

**Compiled Faith Statements for the Congressional Record pertaining to the
Senate Judiciary Committee Hearing on Monday, March 18th, 2013**

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**Church World Service statement for the Congressional Record pertaining to the
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As the Senate considers how to best fix the U.S. immigration system, Church World Service (CWS), a 67-year old humanitarian organization, urges all Senators to work together to enact immigration reforms that strengthens family unity and provides a pathway to citizenship for undocumented immigrants.

The CWS network of 37 protestant denominations and 36 refugee resettlement offices across the country welcomes newcomers by helping them integrate into their new communities. We advocate for immigration reform not only because it is the right thing to do to improve the lives of our immigrant brothers and sisters, but also because it is the smart thing to do for our economy and communities.

Immigration reform must prioritize family unity, which is integral to the economic contribution of immigrants and key to the function of our immigration system. When families are separated by visa backlogs, bars to re-entry, and no option to adjust status, our immigration system, by failing to function in a timely way, necessitates illegal entry. To reform the family-based visa system, we urge Congress to:

1. Protect and strengthen current family immigration categories (spouse, children, parents, and siblings)
2. Increase family-based visas, including a temporary increase to clear the backlog with integrity
3. Recapture unused visas for use in the following year
4. Increase the per-country cap from 7 percent to 15 percent to reduce backlogs
5. Reclassify the spouses and minor children of Lawful Permanent Residents (LPRs) as immediate relatives, and re-allocate the remaining visas available to the other existing family categories
6. Add to the list of family immigration categories permanent partners of U.S. Citizens and LPRs

To truly fix the immigration system, we must recognize and respond to the reasons why this country needs immigrants, and the reasons why people want to immigrate to the United States. There are two key factors that benefit the United States and simultaneously improve the lives of immigrants: family unity and economic opportunity. These are inseparable and co-joined factors that cannot exist without one another.

Family unity spurs integration, as families provide strong foundations for learning English, purchasing a home, pursuing job opportunities, starting a business, preparing children for college, and contributing to communities. When families are together, the money they earn fuels the U.S. economy through taxes, investments, and the purchasing of goods and services. A key example of this are immigrant-owned companies, many of which are run by families, contribute more than \$775 billion dollars annually to U.S. gross domestic product, creating jobs that are essential to economic growth.¹

Visa backlogs force LPRs to wait more than two years to be reunited with their spouse or minor child, and U.S. Citizens to wait as long as 24 years to be reunited with their sister or brother. CWS urges Congress to authorize additional visas so that families can be reunited in a timely manner. We are opposed to any reduction in family visas or proposals that claim a false-choice between family and employment visas.

CWS is committed to working with all members of the Senate and House to enact immigration reform that will keep families together and provide a pathway to citizenship for undocumented immigrants. Such reform would mark real progress. We need to make our immigration system work better for our economy and for the fabric of our communities – families. We urge all members of the Senate to strive toward this goal.

¹ *Open for Business*. The Partnership for a New American Economy.
<<http://www.renewoureconomy.org/sites/all/themes/pnae/openforbusiness.pdf>>.



Senate Judiciary Committee Hearing, March 18, 2013
“How Comprehensive Immigration Reform Should Address the Needs of Women and Families”

As women of faith we, the members of the Leadership Conference of Women Religious (LCWR), take seriously the gospel call to welcome the stranger and care for those in need. As Catholic sisters we are committed to the precepts of Catholic Social Teaching that remind us that the dignity of the person is at the core of our moral vision of society; that how we organize our society affects human dignity directly; and that any system that is deliberately cruel or inhumane needs to change. Because of these beliefs, at our 2012 national assembly, LCWR, “called on Congress to pass comprehensive immigration reform that includes the reunification of families and a path to citizenship for undocumented immigrants living in the United States.”

Catholic sisters began coming to these shores 286 years ago as immigrants to serve immigrant populations. To this day they continue to minister to these aspiring citizens in schools and hospitals, in the fields and in the cities. They share the pain of mothers separated from their children and fathers who have risked their lives for love of their families. They know the sorrow of siblings who have not seen each other since their youth and grandparents who fear they will never know their grandchildren.

Families are the building blocks of our society. Our nation needs, and our people deserve, immigration reform that reflects the paramount importance and socio-economic necessity of family unity; reform that does not pit one group of aspiring Americans against another. We need not sacrifice family unity to meet the needs of business and workers.

Immigrant women, like all women, are the backbone of their families and communities. They contribute to the economy, keep their families together, and invest in our future by investing in their children’s education. Immigrant women are the drivers of social integration, encouraging their families to learn English, succeed in school and business, pursue naturalization, and fulfill their civic duties.

We look forward to working with lawmakers as they develop legislation that expedites the reunification of families, preserves family-based visa categories, reduces current backlogs, provides humanitarian consideration for families torn apart by detention, and guarantees equal protection and equal opportunity for immigrant women.

LCWR is an association of leaders of congregations of Catholic sisters in the United States. The conference has nearly 1500 members, who represent more than 80 percent of the 57,000 women religious in the United States. Founded in 1956, the conference assists its members to collaboratively carry out their service of leadership to further the mission of the Gospel in today’s world.

Sister Janet Mock, CSJ, Executive Director

**Statement of
Richard T. Foltin, Esq.
Director of National and Legislative Affairs
Office of Government and International Affairs
American Jewish Committee (AJC)**

**Submitted on behalf of AJC to
The Senate Judiciary Committee**

**Hearing on
Immigration Revision and Needs of Women and Families**

March 18, 2013

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Since its founding in 1906, AJC has been outspoken in support of fair and generous immigration policies. As American Jews, we recall how our parents and grandparents made their way to this country seeking a better life, and know that we have prospered in and contributed to this country. That same opportunity should be available for others. Comprehensive immigration reform will strengthen America's global competitiveness as well as allow hard-working immigrants an opportunity to succeed in the United States, for themselves and for future generations—and, at the same time, promote respect for the rule of law and protect our national security.

In advocating for fair, effective and humane immigration policies, AJC acts in accord with the American Jewish community's longstanding interest in, and commitment to, a United States immigration and refugee policy that represents our nation's best traditions. According to Jewish tradition, "strangers" are to be welcomed and valued, as we were once "strangers in the land of Egypt." The Torah tells us: "The strangers who sojourn with you shall be to you as the natives among you, and you shall love them as yourself; for you were strangers in the land of Egypt" (Leviticus 19:33-34).

AJC affirms our commitment to the passage of a common-sense comprehensive immigration reform bill that serves our nation's interests and upholds our Constitution. In providing a holistic approach to reforming our immigration system, this bill should include: a path to legalization and eventual earned citizenship for immigrants already in the U.S.; adjustment of quotas for future flows of immigrants, including high and low-skilled employment visas; facilitation and support for immigrant integration; smart and humane enforcement measures that bolster our national security; reform of detention policies, due process protections, and special

protection for asylum seekers, refugees and vulnerable populations; and, critically important, it is imperative that this bill include reforms that favor reuniting families.

Family is the cornerstone of American society. Allowing immigrant families to more easily reunite with their loved ones strengthens our economy and promotes a strong social fabric in our communities. Promoting family unity incentivizes integration and economic development, as families provide strong foundations for learning English, purchasing a home, pursuing job opportunities, starting a business, preparing children for college, and strengthening the foundation of our communities. When families are together, the money they earn fuels the U.S. economy through taxes, investments, and the purchasing of goods and services. Because of the strong economic and social value of family unity, enhancement of the family immigrant visa category must be a priority of immigration reform.

Right now, many immigrant families remain separated for years – sometimes even decades – because of bureaucratic visa delays. It is essential that—along with other measures directed at repairing our broken immigration system—we reform the immigration system to expedite the visa process in favor of family reunification. This includes making family-based visas more accessible, reducing the current backlog of family-based visas, increasing the per-country numerical limitation for family-sponsored immigrants from 7 percent to 15 percent of admissions, and generally reorienting the visa system to prioritize family unity. These reforms would help ensure that immigrant families reunite more quickly and protect families from being separated, thus promoting family stability and fostering economic growth. Further, we must ensure that family-based visas are not placed in competition with other visa categories, an approach that would be inimical to the goal of family unity and a better functioning immigration system.

In sum, AJC calls upon our elected officials to enact immigration reform legislation that provides an opportunity for hard-working immigrants who are already contributing to this country to come out of the shadows, regularize their status upon satisfaction of reasonable criteria and, over time, pursue an option to become lawful permanent residents and eventually United States citizens; reforms our family-based immigration system to significantly reduce waiting times for separated families who currently wait many years to be reunited; establishes new legal avenues for workers and their families who wish to migrate to the U.S. to enter our country and work in a safe, legal, and orderly manner with their rights fully protected; reduces the use of detention for immigrants, especially vulnerable groups and those seeking asylum; and ensures that border protection policies are consistent with humanitarian values and with the need to treat all individuals with respect, while allowing the authorities to carry out the critical task of identifying and preventing entry of terrorists and dangerous criminals, thereby bolstering our national security.

As a faith-based organization, we call attention to the moral dimensions of public policy and pursue policies that uphold the human dignity of each person, all of whom are made *b'tselem elohim*, in the image of G-d. We engage the immigration issue with the goal of fashioning an immigration system that facilitates legal status and family unity in the interest of serving the inherent dignity and rights of every individual, even as it enhances our national security and promotes respect for the rule of law. It is our collective prayer that the legislative process will produce a just immigration system of which our nation of immigrants can be proud.

AJC appreciates the opportunity to submit this statement and welcomes your questions and comments.



FRIENDS COMMITTEE ON NATIONAL LEGISLATION

... a Quaker lobby in the public interest

March 15, 2013

**Friends Committee on National Legislation Statement for the Congressional Record
Senate Judiciary Committee Hearing
Monday, March 18, 2013**

The Friends Committee on National Legislation, founded in 1943, is guided by the spiritual values of the Religious Society of Friends (Quakers). Our work on immigration is led by the call for right relationships among people and between individuals and God. We believe that respect for human and civil rights is essential to safeguarding the integrity of our society and the inherent dignity of all human beings. We recognize that governments have an indispensable role in upholding these rights and citizens have the responsibility to make governments more responsive, open, and accountable.

Therefore, we call for humane comprehensive immigration reform. We have seen the degeneration of the U.S. immigration system over the last three decades. Overly punitive laws, in tandem with increased enforcement and an inefficient bureaucracy, have led to systemic violations of rights: indiscriminate raids, detention without due process, worker exploitation, and families separated for years or even decades. Humane immigration reform would restore integrity to the U.S. tradition of welcoming immigrants and provide real solutions to a broken immigration system. We believe that fundamental and comprehensive reform of U.S. immigration policy is needed in order to:

- Create an orderly, equitable, and efficient legal immigration system;
- Enforce employment and labor rights for all workers, regardless of immigration status;
- Protect human and civil rights for immigrants currently living in the United States;
- Support communities with large concentrations of immigrants and facilitate immigrant integration; and
- Align enforcement with humanitarian values.

Recognizing the critical role of family in the development of healthy individuals and communities, FCNL believes that immigration policies should make reunification of spouses, parents, children, and siblings a top priority, and should include families headed by same-sex couples as well as opposite-sex couples. Reform of the family immigration system should retain family preference categories at adequate levels, augment per-country caps, remove bars to

reentry and adjustment of status for those seeking to reunite with family, and eliminate lengthy visa backlogs by recapturing immigrant visas lost to bureaucratic delays and rolling them over to the next fiscal year. Family visas should not be placed in competition with employment visas. Spouses and minor children of lawful permanent residents should be reclassified as immediate relatives to ensure that these individuals are reunited as quickly as possible.

FCNL welcomes the Bipartisan Framework for Comprehensive Immigration Reform released on January 28 by eight U.S. senators. We congratulate the authors of the Framework, who reached across party lines to acknowledge the need to fix our broken immigration system, and to propose some practical solutions.

However, we are concerned at the news that the Senate bipartisan group is considering cutting family visa categories for siblings and adult married children of U.S. citizens. Cutting family visa categories increases pressures for illegal immigration, exacerbating the problems of the country's broken immigration system. Evidence indicates that many of the undocumented immigrants in the U.S. came here to be reunited with their families, when they had no legal means to immigrate. Congress will not fix the broken system by dividing families and reducing legal avenues for family migration. We look forward to working with Congress and members of the committee on the details of reform legislation.



National Advocacy Center of the Sisters of the Good Shepherd statement for the Congressional Record pertaining to the Senate Judiciary Committee Hearing on Monday, March 18, 2013

Since the Order of the Sisters of the Good Shepherd was founded in France in 1835, the Order has dedicated itself to serving poor and marginal women and families. The work of the Sisters in 70 countries in 5 continents, 22 States, and 2 U.S. Territories is based on the belief in the unique value of the human person, regardless of age, sex, culture or religion. Each person has the right to a basic quality of life; adequate income, shelter, opportunities for education and employment, quality health care, and nutrition. As Catholics, our faith requires that everyone should be treated with the utmost dignity and respect.

As recently stated by Archbishop José H. Gomez, the Catholic Church has a long history of involvement in the immigration issue, both in the advocacy arena and in welcoming and assimilating waves of immigrants and refugees who have helped build our nation throughout her history. Family reunification, upon which much of the U.S. immigration system has been based for decades, should remain the cornerstone of U.S. immigration policy. Immigrant families contribute to our nation and help form new generations of Americans. Even while many migrants come to the United States to find employment, many come as families.

The U.S. family-based immigration system, which helps keep families together, is in urgent need of reform. The current visa quota system, last revised by Congress in 1990, established statutory ceilings for family immigration that are now inadequate to meet the needs of immigrant families wishing to reunite in a timely manner. The result has been waiting times of five years or more—and more than eight years for Mexican permanent residents—for husbands and wives to reunite with each other and for mothers and fathers to reunite with minor children. The waiting times for adult siblings to reunite can be twenty years or longer.

Such lengthy waiting times are unacceptable and actually provide unintentional incentive for some migrants to come to the United States illegally. Substantial changes must be made to the U.S. family-based immigration system so that it will meet the goal of facilitating, rather than hindering, family unity. Such changes can be made in several ways, but they should not alter the basic categories in the family preference system.

We oppose the imposition of such a point system, which we fear would place higher value on highly-educated and skilled immigrants than on family ties. We reject the premise that the family-based system has historically not worked in the best interest of this nation. Indeed, there is evidence that immigrant families represent the backbone of communities in this nation, especially in urban areas. They have started and maintained family businesses, from restaurants to dry cleaning stores and from auto mechanic businesses to pastry shops. Immigrant families also take care of each other and ensure that all members of the family are provided for, as well as contribute their talents to the strengthening of local neighborhoods.

Based upon our belief in the importance of family unity, the National Advocacy Center of the Sisters of the Good Shepherd urges Congress to:

1. Protect and strengthen current family immigration categories (spouse, children, parents, and siblings)
2. Increase family-based visas, including a temporary increase to clear the backlog with integrity
3. Recapture unused visas for use in the following year
4. Increase the per-country cap from 7 percent to 15 percent to reduce backlogs
5. Reclassify the spouses and minor children of Lawful Permanent Residents (LPRs) as immediate relatives, and re-allocate the remaining visas available to the other existing family categories
6. Add to the list of family immigration categories permanent partners of U.S. Citizens and LPRs

We look forward to continue working with members of Congress to achieve compassionate, comprehensive immigration reform that will give priority to family unity.



American Friends Service Committee

American Friends Service Committee statement for the Congressional Record pertaining to the Senate Judiciary Committee Hearing Monday, March 18, 2013

The American Friends Service Committee (AFSC) is an almost 100-year old faith-based organization grounded in the Quaker belief in the dignity and worth of every person. AFSC provides direct legal services and engages in organizing with immigrants and allies along with advocacy and movement building throughout the U.S. Our immigration policy recommendations are grounded in AFSC's history and values as a faith-based organization and in the voices of the impacted communities with whom we are deeply connected.

Not surprisingly, immigrants deported from the U.S. are members of their family units. The Department of Homeland Security released statistics stating that 204,810 parents of U.S. citizen children were removed from the U.S. between July 2010 and September 2012. What numbers cannot show is the life changing impact of family separation on children in particular, as well as on the family as a whole. Youth who have lost a parent due to deportation or detention exhibit dramatic behavioral changes such as heightened anxiety, anger, fear and frequent crying, as illustrated in a 2010 Urban Institute study. Sadly, upon the removal of their parent(s), some children are left without a loved one to care for them. According to the Applied Research Center over 5,000 children currently in foster care have parents who are detained or deported. Experts estimate that an additional 15,000 children may be placed in foster care over the next five years as a result of immigration enforcement.

Today, more than half of all documented and undocumented immigrants in the U.S. are women and an estimated 4.1 million women are undocumented. Women without legal status often live in the shadows out of fear of being separated from their families through deportation, rendering them extremely vulnerable to workplace exploitation and domestic abuse. This population's well-being is further eroded through denial of basic health care and social services.

AFSC offers the following policy recommendations:

- End arrests, detention, and deportation of immigrants.
- Pass legislation that allows people who reside in the U.S. to apply immediately for permanent residence and citizenship if they choose.
- Expedite the processing of pending visa applications.
- Ensure that positive factors are always balanced against any negative factors when determining eligibility for status.
- Ensure that children can immigrate with parents and eliminate harsh obstacles to immigrating.
- Extend access to quality, affordable health care and social services to everyone, regardless of immigration status.
- Eliminate rules that discriminate between immigrants and non-immigrants in determining eligibility for public benefits.

AFSC urges the Committee to exert visionary leadership and to support new immigration policies that respect the human rights and equal economic opportunity of all in our communities. Thank you for this opportunity to submit a statement to the Committee.



March 18, 2013

In anticipation of the hearing being held on Monday, March 18th, by the Senate Judiciary Committee, Sojourners has released the following statement:

Families come in many shapes and sizes but all of them matter. As Christians and Americans, preservation and protection of family is a central value and family unity should be prioritized in any comprehensive immigration reform package. Each individual should be offered the option to reside close to their loved ones through a legitimate and transparent process which seeks to safeguard a family's wellbeing and security. It is family that sustains and fuels immigrant's efforts and enables them to be positive contributors to our communities and our economy.

Our current impractical system separates thousands of families leaving children and parents devastated as they are separated from their loved ones. The huge backlogs at U.S. Citizenship and Immigration Services (USCIS) and lack of legal avenues to migrate have separated families for prolonged periods of time burdening family members with difficult choices. Oftentimes, undocumented immigrants are forced to choose between being separated from their family members for an indefinite period of time or putting their lives a risk to reunite with relatives as they cross the border unauthorized.

A just immigration system must improve and strengthen the current immigration process by looking at the harmful issues that exist including huge backlogs, bars to re-entry and the lack of options to adjust status through immediate family members, all of which exacerbate lengthy waiting periods and make it unfeasible for those who want to apply legally. We urge all Senators to protect families as they develop a comprehensive package that provides a path towards citizenship for the 11 million aspiring Americans currently residing in the United States.

As Christians, we believe our immigration should respect the God given dignity of every person and that means not separating them from their families. Communities thrive when families who want to live together are able to. Creating an immigration system that promotes family unity shows the best of who we are as a nation.

Sojourners' mission is to articulate the biblical call to social justice, inspiring hope and building a movement to transform individuals, communities, the church, and the world. For more information about Sojourners or Jim Wallis, President and CEO of Sojourners, please visit www.sojournal.net.



**TESTIMONY OF ALEXANDER D. BAUMGARTEN AND KATIE CONWAY ON
BEHALF OF THE EPISCOPAL CHURCH¹**

MARCH 18, 2013

We thank Senator Hirono of the Senate Judiciary Committee and Ranking Member Grassley for the opportunity to submit this testimony. We welcome this important hearing, “How Comprehensive Immigration Reform Should Address the Needs of Women and Families,” and wish to voice our strong support for the protection of the rights of women and families in all of our nation’s immigration laws. The Episcopal Church has been engaged in the ministry of welcoming immigrants and refugees for more than a century, walking with refugees and immigrants as they begin their new lives in our communities, and bearing daily witness to the human implications of our nation’s immigration laws.

Rooted in our understanding of the Christian imperative to “welcome the stranger,” the Episcopal Church’s highest governing body, the General Convention, has passed multiple resolutions affirming the right to family unity, and the right of families to reunify without undue delay. In summer 2012 this commitment to family unity for all U.S. citizens and Legal Permanent Residents (LPR) was strengthened even further through resolution D011, “Reform Unequal Immigration Law,” through which the Church pledged to support legislation that would expand our nation’s definition of family under immigration law to include the same-sex permanent partners and spouses of U.S. citizens and LPRs. This resolution also committed our dioceses and congregations to renewed advocacy on behalf of families and individuals of all sexual orientations who are facing unwanted moves, deportation or separation due to our nation’s immigration laws. There are an estimated 32, 300 binational, same-sex couples residing in the United States today, more than 45% of whom are raising children². We believe that these families share the same right to dignity and fair treatment as other families, and therefore deserve to have their status as a family recognized and protected by our nation’s immigration laws.

Through pastoral care to members of our congregations and our ministry to resettle refugees, we witness daily the profound joy of reunification for families long separated, as well as the devastation of families kept apart. Keeping families apart through per-country caps, decades-long backlogs, redistribution of family visas to the employment system, failure to recapture visas lost to bureaucratic delay, and failure to recognize the immigration claims of same-sex partners harms the U.S. economy, fractures our communities, and denies the legacy of family immigration that has defined our nation. Families have always served as the foundation for strong communities, and the role they play in creating healthy individuals and aiding integration should not be diminished or disregarded. Family members help one another integrate, pursue job opportunities, start their own businesses, and contribute economically, socially, and spiritually to our communities.

¹ Alexander D. Baumgarten is the Director of Government Relations, and Katie Conway is the Immigration and Refugee Policy Analyst for the Episcopal Church, a multinational religious denomination based in the United States with members in 15 other sovereign nations.

² *By the Numbers* Immigration Equality <http://immigrationequality.org/about/>





We believe that policies that uphold the unity of families and address the needs of migrant women are especially important in the context of our nation's commitment to welcoming and resettling refugees. Because of the violence and persecution refugees have faced in their countries of origin, especially refugee women and girls who are at elevated risk for sexual and gender-based violence in displacement situations, many refugee families do not fit our traditional definition of "nuclear" families. Refugee families have often experienced the loss of a spouse, the loss of parents, and decades-long separation from children and grandchildren. These divided families in particular could face permanent separation if our nation's definition of family were to be narrowed or family categories eliminated. For refugees who have resettled in the United States, a sibling or a married adult child could be the only remaining family member with whom they can reunite, yet this reunification under our current system would take decades. In cases where a principal refugee sponsors his or her child and that child has a child of his or her own (derivative of a derivative), that initial refugee's grandchild would not qualify for reunification, resulting in permanent separation.

Our immigration system must be transformed into a just and humane system that discerns between those who enter without inspection to do us harm and those who enter because our system cannot provide them with a clear and timely path to reunification with their loved ones or legal employment. The Episcopal Church recognizes the necessity of enforcement policies and the responsibility of the government to protect its citizens, but we also believe we must work to change our nation's laws if they do not respect the dignity of human beings or respond to the needs of communities. This call to right relationship within human communities is a cornerstone of the Judeo-Christian scriptural and ethical tradition, and finds expression for Episcopalians in the promise each makes at baptism to "strive for justice and peace among all people and respect the dignity of every human being." Destructive enforcement programs like Secure Communities that encourage racial profiling and tear families apart at great fiscal and human cost should be terminated, and alternatives to detention that allow families to remain together throughout immigration proceedings should be prioritized.

Thank you for carrying the costly burden of public service, and for the opportunity to submit these views to the Committee.

Respectfully submitted,

Alexander D. Baumgarten and Katie Conway



Family Unity – The Story of Nadine



(Nadine and her brother, New Year's 2013)

Photo credits: Cherrie-Ann Walters

Nadine, originally from Trinidad, came to the U.S. on a student visa in August 1988. She completed a graduate degree and was sponsored for an H-1B visa and later, a green card by a corporation. She became a permanent resident in 1993, worked, and paid taxes. In 1998, Nadine made a commitment to the United States, took the oath of allegiance, and became a naturalized citizen.

Once Nadine became a U.S. citizen, she filed a petition for her mother. While the case for her mother was quickly processed, Nadine's mother decided not to immigrate to the U.S. Nadine's mother was later diagnosed with breast cancer and died in 2007.

In February 2006, Nadine filed a sibling petition (I-130) for her youngest brother, who was 23 years old at the time. Though their dad was deceased and their mother was fighting cancer, Nadine's brother was a determined university student. Nadine was working long hours in the U.S. and trying to provide support to her brother and her mother from afar. The family determined that it would be best for Nadine and her brother to be together. The approval for the I-130 petition was received from USCIS on December 7, 2009. The case was sent to the U.S. State Department for visa processing on December 10, 2009. As of April 2013, green cards are available to brothers and sisters of U.S. citizens who began the process in April of 2001, five years before Nadine began

the process for her brother. To date, a visa has not been made available and, during the almost decade-long wait, Nadine's brother finished a bachelor's degree. At age 30, he is currently residing in Barbados, where he attended college and remained after graduation.

Nadine and her brother are very close, and given the age difference between them, Nadine has always helped to take care of him. Once she settled in the U.S., Nadine would visit her family every year. She called her family weekly and wrote to her brother frequently. Each school year, she bought him a new supply of clothes, books, and educational toys. When Nadine's brother was 12 years old, he traveled to the U.S. to spend Christmas with her. The following year, he spent the summer with his sister. He has made many visits to the U.S. since that time, and when Nadine received her PhD, he was there for the ceremonies. In the past six years, Nadine and her brother have buried their mother, grandmother, and stepfather –it has been a difficult time for them to be apart. Nadine's brother last visited for Christmas in December of 2012. They maintain weekly contact through phone calls, Skype, or Facebook.

The Story of Sudhir

Sudhir, 44 years old, is an Indian national. When Mohan, Sudhir's mother, was pregnant with him, she developed eclampsia, resulting in a reduced level of oxygen to Sudhir during the pregnancy. Sudhir's development was slow; he was slow to walk and to learn, and only went to the third or fourth grade in school. He is developmentally disabled, with an IQ of 40. Sudhir has always lived with his parents who have cared for him as if he were a young child. Sudhir is a friendly, docile, and curious person with a strong sense of imagination. He also loves to play.

Sudhir and his elderly parents, Raj and Mohan, entered the U.S. in lawful nonimmigrant status in May 2012. Sudhir has two siblings in the U.S. His brother, Dinesh, arrived in the U.S. in 1995 on a J-1 visa and has been in the U.S. for about 17 years. He is a lawful permanent resident, has filed for citizenship, and his naturalization interview has been scheduled for March 2013. His sister, Anjali, arrived in the U.S. in 1998 on an H-1B and has been here for about 14 years. She is a U.S. citizen. Both Dinesh and Anjali are married to U.S. citizens – Anjali has two children. Both are physicians living in the Chicago area.

Anjali has filed a family petition for their elderly parents, Raj and Mohan, and for her brother Sudhir. Raj and Mohan's age and poor health make it vital that they have the support of their children, Dinesh and Anjali. As the parents of a U.S. citizen, there are visa numbers immediately available for them. Raj and Mohan have both applied for permanent residency, and it is likely that they will have their green cards soon. However, because of the long wait in the family-based immigration system for siblings, it will take approximately twelve years before Sudhir will be able to obtain permanent residency based on his sister's petition.

It is simply impossible for Sudhir to wait twelve years outside of the U.S. without his family. He requires assistance with everyday tasks of life, including shaving, bathing, and dressing. Sudhir requires constant care and cannot be on his own for even one day, much less twelve years. He cannot live on his own, and would be subject to physical abuse and exploitation in his home country because of his disability. Raj and Mohan's own poor health prevents their return to India, and in addition, the family has no relatives in India who can help care for Sudhir.

The Story of Lauren

Lauren, a British citizen, 21 years old, came to the U.S. when she was 4 years old. Her grandparents had immigrated to the U.S. earlier in 1983 to farm. After an accident where Lauren's grandmother had a stroke and lost her leg, her parents, Ian and Allison, brought their family to the U.S. in 1995. The parents arrived on an E-2 visa to manage a motel and restaurant.

Lauren's grandparents became U.S. citizens, and in September 2003, her grandmother filed a petition for Lauren's mom as an adult married child of a U.S. citizen (Family Third category). Lauren was a derivative on that petition. Because of the wait on the Family Third (F3) category, the family is still waiting for visas to be available that would allow them to become lawful permanent residents. From March 2013 to April 2013, the F3 category will only inch forward one week from July 15, 2002 to July 22, 2002. At that rate, it may take 5 more years for their priority date to come current.

Lauren's parents' E-2 visa status does not provide a path to permanent residency. And when Lauren turned 21, she was no longer covered under her parents' current nonimmigrant visa – and was left without a status. Furthermore, she may soon "age-out" of the F3 family-based petition filed in 2003, her eligibility for which the Child Status Protection Act is only extending past age 21 to the extent of the number of days the petition was pending. If the family's priority date does not come current before that calculation runs out, Lauren ages out and loses her eligibility. Lauren was granted deferred action in 2012, allowing her to stay in the U.S. temporarily, and is currently pursuing dance in New York.

Outside of the extraordinary relief of deferred action there are little options for Lauren to remain with her family. If Lauren ages out, she does not keep her place in line with a different petition due to the lack of permanent priority dates for family based cases. When her mother gets her own permanent resident status, she could file a new petition for Lauren as the adult child of a permanent resident (2B). And Lauren will have to start her wait over again. The wait in that category means that Lauren could wait another decade or longer to get her green card.

The Story of N

N is the daughter of M and J, from Thailand. After immigrating to the US in the 1990's based on M's skill as a traditional Thai chef, M and J opened their own Thai restaurant. In 2002, they filed a petition for their adult daughter, N, to immigrate and join them. N was over the age of 21 when M and J immigrated initially, and therefore, could not accompany them to the U.S. for M's job.

By the time the petition on N's behalf was approved in 2005, the "priority date" in the category for an unmarried daughter of a lawful permanent resident was backlogged to 1995. M and J considered naturalizing, but between the demands of running their own restaurant and the high cost of the application fees, did not do so until 2010.

In 2009, however, N decided to get married. As a married daughter of permanent residents, her parent's immigrant petitions became immediately void, and she lost her place in the immigrant visa quota backlog, losing 5 years of priority.

M and J have now become US citizens and have re-filed immigrant petitions for their married daughter, but their priority date of January 2013 is in a category that is backlogged to July of 2002, meaning that it will be at least a decade or more before their daughter can join them.

Toward Equity and Access: Removing Legal Barriers To Health Insurance Coverage for Immigrants

By Kinsey Hasstedt

For nearly two decades, federal and state policies have piled atop one another to create barriers to health insurance coverage for millions of women, men and children residing in the United States with varying immigration statuses. These coverage restrictions foster harmful disparities in access to health care services generally, and to sexual and reproductive health services in particular. Inequitable access to coverage jeopardizes the health and well-being of immigrant women, families and communities into the next generation, and compromises the public health of the nation as a whole.

Following the 2012 elections, immigration reform has been back on the federal policy agenda, which presents a needed opportunity to raise awareness of and ultimately remove restrictions on immigrants' access to health coverage. Yet, those who hope for more equity for all individuals and families in the United States have cause to be wary; past attempts at bipartisan immigration reform have failed and left coverage gaps in place. Immigrants' health coverage needs were inadequately addressed in the landmark 2010 Patient Protection and Affordable Care Act (ACA). And millions of young immigrants newly eligible to lawfully reside in the United States as a result of a 2012 program unilaterally established by the Obama administration were denied most forms of health coverage under subsequent regulations. It is because of such past failings, however, that the best health and economic interests of immigrant women and their families—and the country they are part of—must be revisited.

A Patchwork of Policies

Since the mid-1990s, mounting anti-immigrant sentiment has left not only undocumented immigrants, but also recent, lawfully present immigrants with multiple barriers to and few options in accessing basic health coverage and services, including sexual and reproductive health care.

Prior to 1996, lawfully residing immigrants in the United States had the same eligibility as citizens for means-tested benefit programs under federal law. But, with the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act, or "welfare reform," only immigrants who were lawfully residing before August 1996 maintained that eligibility. Most who immigrated after 1996 were (and still are) deemed ineligible for the first five years during which they have lawful status. Among the most important programs restricted to immigrants under the "five-year ban" is Medicaid—the country's largest insurer of low-income individuals and families, and a crucial source of coverage for sexual and reproductive health services. Immigrant children (including teenagers) who have been lawfully present in the United States for fewer than five years were similarly denied coverage through the closely related Children's Health Insurance Program (CHIP), implemented the following year.

Medicaid does pay for services provided in emergency situations, including labor and delivery, to people regardless of immigration status. Beyond that, limited exceptions to the five-year ban were eventually made for pregnant women and children. The first of two exceptions for pregnant women was a 2002 rule issued by the Bush ad-

ministration that allows states to provide prenatal care to low-income immigrant women—both lawfully present and undocumented—by granting CHIP eligibility to their fetuses (see “New SCHIP Prenatal Care Rule Advances Fetal Rights at Low-Income Women’s Expense,” December 2002). As of January 2013, 15 states had taken up this coverage option (see table).^{1,2} Subsequently, when the 2009 Children’s Health Insurance Program Reauthorization Act (CHIPRA) was enacted, it authorized states to waive the five-year ban for immigrant pregnant women (in their own right, as opposed to via their fetuses) and immigrant children otherwise eligible for Medicaid or CHIP. As of January 2013, 20 states offer this coverage to pregnant women, and 25 to children.¹

Meanwhile, in 2006, Congress passed a requirement that nearly all citizens provide detailed documentation of their citizenship to enroll in or renew Medicaid coverage. (Noncitizen immigrants eligible for Medicaid were already required to provide documentation of their lawful status.) A tiered list of documentation was prescribed, with passports topping the list, even though many low-income individuals do not possess one; providing a birth certificate along with a driver’s license or similar photo identification qualified as second-tier documentation (see “The Impact of Anti-Immigrant Policy on Publicly Subsidized Reproductive Health Care,” Winter 2007). This cumbersome policy led to delays and declines in coverage and care among qualified citizens, as well as increased government costs for its implementation, and in recent years, the burden has been somewhat eased.³ For example, CHIPRA gave states the option of employing electronic databases to verify eligibility prior to burdening individuals. Expanding on that successful provision, state agencies and health insurance exchanges, beginning in 2014 under the ACA, will be required to utilize data from electronic databases before requiring individuals to provide documentation to verify their eligibility for public or private coverage.

Beyond alleviating the citizenship documentation burden, however, health care reform was largely a missed opportunity to put right so much of what had gone wrong regarding immigrants’

EXCEPTIONS TO THE FIVE-YEAR BAN

	% of population who are immigrants	Federally funded coverage expansions		
		Lawfully residing children without 5-year wait	Lawfully residing pregnant women without 5-year wait	Pregnant women regardless of status (fetus option)
U.S. TOTAL	13.0	25	20	15
Alabama	3.4			
Alaska	7.1			
Arizona	13.4			
Arkansas	4.4			X
California	27.0	X	X	X
Colorado	9.7		X	
Connecticut	13.4	X	X	
Delaware	8.4	X	X	
Dist. of Columbia	13.5	X	X	
Florida	19.4			
Georgia	9.6			
Hawaii	17.9	X	X	
Idaho	6.0			
Illinois	14.0	X		X
Indiana	4.7			
Iowa	4.4	X		
Kansas	6.9			
Kentucky	3.2			
Louisiana	3.8			X
Maine	3.2	X	X	
Maryland	13.9	X	X	
Massachusetts	14.9	X	X	X
Michigan	6.1			X
Minnesota	7.3	X	X	X
Mississippi	2.2			
Missouri	4.0			
Montana	2.0	X		
Nebraska	6.3	X	X	X
Nevada	19.2			
New Hampshire	5.6			
New Jersey	21.5	X	X	
New Mexico	10.1	X	X	
New York	22.2	X	X	
North Carolina	7.3	X	X	
North Dakota	2.4			
Ohio	4.0			
Oklahoma	5.5			X
Oregon	9.8	X		X
Pennsylvania	5.9	X	X	
Rhode Island	13.5	X		X
South Carolina	4.7			
South Dakota	2.7			
Tennessee	4.8			X
Texas	16.4	X		X
Utah	8.4			
Vermont	3.9	X	X	
Virginia	11.1	X	X	
Washington	13.3	X	X	X
West Virginia	1.3			
Wisconsin	4.7	X	X	X
Wyoming	3.2			

Notes: Immigrant population estimates are from 2011 and include naturalized citizens, lawful permanent residents, certain legal nonimmigrants (e.g., persons on student or work visas), those admitted under refugee or asylee status, and undocumented immigrants. States can use Medicaid and CHIP funds to cover lawfully residing children and pregnant women, regardless of their date of entry, and can use CHIP funds to cover prenatal care, labor and delivery for a pregnant woman, regardless of legal status, by covering her fetus. Coverage policies are as of January 2013. *Sources:* references 1 and 2.

access to health coverage and care. Despite the initial intentions of some policymakers that immigrants' health insurance and health care needs would be addressed, the coverage benefits of the ACA as enacted are disproportionately inaccessible to immigrants. Aside from the state options to cover lawfully present children and pregnant women discussed above, the five-year Medicaid ban remains in effect. In a kind of concession, the ACA does enable immigrants who are ineligible for Medicaid due to the five-year ban to purchase private coverage through the insurance exchanges that will become operational in 2014, and to receive subsidies to make this coverage affordable. The ACA, however, not only makes undocumented immigrants ineligible for subsidies, but also prohibits them from purchasing coverage through exchanges—even at full cost.

Finally, in 2012, the president established the Deferred Action for Childhood Arrivals (DACA) program, which although an important step forward in its own right, was a bitter disappointment for advocates of immigrants' health coverage and service access. The program allows for previously undocumented young people (ages 15–30) who immigrated as children with their families and who are engaged in school or work to remain in the United States for renewable two-year periods. But unlike other lawfully present immigrants, young people granted DACA status are barred from nearly every form of public and private health coverage. DACA grantees are expressly carved out of the population of lawfully present immigrant children and pregnant women whom states may cover under Medicaid or CHIP through the 2009 CHIPRA option (see above). And under current rules, the years individuals live in the United States with DACA status do not count toward their five-year path to Medicaid eligibility. Furthermore, those with DACA status are ineligible to purchase private coverage on the health insurance exchanges, with or without the federal subsidies.

In short, despite now being lawfully present, those with DACA status have essentially the same coverage options as the estimated 11.1 million undocumented immigrants residing in the United States: nearly none.⁴ Ineligible for Medicaid and

CHIP, low-income young people with DACA status and undocumented immigrants can obtain Medicaid coverage only if they are pregnant and living in a state with the 2002 CHIP option, or if they live in a state or locality that uses entirely nonfederal funds to cover health services usually under Medicaid to individuals regardless of immigration status. When it comes to private coverage options, these populations will only be allowed to obtain coverage outside the exchanges.

The Case for Coverage

As a result of this patchwork of policies, millions of immigrant women and their families who live, go to school and work in communities all around the country are effectively blocked from obtaining health insurance. This disparity in coverage hinders immigrants' ability to obtain health care, including sexual and reproductive health services, which puts them at disproportionately high risk of negative health outcomes.

The gaps in immigrants' health coverage are great. Even though they are more likely than the native-born to participate in the U.S. workforce, immigrants are overrepresented in low-wage jobs that are unlikely to offer employer-sponsored health coverage.⁵ This, along with existing policy barriers to public and private insurance options, contributes to noncitizen immigrants being much more likely than native-born or naturalized citizens to be uninsured. Among women of reproductive age (15–44), 45% of the 6.6 million noncitizen immigrants are uninsured, compared with 24% of naturalized citizen immigrants and 18% of U.S.-born women (see chart).⁶ Among poor reproductive-age women (a group in which immigrant women are disproportionately represented), 60% percent of noncitizen immigrant women lack health insurance—nearly twice the proportion of U.S.-born women. And only 27% of poor immigrant women of reproductive age have Medicaid coverage, compared with 44% of those who are U.S. born.

Although there is limited evidence specific to immigrant women's use of sexual and reproductive health services, lack of insurance is generally associated with a reduced use of health services, especially among low-income women.⁷ Thus, it is

unsurprising that according to at least one recent report, immigrant women’s health service utilization is constrained by their lack of insurance coverage and the high out-of-pocket costs they confront as a result.⁸ Yet, immigrant women—especially those who are undocumented—have higher birth rates than native-born women, and so are more likely to need comprehensive maternal care.^{9,10} Immigrant women are also particularly likely to be young, low-income and women of color—all demographic characteristics linked to particularly high risk of negative sexual and reproductive health outcomes, namely unintended pregnancy and STIs.^{7,10-12}

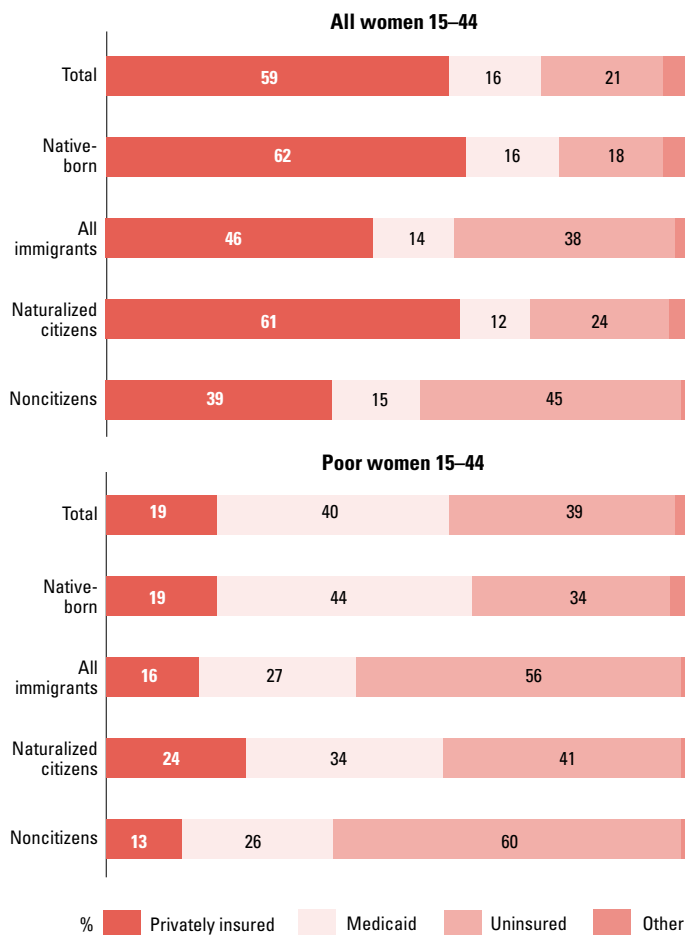
Comprehensive Maternity Care

The widely recognized positive benefits of appropriate preconception, prenatal and postpartum care include better chances of full-term pregnancies and healthy birth weights and a decreased likelihood of long-term health complications for mothers and infants.¹³ Prenatal care is particularly beneficial among young and low-income women, groups that are particularly likely to be uninsured.^{14,15} Indeed, the ACA takes numerous steps to address these issues by expanding coverage generally and specifically guaranteeing coverage for a broad package of maternity care services (see “The Potential of Health Care Reform to Improve Pregnancy-Related Services and Outcomes,” Summer 2010).

Yet, millions of immigrant women remain ineligible for comprehensive maternity coverage. And while what limited evidence there is suggests immigrant women have relatively healthy pregnancies,^{16,17} their need for comprehensive maternity care is no different than U.S.-born women’s. This is especially true as children of immigrants comprise ever-larger proportions of the overall U.S. population: Although their birth rates have declined consistent with, even driving, broader U.S. trends, immigrant women continue to have higher birthrates than native-born women.^{10,18} In 2008, an estimated 8% of the babies born in the United States (340,000)—all of whom are automatically citizens—had undocumented parents, comprising a disproportionately large share of the newborn population.⁹ Given these statistics, accessible comprehensive maternity cover-

COVERAGE GAPS

The 6.6 million women of reproductive age who are not U.S. citizens are particularly likely to be uninsured.



Notes: 2011 data. Poor women are those in families with incomes under the federal poverty level (\$19,090 for a family of three in 2011). Data include some information on undocumented immigrants, although that information is generally acknowledged to be a considerable undercount of that population group. Source: reference 6.

age could advance long-term health outcomes among immigrant women and their children, reducing systemic health disparities with each new generation of Americans.

Coverage obstacles to immigrant women’s affordable access to prenatal care are also financially short-sighted. An Institute of Medicine committee estimated that every \$1 invested in preventive prenatal care would save more than \$3 by reducing the number of low-birth-weight infants and the costs associated with their care.¹⁹ Additionally, in a 2013 analysis, annual Medicaid emergency expenditures were estimated at \$2 billion.²⁰ The

majority of those were for labor and delivery care for immigrant women in emergency rooms.²¹ In sum, barriers to immigrant women's ability to obtain health insurance are putting the long-term health of these mothers and their infants at risk, and creating inefficiencies in public expenditures.

Contraceptive Services and Supplies

Effective contraception helps women to avoid unintended pregnancy and the adverse maternal and child health outcomes associated with unplanned births.¹³ Women's ability to plan and space their children has also been linked to advanced educational and employment opportunities and pursuits, and to the enhanced well-being of families (related article, page 8). Yet, cost is one important factor that interferes with women's use of the most effective contraceptive methods. Eliminating cost-sharing for the full range of methods can help them overcome this barrier.

Despite the fact that contraceptive coverage without cost-sharing has long been available to women enrolled in Medicaid, and will increasingly be so in private insurance under the coverage advances of the ACA, millions of immigrant women are cut off from those options. As a result, they may lack access to the full range of contraceptive options; the limited evidence available specific to immigrant women suggests they are less likely to use preventive reproductive health services, including contraception.⁸ This is particularly problematic as women of color and low-income women are disproportionately affected by unintended pregnancies.¹¹ And, undocumented immigrants—including the nearly one million young people estimated to immediately qualify for DACA status—are particularly likely to be of reproductive age and Hispanic origin.²²⁻²⁴

The fiscal case for contraceptive coverage with no cost-sharing for all women—including immigrant women—is a strong one. Nationally, the public costs related to births resulting from unintended pregnancies were estimated at \$11 billion in 2006;²⁵ the estimated cost to federal, state and local governments of teen childbearing in 2008 was also estimated to be nearly \$11 billion.²⁶ These costs would be even higher in the absence of publicly subsidized family planning services.

Every public dollar invested in helping women avoid pregnancies they do not want saves about \$4 in Medicaid expenditures otherwise needed for pregnancy-related care and one year of infant medical care.²⁷ In the private sector, contraceptive coverage is at least cost-neutral, if not cost-saving. For instance, the federal government, in its role as the nation's largest employer, reported no cost increases after requiring coverage of contraceptives for its employees in the late 1990s.²⁸ Further, not covering contraceptives has been estimated to cost employers approximately 15% more than providing such coverage.²⁹ Importantly, none of these estimates take into account the broader health, social or economic benefits to women and families that come with being able to time, space and prepare for pregnancies—crucial considerations for immigrant women's full and productive integration into U.S. society.

Preventive Services

Finally, there are a number of other preventive sexual and reproductive health services important for all women of reproductive age, such as regular well-woman visits, STI testing and screening for reproductive health cancers. Without adequate health coverage, these preventive services can be costly and out of reach, particularly to teenagers and young adults with little disposable income.

As a group, the disproportionately young, low-income immigrant population is at heightened risk for STIs, notably HPV. According to a February 2013 report from the CDC, half of all new STI cases occur among 15–24-year-olds, and HPV accounts for 14 million of the 20 million new STI cases each year.¹² HPV is a particularly salient issue among immigrant women: Left unchecked, certain strains of HPV can occasionally lead to cervical cancer, which disproportionately afflicts and causes the deaths of foreign-born women, particularly those who are Latina and women in certain Asian communities.³⁰ This phenomenon is likely due in large part to the fact that many of these women go without timely Pap tests and screenings, which in turn stems from financial, cultural and linguistic barriers.⁸

Not extending coverage for STI testing to low-income immigrants is also fiscally questionable.

There are no cost estimates specific to immigrants, but the most recent CDC analysis estimates that \$16 billion is spent in the United States each year on the direct medical costs of STIs; the majority is devoted to long-term treatment and care of HIV and of HPV and its resultant cancers.¹²

A Need for Action

In his 2013 State of the Union address, President Obama called for “comprehensive” immigration reform, and a draft of the administration’s proposal was released shortly thereafter. Meanwhile, multiple congressional groupings—most notably the Senate “Gang of Eight”—have released their own bipartisan principles. Despite major differences over border security and whether reform should include a path to citizenship, there does seem to be an emerging consensus: If this federal legislation is enacted, it will likely grant some form of provisional status to undocumented immigrants currently living in the United States.

With that status, whatever it may be, should come access to affordable public and private health insurance options, and the increased access to sexual and reproductive health services that insurance coverage makes possible. Indeed, this principle already has broad public support: Most Americans believe upon obtaining provisional status, immigrants should be able to access Medicaid (63%) and subsidies to affordably buy insurance on the exchanges (59%).³¹

This principle should apply not only those with this provisional status, but also to those with DACA status and all other immigrant individuals and families lawfully present in the United States. They should all be eligible for Medicaid and CHIP without the five-year ban or any other waiting periods. Enabling immigrants—based solely on their income—to access Medicaid coverage instead of the more costly coverage available on the exchanges is sound health policy that also has the potential to save federal dollars. That said, private coverage should be made equally accessible. All lawfully present immigrant individuals and families—again including those with DACA status and those with any newly established status resulting from immigration reform—should be able to purchase coverage

through the health insurance exchanges and to receive income-based subsidies to make this coverage affordable.

The recent immigration reform discussions to date continue a long-term trend of giving short shrift to the legitimate health insurance and health care needs of our nation’s immigrants, including coverage and care related to sexual and reproductive health. The outcome of the immigration reform debate is uncertain and the stakes are high for immigrants and U.S.-born citizens alike, but the time has come to define “comprehensive” reform to include more than issues of border security and citizenship. The human needs—including health care—of immigrant women, men and children must also be embraced. The case for doing so—in the health and economic interests of immigrant families and in the shared public health and fiscal interest of the country—is compelling. www.guttmacher.org

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