

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Baltimore, MD 21244–8016.

Re: Clarifying Eligibility for a Qualified Health Plan through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children's Health Insurance Programs

To Whom it May Concern:

As pediatric clinicians, maternal child health researchers and policy experts at PolicyLab at Children’s Hospital of Philadelphia (CHOP), we welcome this opportunity to comment on the Proposed Rule on “Clarifying Eligibility for a Qualified Health Plan through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children's Health Insurance Programs.” We see the proposed rule as an important and welcome step in removing unnecessary barriers to health insurance coverage for immigrant families, even as there is remaining work to ensure that all children and families have access to comprehensive and affordable coverage.

We submitted detailed comments to the Department of Homeland Security on the proposed rules related to [Deferred Action for Childhood Arrivals \(DACA\)](#) and [Public Charge Ground of Inadmissibility](#). We welcome the Department of Health and Human Services’ (HHS) consideration of complementary and related rulemaking to increase access to health care. It is essential to more clearly define lawful presence in a way that will create consistency across federal programs, reduce the fear that many immigrants face in accessing benefits for which they are eligible, and minimize potential adverse outcomes on immigrant communities. In support of this rulemaking process, below we highlight relevant evidence on the importance of removing immigrant families’ barriers to access to comprehensive and affordable health insurance coverage.

Increasing access to health coverage improves health and well-being

Permitting DACA recipients to access Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) health insurance marketplace is crucial. To date, DACA recipients' health insurance options have been limited to employer-sponsored plans and the individual market, both of which generally require higher out-of-pocket spending and may have more limited benefits packages. [Nearly half \(47%\)](#) of DACA recipients are uninsured, compared to 10% of U.S.-born individuals aged 15-41. Despite [high rates](#) of employment, DACA recipients are also more likely to experience low income (living <200% below the Federal Poverty Level) compared to U.S.-born individuals in the same age range. This makes reforms that remove barriers to access Medicaid and CHIP and limit out-of-pocket health care costs particularly important for this population.

Research shows that health insurance coverage is linked to increased [access to care, improved health](#) and greater [financial security](#). In making more affordable health insurance options available, we hope to see a decrease in uninsurance rates and improvement in health and well-being of DACA recipients.

Getting parents enrolled in coverage creates a “welcome mat” effect to also cover children

Those eligible for DACA are between 15-41 years old and an estimated [40% are parents](#). Research shows that children are [more likely to be insured](#) when their parents have insurance. Thus, [policies impacting parents’ access](#) to coverage also help to improve children’s coverage through a “welcome mat” effect.

This is in contrast to the [observed “chilling effect”](#) seen as a result of changing and uncertain [public charge](#) policies. Because noncitizens requesting admission to the U.S. or applying for lawful permanent residence were at times penalized for utilization of most health-related benefits and many government services, U.S. immigrants disenrolled, let coverage lapse or [did not enroll despite eligibility](#). The continually shifting legal status of the rule and the way this complex issue made its way into public discourse were enough to cause significant fear, confusion and misinformation in immigrant communities. This confusion likely persists as the U.S. Senate has voted down the Biden administration’s changes to the public charge rule, [ignoring the impact this has on children and families](#).

Aligning eligibility for federal programs may also simplify the administrative process for families and reduce the [administrative burden](#) placed on them. For example, applications for benefits may be easier to complete as DACA-eligible parents and U.S.-born children would both be “lawfully present.”

Additional opportunities to support health care access for immigrant families

Ensuring universal health coverage for children is essential. While we support the proposed rule to expand access to Medicaid and CHIP for DACA grantees, there is more that HHS and other parts of the government can do to improve the health and well-being of immigrants and their children. This includes taking federal action to remove the five year waiting period for enrollment in public coverage programs, rather than leaving this to states. Furthermore, while [some states](#) provide health insurance coverage for all children regardless of immigration status, it is not universal. In states without such coverage, children continue to experience preventable mental and physical health issues exacerbated by lack of health insurance. Similarly, allowing access to public coverage programs regardless of immigration status during pregnancy and twelve months postpartum will increase access to prenatal care and postpartum care, which will benefit both children and their families.

Thank you for the opportunity to comment on this important rulemaking process. Please contact Radha Pennotti (pennottir@chop.edu) if you have any questions related to our comments, or if there is the opportunity to further discuss them.

Best,
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