, which delayed implementation of the welfare law's provisions for participating legal immigrants until April 1, 1997. As a result, state agencies must redetermine the eligibility of all legal immigrant recipients between April 1, 1997 and August 22, 1997. USDA provided written guidance on implementing the new law to State agencies on October 2, 1996.
- On October 18, 1996, USDA provided written guidance to State agencies on how to implement the provision allowing legal immigrants who have worked or can be credited with 40 quarters of qualified work to receive food stamps. USDA authorized certification pending verification for immigrants who, alone or in combination with parents and/or spouse, have spent sufficient time in the U.S. to have acquired 40 quarters of coverage. These individuals need only to attest to 40 quarters of qualifying work at the time of application to meet the 40 quarters test, with subsequent verification by SSA.
- USDA has been working closely with states to develop ways to manage certification periods to ensure that legal immigrants can continue to participate in the Food Stamp Program through August 1997. Thirty-two states continue to use the certification period waiver to extend benefits.
- Finally, the President's budget includes a provision that would extend participation of certified legal immigrants through the end of fiscal year 1997, thus providing them more time to naturalize or to achieve the needed 40 quarters of work to qualify for the program.