



A HEALTHY AMERICA.

OVERVIEW

New Americans make significant contributions to our nation's health. They comprise a crucial portion of the workforce of the healthcare industry as nurses, doctors, technicians, hospice workers, and pharmacists. Too often, though, many can't access health care for their own families. In fact, New Americans are systematically excluded from accessing health care. Though the Affordable Care Act (ACA) has expanded access, there are still barriers that disproportionately affect New Americans—and cost our government and taxpayers a lot of money.

Quality, affordable health care is a human right. New Americans are the backbone of our healthcare system and among the most disenfranchised by it. This disjuncture must be rectified. We can close the holes in our healthcare safety net by:

- Expanding coverage for all
- Implementing linguistically and culturally competent services in all health programs and activities
- Supporting New American health professionals

BACKGROUND

New Americans are far more likely than native-born individuals to lack health insurance.¹ Barriers to health care access include laws that bar many New Americans—including by not exclusively undocumented immigrants—from federally funded programs even though they pay taxes that go toward funding them.² Additionally, even for those who are eligible for health care programs, there are often barriers associated with language and cultural competency of providers, as well as in the administration of federal, state, and local health programs.

While the ACA has already done a lot of good, by providing 17.6 million Americans with quality, affordable health insurance, it has also re-entrenched some of the systemic barriers that prevent many New Americans from accessing coverage.³

Notably, the 11 million undocumented immigrants living in the United States are not eligible any programs under the for ACA.⁴ Undocumented immigrants pay taxes and support our social programs. Undocumented immigrants alone provided a surplus of \$35.1 billion to the Medicare Trust Fund between 2000 and 2011.⁵ Once the full effect of ACA implementation is realized, at least 25 percent of the people remaining uninsured in the US will be undocumented

¹ Leighton Ku and Sheetal Matani, "Left Out: Immigrants' Access To Health Care And Insurance," *Health Affairs* 34:2 (February 2015). <http://content.healthaffairs.org/content/20/1/247.full.pdf>

² Economic Report of the President. 2005. Page 107. <http://www.gpo.gov/fdsys/pkg/ERP-2005/pdf/ERP-2005.pdf>

³ U.S. Department of Health and Human Services. October 9, 2015. <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/better-care-smarter-spending-healthier-people.html>

⁴ Immigration Status and the Marketplace. <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>

⁵ Zallman et al, *Unauthorized Immigrants Prolong the Life of Medicare's Trust Fund*. *Journal of General Internal Medicine*. June 2015. http://d35brb9zkkbdsd.cloudfront.net/wp-content/uploads/2015/06/10.1007_s11606-015-3418-z.pdf

immigrants.⁶ This significant segment of our population would be unable to see a doctor when they are sick, and would lack the access to primary and preventative care that creates opportunities for them to live healthy and productive lives, instead being left to rely on emergency room services and free or charity care clinics. Because of this lack of access to preventative care, undocumented immigrants are at disproportionate risk for chronic health issues like diabetes, tuberculosis, and obesity. State and local governments bear the costs of emergency visits and procedures, which can often be as expensive as more comprehensive care, but is much less effective at its primary purpose of making people healthy.

Also excluded from federally funded health programs are people who have been granted Deferred Action for Childhood Arrivals (DACA). Although the DACA program has provided important relief from deportation for many New Americans, HHS has specifically excluded this group from insurance affordability programs, undercutting the program's intention to support integration of qualifying individuals. There are also stricter eligibility criteria within Medicaid and the Children's Health Insurance Program (CHIP) that exclude even more immigrants, such as those with Temporary Protected Status and U visa holders.

Even New Americans who are eligible for current programs face significant barriers. For instance, many New Americans, otherwise eligible for Medicaid, must still wait five years to apply, even though they might be paying taxes into the system during that time. Additionally, flaws in the ACA marketplaces' enrollment processes for verifying immigration status and insufficient linguistically appropriate support combine to make enrollment a more onerous process for many New Americans, and one that too often they are unable to complete.

Such barriers are even more remarkable when we consider that New Americans comprise more than one-quarter of all physicians and surgeons in the United States, and roughly one-fifth of all nursing, psychiatric, and home health aides.⁷

RECOMMENDATIONS

Expand coverage for all

- The ACA marketplaces and other federally funded programs like Medicare, Medicaid, and CHIP should be made accessible to all people living in the United States, regardless of immigration status. This should include a rescinding of the exclusion for DACA grantees and a commitment to not exclude additional recipients granted status through executive action, including the expanded DACA and Deferred Action for Parents of Americans (DAPA) announced by President Obama in November 2014. This also includes a repeal of the five-year bar and additional immigration status exclusions for Medicare, Medicaid, and CHIP
- Undocumented immigrants should be brought into the health care system, and an important goal should be the repeal of the systematic exclusions of this population. Including this population could improve the success of ACA programs by increasing participation and reducing risk across the larger population. Increased access to care will also mean a people will be able to see a doctor when they are sick and allow for timely preventative services and better management of chronic illnesses. It will promote improved health outcomes so that money is not directed toward late health interventions that are not as effective and efficient. A unified, federal approach to quality, affordable coverage for all will support local governments and providers that are currently paying uninsured health care costs, and it will save taxpayers money. Increased health care access is necessary to promote a robust public health approach that benefits the health of the community as a whole

⁶ Matthew Buettgens and Mark A. Hall, *Who Will Be Uninsured After Health Insurance Reform?* (Urban Institute, 2011). <http://www.urban.org/UploadedPDF/1001520-Uninsured-After-Health-Insurance-Reform.pdf>

⁷ Walter Ewing, *Critical Care: The Role of Immigrant Workers in U.S. Health Care.* (American Immigration Council, 2009).

- In the absence of a repeal of existing exclusions, HHS should partner with states and local communities to support their efforts to expand health care options for the undocumented. State advocates and policymakers are exploring a number of innovative solutions that are the best fit for their community, some of which need support at the federal level. For example, the California legislature is considering a bill that would allow undocumented immigrants to buy health insurance on the state's exchange. Other states might also want to pursue this option, which would require approval from HHS. HHS should do everything possible to support such efforts

Implement linguistically and culturally competent services in all health programs and activities

- HHS should continue to provide support and guidance to states and cities to increase culturally and linguistically appropriate services in health care settings, including access to mental health services
- HHS should also issue guidance to states regarding the impermissibility of enacting barriers that deter eligible New Americans from applying for federally funded programs, such as Medicaid
- HHS should finalize robust regulations implementing the nondiscrimination regulations under the ACA, including important protections for individuals with limited English proficiency. The agency should be proactive in enforcing these regulations and well as existing civil rights laws

Support New American health professionals

- As the native-born population grows older and requires more health care services of all kinds, and as increasing numbers of native-born health care workers reach retirement age, the U.S. will experience serious shortages of health care professionals. New Americans will play a crucial role in filling these gaps. Arbitrary restrictions that deprive New American health care professionals from obtaining the credentials they need to work must be repealed
- The federal government should invest in programs that create and support career pathways for New Americans seeking work in the healthcare industry
- We must develop federal and state policies to promote the professional integration of skilled New Americans and professionals, including a national streamlined system for transferring credentials and re-licensing, assisting skilled New Americans to acquire certifications and meet additional educational and/or job experience requirements, and helping them navigate complex and uncertain pathways to continuing their professions