



### Immigrants and Health Care Reform

Notes compiled from guest presentations by  
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at Western Massachusetts HAN meeting 11-2-07  
and Boston HAN meeting 11-29-07

#### *Key Changes for Immigrants and Refugees under Health Care Reform:*

- **Expansion of MassHealth Essential benefits:** MassHealth Essential is now available to “aliens with special status,” meaning elderly and disabled legal immigrants who have had Green Cards for less than 5 years or are residing under color of law (PRUCOL).
- **Sponsor deeming:** “Aliens with special status” do not have to report their sponsors’ incomes. Sponsors’ incomes are no longer “deemed” – counted in determining financial eligibility for benefits – for the health insurance applications of elderly and disabled legal immigrants.
- **Commonwealth Care:** All legally residing immigrants are eligible for Commonwealth Care, including people who are PRUCOL. For more information on what PRUCOL means, see this [brief MassHealth verification guide](#). Undocumented residents are not eligible for Commonwealth Care.

**Undocumented immigrants:** Though undocumented immigrants are ineligible for Commonwealth Care, they are still subject to the individual mandate (if affordable insurance is available) and may receive care paid by the Health Safety Net (HSN).

- We have heard that many immigrants believe that HSN is insurance; it falls on outreach workers to let people know that the HSN is not considered insurance for the purposes of the mandate.

**Health Safety Net:** Anyone who can prove Massachusetts residency is eligible for the Health Safety Net (this is no change); it is **not** necessary to show citizenship or immigration papers. Those immigrants who now have access to subsidized insurance, however, are no longer eligible for the Health Safety Net.

*Barriers to health care access for immigrants and refugees:*

**Fear:** Given the climate of increased immigration enforcement, many people are afraid to leave their homes, drive, or interact with state systems. As a result, there have been increases in missed appointments and missed follow-up appointments, as well as a growing reluctance among undocumented immigrants to fill out paperwork.

**Stops by state police:** Outreach workers have reported that state troopers are pulling over immigrant drivers and stationing cars in rural areas, near health centers and places where immigrants gather. Governor Patrick has said that state troopers should not be enforcing immigration law, but it seems this message is not reaching the ground. Advocates have been working with the Governor's office to address this with a written policy.

**Concern about effect of receiving health benefits on green card applications:** A public charge is an immigration term used by the government to describe someone they believe will become primarily dependent on public benefits. People receiving cash benefits – TAFDC, welfare benefits – and long term health care benefits are right to be concerned about being considered a “public charge.” But for those receiving health care, food stamps, or housing benefits, “public charge” should not be an issue. Many immigrants – also providers, attorneys and even some ICE officials – don't understand this, and are discouraged from seeking any public benefits, even for citizen children (immigrant parents don't need to disclose their status when applying on behalf of citizen children). Click here for one-page explanation of [public charge](#).

**Application tip:** When sending verifications, it is important to make things as legible as possible by circling the PRUCOL code and writing it out.

Carly Burton's Powerpoint handout to the Health Access Network is available at: [www.compartners.org/pdf/han/11-2-07\\_carlyburton\\_powerpoint.pdf](http://www.compartners.org/pdf/han/11-2-07_carlyburton_powerpoint.pdf).

*Questions & answers:*

- Q. Some undocumented immigrants are afraid to apply for private insurance to meet the mandate because they believe they will be required to supply a social security number.
- A. There may be a space in the application for a social security number, but many plans do not require them. Commonwealth Choice plans do not require them. It is best to check with individual plans to be sure.
- Q. How should Individual Tax Identification Numbers (ITINs) be used?

- A: The ITIN comes from the IRS and its only legal purpose is to give immigrants the opportunity to pay federal and state income taxes. It does not give work authorization, and cannot be used in place of a social security number. It is not supposed to be used on payroll. Click here for [more information](#).
- Q: Now that fewer legal immigrants will be using the Health Safety Net, will ICE be able to target the HSN for immigration enforcement?
- A: Patients do not have to reveal their immigration status to their providers. Though information in MassHealth files is private, providers can report if an applicant is “known to be unlawfully present” – though the only way a provider can know this is if a patient shows the provider a final order of deportation. There has been no indication that ICE will step up enforcement in hospitals and health centers, but that’s all we can say at this point.
- Q: Are people who have satisfied all ICE requirements for a Green Card looked at any differently, if they are only waiting for FBI clearance?
- A: The state still considers these people applicants for Green Cards, even if they are only waiting for FBI clearance; they are given no special designation.
- Q: I was told by MassHealth that a simple affidavit or letter is no longer enough to verify the income of someone who may be undocumented. Do we now have to submit a pay stub?
- A: Great Brook Valley Health Center created an [income verification form](#) which has been approved by MassHealth. It’s on the Community Partners website.
- Q: Are employers going to be required to reimburse the HSN for undocumented employees who seek health care?
- A: At this point, an employer can only be billed for HSN use under very specific circumstances; there are more than 11 employees, the employer offers no Section 125 plan, and the employee must incur over \$50,000 in medical debt.