



February 6, 2015

Via email: [NewAmericans@who.eop.gov](mailto:NewAmericans@who.eop.gov)

Dear Director Muñoz and Director Rodriguez,

We thank the White House Task Force on New Americans for the opportunity to provide input on the Task Force's federal immigrant integration strategy and plan. We applaud President Obama for taking executive actions to fix our nation's broken immigration system by broadening administrative relief for immigrants and promoting civic integration.

The Georgetown University Center for Children and Families believes that healthy communities are the foundation of a safe and productive society. Healthy communities can only exist if we provide pathways for the meaningful involvement of its newest members. As such, we have two main suggestions for the Task Force: **First, we urge the Task Force to allow individuals granted relief under the President's Immigration Accountability Executive Actions to participate in affordable health coverage options under the Affordable Care Act (ACA), and Medicaid and the Children's Health Insurance Program (CHIP) in states that have taken up expanded coverage options. Second, we urge the Task Force to consider approaches that alert parents applying for or granted DAPA that their children may be eligible for Medicaid and CHIP or other health coverage programs and facilitate their enrollment.**

The Affordable Care Act has provided 9.5 million Americans with quality, affordable health insurance coverage. Many of the new enrollees are lawfully present immigrants, which includes individuals granted deferred action. Yet, two months after President Obama announced the Deferred Action for Childhood Arrivals (DACA) program in June 2012, the Department of Health and Human Services (DHHS) issued regulations and guidance excluding DACA grantees from affordable health insurance options that are available to other non-DACA individuals also granted deferred action.<sup>1</sup> Prior to August 2012, DACA recipients were eligible for the same health programs that are afforded to other lawfully present immigrants, including those with a similar form of deferred action. This exclusion has carried into the recently announced expanded DACA and Deferred Action for Parents of Americans and LPRs (DAPA) programs. We believe the exclusion lacks policy justification and undermines the spirit and primary goal of the ACA, namely, expanding access to affordable health coverage for uninsured individuals. Excluding DACA and DAPA recipients from Medicaid, CHIP and the health insurance marketplaces will not eliminate their need for health care; it only shifts the cost burden of their care to health care providers and local and state governments, and in turn taxpayers. Restoring

---

<sup>1</sup> See Center for Medicaid and CHIP Services, Letter to State Health Officials SHO# 12-002, August 28, 2012, and [75 FR 45029](#), July 30, 2010, as amended at [77 FR 52616](#), Aug. 30, 2012 excluding DACA recipients from the definition of "lawfully present".

eligibility for DACA recipients, however, would mean allowing a population of generally younger, healthier individuals to pay for health insurance in the marketplaces, spread the risk across a larger pool of covered individuals, and thereby lower the cost of health care for everyone. Providing DAPA recipients with equitable health care access as other lawfully present immigrants will also reduce confusion for immigrant families seeking to enroll in health insurance marketplace plans, particularly those in mixed-status families.

Immigrants should be treated fairly by having access to the health programs their tax dollars support. As President Obama stated in his Presidential Memorandum establishing the Task Force, “Our success as a Nation of immigrants is rooted in our ongoing commitment to welcoming and integrating newcomers into the fabric of our country. It is important that we develop a Federal immigrant integration strategy that is innovative and competitive with those of other industrialized nations and supports mechanisms to ensure that our Nation’s diverse people are contributing to society to their fullest potential.” Allowing DACA and DAPA recipients to participate in the ACA’s affordable coverage options, and Medicaid and CHIP at state option, is an essential tool to ensuring these hard-working immigrants are able optimize their full potential as new Americans.

An added reason to provide health coverage to DAPA applicants is that extending coverage to parents who by definition have children living with them will support the Administration’s health coverage goals for children. One of the best approaches for covering the remaining low-income children is to extend coverage for their parents. This helps children not only by reducing the number that are uninsured, but also by boosting children’s financial security, and providing children with better care from healthier parents.<sup>2</sup> For example, Massachusetts’ health reform’s coverage expansions for parents cut the uninsured rate for children in half. Also, in a GAO analysis, eighty-four percent of children had the same insurance status as their parents, and a child was eight times more likely to have public insurance if their parent had public insurance when compared to a child whose parent was uninsured.

We also urge the Task Force to consider approaches that both alert parents applying for or granted DAPA that their children may be eligible for Medicaid and CHIP or other health coverage programs and facilitate children’s enrollment. Providing this notice to parents applying for DAPA or granted DAPA could go a long way toward covering the remaining uninsured children, the majority of whom are eligible for Medicaid and CHIP but not enrolled. Almost half of uninsured children in the United States live in immigrant families, and of these children, the vast majority of these children are citizens.<sup>3</sup> And, nearly half are eligible for Medicaid but unenrolled, with many of the rest eligible for CHIP or tax credits in the health

---

<sup>2</sup> Georgetown University Center for Children and Families, “Medicaid Expansion: Good for Parents and Children,” (January 2014) <http://ccf.georgetown.edu/wp-content/uploads/2013/12/Expanding-Coverage-for-Parents-Helps-Children-2013.pdf>

<sup>3</sup> Sonya Schwartz, “Improving Enrollment for Immigrant Families Could Cut the Number of Uninsured Kids in Half,” Georgetown CCF Blog, (June 5, 2014) <http://ccf.georgetown.edu/all/lets-improve-enrollment-for-immigrant-families-and-cut-the-number-of-uninsured-kids-in-half/>

insurance marketplace. Providing notice about free or reduced cost coverage and connecting parents to enrollment assistance could help these children overcome barriers to enrollment such as parents' fear of immigration consequences. Parents could be notified to call 1-877-543-7669 or visit <http://www.insurekidsnow.gov/> (in Spanish: <http://espanol.insurekidsnow.gov> ) for assistance. We also suggest this notice include information about other programs for families and children (EITC, supplemental nutrition program, and more) along with the notice about health coverage.

For more information, please contact Sonya Schwartz, Research Fellow,  
ss3361@georgetown.edu.

Sincerely,

Joan Alker  
Executive Director

Sonya Schwartz  
Research Fellow

Georgetown University Center for Children Families