

National Coalition for Immigrant Women's Rights

September 21, 2007

Dear Senate Finance Committee,

The National Coalition for Immigrant Women's Rights (NCIWR) finds it reprehensible that the Senate, in early rounds of discussions with the House, was not willing to support the inclusion of the Legal Immigrant Children's Health Improvement Act ("ICHIA," S. 764) in the State Children's Health Insurance Program ("SCHIP"). NCIWR, with organizational members representing women's and children's civil and economic rights along with their health care and safety concerns, must insist that you rethink your opposition to restoring to the states the option to receive federal matching dollars for provision of health services to legal immigrant children and pregnant immigrant women. This House passed provision will improve the health care and lives of our nation's most vulnerable children and we hope that you will consider supporting these provisions in the final bill. Final negotiations on SCHIP will continue through the weekend with a House and then a Senate vote occurring next week. There is still time to support coverage for legal immigrant children.

NCIWR believes that providing health care through publicly-funded health insurance is essential to addressing the basic needs of immigrant mothers and their children. ICHIA will remove the punitive five-year waiting period for new legal immigrants and it will give the states the option to provide health coverage to lawfully residing low-income immigrant children and pregnant women through Medicaid and SCHIP.

Today, thousands of low-income immigrant children are not covered by health insurance. Currently lawfully residing pregnant women and children are barred from Medicaid and SCHIP eligibility during their first five years in the U.S. even if they meet all other eligibility requirements and have no other source of health coverage. Because ICHIA has not yet been accepted by the Senate as part of the SCHIP compromise, many legal immigrant children will continue to lack access to *essential preventative health services* that their families cannot afford to purchase privately. In addition, pregnant immigrant women will continue to be barred from prenatal care that is critical to their health AND the health of their future child.

The National Coalition for Immigrant Women's Rights pledges to continue to promote the passage of ICHIA and other legislation that will protect and promote the health and rights of immigrant women and children across our nation. Please stand up against the veto threat and for legal immigrant children's inclusion in the SCHIP bill.

Sincerely,

NCIWR Steering Committee

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

National Coalition for Immigrant Women's Rights

The National Organization for Women

NCIWR members and supporters (list in formation)

AFL-CIO, Department of Civil, Human and Women's Rights
Asian American Justice Center
Asian Pacific American Labor Alliance (APALA), AFL-CIO
Catholics for a Free Choice
Chaya, Seattle Washington
Chicago Abortion Fund
Civil Liberties & Public Policy Program at Hampshire College
Colorado NOW
FaithAction International House, Greensboro North Carolina
Feminist Majority
Feminist Women's Health Center
HIVictorious, Inc.
Hmong National Development
Immigrant Legal Advocacy Project, Portland Maine
Jenny Diaz Reunite My Family Foundation, Portland Oregon
Legal Momentum
NARAL Pro-Choice North Carolina
NARAL Pro-Choice Texas
National Association Social Workers
National Council of Jewish Women
National Council of La Raza (NCLR)
National Council of Women's Organizations (NCWO)
National Health Law Program (NHeLP)
National Institute for Reproductive Health
National Network of Abortion Funds
National Women's Health Network
NETWORK: A National Catholic Social Justice Lobby
OCA National, Asian Pacific Americans in the United States
Planned Parenthood of the Susquehanna Valley
Reproductive Health Technologies Project
Rhode Island NOW
Sauti Yetu Center for African Women, New York, NY
Southern Poverty Law Center
Stop Family Violence
Survivors Inc,
Texas Equal Access Fund
Victim Resource Center of the Finger Lakes, Newark, New York
Women's International League for Peace and Freedom, United States Section
Women's Research & Education Institute (WREI)

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Immigrant Women and Children Need and Deserve Health Care

Immigrant Children

- In the United States today, 21% of all U.S. children live in immigrant families and 15.7 million immigrant children live in families where one or more children are citizens but one or more parents are non-citizens. One fifth of these 15.7 million children are immigrants themselves.
- Children whose parent(s) lack legal immigration status are the least likely to have health insurance and adequate healthcare. Although they may be eligible to enroll in public benefits programs, their undocumented parents avoid public institutions and service providers in fear of drawing the attention of immigration officials.
- Yet, undocumented parents cannot pay out of pocket for health services for themselves or their children because they often work in low-paying and unstable jobs.[1]
- Approximately 32% of children in **legal** immigrant families live with low-income working parents who have incomes of less than \$40,000 for a family of four, compared to 18% of children in similarly-situated U.S. born families.
- A closer look at the cost of living in specific U.S. cities illustrates the stark reality confronted by many low income immigrant families, with either double or single headed households. In New York City a low income woman supporting a family of three who earns \$32,000^[3] is likely to pay \$2,484 for one month's rent for a two bedroom apartment and pay a minimum of \$25.99 for one month's phone service.^[4] Approximately \$30,000 of her yearly salary must go towards providing a home for her family.
- Today, almost 50% of low-income immigrant children are not covered by health insurance.[5] Approximately 3.2 million Latino children did not have access to health coverage in 2005, representing nearly 38.8% of the uninsured children in the U.S.[6] Immigrant children need access to vital healthcare services such as regular physician visits, timely dental care, and full immunization treatment. In 2005, 52% of immigrant children with insurance attended a child wellness visit, while only 30% of uninsured immigrant children made such a visit.[7]
- Immigrant children are more likely to be subject to hardships that may cause or exacerbate their health problems. For example, studies have shown that immigrant children often come from families who cannot afford adequate or nutritious foods. Low-income immigrant children often live in overcrowded housing situations and in communities experiencing environmental degradation and/or lack of access to markets stocked with fresh fruits, vegetables and meats.[8]
- Between 1990 and 2000 the number of children in immigrant families grew the most rapidly in the following ten states: North Carolina, Nebraska, Arkansas, Nevada, Georgia, Iowa, Tennessee, Oregon, Colorado, and Idaho.[9]

Immigrant Women

- In 2003, 61.7 % of immigrant women earned less than \$25,000, while 54.4% of U.S. born women and 47.8 % of U.S. born men earned less than \$25,000.[11]
- Immigrant women comprised 54.5% of new legal immigrants admitted into the U.S.[10] in 2004. If they find work, it is often low paying jobs where they are rarely covered by health insurance. And, like other low-wage workers, they rarely can afford private health insurance for themselves or their families.
- 41% of immigrant women do not have health insurance and often go without medical care, especially during their pregnancies or their children's infancy. Treatable conditions often turn into chronic illnesses. Although immigrant women are eligible for emergency Medicaid, it only covers childbirth and not prenatal care.
- Preventative health care is rarely available to immigrant women, even though it reduces the need for future emergency room care or expensive chronic care. In the end, this is more costly to taxpayers than providing health insurance coverage.

For more information, contact Aishia Glasford, at aishia@latinainstitute.org or 212-422-2553

^[1] The Urban Institute, Children of Immigrants: Facts and Figures, (May 2006), available at http://www.urban.org/UploadedPDF/900955_children_of_immigrants.pdf

^[3] Betsy Gotbaum and Nancy Rankin, Press Release and Statements, Public Advocate for the City of New York, (May 14, 2006, available at <http://pubadvocate.nyc.gov/news/ReadGotbaumsNewYorkTimesOp-EdonLow-IncomeWorkingMothers.html>

^[4] Glenn Elert, Cost of Living Index for New York City, (2004) available at <http://hypertextbook.com/facts/2005/GeetaMalieckal.shtml>

^[5] Leighton Ku, "Reducing Health Disparities in Health Coverage for Legal Immigrant Children and Pregnant Women," Center on Budget and Policy Priorities, (April 20, 2007), available at <http://www.cbpp.org/4-20-07health2.htm>

^[6] NCLR, Backgrounder, "Legal Immigrant Children's Health Improvement Act of 2007 (ICHIA)," available at <http://www.nclr.org/content/policy/detail/30216/>

^[7] Leighton Ku, "Reducing Health Disparities in Health Coverage for Legal Immigrant Children and Pregnant Women," Center on Budget and Policy Priorities, (April 20, 2007), available at <http://www.cbpp.org/4-20-07health2.htm>

^[8] The Urban Institute, Children of Immigrants: Facts and Figures, (May 2006), available at http://www.urban.org/UploadedPDF/900955_children_of_immigrants.pdf

^[9] "Children of Immigrants: Facts and Figures," The Urban Institute, (May 2006), available at http://www.urban.org/UploadedPDF/900955_children_of_immigrants.pdf

^[11] *Id.*,

^[10] Susan C. Pearce, "Immigrant Women in the United States: A Demographic Portrait," Immigration Policy Center, American Immigration Law Foundation, (Summer 2006), available at http://www.aifl.org/ipc/im_women_summer06.pdf