

On The Path Toward Health for All:

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Every person in this country should be able to get health care when they need it, no matter the color of their skin, how much money they have, or where they were born. It's really that simple. This moral principle, coupled with clear evidence that expansion of health insurance leads to higher productivity and economic growth,¹ led to a significant overhaul of the U.S. health care system in 2010 under the Affordable Care Act (ACA). Nonetheless, despite improving access to health care for many, the ACA crystalized the most striking disparity: federal law makes undocumented immigrants generally ineligible for affordable health coverage. Under this post-ACA reality, around half of adult undocumented immigrants and 18 percent of lawfully present adults lack health insurance, compared with 8 percent for U.S.-born citizens.² No other demographic is subject to statutory barriers that result in this level of inequity.

Many immigrants and their allies have refused to accept these senseless restrictions as the final answer. Inspiring movements toward Health for All—access to affordable health care for all residents, regardless of immigration status—have gained momentum in states, cities, and counties across the country. Creative advocates and policymakers have sought to use every available option to create paths to coverage for immigrant members of their communities, and when no option existed, they created their own paths. At the National Immigration Law Center, we believe that all these paths must converge and lead to the realization of Health for All. With this series of publications, we hope to provide foundational policy support for all working toward this goal.

NILC's Mission of Health for All

The National Immigration Law Center is a leading organization exclusively dedicated to defending and advancing the rights of low-income immigrants, and we have long worked toward access to affordable health care as a key component of advancing our mission. Since the 1996 welfare law restricted many immigrants' access to federally supported health coverage programs, we have worked to improve federal law. We advocated for passage of the Children's Health Improvement Reauthorization Act of 2009 and the ACA, both of which created additional coverage options for some immigrants. And, as co-founder and member of the Protecting Immigrant Families coalition, we defeated a Trump-era "public charge" policy that deterred many immigrants from seeking health coverage and care. We continue to seek reform of the federal immigration and public benefits systems, to include access to affordable health care for all, and the elimination of bars to coverage for certain immigrants under federal programs such as the ACA marketplaces, Medicaid, the Children's Health Insurance Program (CHIP), and Medicare.

The most transformational changes, however, have happened at the state level, where NILC has provided support and partnership to advocates and their government partners who have created state and local options that fill the gaps created by the federal system. The COVID-19 pandemic galvanized the work of many of these advocates, and it has transformed the movement toward Health for All. As we emerge from the worst of the pandemic, we are proud to share, in this series, the policy and campaign insights we have learned from our collaboration with advocates and activists in the states. We hope this momentum and insight can guide the next stage in the fight for Health for All for immigrants and for NILC as we partner with our allies and the communities we serve.

Overview of the Series

Part 1: A Winning Strategy

Health for All has become a winning strategy at the state level—not only to improve health outcomes for more residents, but to build multi-sector coalitions that demonstrate the growing political power of immigrant constituencies.

Part 2: Opportunities for States to Expand Public Coverage to Immigrants Using Federal Funds

States can begin a path to Health for All by maximizing federal funding to expand public health coverage, as a majority of states across the political spectrum have done. Using a federal option to cover lawfully present children and/or pregnant people, as well as undocumented pregnant people, is a common sense and cost-effective tool.

Part 3: Opportunities for States to Expand Public Coverage to Immigrants Using State Funds

Many states fill the gap in immigrants' access to federal health insurance programs by using their own funds to provide supplementary or comprehensive public coverage. These efforts often start with certain populations, such as children, but are a way to cover low-income undocumented immigrants in a state.

Part 4: Opportunities for States to Expand Access to Private Coverage through State Innovation Waivers

Using the ACA's Section 1332 "State Innovation Waivers" in combination with state funds, advocates and policymakers can test alternative approaches to providing access to private coverage. These programs can supplement public coverage expansions or be used as a primary tool to cover undocumented immigrants.

Part 5: Opportunities to Expand Access to Hospital Financial Assistance through State Law

A growing number of states have created standards for financial assistance or charity care for their hospitals. Without creating or funding a comprehensive coverage expansion, this approach requires nonprofit hospitals to more tangibly use the "community benefit" they are required to provide under federal law to provide health care to their community members who are ineligible for, or have insufficient, health coverage, including immigrants.

This series was written by Gabrielle Lessard, Matthew Lopas, and Isobel Mohyeddin. >

Endnotes

- 1. Viju Raghupathi and Wullianallur Raghupathi, "Healthcare Expenditure and Economic Performance: Insights From the United States Data," Frontiers in Public Health 2020; 8: 156, *available at* <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7237575/</u>
- 2. KFF, "Key Facts on Health Coverage of Immigrants" (Sept. 17, 2023), <u>https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/</u>