

SCHIP Reauthorization Legislation Can Help Ensure that Children Receive Timely Health Care Coverage

No one should live in fear that because they lack health coverage, one accident or illness could threaten their family's economic security. Access to affordable, quality health care is a widely-shared goal. Good health care is essential to workers' productivity and the opportunity for children to realize their full potential. *Given the crucial role that medical coverage plays in determining health and well-being, all children should have access to coverage.*

As Congress reconsiders the SCHIP reauthorization legislation that was passed with overwhelming bipartisan support last year, there is one crucial provision that Congress can add to maximize the legislation's goal of significantly reducing the number of uninsured children in the U.S. *Currently, legal immigrants must wait five years before they can receive health care services through Medicaid or SCHIP. Congress should pass SCHIP legislation that includes the "Legal Immigrant Children's Health Improvement Act" (ICHIA) to eliminate this arbitrary waiting period for children and pregnant women.*

The public strongly supports extending health coverage to legal immigrant children. New polling data reveals widespread support for a renewal of the State Children's Health Insurance Program (SCHIP) by a margin of **82-10 percent**. In addition, the survey indicates that, by a margin of **79-15 percent**, a majority of Americans favor expanding SCHIP to cover legal immigrant children, who currently face a five year waiting period before they are eligible for health coverage under SCHIP.¹

Some states provide limited coverage for immigrant children with their own funds but in many states, low-income, legal immigrant children have few options for health care. ICHIA would give states the *option* to provide Medicaid and SCHIP coverage for otherwise eligible low-income legal immigrant children and pregnant women. Especially in tight economic times, federal matching funds could help give legal immigrant children access to preventive care, immunizations, and the full range of health care services they need. As Congress looks at strategies to improve access to health care in the U.S., removing the five-year Medicaid and SCHIP waiting period for legal immigrants is a much-needed step.

Children should not be forced to wait five years for health care – five years is a lifetime to a child. Timely coverage can mean the difference between preventing or treating conditions that can affect a child's long-term prospects for a healthy productive life, and leaving those conditions undetected and untreated. With a five-year waiting period, we may miss the opportunity to diagnose and treat legal immigrant children for conditions such as asthma, autism, and hearing impairments; conditions with life-long consequences for children's health and well-

¹ The poll was commissioned by First Focus, a bipartisan children's advocacy organization, and conducted by Lake Research Partners on the eve of November 2008 election. See: <http://www.firstfocus.net/pages/3539>

being. And denying children treatment for cancer or rehabilitative services for a disability is not what our country stands for.

Eliminating the five-year waiting period will improve access to care for legal immigrant children. Removing the five-year waiting period for legal immigrant children will put them on equal ground with citizens, providing them the opportunity to obtain affordable coverage through public programs. Significant numbers of legal immigrant children lack coverage because their parents work in one or more jobs that don't offer them access to employer-based coverage. Expansions of children's health coverage in Medicaid and SCHIP have helped most low-income citizen children, but low-income immigrant children have fallen further behind. The new option would help keep all children in our communities healthy.

States cannot “carry the water” by themselves, especially in the midst of economic meltdown; the federal government needs to create an equal partnership in the effort to insure children throughout the country. A number of states have chosen to provide equal access to health care for legal immigrant children and pregnant women. As of late 2008, 19 states, including many states with the largest immigrant populations — across all regions of the nation — use state funds to provide Medicaid and/or SCHIP coverage for legal immigrant children or pregnant women who are ineligible solely because of the federal restrictions.² States have determined that covering children is better for kids' health, their performance in school, and for their long-term security and stability. In other states, though, legal immigrant children have no such access.

ICHIA enjoys a long history of strong bipartisan support. In addition to longstanding support from Republicans, Democrats, and Independents in Congress, the removal of legal immigrants' barriers to health care is also backed by diverse stakeholders. The National Governors Association and the National Conference of State Legislatures have long called for equal access. The Senate passed ICHIA as part of its version of the Medicare drug law in 2003 and ICHIA was part of the original House version of SCHIP reauthorization in 2007. In addition, the bipartisan U.S. Commission on Immigration Reform called for lifting restrictions on legal immigrants' eligibility for public benefits shortly after the 1996 restrictions were put into place.

² These 19 states are: CA, CO, CT, DE, FL, HI, IL, ME, MD, MA, MN, NE, NJ, NY, PA, TX, VA, WA – plus DC. Also, prenatal care is available regardless of immigration status through the SCHIP “fetus” option, in some of the states already listed (CA, IL, MA, MN, NE, RI, TX, and WA), and also in the following states: AR, LA, MI, WI. Oklahoma has invoked the option but has not yet implemented it.