

Immigrant Access and Eligibility

Presenters:

Martha Sanchez, Young Invincibles [slides](#)

Yu Gu, Light and Salt [slides](#)

Anne Dunkelberg, Every Texan [slides](#)

Esther Reyes, Children's Defense Fund-Texas [slides](#)

Martha Sanchez of Young Invincibles presented on a [proposed rule](#) that would make DACA an eligible status for applying for federal health programs like Medicaid/CHIP and Marketplace plans. The rule has not been finalized and likely will not apply for PY 2024 open enrollment.

Key takeaways from this session:

- Adding DACA to the definition of “lawfully present” and “lawfully residing” opens DACA recipients to accessing Medicaid, CHIP, and Marketplace health plans provided they meet all other qualifications. Some additional immigration statuses are included in the rule.
- The DACA population is considerable—580,000 DACA recipients, of whom 129,000 stand to benefit from a Marketplace or Medicaid plan.
- DACA recipients are new to health coverage and healthcare using Marketplace or Medicaid plans and have a mixed understanding of how to get and use coverage. They also tend to distrust the political landscape and may have to overcome narratives about their eligibility.
- Once the rule is final it could be subject to court challenges, and could be halted by a judge.
- DACA is always under threat, so any benefits that may extend to DACA recipients could disappear if SCOTUS ends DACA (there is currently at least one case working its way to SCOTUS).

Challenges and opportunities for reaching DACA recipients:

- The information and education needs of the DACA audience are similar to the very beginning of the ACA—explaining with simple language and avoiding jargon is critical.
- There may be cultural and linguistic barriers. Most DACA recipients are English speakers or bilingual, but bilingual materials may be useful and DACA family members could be secondary targets for communication. For example, U.S. citizen family members may be in a position to encourage their DACA family members to enroll in health coverage.
- Most DACA recipients are under 40. Understand the demographics, healthcare concerns, and cultural preferences of the DACA community you serve. For example, venues for workshops and info sessions should be conveniently located and culturally appropriate.
- Colleges, young adult programs, internships, and workforce programs are all potential opportunities to connect with DACA recipients.
- Social media engagement is important, and messaging should be interactive, relatable, and use real-life examples.

Anne Dunkelberg of Every Texan presented on immigrant access to Medicaid, CHIP, Marketplace and SNAP in Texas. The accessibility of public programs for immigrants varies significantly by age, immigration status (or years of residency), and program type.

Key takeaways from this presentation:

- For U.S. citizens the cost of health insurance is their number one healthcare access barrier.
- For non-U.S. citizens the fear of deportation and/or loss of legal status can be their top concern about accessing health care.

- Policies and statements regarding immigrant access to public programs (such as the public charge) from 2016-2020 dramatically increased fear among immigrants, both lawful and undocumented, and those fears are still present among many immigrants.
- Many legal immigrants have access to benefits from federally-funded programs including health coverage, and undocumented immigrants can also access many federal programs where immigration status doesn't matter.
- The message must be clear that an immigrant's use of health or nutrition benefits or other social services will not prevent them from getting a green card or becoming a U.S. citizen. The Trump-era policy regarding public charge no longer exists, but the fear it instilled does.
- The greatest danger immigrants face in applying for public programs is providing false information. If a non-U.S. citizen parent provides false information on an application for Medicaid, SNAP, etc. Texas HHS could report that to immigration authorities.

Undocumented Texans have limited options for health coverage:

- 1.4 million of Texas' 4.9 million uninsured in 2022 were non-U.S. citizens—both lawfully present and undocumented.
- Undocumented Texans of all ages—including children—are excluded from Medicaid, CHIP and ACA under federal law.
- Federal law and regulations currently provide some protections for some kinds of care including emergency care, but health insurance is largely out of reach.

Texas immigrants with lawful statuses have more options:

- Lawfully present non-citizens have access to many health and mental health programs on the same terms as U.S. citizens, including Medicaid and CHIP for lawfully present non-citizen children up to age 18.
- Lawfully present non-citizen adults are barred from Texas Medicaid, even after 5 years, with very limited exception.
- Lawfully present non-citizen adults are eligible for Marketplace coverage and financial help without a 5-year bar. They can also get financial help below 100% FPL because Texas has not expanded Medicaid and these adults would be barred from Medicaid anyway.

Immigrant eligibility for public benefits:

- Eligibility is defined by the 1996 welfare reform act that created the category of "qualified immigrant."
- Some statuses that were not included in that law have been added to an expanded category of "lawfully present".
- Systems like HealthCare.gov are programmed to recognize the correct statuses.
- CHIP-P is a benefit for the unborn child, so the mother's immigration status isn't at issue. It's determined by income.
- Lawfully present pregnant immigrants can have coverage through CHIP-P or Marketplace if they already are enrolled when they become pregnant, but not both.

Immigrant eligibility for SNAP:

Applies to lawfully present immigrants who arrived on/after August 22, 1996.

- Children under 18
- Adults age 19+ who have resided in the U.S. for 5+ years
- 40 quarters US work history (shared among applicants on the same case)
- Military veterans or active duty and their spouse/children

- Adults with disabilities who receive SSI
- Asylum or refugee status
- Certain other protected categories

Yu Gu with Light and Salt Association presented on how to identify incorrect denials for children's Medicaid applications in families with various immigration statuses and/or mixed status/U.S. citizen families.

Key takeaways from this presentation include:

- Applications for Medicaid/CHIP for lawfully present immigrant children of immigrant parents can be incorrectly denied for a number of reasons that go beyond more common procedural denials.
- The complexities of types of immigrant visas and employment authorization documents may cause incorrect denials.
- Every Texan has helped Light and Salt successfully advocate for reversing the denials.

Esther Reyes of Children's Defense Fund-Texas provided an update on federal rules related to public charge. There are some legislative and legal challenges to the rules, but none are expected to succeed.

Department of Homeland Security (DHS) rule:

The final DHS public charge rule took effect on December 23, 2022. The public charge policy reverted to the pre-Trump era rule, and confirmed that a child or other family member's use of public programs will not affect an individual's green card process.

Department of State (DOS) public charge rule:

This rule took effect in September 2023. It applies to visa applications made at consulates or embassies abroad and people who are required to leave the U.S. to seek status through consular processing. The new rule brings DOS policy in line with DHS policy.

Stay updated on resources for public charge and immigrant access through SeguroTexas.org. If you're interested in joining this campaign reach out to ereyes@childrensdefense.org or kmartinez@everytexan.org.