The following are notes of a presentation given by Carly Burton, Massachusetts Immigrant and Refugee Advocacy Coalition, at the June 2, 2006 Health Access Network (HAN) meeting in Amherst MA.

Immigrants and Massachusetts Health Care Reform

Overview:

- MassHealth Essential for elderly and disabled legal immigrants. The new legislation codifies MassHealth Essential benefits for this population. Codification is a win. However, elderly and disabled legal immigrants have had MassHealth Essential for the last two years due to a surplus in MassHealth Essential funds. This population will also benefit from the dental restoration that has been included in the health reform plan. That coverage was not specific to this group's needs and new legislation continues to lacks focus. More advocacy is required for benefits that truly assist elderly and disabled legal immigrants.
- Preventing sponsor deeming
 - <u>Definition</u>. Sponsor deeming occurs when immigrants apply for certain federally funded benefit programs. Upon arrival, an immigrant must have a sponsor (usually a family member) sign an affidavit of support for that immigrant. This document is a legally binding contract with the government that the sponsor will support the sponsored immigrant. When applying for certain benefit programs, immigrants must list their income and their sponsor's. The sponsor's income is *deemed* to be part of the immigrant's income. This may render certain immigrants ineligible for certain benefits programs because they are over-income. It also may dissuade immigrants from applying to get benefits for which they may be eligible.
 - <u>In Massachusetts</u>. Governor Romney wants to implement sponsor deeming, especially for elder and disabled immigrants in the MassHealth Essential program. He has proposed it and vetoed numerous pieces of legislation preventing sponsor deeming many times. The legislature has overridden each veto. They recognize sponsor deeming's detrimental consequences. For example, a son sponsoring his elder immigrant mother cannot put her on his health insurance plan, but his income would also be deemed as hers. This would make her ineligible for MassHealth Essential. Last week a legislative override defeated sponsor deeming once again. The language in the health reform plan preventing the use of sponsor deeming has now been codified.
- Commonwealth Care Health Insurance. All legally residing immigrants who are financially eligible can use this program, including aliens with special status who lost their benefits in 2003.
- Free Care Pool. No changes will occur until Oct 1, 2007. However, this program will require careful monitoring because those who use it will increasingly be undocumented immigrants. Politically, that will make it an easier target for budget cuts.
- Expansion of children's health benefits. Eligibility increased from 200% to 300% of the FPL, but eligibility will not include children with special status. They will remain on CMSP.
- Individual mandate. Will require all Massachusetts residents to have insurance if an affordable plan is available. All immigrants filing state taxes will be required to disclose if they have insurance. This includes undocumented immigrants, who can file state income taxes with an individual taxpayer identification number (ITIN) issued by the Department of Revenue. Immigrants without health insurance will be financially penalized. It is unclear how this population will be affected by the mandate if they cannot obtain coverage.

<u>Group Q&A</u>

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Q: Health care reform covers all legal immigrants who reside here permanently. What about people residing here legally but on a temporary basis? Are they covered?

A: People here temporarily are only eligible for coverage if they have "Temporary Protected Status (TPS)." TPS is a special designation for residents of eligible countries experiencing extraordinary temporary situations, e.g. natural disasters or political upheaval. Residents of these nations are here until they can safely go home. They may not remain permanently, but while here they qualify for health coverage.

Current TPS nations are: <u>Burundi</u>, <u>El Salvador</u>, <u>Honduras</u>, <u>Liberia</u>, <u>Nicaragua</u>, <u>Somalia</u> and <u>Sudan</u>. For more information on Temporary Protected Status, go to

<u>http://www.uscis.gov/graphics/services/tps_inter.htm</u>. Other non-immigrants (people who are here only temporarily, like students or tourists) are not eligible for the programs covered under health reform.

Q: Are refugees and people with TPS status considered immigrants?

A: Immigrants are those who plan to stay permanently. That would include refugees, people seeking asylum and other groups with immigration relief. People here on student or tourist visas are not considered immigrants. People with TPS status are immigrants, but they are only here legally while their TPS status is in effect. Legal immigrant status and related benefits can be revoked. Example: In 1995, Montserrat was deemed a TPS country due to active volcanoes; but the volcanoes were active so long (10 years) that the USA finally revoked visitors' TPS status. Because people were no longer legal immigrants, they lost the benefits that had accompanied their TPS immigrant status.

- Q: If someone has applied for a green card but hasn't received it yet, can s/he receive benefits?
- A: Yes. They fall into PRUCOL status People Residing Under Color Of Law.
- Q: What is an "undocumented immigrant?"

A. Undocumented immigrants are those here without legal documentation. Examples are people with false documentation, people whose visas have expired or who crossed the border illegally.

<u>Deficit Reduction Act</u> This actually impacts *US citizens;* but the legislation arose from suggestions of potential Medicaid fraud by undocumented immigrants. (Few such crimes have been documented).

- Overview. People applying for Medicaid must now provide documentation of citizenship. This will have major bearing on citizens unable to provide proof, including low-income, mentally ill and homeless people, those who lost their documentation in Katrina, and southern African-American elders who often lack access to birth certificates. Ironically, nothing will change for immigrants; legal immigrants were always required to document their status. Undocumented immigrants do not claim legal status and use other routes for health coverage.
- Implementation. This begins July 1. To reduce repeated requests for documentation, MassHealth will try to share as much data as possible with other agencies involved in this process (for example, SSA). MIRA suggested to MassHealth that they use DPH's Office of Vital Statistics for access to birth certificates.
- Impact on Immigrants. Much media misrepresentation is occurring that can discourage immigrants from applying for Medicaid. For example, recent newspaper articles inferred citizenship is now required for Medicaid. This is not so; non-citizens can still apply for Medicaid. They will continue to be required to provide proof of their legal immigration status; if they are not able to do so, they will only be eligible for those programs without immigration status requirements. *Carly* urged clarifying this for clients.

Q: How stringent will enforcement be?

A: Present documentation guidelines are rigid, but potential for flexibility exists. CMS is drafting regulations that may let people use affidavits of citizenship. States will be able to decide what affidavits' content can be and who can write them, a more flexible option.

Q: What documentation is actually needed?

A: Details are still unclear. Federally, a birth certificate is needed but other documents may also be acceptable. Information will follow in the weeks ahead.

<u>Update:</u> On June 9 CMS issued guidance to State Medicaid directors regarding necessary documentation. A short summary, plus more detailed excerpts of the guidance letter, are available on Community Partners' web site at <u>http://www.compartners.org/node/454</u>

State Senate Budget Debate.

- Overview. Three Republican anti-immigrant budget amendments have passed the Senate that reflect a strong anti-immigration trend.
 - Sen. Robert Hedlund's original amendment, "Illegal Immigrants and Housing," would have <u>repealed</u> state laws allowing immigrants ineligible for Federal benefits to receive help at a state level not just with housing, but with other services as well (including health care). MIRA had the bill redrafted to include housing only.
 - Another amendment deals with <u>confirmation of immigrant status at arraignment</u>.
 - The third would <u>establish a hotline on immigrant hires</u>, which would create a direct telephone number to the Attorney General to report employers hiring illegal immigrants. Callers would not be required to verify information.
- ▶ <u>Next Steps.</u> MIRA is trying to have all three of these provisions defeated in the Conference Committee.

<u>Federal Budget Update</u>. Immigrants' physical and emotional health are at risk due to pending bills:

- House Bill 4477 and Senate Bill 2611 give local police more power to enforce anti-immigration laws. Potential impact: immigrants who are victims of crime and domestic violence may not contact local police or visit emergency rooms for fear of arrest.
- House Bill 4477 would <u>criminalize undocumented immigrants and those who help them</u>. Community health workers and advocates who knowingly assist immigrants could be arrested for their actions. *Potential impact: less help for immigrants needing health care and other assistance.*
- The Senate bill would <u>allow certain groups to obtain legal status after residing here for a long time</u>. Some say the bill would provide amnesty, but it actually requires a long wait for legal status. *Potential impact*: undocumented *immigrants would still be unable to receive needed benefits*.