Statement for the Record

House Committee on Oversight and Reform
Subcommittee on Healthcare and Financial Services
"Why Expanding Medicaid to DACA Recipients Will Exacerbate the Border Crisis"
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for their families. Since the program's inception, DACA recipients have continued to further their education, contribute to the workforce, volunteer in their communities, and support civic engagement, all without any certainty of what their future might hold due to the precarious status of the DACA program. Most people with DACA are young adults, with over 60 percent between the ages of 21 and 30.[5] A 2022 DACA survey revealed that more than a quarter are currently in school while nearly half hold a bachelor's degree or higher.[6] Data shows that approximately 343,000 people with DACA in the workforce were employed as essential workers, representing more than three-quarters of working DACA recipients.[7] Of those, a total of 20,000 were educators and 100,000 worked to maintain our food supply chain.[8] Additionally, approximately 45,000 DACA recipients worked in health care settings, including during the height of the pandemic, despite lacking equitable access to protect their own health.[9]

Immigrants and their families have faced numerous barriers to public services and programs, with serious consequences.[10] The arbitrary exclusion of DACA recipients from health care programs represents yet another layer of complexity to the various immigrant eligibility restrictions, and the resulting harm to DACA recipients has been significant. Estimates show that since the inception of the program, up to 47 percent of DACA-eligible individuals have been uninsured at some point, more than five times the rate of the general U.S. population.[11] While DACA recipients' access to employment authorization offers them increased access to health care coverage through employers, younger DACA recipients who cannot work may not be able to obtain coverage if their parents lack coverage, and those with employer-based coverage are often left without other options if they lose their job or have their work hours decreased and are no longer eligible for employer-based health insurance. The COVID-19 pandemic provided an example of this instability—nearly 20 percent of respondents to a 2021 survey of DACA recipients lost their employer-provided health insurance during the COVID-19 pandemic.[12]

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[5] "Key Facts on Deferred Action for Childhood Arrivals," KFF (April 13, 2023), https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-deferred-action-for-childhood-arrivals-daca/.

[6] Tom K. Wong, Ignacia Rodriguez Kmec, and Diana Pliego, "DACA Boosts Recipients' Well-Being and Economic Contributions: 2022 Survey Results," Center for American Progress (April 27, 2023), https://www.americanprogress.org/article/daca-boosts-recipients-well-being-and-economic-contributions-2022-survey-results/.

[7] Svajlenka and Truong, "The Demographic and Economic Impacts of DACA Recipients."

[8] Svajlenka and Truong, "The Demographic and Economic Impacts of DACA Recipients."

[9] Svajlenka and Truong, "The Demographic and Economic Impacts of DACA Recipients."

[10] Elisa Minoff, Isabella Camacho-Craft, Valery Martinez, and Indi Dutta-Gupta, "The Lasting Legacy of Exclusion: How the Law that Brought Us Temporary Assistance for Needy Families Excluded Immigrant Families & Institutionalized Racism in our Social Support System," Center on Poverty and Inequality, Georgetown Law (August 19, 2021), https://www.georgetownpoverty.org/issues/lasting-legacy-of-exclusion/.

[11] "Key Facts on Deferred Action for Childhood Arrivals," KFF; Svajlenka and Truong, "The Demographic and Economic Impacts of DACA Recipients"; Jennifer Tolbert, Patrick Drake, and Anthony Damico, "Key Facts about the Uninsured Populations," KFF (December 19, 2022), https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/.

[12] "Key Facts on Deferred Action for Childhood Arrivals," KFF; Wong, Kmec, and Pliego, "DACA Boosts Recipients' Well-Being and Economic Contributions"; Kat Lundie, Ben D'Avanzo, Isobel Mohyeddin, Ignacia

U.S. citizen children of immigrants have been double that of their peers with citizen parents despite their eligibility for federal health care programs, as their immigrant parents often face restrictions for coverage.[20] A large body of research has documented the long term benefits when children have access to health care, including greater educational attainment and economic outcomes.[21] Research also shows that children's access to health care coverage increases their use of preventive care, leading to better health as adults with fewer hospitalizations and emergency room visits.[22]

Children are more likely to access health insurance and health services when their parents are insured

When parents gain access to health coverage, their children also gain access to health coverage, otherwise known as the "welcome mat" effect.[23] A comprehensive body of research highlights the powerful effect of increases in parental access to insurance coverage on their children's access to insurance coverage. Following the ACA's passage, from 2013-2015, 710,000 children gained coverage, despite the fact that children's eligibility for coverage did not change under the ACA.[24] This research also shows that when parents have health insurance coverage, children are more likely to access the routine and preventative health care they need to be healthy and thrive.[25] A study conducted in 2017 found that children whose parents are enrolled in Medicaid had a 29 percent higher chance of having an annual well-child visit.[26] Lack of health care coverage and the inability to afford medical costs leads to significant burden on families, including the accumulation of medical debt or bills, stress around out-of-pocket costs, and the

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[20] "Health Coverage of Immigrants," KFF (July 15, 2021), https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/.

[21] Karina Wagnerman, Alisa Chester, and Joan Alker, "Medicaid is a Smart Investment in Children," Georgetown University Health Policy Institute: Center for Children and Families (March 2017) https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf.

[22] Julia Paradise, "The Impact of the Children's Health Insurance Program: What Does the Research Tell Us?," KFF, (July 17, 2014), https://www.kff.org/medicaid/issue-brief/the-impact-of-the-childrens-health-insurance-program-chip-what-does-the-research-tell-us/; Laura Wherry, Sarah Miller, Robert Kaestner, and Bruce D. Meyer, "Childhood Medicaid Coverage and Later Life Health Care Utilization," National Bureau for Economic Research (February 2015), http://www.nber.org/papers/w20929.pdf.

[23] Julie L. Hudson and Asako S. Moriya, "Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children," *Health Affairs*, 36, no. 9, (2017): 1643-1651, https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.034.

[24] Julie L. Hudson and Asako S. Moriya, "Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children," *Health Affairs*, 36, no. 9, (2017): 1643-1651, https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0347.

[25] Maya Venkataramani, Craig Evan Pollack, and Eric T Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," *Pediatrics* 160, no. 6 (2017), DOI: 10.1542/peds.2017-0953.

[26] Jessica Schubel, "Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children," Center on Budget and Policy Priorities (June 14, 2021), https://www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and.

and the post-partum period (up to 12 months after birth, depending on the state). Studies have shown that when insurance coverage is expanded to include pregnant people, they are more likely to enroll, seek, and receive prenatal health care.[33] For instance, an expansion in Emergency Medicaid coverage for immigrants increased receipt of recommended prenatal care screenings and vaccines.[34] Proper care before, during, and after birth is associated with a number of positive outcomes for both the child and pregnant person, including reduced risk of infant mortality, maternal mortality, birth complications, and alcohol use during pregnancy, among other benefits.[35]

III. The proposed rule would improve the health and well-being of young people granted Special Immigrant Juvenile (SIJ) Status.

We strongly support the proposed rule's clarification that youth who have been *approved* for SIJ status are considered lawfully present, not only those with pending petitions, as is currently described in 45 C.F.R § 152.2(7)—resolving an inadvertent omission that has excluded this vulnerable population from coverage.[36]

Special Immigrant Juvenile status, which was first enacted into law in 1990 and subsequently strengthened through the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), is a form of humanitarian relief that protects child survivors of abuse and other mistreatment from being returned to harm.[37] Eligibility for SIJ protection derives from a finding by a state

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[33] Esther Kathleen Adams, Anne L. Dunlop, Andrea E. Strahan, Peter Joski, Mary Applegate, et al., "Prepregnancy Insurance and Timely Prenatal Care for Medicaid Births: Before and After the Affordable Care Act in Ohio," *Journal of Women's Health* 28, no. 5 (May 2019): 654–64, https://www.liebertpub.com/doi/abs/10.1089/jwh.2017.6871; Laura R. Wherry, Rachel Fabi, Adam Schickedanz, and Brendan Saloner, "State And Federal Coverage For Pregnant Immigrants: Prenatal Care Increased, No Change Detected For Infant Health," *Health Affairs* 36, no. 4 (2017): 607–15, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1198.

[34] Maria I. Rodriguez, Menolly Kaufman, Stephan Lindner, Aaron B. Caughey, Ana Lopez DeFede, and K. John McConnell, "Association of Expanded Prenatal Care Coverage for Immigrant Women With Postpartum Contraception and Short Interpregnancy Interval Births," *JAMA Network Open* 4, no. 8 (August 2, 2021), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2782573.

[35] Cristian I. Meghea, Zhiying You, Jennifer Raffo, Richard E. Leach, and Lee Anne Roman, "Statewide Medicaid Enhanced Prenatal Care Programs and Infant Mortality," *Pediatrics* 136, no. 2 (2015), https://publications.aap.org/pediatrics/article-abstract/136/2/334/33829/Statewide-Medicaid-Enhanced-Prenatal-Care-Programs; Erica L. Eliason, "Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality," *Women's Health Issues* 30, no. 3 (May 1, 2020): 147–52, https://doi.org/10.1016/j.whi.2020.01.005. https://www.sciencedirect.com/science/article/abs/pii/S1049386720300050; "What Is Prenatal Care and Why Is It Important?," NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development (January 31, 2017) https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care; Katherine Dejong, Amy Olyaei, and Jamie O. Lo, "Alcohol Use in Pregnancy," *Clinical Obstetrics and Gynecology* 62, no. 1 (March 2019): 142, https://journals.lww.com/clinicalobgyn/Abstract/2019/03000/Alcohol_Use_in_Pregnancy.17.aspx.

[36] See 88 Fed. Reg. at 25,319; see also Proposed 45 CFR § 155.2(13) (stating that "lawfully present" includes a noncitizen who "[h]as a pending or approved petition for Special Immigrant Juvenile classification as described in 8 U.S.C. 1101(a)(27)(J)") (emphasis added).

[37] See Immigration Act of 1990, Pub. L. No. 101-649, Nov. 29, 1990, at Sec. 153; William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Pub. L. No. 110–457, Dec. 23, 2008, at Sec. 235(d)(1).

As a result of long delays in being able to adjust to LPR status, many SIJ recipients have experienced ongoing uncertainty and risk of deportation that only compound their trauma and impede healing. These delays have created real and detrimental impacts for children's wellbeing and erected barriers to opportunities and essential supports, including public health programs.[44] Although some states have permitted children with approved SIJ applications to apply for certain public health programs, this has not occurred uniformly, and many children are hindered in accessing coverage due to regulatory language, confusion about eligibility for various forms of immigration relief, and misunderstandings about whether Social Security numbers are required in every case.

While there is limited research on this population's access to health care coverage, anecdotal evidence from organizations that work with SIJ youth demonstrate the dire consequences young people have faced as a result of not being able to access health care coverage after being approved for SIJ. For example:

> *After aging out of Office of Refugee Resettlement care, Lucas* was able to access healthcare through CHIP Medicaid expansion to obtain needed mental health and rehabilitation services. Once reaching 19, however, their CHIP coverage was discontinued and they were denied eligibility for Medicaid due to their immigration status—despite having been approved for SIJ and having a pending asylum application. Without access to public health programs, they have had to rely on sporadic, emergency services, rather than receiving the inpatient and outpatient care they need.*[45]

> *Carmen,* a SIJ-approved youth with a pending application to adjust to LPR status, has been unable to access public health programs to address medical needs requiring specialty care and a future surgery. Although she has received some assistance from a hospital with mounting medical bills, Carmen faces outstanding balances in medical debt that leave her unable to afford the surgery she needs. Due to confusion about the complicated application process for private health insurance she has decided to wait until she becomes eligible for employer-based insurance after finishing her first year of employment.*[46]

The Biden Administration has taken important steps to address such harmful impacts, most notably by issuing a deferred action policy in March 2022 under which USCIS automatically considers children with approved SIJ applications for deferred action and work authorization.[47] Owing to this policy, many SIJ-approved children and youth have obtained a measure of

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[44] Davidson and Hlass, "'Any Day They Could Deport Me,'" 24-25.
[45] KIND client, with pseudonym used to protect confidentiality, in discussion with KIND.
[46] KIND client, with pseudonym used to protect confidentiality, in discussion with KIND.
[47] U.S. Citizenship and Immigration Services, U.S. Department of Homeland Security, "USCIS to Offer Deferred Action for Special Immigrant Juveniles," (March 7, 2022), https://www.uscis.gov/newsroom/alerts/uscis-to-offer-deferred-action-for-special-immigrant-juveniles.

policies.[51] By giving DACA grantees access to federally funded Marketplace coverage and financial assistance, the proposed rule would give states additional flexibility to use §1332 innovation waiver funds to reach other immigrant groups.

V. The proposed rule would improve health care access for children and families by simplifying the eligibility process.

We strongly support the rule's efforts to simplify and clarify eligibility categories in ways that benefit vulnerable immigrant children. A child's access to the care they need, when and where they need it, should not be contingent on their or their parents' immigration status. Accessible health insurance coverage for all people, including children, should pose minimal enrollment and renewal burdens, commence with the minimal waiting period needed to verify eligibility, offer continuous eligibility for a minimum of 12 months, and be portable across states.

Reduced complexity for DACA recipients

Under §214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), states can extend Medicaid and CHIP coverage to income-eligible children considered to be lawfully residing in the country without a five-year waiting period.[52] A majority of states have adopted the CHIPRA §214 expansion.[53] In the proposed rule, HHS states that the new lawfully present definition will expand coverage under CHIPRA §214 to DACA recipients who are under 21 or pregnant. Some studies have found that DACA recipients avoid the health care system, reporting barriers to care including cost, limited intergenerational knowledge about the health care system, lack of a driver's license, and mistrust of providers due to fear of discrimination and deportation.[54] In families with mixed-immigration status, adult DACA recipients tend to mirror the health-seeking behaviors of their DACA-ineligible parents, who have less access to health care.[55] Historically, expansions to child coverage under CHIP were successful in reducing

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https://www.wahbexchange.org/content/dam/wahbe-assets/legislation/WA%20Section%201332%20Waiver%20Application-updated%206-8.pdf .

[51] An Act to amend Section 100522 of the Government Code, relating to health care, CA - A.B. 4. Accessed June 14, 2023. (CA 2023) https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202320240AB4.

[52] Jonathan Beier and Karla Fredricks, "A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities," American Academy of Pediatrics and Migration Policy Institute (April 2023), https://www.migrationpolicy.org/sites/default/files/publications/aap-mpi_unaccompanied-children-report-2023_final.pdf.

[53] Julie M. Linton, Andrea Green, Lance A. Chilton, James H. Duffee, Kimberley J. Dilley, et al., "Providing Care for Children in Immigrant Families," Pediatrics 144, no. 3 (2019), https://publications.aap.org/pediatrics/article/144/3/e20192077/38449/Providing-Care-for-Children-in-Immigrant-Families.

[54] Marissa Raymond-Flesch, Rachel Siemons, Nadereh Pourat, Ken Jacobs, and Claire D. Brindis, "There is no help out there and if there is, it's really hard to find": A qualitative study of the health concerns and health care access of Latino "DREAMers," Journal of Adolescent Health 55, no. 3 (2014): 323-328.

[55] Ghida El-Banna, Kimberly Higuera, and Fernando S. Mendoza, "The Intergenerational Health Effects of the Deferred Action for Childhood Arrivals Program on Families With Mixed Immigration Status" Academic Pediatrics 22, no. 5 (2022): 729-735.

Conclusion

We thank you again for the opportunity to submit this written statement for the record. By ensuring that all lawfully present children - including young DACA recipients, SIJ youth, and children seeking humanitarian protection - have health care access, the proposed rule will advance public health, equitable access to health coverage, and healthy outcomes for future generations. For any questions regarding this statement, please contact Wendy Cervantes, Director of Immigration and Immigrant Families at CLASP, at wcervantes@clasp.org.