

National Coalition for Immigrant Women's Rights

January 19, 2009 [scheduled distribution date – signature gathering in progress]

Dear Senator:

The National Coalition for Immigrant Women's Rights (NCIWR)—comprised of over 40 grassroots and national advocacy organizations working together to defend and promote equality for all immigrant women and their families living and working in the United States—urges you to vote for the Children's Health Insurance Program (familiarly known as SCHIP) when it comes to the Senate floor in the days ahead. Together with our anti-poverty and women's rights allies, **we believe that a strong SCHIP reauthorization bill must also include coverage for legal immigrant children and pregnant women, ending the five-year waiting period for newly arriving immigrant families.** While it should not include **any** citizenship documentation requirements, attempts to make these harsher must also be opposed.

The SCHIP program has provided needed health care coverage for children who would otherwise be uninsured. Since its inception, SCHIP provided coverage for 6.6 million children in 2006. In the Asian American and Pacific Islander community, the percentage of children without insurance has dropped from 18 to 8 percent in 2004. Currently, Latino children are two times less likely than non-Hispanic Whites to get all the care that they need, increasing the likelihood of poor health status. And, with insurance, children have access to life and cost-saving preventive care, avoiding the more expensive emergency room care. Reauthorizing SCHIP for another five years and increasing funding so that millions more uninsured children can be covered, including legal immigrant children, is essential for creating healthy children and thriving communities

We are pleased that the SCHIP bill reported out of the Senate Finance Committee includes an amendment to include the Immigrant Children's Health Improvement Act (ICHIA), which would give states the option to receive federal matching dollars to provide health services to legal immigrant children and pregnant women. ICHIA represents an important opportunity for our nation to reduce the number of uninsured children and women in the country, particularly low-income immigrant children, almost half of whom currently have no health coverage. Approximately 400,000 immigrant children would be able to enroll in SCHIP if not for the five-year waiting requirement. These children have no control over their parents' ability to work at jobs with insurance coverage and they need our support. It is important to note that there is public support for eliminating this restriction; according to the results of a recent public poll, nearly four out of five Americans do not support the current law banning coverage for legal immigrant children during their first five years in the U.S.

In addition to covering immigrant children, ICHIA give states the option to provide health coverage to lawfully present low-income pregnant women through Medicaid and SCHIP. Immigrant women are less likely to have health insurance and, as a consequence, often go without care during their pregnancies or their child's infancy. Treatable conditions often turn into chronic illnesses. Even emergency Medicaid only covers childbirth but not prenatal care for pregnant immigrant women, despite the important role that prenatal care plays in ensuring a safe and healthy delivery. Immigrant women who have access to prenatal care are more likely to

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avoid pregnancy complications which often lead to expensive neonatal intensive care after a child is born. Ensuring that ICHIA is included in the Senate version of SCHIP would eliminate unnecessary health disparities that arise from lack of access to basic prenatal care.

In addition, we urge the Senate to pass a strong reauthorization bill that does not extend burdensome and unnecessary citizenship documentation requirements to SCHIP. In a report released this week by the Commonwealth Fund, researchers concluded that the current requirements in Medicaid that necessitate citizenship verification have increased the complexity, administrative burden, and costs of enrollment and renewal in each state, making it more difficult for children and their families to get and keep health coverage. In fact, since it was first implemented in 2006, the requirement has hurt citizen children the most; tens of thousands of U.S. children have already lost or been denied Medicaid coverage and are now uninsured.

We are disappointed that the Chairman's mark did not include ICHIA and support any amendments to include this important provision. We strongly urge you support a cloture vote in order to expedite the vote on reauthorizing SCHIP and ask that you oppose any amendments that would compromise or eliminate the restoration of coverage for legal immigrant children and pregnant women under ICHIA. Passage of this bill is an important step toward ensuring that all children, including immigrant children and pregnant women, have a healthy future in our country. Five years is a lifetime for a child, and citizenship documentation requirements have proven to cause more harm than good.

Please contact Priscilla Huang (phuang@napawf.org) at the National Asian Pacific American Women's Forum or Jenny Jourdain at the National Latina Institute for Reproductive Health (jenny@latinainstitute.org) if you would like to discuss SCHIP or any related issues. We look forward to your support for SCHIP and the health of our nation's children.

Sincerely,

NCIWR Steering Committee

National Asian Pacific American Women's Forum
National Latina Institute for Reproductive Health
National Organization for Women

[List in formation]