FEDERAL POLICY SNAPSHOT

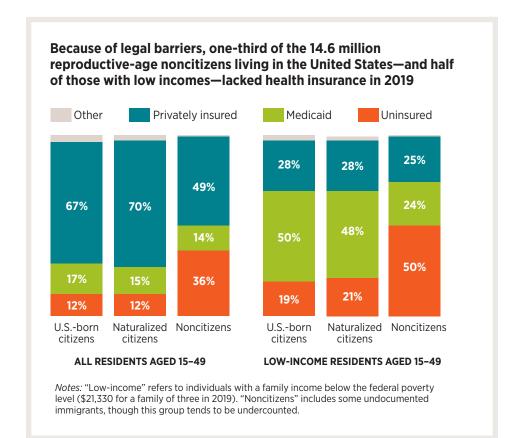
Immigrants' Health Insurance: Federal Restrictions Are Harmful for Sexual and Reproductive Health



The United States should value all immigrants and invest fully in their health care and reproductive autonomy. Unfortunately, immigrants of reproductive age in the United States face significant federal restrictions on their ability to obtain comprehensive and affordable health insurance coverage, including for sexual and reproductive health services. In large part because of these restrictions. immigrants who are not citizens are less likely to have health coverage and to use sexual and reproductive health services than people born in the United States. Congress and the Biden-Harris administration must work together both to repeal long-standing restrictions on health insurance for immigrants and to address the effects of the hostile anti-immigrant policies and rhetoric of the Trump-Pence administration by investing in programs for affected communities.

How restrictions on immigrants' health insurance work

- Conservative policymakers have long exploited the intersection of immigration policy and health care policy to undermine both.
- For decades, a patchwork of federal restrictions on Medicaid, the Children's Health Insurance Program (CHIP) and the health insurance marketplaces established under the Affordable Care Act (ACA) have limited immigrants' access to affordable, comprehensive health insurance.
- In 1996, Congress used the platform of "welfare reform" to restrict immigrants' access to numerous federal programs, including Medicaid coverage, by deeming most immigrants ineligible for the



first five years in which they have lawful status in the United States. The same restriction was applied to CHIP when it was created in 1997.

- Twenty-five states have exceptions to the five-year Medicaid/CHIP restriction for pregnant people and 35 have exceptions for children.
- In 2010, Congress barred undocumented immigrants from using their own money to purchase insurance on the ACA's marketplaces.
 The Obama-Biden administration extended the ACA's ban to recipients of its Deferred Action for Childhood Arrivals (DACA) program when it created that program in 2012, despite the policy's purpose to help eligible immigrants live and work freely in the United States.
- To make matters worse, the Trump-Pence administration weaponized anti-immigrant rhetoric and policies to deter immigrants from using public programs, such as Medicaid, even if they would otherwise be eligible.

Impact of restrictions on reproductive health

- Evidence indicates that immigrants in the United States face many obstacles to obtaining health insurance coverage and sexual and reproductive health services.
- Unjustifiable restrictions on health insurance create a complicated and incomplete system that immigrants must navigate, often forcing them to delay or pay out of pocket for basic health services.

The Health Equity and Access under the Law (HEAL) for Immigrant Families Act would eliminate several policies that block immigrants from affordable health insurance coverage

					ACA marketplace plans			
	Medicaid		CHIP		Subsidized		Unsubsidized	
	Current	HEAL Act	Current	HEAL Act	Current	HEAL Act	Current	HEAL Act
Lawfully present immigrants		②		②	•	•		•
DACA recipients	8	•	3	•	8	•	8	✓
Undocumented immigrants	8	3	8	3	8	•	8	•

KEY Banned for first five years of lawful status

Blanket ban on coverage

Eligible for coverage

Notes: ACA=Affordable Care Act. CHIP=Children's Health Insurance Program. DACA=Deferred Action for Childhood Arrivals.

- · When immigrants are unable to obtain basic care, their health, well-being and economic security are jeopardized, as well as the well-being and stability of their families and communities.
- In 2019, noncitizen immigrants aged 15-49 had three times the uninsured rate of naturalized citizens or people born in the United States (36% vs. 12%).
- · Immigrants with low incomes fare worse: In 2019, 50% of noncitizen immigrants aged 15-49 with a family income below the federal poverty level (earning less than \$21,330 for a family of three) were uninsured.
- One Guttmacher Institute study showed that only half (52%) of immigrant women at risk of unintended pregnancy had received contraceptive care in the previous year, compared with two-thirds (65%) of U.S.-born women.
- While some pregnant immigrants qualify for Medicaid coverage for labor and delivery, this coverage often does not extend to prenatal care. This gap in access to crucial services exacerbates the risk of

- negative pregnancy-related and other reproductive and sexual health outcomes.
- Research also suggests immigrant women are less likely than U.S.born women to receive other preventive services, such as Pap tests to detect and prevent cervical cancer and screening and vaccinations for hepatitis B, an infection that can be life threatening for infants.

What policymakers can do

To end federal restrictions on immigrants' health coverage and promote their access to coverage and care, Congress and the Biden-Harris administration should take the following steps:

- Pass the Health Equity and Access under the Law (HEAL) for Immigrant Families Act to expand immigrants' eligibility for health insurance coverage and access to care, including sexual and reproductive health services. HEAL would:
 - > Allow enrollment in Medicaid and CHIP for all federally authorized immigrants who are otherwise eligible.

- > Remove the unjustifiable exclusion of undocumented immigrants from buying health insurance coverage on the ACA's health insurance marketplaces.
- > Ensure access to Medicaid, CHIP and ACA marketplace coverage for DACA recipients (and anyone who might gain a similar status in the future).
- Invest in outreach and education to immigrant communities that have been harmed by both the Trump-Pence administration and long-standing anti-immigrant policies and rhetoric.

Sources

Links to source materials, related resources and other Federal Policy Snapshots are available at https://www.guttmacher.org/fact-sheet/ immigrants-coverage-policy.



Good reproductive health policy starts with credible research

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