



Support and Pass the LIFT the BAR Act

During the global COVID-19 pandemic, millions of people in the United States continue to be denied access to health care and basic economic supports because of their immigration status. This community includes many non-U.S. citizens who are lawfully present in the U.S., including people with "green cards" who have made a permanent home here.

We need to ensure that everyone in the U.S. has access to high-quality health care, food, and economic assistance, regardless of their race, income, or where they were born. COVID-19 has exposed the severe inequities that predated the pandemic; our response as a nation can provide a blueprint to create a stronger, healthier country for all.

The Need

- ▶ Millions of lawfully present immigrants, including people with Deferred Action for Childhood Arrivals (DACA) or temporary protected status (TPS), are ineligible for federal programs including Medicaid, housing, and nutrition assistance that would allow them to live healthier, more productive lives.¹
- Hundreds of thousands of other immigrants, including people with lawful permanent resident status (green cards), are required to wait at least five years before they can obtain certain benefits, even while living and working in the U.S.²
- ▶ Denying immigrants access to health and basic needs programs harms all of us, including the 16.7 million Americans who live in mixed-immigration status families.³
- ► Immigrants have been disproportionately harmed by the COVID-19 pandemic and, as a result of these restrictions, many have not been able to get the health care, food, and housing assistance they need to remain healthy or shelter in place.⁴



The Solution

The LIFT the BAR Act would align federal assistance programs with the eligibility standards of the Affordable Care Act, allowing all lawfully present immigrants to access federal programs without discriminatory bars or waiting periods.

The act would:

- ▶ Repeal key provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) that (1) restrict lawfully present immigrants' eligibility for federal assistance programs, (2) allow states to adopt more punitive restrictions, (3) erect barriers for states or localities that wish to use their own funds to establish more inclusive programs, and (4) restrict or deter access to critical services for immigrants with sponsors.
- Redefine "qualified noncitizens," a term used to define eligibility for many federal programs, to include any individuals who are lawfully present in the U.S.
- Provide that individuals who have access to Affordable Care Act health insurance under current rules will not lose access to affordable coverage if they remain ineligible for Medicaid.

The Why

- A 2021 Data for Progress poll showed that 71% of likely voters would support "amending the 1996 Welfare Reform Act to allow immigrants who are now permanent legal residents, who pay taxes, to benefit from social safety net programs."⁵
- The People's Action Institute found that engaging voters in conversations about the shared struggles faced by all communities increased their support for a universal health coverage plan that explicitly includes all immigrants.⁶
- A Families USA-Hart Research poll found that 82% of voters think the president and Congress should ensure that everyone has access to comprehensive health care coverage.⁷
- ► Immigrants are currently subsidizing the health care costs of U.S. citizens paying taxes, but not receiving their fair share of health care.⁸
- Extensive research shows that increasing health care coverage reduces deaths, increases preventative care, and cuts preventable hospital readmissions.⁹
- ► Ensuring that lawfully present immigrants have access to the Supplemental Food and Nutrition Program (SNAP) will lift families out of poverty, improve the health and educational outcomes of children, and boost the economy.¹⁰



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Data Show the Need to Address Immigrant Health and Well-Being

- ▶ In 2018, 44.7 million immigrants comprised 14% of the national population.¹¹
- An estimated 6,000,000 immigrants are working essential jobs at the frontlines of the response to the COVID-19 pandemic.12
- 23% of lawfully present immigrants are uninsured compared to 9% of U.S. citizens.¹³
- ▶ 9.8% of Black people, 66% of Asian Americans, 24% of Native Hawaiians and Pacific Islanders, and 33% of Hispanics in the U.S. were born outside the U.S.¹⁴ COVID-19 hospitalization rates among non-Hispanic Black people and Hispanic or Latino people were both about 4.7 times the rates among white people.15
- ► The average safety-net hospital provides \$71 million in uncompensated care annually (care of uninsured patients for which they do not receive payment). 16 Over 10 million COVID-19 cases can be associated with a lack of health insurance.17
- ▶ Women in poverty are especially hurt by exclusions. Of noncitizen women who live in poverty, approximately 48% are uninsured, 3 times the rate of U.S.-born women living in poverty who are uninsured (16%).18
- Exclusionary policies hurt kids, including U.S. citizen kids. One in four U.S. citizen children have at least one immigrant parent. 19 **Children of** immigrants were more likely to be in low-income families (45%) compared to children of U.S.-born parents (35%).20 Citizen children of immigrants are uninsured at twice the rate of children with no **immigrant parents**. Nearly one in five lawfully present immigrant children are uninsured as well.21
- ▶ Immigrants experience **food insecurity** at rates higher than the nativeborn population.²² Children in immigrant households are especially vulnerable; 42% of Hispanic/Latino youth experience household food insecurity and 33% experience child food insecurity.²³
- ▶ Immigrant well-being has suffered. In 2018, immigrant families' participation in the Supplemental Nutrition Assistance Program (SNAP) decreased following ten years of gains in SNAP enrollment.²⁴ One in seven adults in immigrant families reported having avoided seeking public benefits in 2018 based on concerns about the immigration impacts of receiving health care and other programs.²⁵
- Due to the 1996 legislation, "the percentages of noncitizens receiving public benefits declined sharply, reports of their hardships increased, and service providers were forced to provide additional services with fewer resources."26



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References

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