

# IMMIGRANT ACCESS TO HEALTH CARE

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For AAPI women and families, being able to get health care, including preventive, routine, and critical health services, too often depends on their immigration status.

## Barriers to Health Insurance Coverage

Many immigrants cannot receive affordable health care due to their immigration status. Foreign-born women are almost twice as likely as U.S.-born women to lack health insurance.<sup>1</sup> For noncitizen women who live in poverty, approximately 48 percent are uninsured compared to 16 percent of uninsured U.S.-born women living in poverty.<sup>2</sup> Under current law, immigrants with lawful permanent resident (LPR, or green card) status must wait five years before they are eligible to enroll in Medicaid and the Children's Health Insurance Program (CHIP).<sup>3</sup> As a result, many of the routine and essential health services covered under these programs, such as cancer screenings, prenatal and maternal care, and family planning, become out of reach for low-income AAPI immigrant women.

Undocumented immigrants are ineligible to obtain health services through Medicaid or through private health insurance through the Affordable Care Act (ACA) health insurance exchanges. These restrictions prevent undocumented immigrants and their families from accessing potentially life-saving services and force them to rely on a limited number of community health clinics and safety net providers for their care.

## Health care for Women in Detention

Immigrants in detention face deplorable conditions including limited access to adequate health care. These conditions contribute to the large number of deaths in detention centers. 2017 saw the most deaths of detained immigrants than any year since 2009.<sup>4</sup>

Furthermore, about half of the deaths in ICE custody are attributed to inadequate medical care.<sup>5</sup> Detained immigrants reported being denied medication, diagnostic testing, and other basic medical attention.<sup>6</sup> These conditions are even worse for women and pregnant people who often have specific and sometimes complex medical needs.<sup>7</sup> Despite guidance on the treatment of pregnant women in U.S. Immigration and Customs Enforcement (ICE) custody, many cases indicate that ICE standards and policies are not followed. Detained pregnant women face inhumane treatment,<sup>8</sup> some being forced to give birth in shackles. The number of miscarriages suffered by detained pregnant women doubled under the first two years of the Trump administration.<sup>9</sup>

Women in detention also lack access to safe abortion services except in cases of rape, incest, and a very narrow definition of life endangerment.<sup>10</sup> However, even in these extreme cases, there are other significant barriers preventing immigrant women from getting the care they need. Not only is it difficult to medically detect or prove rape, but also many immigrants have Limited English Proficiency (LEP) leading to more barriers to accessing care.

Detention centers have severe mental health consequences for children and their families by both exacerbating existing mental health disorders and contributing to the onset of new ones.<sup>11</sup> Being detained in inhumane conditions has detrimental consequences on the mental health of detainees, especially children. Research shows detained children younger than five years of age suffer language delays, loss of previously acquired cognitive skills, and attachment problems.<sup>12</sup> Children between ages six and seventeen most often suffer from PTSD, depression with suicidal ideation, self harm, and anxiety with 96 percent of girls having "very severe" PTSD and 94 percent

of boys with “very severe” PTSD.<sup>13</sup> Many of the women and children have already been exposed to psychological trauma including sexual violence before arriving at the detention centers.<sup>14</sup> Many of the facilities do not offer mental health providers, leaving trauma to go unaddressed.<sup>15</sup> There are also high rates of sexual violence within the facilities that the Office of the Inspector General rarely investigates: between May 2014 and July 2016 nearly 14,700 detained immigrants filed sexual abuse complaints against ICE.<sup>16</sup> Sexual violence has severe long-term health consequences for survivors such as cancer, high-blood pressure, pre-term labor, miscarriages, and fetal growth issues, to name a few.<sup>17</sup>

Immigrant women in detention are denied the ability to make crucial decisions about their reproductive health, the agency to start a family on their own terms, and the ability to raise the children they have in safe living conditions. These attacks on detained immigrants highlight an intersectional challenge often overlooked by the traditional movements for both criminal justice and reproductive health.

### Legislation & Initiatives

The current health and immigration systems are failing families living in the U.S. by placing unnecessary and discriminatory restrictions on their ability to access quality health care.

The Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act alleviates many of the obstacles preventing immigrant families from accessing affordable health care. It ensures access to health coverage for immigrants by:

- Restoring Medicaid and CHIP eligibility to lawfully present immigrants, regardless of their date of entry;
- Removing the unjustifiable exclusion of undocumented immigrants from accessing health insurance coverage on the ACA’s health insurance marketplaces;
- Ensuring access to public and affordable health coverage for Deferred Action for Childhood Arrivals; and
- Reinstating Medicaid eligibility for COFA citizens.

The HEAL Act removes the legal and policy barriers to affordable health care that disproportionately harm immigrant women. Restoring access to basic health care for immigrant women enables them to make decisions about their bodies, their lives, and their communities with dignity.

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### Endnotes

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