

FACTS ABOUT THE Immigrant Children's Health Improvement Act (ICHIA)

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■ Why legislation is needed

Most newly arrived immigrants who are lawfully present are barred for five years from access to health care under the critical federal programs, Medicaid and the State Children's Health Insurance Program (SCHIP). The five-year bar, enacted in 1996, created a hole in a social safety net that had previously treated lawfully present immigrants and citizens equally. Immigrant health is suffering as a result. The 2006 National Healthcare Disparities Report, for example, concluded that Latinos are victims of widening racial and ethnic disparities in health care.

The proposed Immigrant Children's Health Improvement Act (ICHIA), which has garnered bipartisan support in both houses of Congress, provides a solution for children and pregnant women. ICHIA is included in HR 3014, the Health Equity and Accountability Act, with over 100 cosponsors. For the past decade, newly arrived immigrant children have been left uncovered. ICHIA would allow states to provide medical coverage to lawfully present immigrant children and pregnant women under Medicaid or SCHIP, with no waiting period.

■ Primary health care for children and pregnant women saves money

The goals of the federal Medicaid and SCHIP programs are best served when states can use federal funds to provide basic health services to lawfully present children and pregnant women. Yet children of immigrants are three times more likely than children of native-born citizens to lack a usual source of health care. Prenatal care is especially critical in preventing, detecting and treating health problems before they become more serious and costly. Immigrant women with no prenatal care, for example, are four times more likely to deliver low birth-weight infants than immigrant women who received prenatal care. Every dollar spent on prenatal care saves \$4 in longer-term medical costs.

■ Immigrants should benefit from health programs supported by their taxes

Immigrants contribute tax dollars to support the federal health care programs that they are barred from using. And the average immigrant uses less than half the dollar amount of health care services than the average native-born U.S. citizen does. Numerous studies have found that the tax payments generated by immigrants outweigh any costs associated with services that they use.

■ Flexibility and fiscal relief for states

In response to the lack of equity in current federal health care policy, over twenty states spend their own money to cover at least some of the immigrants who are ineligible for federally-funded health services. ICHIA would expand state flexibility by allowing them to choose the services that best meet their communities' needs. Both the National Governors Association and the National Conference of State Legislatures support passage of ICHIA.

FOR MORE INFORMATION, CONTACT

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