BACKGROUND
Since the passage of the 1996 welfare law, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), legal immigrants have been severely restricted from accessing important safety-net services, including health care. Immigrants arriving after August 22, 1996 are restricted from federally-funded health care coverage for the first five years that they live in the U.S. This arbitrary time limit has undermined public health by shutting a significant portion of the population out of the nation's health system.

NCLR POSITION
The National Council of La Raza (NCLR) supports the passage of the "Immigrant Children's Health Improvement Act" [(ICHIA) H.R. 1233, S. 1104], legislation that would restore access to Medicaid and SCHIP for immigrant children and pregnant women. "ICHIA" eliminates the five-year bar that currently forces many immigrant children and pregnant women to rely on costly emergency services as their main source of health care. In addition to lifting the bar, "ICHIA" removes certain barriers that hinder this group's ability to receive health coverage.

WHY THIS IS IMPORTANT

❖ Our future workers, taxpayers, and leaders should have reliable access to health care. Children of immigrants are a significant portion of our population. More than one in five children is from immigrant families. Yet, children of immigrants are twice as likely to be in fair or poor health and more likely to be uninsured (14%) than children with native-born parents (6%). Denying children access to preventive health care increases the likelihood of serious and expensive health problems for these children in later life.

❖ The women and children who would be helped by this provision are otherwise eligible. They are denied access to health care solely because they are legal immigrants. They play by the rules, are here legally, and yet are denied access to the very services their tax dollars support.

❖ Investing in health care for immigrants now will benefit everyone later. Pregnant women who forego prenatal care are likely to develop complications during and after pregnancy, resulting in higher postpartum cost of care. Women without access to prenatal care are four times more likely to deliver low birth weight infants and seven times more likely to deliver prematurely than women who receive prenatal care, as maintained by the Institute of Medicine.

❖ "ICHIA" provides necessary flexibility and fiscal assistance to states. Recognizing the important contributions that immigrants make to the nation's fiscal well-being, many states have chosen to provide health coverage with their own funds for immigrants. However, states' budgets continue to be stretched thin, making it difficult for them to cope with rising health insurance costs. "ICHIA" would grant states the flexibility and fiscal relief to make choices that best meet the needs of their population.

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