TESTIMONY BEFORE THE UNITED STATES SENATE COMMITTEE ON THE JUDICIARY

FOR THE HEARING ENTITLED "COMPREHENSIVE IMMIGRATION REFORM LEGISLATION"

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BY THE

ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the April 19, 2013 hearing before the Senate Committee on the Judiciary entitled "Comprehensive Immigration Reform." APIAHF is a national health justice organization that influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPIs). For 27 years, APIAHF has dedicated itself to improving the health and well-being of AA and NHPI communities living in the United States and its jurisdictions. We work at the federal, state, and local levels to advance sensible policies that decrease health disparities and promote health equity.

The "Border Security, Economic Opportunity, and Immigration Modernization Act of 2013" (S. 744) is a major step forward for the nation, offering a comprehensive and bipartisan overhaul to our immigration system. While the bill makes substantial inroads, the compromised positions affecting access to care threaten the long-term health, safety and economic future of the entire nation in exchange for short-term cost-savings. Most importantly, cementing these barriers to affordable health care is an affront to our American values of responsibility, fairness and unity

and is out of step with the desires of the majority of Americans who have made it clear that they are ready for a sensible and sustainable fix to our immigration system.

The guiding principle behind any improvements to our immigration laws must be unity for immigrants, unity for families and unity for the entire nation. The following testimony addresses one of the cornerstones of these values: access to affordable health care. It is critical that this committee not view health care access in a vacuum. Right now, federal agencies and states are rapidly implementing the Affordable Care Act (ACA) and other initiatives to combat uninsurance and mitigate the massive toll that uninsurance takes on the nation.

While these initiatives have the potential to drastically reduce rates of uninsurance, S.744 and proposals being debated in the House will undermine these efforts and threaten the nation's health and economy in the long run.

I. Americans and Aspiring Americans Alike Need Affordable Health Insurance and Care Options that Allow them to Take Responsibility for their Health, and a Majority of Americans Agree

Immigration reform proponents often argue that immigrants must be responsible for their actions. The primary reason most immigrants come to the U.S. is to better their lives and that of their children through hard work and sacrifice. Those two principles are one of the many reasons the U.S. is seen as a nation built by immigrants.

Recent polling conducted by the Kaiser Family Foundation found that most Americans support offering the same opportunities for accessing affordable health care and insurance to aspiring Americans.[1] Six out of ten Americans surveyed believed that immigrants on the path to legalization should be able to fully participate in health reform and qualify for Medicaid coverage. Overwhelming majorities of Blacks and Latinos surveyed agreed with providing equal access to health care.

[1] "Kaiser Health Tracking Poll: Public Opinion on Health Care Issues," Kaiser Family Foundation, February 2013, *available at* http://www.kff.org/kaiserpolls/upload/8418-F.pdf.

While the Kaiser poll did not provide disaggregated data on the views of Asian Americans surveyed, the 2012 National Asian American Survey found that one in six Asian American voters placed health care as a top issue and Asian Americans overwhelmingly supported the Affordable Care Act.[2] These numbers are telling as Asian Americans and Latinos supported progressive policies during the 2012 election by substantial margins. As Asian Americans continue to be the fastest growing racial group and electorate in the nation, Asian American voters will continue to demand policies that serve their communities.

II. Federal Laws Already Restrict Access to Care for Immigrants. S.744 Would Cement these Barriers and Contribute to Costly and Unnecessary Health Disparities

The complex interplay between existing federal health programs and immigration laws already restricts access for many immigrants and families, including the over 4 million citizen children living with undocumented parents. S.744 offers an estimated 11 million undocumented immigrants the chance at legal status and earned citizenship, but unfortunately cements existing federal restrictions that could have disastrous health consequences.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, also known as the "welfare reform" law), created arbitrary and inhumane time limits and other restrictions for lawfully present immigrants to become eligible for federal means-tested public programs including Medicaid and the Children's Health Insurance Program (CHIP). As a result, legal aspiring citizens are barred from these critical safety net programs for a minimum of five years. The ACA already maintains these immigration-based restrictions on lawfully present immigrants, and the existing absolute bar on eligibility for undocumented immigrants. The ACA also bars undocumented immigrants from purchasing private health insurance coverage in the newly created insurance marketplaces, even at full price and with their own funds, while

[2] "The Policy Priorities and Issue Preferences of Asian Americans and Pacific Islanders," National Asian American Survey, September 2012, *available at* http://www.naasurvey.com/.

allowing lawfully present immigrants to purchase marketplace plans and also qualify for affordability programs such as advance premium tax credits and cost-sharing reductions.

S.744 undermines the eligibility framework of the ACA and creates a new exclusion for persons in Registered Provisional Immigrant (RPI) status from the benefits of health reform. RPIs, including DREAMers, are ineligible for programs that would make health insurance more affordable, despite the fact that these individuals would be considered lawfully present for all other purposes. At the same time, they will be subjected to the individual mandate.

In addition, S.744 reaffirms existing restrictions on lawfully present immigrants. The result is that, under the pathway to citizenship outlined in S.744, a newly legalized immigrant going through the ten year process to adjust from RPI to legal permanent resident would have to wait an *additional* five years after adjusting to LPR status to become eligible for safety-net health programs like Medicaid. This—what effectively amounts to a bar of 15 years or more—occurs during a time when the legalized individual is residing in the country and paying into the system.

PRWORA also bars citizens from the freely associated states of Micronesia, Republic of the Marshall Islands and Republic of Palau from the Medicaid program. These individuals, known as COFA (Compact of Free Association) migrants, are persons who are free to enter and work in the U.S. without restriction under long-standing agreements between the U.S. and pacific jurisdictions. COFA migrants suffer from a number of serious health disparities caused by America's militarization of the pacific islands, nuclear test bombing and lack of economic supports, including high rates of cervical cancer and other chronic diseases. The 1996 law revoked Medicaid coverage for COFA migrants, and, coupled with existing disparities and failure on the part of the U.S. to provide required supports, has created serious economic consequences for states like Hawaii and the territory of Guam, who have shouldered the burden of providing health care to this population.

These federal policies undermine America's values, further health disparities and put the entire nation's health at risk. These disparities will only worsen in 2014, when the ACA is fully implemented and the gap between the health of immigrants and those who qualify for new coverage options widens. As a result, immigration status will become one of the leading social determinants of health—affecting everything from whether or not a person can buy health insurance, whether a sick child can see the doctor, and whether a low-income worker can afford the treatment they need.

III. America Cannot Afford the Long Term Economic and Human Costs of a Short Term Compromise that Erects Barriers to Affordable Care

The U.S. cannot afford to care for a growing population of uninsured individuals. This was one of the reasons lawmakers and President Obama prioritized the Affordable Care Act (ACA). While the ACA provides new, affordable insurance options for many of the currently 50 million uninsured individuals in the U.S., America will continue to have a population of uninsured workers, children and families even after full implementation of the law.

Uninsurance leads to poor health outcomes, but the opposite is true when an individual is insured. Individuals with health coverage, including Medicaid, report better physical and mental health.[3] They are more likely to have routine access to medical care, less likely to rely on expensive emergency room visits and have better access to essential preventive services, reducing the incidence of chronic diseases that take a major toll on the U.S. health care system. In contrast, research shows that the uninsured have significantly worse health outcomes across a number of chronic diseases including cancer and diabetes. [4]

The nonpartisan Institute of Medicine (IOM) has studied the issue extensively and their report, *America's Uninsured Crisis: Consequences for Health and Health Care*, outlines the resulting lack

[3] "What is the link between having health insurance and enjoying better health and finance?" Robert Wood Johnson Foundation, January 2012, *available a*t http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf72145.

[4] "American's Uninsured Crisis: Consequences for Health and Health Care," Institute of Medicine, February 2009, *available at* http://www.iom.edu/~/media/Files/Report%20Files/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care/Americas%20Uninsured%20Crisis%202009%20Report%20Brief.pdf.

of access to routine preventive care. In addition to the physical toll, there are major economic costs. Shorter lifespans and worse health outcomes result in a loss of $65 - 130 billion annually[5] and translate into lost economic productivity and threaten economic security as families live in fear of what might happen if they get sick.

The consequences are not limited to the individual, but impact communities and state economics and put America's security at risk. Expanding access to affordable health insurance would help to relieve overburdened safety net hospitals and clinics and reduce uncompensated care costs, which often falls to states and the federal government to pick up the tab. In total, eighty-five percent of the costs for uncompensated care fall on the government. [6]

While the initial cost of extending coverage to the newly legalized (RPIs) may be significant, it is a needed investment in the future economic prosperity of the nation. Health care costs will become due now or later. The need for any uninsured individual—regardless of immigration status—to access basic health care will not disappear regardless of the number of complex restrictions put forth. Health care is out of reach for most of the uninsured. The average hospital stay in the U.S. costs over $15,000 and the average cost for a doctor's visit is $89—expenses that can add up quickly.[7]

Racial and ethnic minorities and other underserved populations are particularly impacted by access and cost barriers, resulting in expensive health disparities. Asian Americans and Pacific Islanders, for example, are overwhelmingly immigrant and account for 40% of recent immigrants to the United States. As of 2011, there are over 17.6 million Asian Americans living in the United States, and over 1.2 million Native Hawaiians and Pacific Islanders. These communities, like many other racial and ethnic minorities, are disproportionately uninsured for a number of reasons, including cost, challenges navigating enrollment and eligibility processes,

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[5] "Hidden Costs, Value Lost: Uninsurance in America," National Academies Press, 2003, *available at* http://www.nap.edu/openbook.php?record_id=10719&page=1.

[6] "The Cost of Care for the Uninsured: What do We Spend, Who Pays and What Would Full Coverage Add to Medical Spending?" Kaiser Family Foundation, May 2004, *available at* http://www.kff.org/uninsured/upload/the-cost-of-care-for-the-uninsured-what-do-we-spend-who-pays-and-what-would-full-coverage-add-to-medical-spending.pdf.

[7] "Survey Shows that Americans Pay a Lot More for Healthcare," National Journal, March 25, 2012, *available at* http://www.nationaljournal.com/healthcare/survey-shows-americans-pay-a-lot-more-for-health-care-20120304.

and importantly for this Committee—the intersection of immigration-based eligibility restrictions on access to health insurance and health programs.

The choice is clear; America cannot afford the human or economic toll that access barriers create. Putting up roadblocks to good health risks individual, family and community health and the safety and economic security of the entire nation.

IV. Offering Immigrants the Same Opportunities for Affordable Health Care and Coverage is Fiscally Responsible and Promotes Full Integration

Providing equal access to affordable, quality care and insurance for immigrants is sound fiscal policy. Immigrants are often younger, healthier and have lower health care expenses than native-born Americans.[8] Contrary to the claims of some, immigrants are not a drain on the safety-net or on entitlements. A recent report by leading health researchers Leighton Ku and Brian Bruen analyzing the Census Bureau's March 2012 Current Population Survey reaffirmed that immigrants continue to have lower utilization rates for public benefits, and the value of those benefits received is less than that for native-born individuals.[9] In addition, the report used 2010 Medical Expenditure Panel Survey (MEPS) data to show the cost for providing care to immigrants under Medicaid were substantially lower compared to native-born adults, and for immigrant children, Medicaid costs were less than half that of native-born children. The report reinforces existing studies that have conclusively shown that immigrants as a whole

[8] "Health Insurance Coverage and Medical Expenditures of Immigrants and Native-Born Citizens in the United States," Am J Public Health, Leighton Ku, 2009 July; 99(7):1322-1328, *available at* http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2696660/.

[9] "The Use of Public Assistance Benefits by Citizens and Non-Citizen Immigrants in the United States," CATO Institute, Leighton Ku and Brian Bruen, February 2013, *available at* http://www.cato.org/sites/cato.org/files/pubs/pdf/workingpaper-13_1.pdf.

underutilize health care services compared to the U.S. born and, when they participate in federal and state funded health programs, use fewer resources.[10]

America needs commonsense immigration policies that align with our values, protect all families and communities, and put the nation on a path to a better, healthier future. Our laws should make health care more affordable and accessible for both Americans and aspiring Americans alike. Immigrants already feel the pain when archaic eligibility laws, language barriers and access challenges converge. We cannot afford to create new barriers to good health for anyone.

For more information or questions, please contact Priscilla Huang, APIAHF Policy Director at phuang@apiahf.org or (202) 466-3550.

[10] "Health Insurance Coverage and Medical Expenditures of Immigrants and Native-Born Citizens in the United States," Am J Public Health, Leighton Ku, 2009 July; 99(7):1322-1328, *available at* http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2696660/.