AAPCHO

POLICY BRIEF 2013

Creating a Common-Sense Immigration System for Community Health Centers and Asian Americans, Native Hawaiians and other Pacific Islanders

For the first time in years, Congress is seriously debating legislation to fix the federal immigration system. As legislators and the White House rush to introduce Common-sense Immigration Reform (CIR) legislation, it is important for Community Health Centers (CHCs) to know how Asian American & Native Hawaiian and Other Pacific Islander (AA&NHOPI) patients are impacted.

WHY COMMUNITY HEALTH CENTERS CARE

CHCs believe heath care is a human right and that everyone should have access to quality, affordable health care. Granting immigrants access to our health care system, lets CHCs provide cost-effective health care when it is needed, saves billions in uncompensated emergency care, and lowers costs for everyone. Yet, individuals who are Limited English Proficient (LEP) or fall into some immigrant categories, face steep barriers to care. Legal Permanent Residents (LPR) are barred from enrolling in Medicaid for five years after gaining their status. Migrants from the Compact of Free Association (COFA) states, including the Federated States of Micronesia, the Republic of Palau and the Republic of the Marshall Islands, have been unfairly stripped of their eligibility for Medicaid despite paying taxes that support the program. These restrictive policies prevent millions of AA&NHOPI immigrants and new Americans from obtaining medical care. CHCs, committed to health equity, must fight to ensure that everyone can obtain the primary and preventive health care they need, regardless of immigration status.

COMMON-SENSE IMMIGRATION REFORM

CIR seeks to create modern policies that allow aspiring Americans to work, integrate, and quickly achieve U.S. citizenship. Current proposals focus on: fixing the family and employment visa system, providing a roadmap to citizenship for unauthorized immigrants, strengthening U.S. borders, and establishing a national employment verification system.

FAST FACTS

- Over 60% of AAs, more than any other racial group, are foreign-born.[1] LPRs and naturalized citizens contribute to the economy through entrepreneurship, spending, and taxes. In fact, immigrants paid $11.2 billion in state and local taxes in 2010 alone.
- AA&NHOPI CHCs serve 350,000 patients annually, many of which are LEP and uninsured. In fact, 51% of CHC patients required language assistance and 30% were uninsured in 2008.
- Barriers to care mean that AA&NHOPIs are two times more likely than whites to have forgone going to the doctor for the past five years and to lack health insurance, despite having higher risk of cancer, hepatitis B, and other diseases.[2, 3] At AAPCHO CHCs, the number of uninsured patients increased 145% between 2000 and 2008.[4]
- Although the US is responsible for the health of COFA migrants, nearly 60,000 migrants living in the US and 12,215 migrants residing in Hawaii were stripped of their eligibility for Medicaid in 1996.[5]
- In one Northern California CHC, elimination of the 5-year bar for legal permanent residents would result in an estimated 5,000 additional AA&NHOPI patients receiving Medicaid coverage.

TAKING ACTION: WHAT YOU CAN DO

The most important thing to do is contact your legislator and inform them that restricting health care access for immigrants hurts us all!

1. Asian Pacific American Legal Center and Asian American Justice Center. *A Community of Contrasts: Asian Americans in the United States: 2011* (Los Angeles: Asian American Center for Advancing Justice, 2011), accessed March 1, 2013, http://www.advancingjustice.org/pdf/Community_of_Contrast.pdf.
2. Barnes PM, Adams PF, Powell-Griner E. *Health characteristics of the Asian adult population: United States, 2004–2006.* Advance data from vital and health statistics; no 394. Hyattsville, MD: National Center for Health Statistics. 2008.
3. Same as 1.
4. Association of Asian Pacific Community Health Organizations (AAPCHO). *Analyses of AAPCHO Community Health Centers* (Oakland: AAPCHO, 2010), accessed March 1, 2013, http://www.aapcho.org/wp/wp-content/uploads/2012/02/UDS-2009-10-factsheet_FINAL.pdf.
5. Dina Shek, JD, MA and Seiji Yamada, MD, MPH, "Health Care for Micronesians and Constitutional Rights," Hawaii Medical Journal (2011): v70, accessed March 1, 2013, URL: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3254229/.

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