

Health Care for DACA Grantees

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What health care options do DACA grantees and undocumented people have today?

In general, these health care services should be available, regardless of immigration status, in all states:

- Emergency-room care.
- Community health centers and free clinics.
- Public and safety-net hospitals.
- Public health services (immunizations, treatment of communicable diseases such as tu-

berculosis, HIV, or sexually transmitted diseases).

- Emergency treatment under the emergency Medicaid program, including labor and delivery for pregnancy.
- Hospital and community health centers' financial assistance programs (also known as "charity care").
- Private health insurance (except as described below under Affordable Care Act).

Does the Affordable Care Act of 2010 (ACA or "Obamacare") help immigrant families?

Yes. Under the ACA, people who are "lawfully present" in the U.S. will be able to buy affordable private health insurance through the newly created *health insurance marketplaces* (also called "exchanges") and can receive subsidies based on their income.

Many lawfully present, low-income immigrants are also eligible to enroll in affordable health coverage through their state's Medicaid or the Children's Health Insurance Program (CHIP), and there are no five-year waiting periods in many states for children and pregnant women. For more information about how immigrants are included under the ACA, see www.nilc.org/immigrantshcr.html.

"Lawfully present" people include lawful permanent residents (LPRs or "green card" holders) as well as refugees, asylees, T or U visa

holders, and people with temporary protected status (TPS) or deferred action. For a complete list of the immigration categories that are considered "lawfully present" under the ACA, see NILC's publication "*Lawfully Present Individuals Eligible under the Affordable Care Act*" (www.nilc.org/document.html?id=809).

Unfortunately, under the ACA, undocumented immigrants are excluded from buying private health insurance through the marketplaces, receiving tax subsidies, or enrolling in nonemergency Medicaid; in turn, they will not be required to buy health insurance. They will continue to have the same access to care, outlined above, that they have today. More work needs to be done to ensure that everyone, regardless of status, is able to receive quality, affordable health care in the U.S.

What health insurance options are available to DACA grantees under ACA?

Until August 28, 2012, like other individuals granted deferred action, people granted deferred action under the Deferred Action for Childhood Arrivals (DACA) program would have

had access to all the new health insurance options under ACA as "lawfully present" individuals. Due to a rule change by the Obama administration in August 2012, DACA grantees were

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specifically excluded from the ACA as well as from nonemergency Medicaid and CHIP, and have the same access to health insurance as do undocumented people despite being granted deferred action by the U.S. Department of Homeland Security. As a result of the rule change, DACA grantees who have valid work permits and valid Social Security numbers (SSNs) and who are otherwise eligible:

- Cannot enroll in affordable health coverage through Medicaid or CHIP unless their state provides coverage to a broader group of lawfully present people (see www.nilc.org/healthcoveragemaps.html).
- Do not have access to prenatal care through Medicaid or CHIP unless their state provides coverage for pregnant women regardless of the woman's immigration status.

- Cannot apply for private health insurance under the Pre-Existing Condition Insurance Plan (PCIP) unless their state has a similar health insurance program that is available regardless of immigration status.
- Cannot buy private health insurance at full cost in the insurance marketplaces created by the ACA.
- Are not eligible for federal tax credits (or subsidies) to help make private health insurance affordable in the insurance marketplaces, even if they are paying federal taxes.
- Will not be required to have health insurance after 2014.
- Will not be eligible for the Basic Health Program, if their state has one after 2015.
- Can enroll in health insurance that may be offered by their employer.

Why is it wrong to exclude DACA grantees from affordable health care?

- It's unfair and contrary to our goal of ensuring that all children in the U.S. have access to affordable health care.
- It sends mixed messages to DACA grantees and other immigrants:
 - At the same time DACA grantees are praised as the future of this country and given an opportunity to participate more fully in their communities, they are prohibited from paying their fair share to buy affordable health insurance.
- It makes it harder for DACA grantees to stay healthy so they can go to school or work and fulfill their dreams:
 - DACA grantees who have chronic illnesses such as asthma or diabetes or who need prenatal care when pregnant should be able to see a doctor regularly and get the medical treatment they need to stay healthy.
 - DACA grantees who may have cancer or other serious medical conditions should

- be able to get the life-saving treatment they need without going bankrupt.
- It sets a bad precedent and signals to federal and state officials that it's okay to deny basic rights to immigrants:
 - May embolden lawmakers to continue to use politics to discriminate against and exclude immigrants, even those who are in the U.S. lawfully, pay taxes, and follow all the rules.
 - Emboldens state lawmakers to discriminate against DACA grantees in providing other benefits, such as driver's licenses, unemployment benefits, or in-state tuition.
 - May be considered by Congress a precedent to justify creating a second-class group of immigrants with fewer rights, but all the responsibilities of citizens, in any future federal immigration reform proposal.

FOR MORE INFORMATION, CONTACT

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