

CALIFORNIA IMMIGRANT WELFARE COLLABORATIVE
California Update

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California Counties Begin Implementing Fingerprint Imaging

LAWSUIT FILED CHALLENGING PROGRAM'S SCOPE

Recently, counties throughout California have begun implementing fingerprint imaging systems intended to detect and prevent fraud by CalWORKs and Food Stamps participants. Under the Statewide Fingerprint Imaging System (SFIS), applicants, recipients, and their household members must be fingerprinted and photographed in order to receive benefits.

The visual information will be stored in a central database. According to the state law authorizing the SFIS, the data is confidential. It can be used only for purposes of detecting fraud and cannot be shared with government agencies such as the Immigration and Naturalization Service or the Internal Revenue Service. (There are exceptions for persons with outstanding warrants for felonies or misdemeanors and for "fleeing felons.") Nonetheless, advocates worry that the privacy and confidentiality concerns raised by the system will further discourage needy Californians, particularly immigrants, from participating in the benefits programs.

A number of California counties—including Alameda, Contra

Costa, Los Angeles, and San Francisco—already have had in place similar pilot programs predating the SFIS. But despite the pilots' limited scope (they have largely affected counties' general assistance programs), they have netted only a comparative handful of defrauders. In light of the programs' ineffectiveness, advocates have questioned whether the high costs associated with operating them and their effect on the privacy of benefits recipients are justified. Even county officials have conceded

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Children's Health Measure Still Alive in Congress

CALIFORNIA IMMIGRANTS WOULD KEEP HEALTH COVERAGE MORE THAN 12 MONTHS

As Congress's adjournment in early October 2000 looms, a proposal to restore federal health care funding for certain immigrants remains active on the legislative calendar. The Legal Immigrant Children's Health Improvement Act of 2000 (H.R. 4707) was introduced on June 21, 2000, by Rep. Lincoln Diaz-Balart (R-FL). If enacted, the bill will give states the option to obtain federal funding under the State Children's Health Insurance Program (SCHIP, or Healthy Families in California) and Medicaid to provide health benefits to lawfully present immigrant children and pregnant women.

Under the federal welfare law passed in 1996, many lawfully present immigrants are ineligible for preventive and basic health care. "Qualified" immigrants who physically entered the U.S. on or after Aug. 22, 1996 (the enactment date of the welfare law), are barred for five years from receiving non-emergency Medicaid and SCHIP. "Not qualified" immigrants, including those who are lawfully present, are also ineligible for these benefits.

However, about a third of the states, including California, currently provide state-funded medical assistance to some or all of the immigrants who were rendered ineligible for Medicaid by the 1996 welfare law. The pending federal legislation would allow California and other states to draw down federal dollars for this coverage, freeing state funds to potentially cover other health care needs.

In addition, several states with large immigrant populations

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CIWC REGIONAL TRAININGS TO BE HELD SEPT. 12 AND 22

The California Immigrant Welfare Collaborative will be conducting its annual regional trainings in September 2000, with one session scheduled for San Jose on the 12th and the other for Orange on the 22nd. Persons interested in participating should register soon.

The registration deadline for the San Jose training is Sept. 5. For the Orange training, the deadline is Sept. 15. The cost for staff at nonprofit agencies is \$30, and participants will receive a comprehensive training manual as well as informational handouts. Same-day registrants are welcome, but preregistering guarantees that prospective participants will have spaces reserved. Topics to be covered include:

- Affidavits of Support • CAPI/SSI • CalWorks
- Domestic Violence • Nutrition • Health Care
- Language Access • Public Charge
- Verification and Confidentiality

For additional information on registering, interested persons should contact Mike Muñoz at the National Immigration Law Center (213-639-3900, ext. 110).

THE CALIFORNIA IMMIGRANT WELFARE COLLABORATIVE IS A JOINT PROJECT OF

National Immigration Law Center • Coalition for Humane Immigrant Rights of Los Angeles
Asian Pacific American Legal Center of Southern California • Northern California Coalition for Immigrant Rights

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that the pilots have been plagued by problems stemming both from technical complications and human error. Yet the reach of the SFIS is broader than these pilots. Indeed, advocates assert, implementation of the SFIS exceeds the scope for the program outlined in its authorizing statute.

Section 10830 of California's Welfare and Institutions Code directs the Dept. of Social Services to establish the program and states only that fingerprint imaging data be collected. However, as noted above, the implementing regulations require benefits recipients to be photographed as well as fingerprinted. According to a lawsuit filed by a group of welfare rights agencies challenging the SFIS, the regulations also exceed statutory authority by extending the program's reach to all adults living in households where any member receives benefits. The complaint, which was filed on Aug. 9, 2000, in Sacramento Superior Court, also contends that the regulations violate the law by dictating that the entire family's eligibility "must" (rather than "may") be terminated if one member of the household refuses to cooperate.

The requirement of the SFIS that even individuals not applying to receive benefits must be photographed and fingerprinted affects households in which there are caregivers who are not

related by blood or marriage to those for whom they provide care. Households that include eligible citizens and immigrants in addition to ineligible immigrants would also be affected. The broad fingerprint imaging requirement undoubtedly will contribute to the chilling effect that discourages undocumented parents from seeking assistance for their eligible U.S. citizen children.

Immigrants' rights agencies such as Services, Immigrant Rights and Education Network (SIREN) in San Jose have also pointed out that counties' outreach efforts to provide confidentiality assurances have thus far been inadequate. The impact on immigrant communities may prove disastrous. Traditionally leery of interacting with government agencies, immigrants are likely to view the SFIS with suspicion. Consequently, advocates fear, they may be discouraged from taking part in these programs, further lowering participation rates that have seen precipitous declines in the wake of the welfare and immigration laws enacted in 1996.

Advocates working on this issue are gathering information on the impact that the SFIS is having on immigrant families. Readers of the CALIFORNIA UPDATE who have such information to share are encouraged to contact either the California Immigrant Welfare Collaborative's Sacramento office at 916-448-6762 or Julissa Robles at SIREN at 408-286-5680.

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provide SCHIP benefits to these immigrants using state funds. For example, Texas, Illinois, and New York—all of which are led by Republican governors—have chosen to provide SCHIP coverage to newly arrived qualified immigrants without placing time limits on eligibility. Another Republican governor, Jeb Bush of Florida, has registered his support for the pending federal legislation. By contrast, California Governor Gray Davis has not yet taken a formal position on this issue. Under the Davis administration, California has opted to make post-Aug. 22, 1996, entrants eligible for only 12 months of coverage (see "Governor Davis Signs Budget: Programs for Recent Immigrants Preserved, but Only for Another Year," CALIFORNIA UPDATE, July 26, 2000, p. 1). Once their one year of eligibility runs out, they will lose their Healthy Families benefits unless federal funds become available. H.R. 4707 not only would provide continued Healthy Families coverage for post-Aug. 22, 1996, entrants beyond 12 months, it would allow California to extend eligibility to all lawfully present pregnant women and children.

In states that choose to take advantage of these federal funds, H.R. 4707 also would eliminate "deeming" and sponsor liability for health benefits used by these immigrants—removing a significant barrier that prevents immigrant families from qualifying or applying for health insurance. Although California does not currently impose "deeming" rules in its health care programs and has not taken steps to enforce the new affidavits of support, the specter of sponsor liability already deters families from enrolling.

Passage of the federal bill would have a significant impact on California's immigrant communities, large proportions of which continue to face barriers to obtaining health care. For example, among the state's immigrants, one out of every two children is uninsured. Even citizen children whose parents are noncitizens or naturalized are less likely to have health care coverage than

are children with U.S.-born parents. Moreover, the majority of such uninsured children live in families in which the parents are employed, with three-fourths of them who are eligible for Healthy Families but not enrolled having at least one parent working full-time. The remaining proportion of children live in families in which at least one parent works part-time.

Continuing Healthy Families coverage for post-Aug. 22, 1996, entrants would, advocates point out, minimize long-term expenses for the state since the preventive and primary care available through the low cost insurance program is less expensive than emergency room visits. Immigrants' rights advocates also believe that California's current plan to cut off benefits after only 12 months of coverage represents a tremendous setback to efforts encouraging immigrants to enroll in health programs for which they are eligible. A number of studies have documented the declines in rates of participation by immigrants in health and other important safety net programs since the welfare law's passage. The current 12-month limit on Healthy Families coverage has, advocates assert, complicated outreach efforts, making it more difficult to convince immigrants to apply for benefits.

While advocates remain hopeful that the Legal Immigrant Children's Health Improvement Act of 2000 will pass this legislative session, they also point out that the last five weeks of any congressional session are among the busiest for legislators. Because a significant amount of unfinished business must be attended to, only those measures high on the priority list for members of Congress and the administration will likely pass. Towards that end, advocates are planning a slew of activities to focus attention on H.R. 4707, including visits to congressional members, town hall meetings, and requests to newspaper editorial boards to take positions favoring the measure's passage. On September 12, a national call-in day to Congress will focus on the Legal Immigrant Children's Health Insurance Act, as well as restoration of food stamps to immigrants and other provisions under the Hunger Relief Act.