

February 9, 2015

White House Task Force on New Americans The White House 1600 Pennsylvania Avenue Washington, DC 20500

Re: Comments on White House Task Force on New Americans' federal immigrant integration strategy

Dear Director Muñoz and Director Rodriguez:

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to respond to provide input on the White House Task Force on New Americans' federal immigrant integration strategy and plan. We applaud President Obama for taking executive actions to fix our nation's immigration system by broadening administrative relief for immigrants and promoting civic integration.

NFPRHA is a national membership organization representing the nation's family planning providers – nurse practitioners, nurses, administrators, and other key health care professionals. NFPRHA's members operate or fund a network of nearly 5,000 health centers and service sites that provide high-quality family planning and other preventive health services to millions of low-income, uninsured, or underinsured individuals in 50 states and the District of Columbia. Services are provided through state, county, and local health departments as well as hospitals, family planning councils, Planned Parenthoods, federally qualified health centers and other private non-profit organizations.

NFPRHA appreciates the strong commitment of the White House to promoting civic integration for new Americans and hopes that implementation of President Obama's executive actions to fix our immigration system will consider the needs of publicly funded family planning providers.

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NFPRHA supports providing access to family planning and sexual health care for all and believes that a person's immigration status or ability to provide citizenship documentation should not have any impact on their ability to have timely access to affordable, confidential, high-quality family planning and sexual health services, supplies, and information.

Title X, the nation's only federal family planning program, provides high-quality family planning services and related preventive health care to low-income and uninsured individuals who may otherwise lack access to health care, regardless of immigration status. As Title X providers, NFPRHA's members understand firsthand the importance of extending quality health care to all.

NFPRHA believes that healthy communities are the foundation of a safe and productive society. Healthy communities can only exist if we provide pathways for the meaningful involvement of its newest members. As such, we urge the Task Force to allow individuals granted relief under the President's Immigration Accountability Executive Actions to participate in affordable health coverage options under the Affordable Care Act (ACA), Medicaid, and the Children's Health Insurance Program (CHIP) in states that have taken up expanded coverage options.

The Affordable Care Act has provided 9.5 million Americans with quality, affordable health insurance coverage. Many of the new enrollees are lawfully present immigrants, which includes individuals granted deferred action. Yet, two months after President Obama announced the Deferred Action for Childhood Arrivals (DACA) program in June 2012, the Department of Health and Human Services (DHHS) issued regulations and guidance excluding DACA grantees from affordable health insurance options that are available to other non–DACA individuals also granted deferred action.¹ Prior to August 2012, DACA recipients were eligible for the same health programs that are afforded to other lawfully present immigrants, including those with a similar form of deferred action. This exclusion has carried into the recently announced expanded DACA and Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) programs.

We believe the exclusion lacks policy justification and undermines the spirit and primary goal of the ACA, namely, expanding access to affordable health coverage for uninsured individuals. Excluding DACA and DAPA recipients from Medicaid, CHIP and the health insurance Marketplaces will not eliminate their need for health care; it only shifts the cost burden of their care to health care providers, local and state governments, and, ultimately, the taxpayers. Restoring eligibility for DACA recipients, however, would mean allowing a population of generally younger, healthier individuals to pay for health insurance in the Marketplaces, spread

<sup>&</sup>lt;sup>1</sup> See Center for Medicaid and CHIP Services, Letter to State Health Officials SHO# 12-002, August 28, 2012, and <u>75 FR 45029</u>, July 30, 2010, as amended at <u>77 FR 52616</u>, Aug. 30, 2012 excluding DACA recipients from the definition of "lawfully present".

the risk across a larger pool of covered individuals, and thereby lower the cost of health care for everyone. Providing DAPA recipients with equitable health care access as other lawfully present immigrants will also reduce confusion for immigrant families seeking to enroll in Marketplace plans, particularly those in mixed-status families.

Immigrants should be treated fairly by having access to the health programs their tax dollars support. As President Obama stated in his Presidential Memorandum establishing the Task Force, "Our success as a Nation of immigrants is rooted in our ongoing commitment to welcoming and integrating newcomers into the fabric of our country. It is important that we develop a Federal immigrant integration strategy that is innovative and competitive with those of other industrialized nations and supports mechanisms to ensure that our Nation's diverse people are contributing to society to their fullest potential." Allowing DACA and DAPA recipients to participate in the ACA's affordable coverage options, as well as Medicaid and CHIP, is an essential tool to ensuring these hard–working immigrants are able to optimize their full potential as new Americans.

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NFPRHA appreciates the opportunity to provide input on the Task Force's federal immigration integration strategy and plan. If you require additional information about the issues raised in this letter, please contact Elizabeth Rich at 202–293–3114 ext. 208 or at erich@nfprha.org.

Sincerely,

Clare Coleman

President & CEO

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