Talking Points

**CORE MESSAGE:**
Living free from violence and ensuring justice for communities of color means having access to the resources we need to thrive—including comprehensive health coverage—no matter how long someone has been in the U.S. or the status they have been granted.

- Every individual deserves to achieve their optimal level of health and wellbeing and to obtain affordable health care with dignity regardless of how long they have been in the United States or the status they have been granted. This is true always and even more now, as we still grapple with the spread of COVID-19.

- Barriers to federal health insurance programs disproportionately harm Black, Latinx, Asian American, Pacific Islander, Indigenous, and immigrants of color, and contribute to persistent inequities in the prevention, diagnosis, and treatment of health conditions.

- The Trump administration spent four years relentlessly working to strip away agency and dignity from immigrant families. As we work to undo this harmful legacy, we need bold and impactful legislation that expands access to the basic care that immigrant families need and deserve.

**TALKING POINTS:**

Health coverage and care are critical for every family. Equitable access to health care should not depend on immigration status.

- **COVID 19 IMPACT:** The spread of COVID-19 has laid bare the many ways our country has failed our most marginalized communities, including cruel and unnecessary policy barriers that prevent immigrants from accessing affordable, timely, and comprehensive health coverage.
  - Infectious disease outbreaks have a long history of affecting society’s most vulnerable. Immigrants who don’t have access to health insurance, nutritious food or safe, affordable housing fall squarely into that category.
  - Immigrants make up nearly a fifth of all essential workers in the United States, and more than two-thirds of all undocumented immigrant workers serve in these frontline jobs.
  - Every person should be able to get affordable health care no matter how long they have been in the U.S. or the status they have been granted, especially now.

- **FIVE-YEAR WAIT RESULTS IN MORE UNINSURED:** Current U.S. policies limit access to critical health coverage. Many immigrants must wait five years before they can enroll in Medicaid or the Children’s Health Insurance Program (CHIP). Undocumented immigrants are completely barred from these programs as well as from purchasing insurance from the Marketplace.
• **Uninsured Rates**: In 2019, among the nonelderly population, **25 percent of lawfully present immigrants and more than four in ten (46 percent) undocumented immigrants** were uninsured compared to less than one in ten (9 percent) citizens.

• **Women Are Disproportionately Impacted**: Immigrant women are disproportionately affected by these restrictions. According to the Guttmacher Institute, 32 percent of noncitizen immigrant women ages 15-44 are uninsured. Among noncitizen immigrant women ages 15-44 who are low-income, 46 percent are uninsured.

• **Children Are Most Vulnerable**: A quarter of all children in the U.S. have an immigrant parent, and the majority of those children are U.S. citizens themselves but are still **twice as likely** to be uninsured as children who have parents who are citizens. Research supports that when parents are able to enroll in health care they are more likely to enroll their children as well, and they are of course better able to care for their children.

• **The HEAL for Immigrant Families Act removes the five-year bar and opens up the ACA marketplace so that immigrants can access the affordable health care they need.**
  - Immigrants need the HEAL for immigrant Families Act to access crucial and comprehensive health care that is central to their agency and their lives, their families, and their communities.
  - After unceasing and intensifying political attacks on immigrants and health care access, immigrants and families need bold, proactive legislation like the HEAL Act, which demonstrates this country’s commitment to health access for all who have made the U.S. their home, including immigrant families living with low-incomes.

**ADDITIONAL TALKING POINTS (Q&A):**

**Q. Given the current political climate, this bill is unlikely to pass. Why should we continue to support HEAL during this time?**

A. The five-year wait for health care for coverage has a 25-year legacy imposed by the Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA). Since, we have only seen additional anti-immigrant threats to health care and nutrition to affordable housing, to separating families at the border and mass deportation. Most recently, the Trump Administration spent four years stripping away agency and dignity from immigrant families, amidst the global COVID-19 pandemic, which only served to exacerbate health disparities for immigrant families. In light of this critical moment in our public health landscape and then constant attacks on access to health care and reproductive rights, we need bold and impactful legislation that expands access to the basic care that immigrant women and their families need to remain safe, healthy, and thriving.
Q. How much will this bill cost?

We do not have a CBO score for this bill, though we definitely would appreciate support getting an informal estimate. We know this will likely not be a low cost piece of legislation, as most eligibility expansions are not. However, these costs are already primarily being borne by other entities. The average safety-net hospital provides $71 million in uncompensated care annually (care of uninsured patients for which they do not receive payment). In states like California, New York and Massachusetts, state governments have been paying out of pocket for lawfully present immigrants’ Medicaid for years. Elsewhere, community clinics, food banks, shelters and emergency rooms are taking on the costs that would be much more efficient if they were borne by the federal government. For example, in many states, immigrants ineligible for their status cannot get preventative care, yet the government will reimburse for very expensive things like dialysis through emergency Medicaid.

Health care needs should not be dependent on income, immigration status, or where a person lives. People of all immigration status should have access to affordable care to make the best health care decisions for themselves and their families. Many immigrants without access to insurance often delay or forgo preventive or primary care. Failing to ensure access to comprehensive and affordable health coverage for all individuals in the United States leads to increased costs for immigrant communities through higher hospitalization usage, chronic conditions not being treated and worsening, and social costs like school and work absenteeism.

Q. How does this bill relate to the Lift the Bar Act (H.R. 5227/S.4311)?

A. Federal public benefit programs provide essential support to individuals and families facing economic hardship. These programs are particularly crucial during times of economic and public health crises. In 1996, Congress passed restrictive welfare and immigration legislation that created unnecessary barriers, including an arbitrary five-year waiting-period in some programs that delays access to critical benefits and services for immigrants. These restrictions are disproportionately harmful for immigrants of color and LGBTQ+ immigrants and exacerbate existing inequities, particularly with regard to health care access and affordability. Removing these barriers is a critical step in achieving equity as we recover from the pandemic.

The HEAL for Immigrant Families Act would remove the five-year waiting period for Medicaid and CHIP, as well as remove unjustifiable restrictions from the Affordable Care Act (ACA) that prevents undocumented immigrants from accessing marketplace coverage. The LIFT the BAR Act would restore access to public programs for lawfully present immigrants by removing the five-year waiting period and other restrictions on access to broader federal public benefits, such as Medicaid, CHIP, SNAP, TANF, SSI, and certain housing assistance. Both bills are key in making much needed progress for immigrant access to health care, housing, and nutrition programs that are crucial for immigrant families. Our community is healthier and our economy is stronger when all of us have access to comprehensive health coverage and other basic human needs.
Q. Giving benefits to immigrants will encourage more people to come here for the wrong reasons, believing the American government will take care of them. People we allow to stay in the U.S. ought to be self-sufficient instead of drains on the system.

A. People come to the United States today for the same reasons our parents and grandparents did—to work hard and make a better life for themselves and their families. Our health care and other public benefits programs exist to promote equality of opportunity and the health and economic stability of our families and communities; all who contribute to these programs should be able to participate in them.

Immigrants are inherently a vital part of our communities and should be treated that way, both in policy and practice. They make up nearly a fifth of all essential workers in the United States, and more than two-thirds of all undocumented immigrant workers serve in frontline jobs in essential industries. Immigrant workers and families throughout the United States are on the frontlines, doing their part at extreme risk to themselves and their families, serving as doctors, nurses, food producers, farmworkers, and home care providers. It is a moral failure that today, millions of immigrant workers are considered “essential,” and yet are subject to deportation and policy barriers to health care coverage. We must ensure everyone has access to critical health care coverage to protect the safety of individuals and communities at large.