NATIONAL
IMMIGRATION
LAW CENTER

On The Path Toward Health for All:

A Winning Strategy ▶

On The Path Toward Health for All:
A Winning Strategy ▶

By Matthew Lopas | December 2023

> **!** This is part **one** of a series of policy briefs explaining different tools available to states to achieve Health for All – access to quality, affordable health coverage for all state residents, regardless of immigration status.

Overview

Health care and immigration are two of the most complex and confounding issues confronting U.S. policymakers, and the intersection of the two offers both challenges and opportunities for advocates. Even as the health care industry constitutes nearly a fifth of the entire American economy,[1] the United States frequently ranks at the bottom of similarly wealthy peer countries on measurements like access to health care and health outcomes.[2] There are an estimated 11 million undocumented residents in the country—nearly 80 percent of whom have lived here for more than 5 years[3] —and an additional 1.8 million people who have a form of temporary status that protects them from deportation but provides no path to long-term residency.[4]

Congress has taken some steps to address the health care crisis, but immigration reform lags far behind. Enacted in 2010, the Affordable Care Act (ACA) reimagined the health care system, resulting in a record percentage of the population being insured in 2022.[5] The most recent significant legislation to address the undocumented population, however, passed in 1986.[6] The federal government remains stuck in a system of exclusion from health coverage based on immigration status, made worse by the restrictions imposed by the welfare law of 1996,[7] and improved but still reinforced by the ACA.[8] Yet despite inaction at the federal level, significant progress has been made on access to health care for immigrants at the state and local level.

This brief discusses the vision of, and multiple paths toward, achieving Health for All, and how it has become a winning strategy at the state level–not only to improve health outcomes for state residents, but to build multi-sector coalitions that demonstrate the growing political power of immigrant constituencies. States throughout the country and across political divides have leveraged federal options and invested their own funds to improve access to health care for immigrant residents. As of 2022, 73 percent of foreign-born residents live in a state that offered or planned to offer health coverage to at least some undocumented residents (children, pregnant people, or some population of adults).[9] This has happened in blue states like California, which will cover all otherwise eligible residents, regardless of immigration status, in its Medicaid program starting in 2024 and Washington, which uses a combination

of Medicaid and an innovative healthcare marketplace waiver to provide coverage options regardless of immigration status. With new or upcoming programs in Oregon, Colorado, and Minnesota, five states will offer at least some opportunity for all adults and children to obtain coverage regardless of status. But it is also happening in more conservative states like Utah, which will cover all children regardless of their immigration status, and Texas and Tennessee that use federal money to cover prenatal care, regardless of immigration status. All told, 44 states have affirmatively committed to improve health access for immigrant residents.

The COVID-19 pandemic only accelerated the momentum building toward Health for All, where all residents have access to comprehensive, affordable health care regardless of their immigration status. In responding to COVID, states and communities were confronted with the reality that the health and the economic well-being of their residents depends on the ability of all residents to seek health care when they are sick. Health for All is a winnable issue, as illustrated by the 44 states that have moved in that direction notwithstanding state politics that range across the partisan spectrum. Other briefs in this series will review the policy options that states and localities can and should consider as they move toward Health for All, and the benefits of doing so. This report will discuss how Health for All is a winning strategy.

Creating Transformational Change & Building Power

▶ Challenges at the Federal Level

The momentum of victories at the state and local level often gets lost because so much depends upon what happens in Congress. Repealing the health and public benefits social safety net established during the New Deal and Great Society has been a priority of the conservative movement beginning under President Reagan.[10] The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), the so-called welfare reform law, imposed the most consequential restrictions on public benefits. In addition to drastic cuts to nutrition and income support programs, PRWORA also imposed a restrictive system of immigrant access to programs that still casts a shadow over today's policy and politics. It created a new category of "qualified immigrants" eligible for Medicaid and certain other public benefit programs, excluding many lawfully present immigrants who had been eligible previously. It also imposed a five-year waiting period on most of those who remained eligible, such as lawful permanent residents (green card holders).[11]

This law's effects have been disastrous, leading to an increase in poverty rates that have never recovered since the end of the 1990s.[12] PRWORA still casts a political shadow over the conservative movement, which continues using the "welfare reform" playbook to make programs more difficult to use.[13] PRWORA was enacted contemporaneously with the 1996 Illegal Immigration Reform and Immigrant Responsibility Act, which severely restricted routes to immigration status and due process. These harsh laws crystalized the framework that facilitated the rise of Donald Trump and growing political divisions on policies as foundational as humanitarian asylum.[14]

The political and media narrative is that the legislative system is broken, with no significant legislation possible absent filibuster-proof one-party control, and that immigrant health and benefits issues constitute a political third rail. But that's not true—at least not completely. In 2013, the last time a bipartisan immigration reform bill passed the Senate, Congress largely retained PRWORA's system of exclusion, requiring newly legalized immigrants to wait five to 15 years before becoming eligible to apply for public health insurance programs.[15] The failure of this bill was perhaps the most visible sign of Congress' inability to act, reinforcing the narrative that immigration reform is a losing battle politically. [16]

▶ Successes in the States

The myopic focus on the lack of federal change misses the policy wins that were being achieved at the state level at the very same time. In fact, 2013 was a banner year for immigrant inclusive issues in state legislatures: eight states plus Puerto Rico and the District of Columbia enacted laws expanding driver's licenses to undocumented residents (only three states had such laws going into the year). Multiple states also expanded access to in-state tuition and strengthened protections for domestic workers, an industry with a disproportionate number of immigrant workers.[17] The 2014 and 2015 legislative sessions also saw significant progress, including passage of laws that expanded health care access to children and pregnant people, part of the trend that continues today.[18]

While only federal legislation can provide a path to immigration status for millions of undocumented residents, states can and have passed laws that help immigrants thrive in their daily lives. The majority of immigrants now live in states that offer more affordable higher education and driver's licenses regardless of immigration status, and increasing numbers live in states that provide immigrant inclusive anti-poverty tools like income-based tax credits and health care.[19] These victories have built upon earlier successes. A wave of legislative policy wins in states like California and Colorado on issues like driver's licenses and tuition equity were followed by legislative campaigns on fully inclusive health and benefits expansion in those places. They also coincided with changes in the political makeup of the state's elected representatives, with both states sending more Democrats to Washington, D.C. during the Trump administration. As immigrant inclusive victories gain momentum, so does the political power of immigrant constituencies who fight for them— together they set up a state on a path toward Health for All.

Many Paths to Progress at the State Level

The idea of Health for All—much like the idea of universal coverage—is more of an ideal outcome than a single policy solution, and progress toward both has been achieved by incremental change that doesn't always go in one straight line. Any step toward expanding coverage and care options for immigrant residents is important and can be tailored toward a particular community or political environment.

California's progress provides one case study of the many factors and efforts that can secure progress. In 2021, California achieved what many consider the gold standard in Health for All when the state committed to covering all financially eligible residents, regardless of immigration status, in their Medicaid program.[20] This victory was achieved by first gaining access for children, young adults and then older adults, and then covering the remaining uninsured. Although policymakers expanded coverage incrementally, advocates always had a clear goal of Health for All, celebrating each victory, but holding policymakers accountable until it achieved universal coverage.This approach suited California, a state where the passage of Proposition 187 in 1994, an anti-immigrant ballot measure that, among other draconian policies restricted immigrants' access to education, health care and social services programs, but also galvanized a broader movement of inclusion.[21] The growing number of Latino and Asian residents fueled this movement. Both groups account for the vast majority of the state's population growth from 2000 to 2020[22] and now account for 39 and 15 percent of state's population, respectively.[23]

As the political effort gained steam in the state capitol among immigrant and health advocates, a complementary effort to shift Californians' views on immigrants as members of the state who should have health care options took hold. A resulting significant shift in public opinion toward Health for All buoyed the political movement.[24] Although this confluence of political, demographic, and cultural change may seem like just a fortunate coincidence, it was also built on experimentation and grassroots organizing. Prior to the statewide wins, county-level programs like Healthy San Francisco experimented with innovative ways to cover undocumented residents. Both urban and rural communities in the state found ways to build upon community health programs because of a recognition that immigrant residents were integral to making their communities thrive.

Not every state is California, but that doesn't mean that other states cannot use some of the same strategies or experiment with different ones. Texas is an example of a state where politics might not support something like a Medicaid expansion, but where a locality with a large immigrant population might pursue providing more affordable health care options.[25] Harris County, Texas, which includes Houston, funds the Harris Health System, which serves all residents of the county regardless of immigration status (nearly half of whom are uninsured), integrating certain hospitals with primary care through federally funded Community Health Centers. These hospitals can tap into Emergency Medicaid that is available to undocumented residents, and a sliding fee scale model that creates an option for immigrants to obtain care, including specialty care at a more affordable rate.[26] This innovation demonstrates both the benefits of a program that creates an opportunity for more affordable care, but also the limits of one that has not embraced a full Health for All coverage model— especially when it comes to access to specialty services and ongoing treatment for chronic illnesses.[27]

In some places, the policy options may be even more limited and largely stick to implementing the options to expand coverage using federal funding discussed in the next report in this series. In Nebraska, the state legislature overrode a veto from the governor in 2012 to use the state's Children's Health Insurance Program (CHIP) to cover prenatal care for pregnant people regardless of status.[28] Although limited in scope, this

kind of expansion can provide an important benefit for low-income pregnant people during a critical time. A study of Nebraska's law found that people with this prenatal coverage in Nebraska were 28 percent more likely to receive adequate prenatal care than pregnant residents of South Carolina, which had not adopted this option.[29] The path to this expansion built upon the 2010 advocacy to cover lawfully present children and pregnant people in the Medicaid/CHIP program, until support across the political spectrum was achieved for the prenatal bill, which included endorsement from both Nebraska Right to Life and Planned Parenthood for the Heartland.[30]

Building Powerful Collaborations: An Example from Colorado

Cross-sector coalitions and campaigns — that include immigrants and immigrant advocacy groups that are accountable to directly impacted people — are crucial to winning lasting policy change. The work toward health reform in Colorado, and the campaigns it took to get there, provide a powerful example.

As the staff of the Colorado Immigrant Rights Coalition (CIRC) began preparing for their statewide 2021 Membership Assembly, a trend emerged from each of their regional membership convenings: everyone wanted to talk about health care. Founded in 2002,[31] CIRC arose from the aftermath of September 11, a time of rising xenophobia nationally and specifically in Colorado, which at the time had a strong influence from right wing libertarian and white supremacist movements. The coalition was motivated into expanding its role as a policy actor by the passage of the anti-immigrant "Show Me Your Papers" style bill (SB-90) in 2006. Before 2021, the energy of their movement had largely been focused on fighting things like local law enforcement collaboration with immigration enforcement or advocating for access to driver's licenses for all; the team had never taken on a health care campaign.

Working toward health equity in Colorado requires a certain amount of creativity, which runs deep in the state. In 1992, Colorado voters passed the Taxpayer Bill of Rights (TABOR) Amendment, a law that limits the revenue that the state can bring in and spend in any given year, and which requires certain tax increases to be approved by voters. This law—the only one like it in the country—forced deep cuts in public services and remains a huge impediment to securing policies like health equity.[32] Organizations like the Colorado Consumer Health Initiative (CCHI) and Colorado Center on Law and Policy (CCLP) had decades of experience in navigating within this restrictive framework. At the onset of the COVID-19 pandemic they were able to partner with policymakers to develop rental assistance, child care support, and other programs—many of which were designed to be inclusive of all residents, regardless of immigration status. CCHI, an active member organization of CIRC, had previous experience working with immigrant communities, a growing demographic and political force in the state.

Colorado's emergence from its libertarian roots to become a contested "purple state"[33] was contemporaneous with the growth of CIRC as a powerful actor. CIRC supported efforts that scored victories like the repeal of the Show Me Your Papers law and the restoration of access to driver's licenses for undocumented residents in 2013 — efforts which fostered partnership with organizations like the Colorado Fiscal Institute.[34] CIRC uses a democratic process of establishing priorities, and when their members prioritized health advocacy, so did the coalition. Earlier in 2020, a coalition of health advocates had already secured a legislative commitment to seek a federal waiver allowing the state to use savings from its ACA health insurance marketplace to cover a limited number of undocumented people.[35] Momentum was building as CIRC entered the health advocacy space more directly.

CIRC joined this well-developed coalition with goals of health equity and addressing gaps in the ACA,[36] bringing their model of advocacy that is accountable to affected individuals. This approach led to a stronger version of the legislation eventually known as Cover All Coloradans, according to then-CIRC Campaign Manager Siena Mann. The legislation paired coverage for undocumented kids with other provisions that addressed health care affordability more broadly.[37] Because of their long-standing collaboration, these organizations were able to come together during a time of crisis and work jointly to address health issues affecting Colorado families. Their success provides a template for building power together across sectors to overcome policy and political roadblocks.

Conclusion

When the moderator at a 2019 Democratic primary debate asked a slate of presidential candidates if they supported providing health care for undocumented immigrants, all 10 candidates raised their hands to say yes. It was a stunning moment that demonstrated the growing momentum of Health for All. Just a decade before, President Barack Obama had reassured members during a joint session of Congress that the Affordable Care Act would not cover undocumented people, which also gained notoriety for a Republican congressman who shouted at him.[38] Candidate Joe Biden said: "You cannot let people who are sick, no matter where they come from, no matter what their status, go uncovered. You can't do that. It's just going to be taken care of. Period. You have to. It's the humane thing to do." [39]

The country has come a long way since the passage of the Affordable Care Act, but there is still a lot of opportunity to move further along the path to Health for All. The candidate who made the statement that it is common sense and humane to cover people who are sick became president and his administration has taken the modest step of proposing to rescind a long-standing policy preventing recipients of Deferred Action for Childhood Arrivals (DACA) from accessing ACA and other health coverage. However, changes to the federal system of immigrant exclusion from public health insurance programs will require significant shifts in power, and the place where those shifts are beginning to happen is through the policy wins at the state and local level. These campaigns — built by cross-sector coalitions that center immigrants and win change over time — improve conditions for communities to thrive and can make Health for All a winning strategy for the entire country.

Glossary of Coverage & Care Terms

Medicaid:[40] a public health insurance program that provides free or low-cost coverage for low-income people. In states that have declined to expand Medicaid under the ACA, coverage is generally limited to children, pregnant individuals, older adults and people with disabilities. Medicaid is administered by states, according to federal requirements, and is funded jointly by states and the federal government. Applicants must meet income, immigration status and state residency requirements to enroll.

Children's Health Insurance Program (CHIP):[41] a public health insurance program that provides low-cost coverage to children in families that earn too much money to qualify for Medicaid. In some states, CHIP covers residents during pregnancy. CHIP is administered by states, according to federal requirements, and is funded jointly by states and the federal government. States may opt to implement CHIP as an expansion of Medicaid or a separate state-funded program. Applicants must meet income, immigration status and state residency requirements to enroll.

Affordable Care Act (ACA) marketplace coverage:[42] coverage offered through the "health insurance marketplaces," a shopping and enrollment service for health insurance created by the Affordable Care Act. In most states, the federal government runs the marketplace (HealthCare. gov); some states run their own marketplaces. Applicants must meet immigration status and state residency requirements to enroll.

Affordable Care Act (ACA) advance premium tax credit:[43] a tax credit available in advance of annual tax filing to lower the cost of monthly premiums for ACA marketplace coverage. The amount of the premium tax credit is based on the taxpayer's expected income for the year. Applicants must meet income, immigration status and state residency requirements to qualify.

Community Health Centers:[44] health clinics that provide care regardless of patients' insurance status or ability to pay, which operate in every state and U.S. territory. Health centers help increase access to crucial primary care by reducing barriers such as cost, lack of insurance, distance, and language for their patients. Community health centers generally accept a variety of public and private insurance plans and have financial assistance plans or sliding-fee scales for uninsured and underinsured people.

Hospital financial assistance/charity care:[45] a policy by which a hospital provides free or discounted services to eligible patients who are unable to afford their care. Federal law requires tax exempt hospitals to have written and well-publicized financial assistance plans but does not require hospitals to abide by specific minimum standards, including providing any minimum amount of discounted or charity care.

Immigrant Eligibility for Health Coverage – At a Glance	State Policy Options to Fill Health Coverage Gaps
MEDICAID & CHIP	**MEDICAID & CHIP**
ELIGIBLE: U.S. citizens "Qualified" immigrants, including: ▸ Lawful permanent residents (green card holders) after 5-year waiting period ▸ Refugees, asylees, victims of trafficking, other humanitarian immigrants **NOT ELIGIBLE:** Other lawfully present individuals, DACA recipients, undocumented immigrants For more detailed information see NILC's Overview of Immigrant Eligibility for Federal Programs at https://www.nilc.org/issues/economic-support/table_ovrw_fedprogs/	1. Option to cover lawfully residing children and/or pregnant people without a waiting period in Medicaid/CHIP See 2nd brief in this series - Opportunities for States to Expand Public Coverage to Immigrants Using Federal Funds 2. Option to cover prenatal care regardless of immigration status in CHIP See 2nd brief in this series - Opportunities for States to Expand Public Coverage to Immigrants Using Federal Funds 3. Provide services, including coverage that mirrors Medicaid/CHIP, to residents regardless of immigration status using state funds See 3rd brief in this series – Opportunities for States to Expand Public Coverage to Immigrants Using State Funds
ACA MARKETPLACE COVERAGE & PREMIUM TAX CREDITS	**ACA MARKETPLACE COVERAGE & PREMIUM TAX CREDITS**
ELIGIBLE: U.S. citizens "Lawfully present" individuals, including: ▸ Lawful permanent residents (green card holders) ▸ Refugees, asylees, victims of trafficking, other humanitarian immigrants ▸ Deferred Action (except DACA),[46] Deferred Enforced Departure, Temporary Protected Status (TPS) ▸ Others* **NOT ELIGIBLE:** DACA recipients, undocumented immigrants, people on non-immigrant visas who are not able to establish state residency *For more information see NILC's "Lawfully Present" Individuals Eligible under the Affordable Care Act at https://www.nilc.org/lawfullypresent/	1. Expand access to private insurance through ACA Section 1332 State Innovation Waiver See 4th brief in this series - Opportunities for States to Expand Access to Private Coverage through State Innovation Waivers 2. Provide state-funded subsidies on par with marketplace subsidies to make coverage more affordable See 4th brief in this series - Opportunities for States to Expand Access to Private Coverage through State Innovation Waivers

Immigrant Eligibility for Health Coverage – At a Glance	State Policy Options to Fill Health Coverage Gaps
UNINSURED PEOPLE	**UNINSURED PEOPLE**
Could include anyone who is ineligible for, or cannot afford, coverage	Enact laws to increase the amount of, and provide minimum standards for, charitable or discounted care provided by hospitals See 5th brief in this series – Opportunities to Expand Access to Hospital Financial Assistance through State Law

Endnotes

1. Centers for Medicare and Medicaid Services, National Health Expenditures 2021 Highlights, available at https://www.cms.gov/files/document/highlights.pdf

2. *See* Eric C. Schneider, et al., "MIRROR, MIRROR 2021: Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries," The Commonwealth Fund (August 2021), *available at* https://www.commonwealthfund.org/sites/default/files/2021-08/Schneider_Mirror_Mirror_2021.pdf

3. Migration Policy Institute, "Profile of the Unauthorized Population: United States," https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/US (using 2019 MPI analysis of US Census Data and other sources).

4. Muzaffar Chishti and Kathleen Bush-Joseph, "In the Twilight Zone: Record Number of U.S. Immigrants Are in Limbo Statuses," Migration Policy Institute (Aug. 2, 2023), https://www.migrationpolicy.org/article/twilight-immigration-status

5. Aiden Lee, et al., "National Uninsured Rate Reaches All-Time Low in Early 2022," ASPE Office of Health Policy (August 2022), https://aspe.hhs.gov/sites/default/files/documents/15c1f9899b3f203887deba90e3005f5a/Uninsured-Q1-2022-Data-Point-HP-2022-23-08.pdf

6. *See* Muzaffar Chishti and Charles Kamasaki. "IRCA in Retrospect: Guideposts for Today's Immigration Reform," Migration Policy Institute (January 2014), *available at* https://www.migrationpolicy.org/research/irca-retrospect-guideposts-today-s-immigration-reform

7. *See* Tanya Broder and Gabrielle Lessard, "Overview of Immigrant Eligibility for Federal Programs," National Immigration Law Center (March 2023), https://www.nilc.org/issues/economic-support/overview-immeligfedprograms/

8. *See* Steven P. Wallace, et al., "Undocumented and Uninsured: Barriers to Affordable Care for Immigrant Populations," UCLA Center for Health Policy Research (Aug. 2013), *available at* https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2013_aug_1699_wallace_undocumented_uninsured_barriers_immigrants_v2.pdf

9. *See* Tanya Broder and Isobel Mohyeddin, "A DECADE OF STATE IMMIGRANT RIGHTS VICTORIES: Moving Toward Health Care and Economic Justice for All," National Immigration Law Center (December 2022), *available at* https://www.nilc.org/wp-content/uploads/2022/12/NILC_StateandLocalPolicy_2022_122222.pdf

10. Clair Bond Potter, "The Shadow of Ronald Reagan Is Costing Us Dearly," The New York Times (Nov. 11, 2021), *available at* https://www.nytimes.com/2021/11/11/opinion/reagan-social-welfare.html

11. Tanya Broder and Gabrielle Lessard, "Overview of Immigrant Eligibility for Federal Programs, NILC, https://www.nilc.org/issues/economic-support/overview-immeligfedprograms/ (March 2023).

12. Dylan Matthews, "'If the goal was to get rid of poverty, we failed': the legacy of the 1996 welfare reform, Vox (June 20, 2016), https://www.vox.com/2016/6/20/11789988/clintons-welfare-reform

13. Tami Luhby, "Republicans use debt ceiling bill to push work requirements for millions receiving Medicaid and food stamps," CNN (Apr. 26, 2023), https://www.cnn.com/2023/04/26/politics/work-requirements-food-stamps-medicaid-debt-ceiling/index.html

14. Dara Lind, "The disastrous, forgotten 1996 law that created today's immigration problem," Vox (Apr. 28, 2016), https://www.vox.com/2016/4/28/11515132/iirira-clinton-immigration

15. NILC, Border Security, Economic Opportunity, and Immigration Modernization Act of 2013 (Summary & Analysis), Aug. 14, 2013, https://www.nilc.org/issues/immigration-reform-and-executive-actions/s744summary1/.

16. Karoun Demirjian, "Over Decades, Congress Failed Repeatedly to Address Immigration Dysfunction," The New York Times (May 14, 2023), *available at* https://www.nytimes.com/2023/05/14/us/politics/immigration-legislation-congress.html.

17. Tanya Broder et al, "Inclusive Policies Advance Dramatically in the States," NILC (Oct 2013), https://www.nilc.org/wp-content/uploads/2016/02/inclusive-policies-advance-in-states-2013-10-28.pdf

18. Tanya Broder et al, "Immigrant-inclusive State and Local Policies Move Ahead in 2014 -15," NILC (Dec 2015), https://www.nilc.org/wp-content/uploads/2016/02/pro-immigrant-policies-move-ahead-2015-12.pdf

19. Tanya Broder and Isobel Mohyeddin, "A DECADE OF STATE IMMIGRANT RIGHTS VICTORIES: Moving Toward Health Care and Economic Justice for All," NILC (Dec. 2022), https://www.nilc.org/wp-content/uploads/2022/12/NILC_StateandLocalPolicy_2022_122222.pdf

20. Adam Beam and Don Thompson, "California first to cover health care for all immigrants," Associated Press (June 30, 2022), https://apnews.com/article/health-california-immigration-gavin-newsom-medicaid-b09edcb2b89ab041b520f431f8aab4b6

21. *See* Kevin R. Johnson, "Proposition 187 and Its Political Aftermath: Lessons for U.S. Immigration Politics After Trump," 53 UC Davis L. Rev. 1859 (April 2020), *available at* https://lawreview.law.ucdavis.edu/issues/53/4/53-4_Johnson.pdf

22. Andrea Briseño and Phillip Reese, "California Latino population grew in last decade while number of whites fell, census shows," The Sacramento Bee (Aug. 24, 2021), *available at* https://www.sacbee.com/news/politics-government/capitol-alert/article253446644.html

23. Hans Johnson, Eric McGhee, and Marisol Cuellar Mejia, "California's Population," Public Policy Institute of California (Jan. 20223), https://www.ppic.org/publication/californias-population/#:~:text=No%20race%20or%20ethnic%20group,according%20to%20the%202020%20Census

24. George Skelton, "New poll shows strong public support for immigrant health care," The Mercury News (Apr. 2, 2021), *available at* https://www.mercurynews.com/2021/04/02/skelton-new-poll-shows-strong-public-support-for-immigrant-health-care/ (citing a nonpartisan poll showing a 12-point increase in support for health coverage from undocumented people, 54 percent to 66 percent, from 2015 to 2021, and a majority of likely voters for the first time).

25. Bill Murphy and Terry Kliewer, "Harris County to serve immigrants' health needs," Houston Chronicle (July 27, 2004), available at https://www.chron.com/news/houston-texas/article/harris-county-to-serve-immigrants-health-needs-1668101.php

26. *See* Facts and Figures, Harris Health System (accessed Aug. 23, 2023), https://www.harrishealth.org/about-us-hh/who-we-are/Pages/statistics.aspx.

27. *See* Ricardo Nuila, "Taking Care of Our Own," Virginia Quarterly Review (Winter 2015), available at https://www.vqronline.org/reporting-articles/2015/01/taking-care-our-own

28. Michael Muskal, "Nebraska approves prenatal care for illegal immigrants," Los Angeles Times (April 19, 2012), available at https://www.latimes.com/nation/la-xpm-2012-apr-19-la-na-nn-nebraska-immigrants-20120419-story.html

29. Atkins DN, Held ML, Lindley LC, The impact of expanded health insurance coverage for unauthorized pregnant women on prenatal care utilization. Public Health Nurs. 2018 Nov;35(6):459-465. doi: 10.1111/phn.12524. Epub 2018 Jun 10. PMID: 29888487, *available at* https://pubmed.ncbi.nlm.nih.gov/29888487/

30. Emily Douglas, In Nebraska, an Unlikely Alliance Fights for Prenatal Care for Undocumented Women," The Nation (April 18, 2012), https://www.thenation.com/article/archive/nebraska-unlikely-alliance-fights-prenatal-care-undocumented-women/

31. Colorado Immigrant Rights Coalition, "20th Anniversary Impact Report" (2022), available at https://coloradoimmigrant.org/wp-content/uploads/2022/10/20th-Anniversary-Impact-Report-4.pdf

32. *See* Policy Basics: Taxpayer Bill of Rights (TABOR), Center on Budget & Policy Priorities (Nov. 5, 2019), https://www.cbpp.org/research/state-budget-and-tax/taxpayer-bill-of-rights-tabor

33. Healy, Jack, "Tracing the Line in Colorado, a State Split Left and Right," The New York Times (Oct. 23, 2014), https://www.nytimes.com/2014/10/24/us/politics/in-colorado-ever-in-transition-a-fight-for-power.html

34. *See* Colorado Fiscal Institute, "The Benefits of Allowing All Immigrants Access to Driver's Licenses"(January 2018), https://www.coloradofiscal.org/wp-content/uploads/2018/02/IDrive-Brief.pdf

35. Caitlin Westerson, Erin Miller, and Allison Nestwood, "State Action: How Colorado Stakeholders Used a Creative Solution to Improve Access to Health Insurance During COVID-19," United States of Care (Aug. 26, 2020), https://unitedstatesofcare.org/how-colorado-improved-access-to-health-insurance-during-covid-19/

36. Erin Huppert and Liz Hagan, "State Success Story Part 2: How Colorado Advocates Built a Diverse Coalition to Give More Families Access to Health Care," United States of Care (Sept. 15, 2020), https://unitedstatesofcare.org/state-success-story-colorado-advocates-built-diverse-coalition

37. *See* Cynthia Cox, et al., The ACA Family Glitch and Affordability of Employer Coverage," KFF (Apr. 7, 2021), https://www.kff.org/health-reform/issue-brief/the-aca-family-glitch-and-affordability-of-employer-coverage/

38. David Batty, "'You lie': Republican Joe Wilson's outburst at Obama health speech," The Guardian (Sept. 10, 2009), *available at* https://www.theguardian.com/world/2009/sep/10/you-lie-joe-wilson-obama-speech

39. Alexander Bolton, "All candidates raise hands on giving health care to undocumented immigrants," The Hill (June 27, 2019), https://thehill.com/homenews/campaign/450797-all-candidates-raise-hands-on-giving-health-care-to-undocumented-immigrants/

40. Adapted from Glossary of terms available at https://www.healthcare.gov/glossary/

41. Ibid.

42. Ibid.

43. Ibid.

44. *See* generally National Association of Community Health Centers: What is a Community Health Center, https://www.nachc.org/community-health-centers/what-is-a-health-center/

45. Zachary Levinson, Scott Hulver, and Tricia Neuman, Hospital Charity Care: How It Works and Why It Matters (KFF, Nov. 3, 2022), https://www.kff.org/health-costs/issue-brief/hospital-charity-care-how-it-works-and-why-it-matters/

46. Regulations in effect at the time of publication excluded DACA recipients from the lawfully present category, and proposed regulations that would end the exclusion had not been finalized.