Bar to a Healthy Future

Stories of the Immigrant Children Left Behind

Health Rights Organizing Project

Julie Chinitz and Gerald Smith

Northwest Federation of Community Organizations

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Introduction

Access to quality health insurance makes a big difference in children's lives. Before 1996, all children residing lawfully in the U.S. qualified on equal terms for Medicaid, the country's major health coverage program. That year, however, Congress established a host of restrictions on immigrants' enrollment in federal programs, including Medicaid. One of the Medicaid restrictions is a "five-year bar" on eligibility. In 1997, Congress passed the State Children's Health Insurance Program (SCHIP) – taking a major step toward eliminating uninsurance among children – but the bar remains in place. Ten years later, SCHIP is up for reauthorization, and Congress has a unique opportunity to restore health coverage through Medicaid and SCHIP to the children left behind in 1996.

All children should have a chance at a healthy future.

Health care is an essential part of all children's future. Without it, they don't grow and develop to their full potential. Denying children their health closes the doors to opportunity, bestowing on them a harmful lifelong legacy.

Insurance plays a critical role in health. According to the Institute of Medicine, lack of continuous health coverage results in "lost health and longevity, including health deficits leading to developmental and educational losses for children."[1]

Recent statistics reveal shocking discrepancies in the quality of care children receive when they have no health coverage. Uninsured children hospitalized for injuries are twice as likely to die in the hospital as are insured children. When taken in with a traumatic brain injury, their length of stay is three days shorter. They are five times more likely to have a delayed or unmet health care need.[2]

Children of color deserve healthy futures, too. Ensuring a healthy future for every child requires reversal of a troubling trend: the shocking scarcity of insurance for children of color. Of the nine million uninsured children in the United States, over half are either Latino or African American.[3]

Although lack of quality, affordable coverage remains a threat for all low-income children, the racial disparities are alarming. Overall, the uninsured rate for Latino children is almost three times that for white children. African American children are almost twice as likely – and Asian children more than one and half times as likely – to lack coverage.[4] Children of color constitute about 42 percent of all children, but 62 percent of all uninsured children.[5]

The failure to ensure access to health insurance for all our children contributes to persistent racial and economic inequities. Often, the only jobs available for parents of color pay low wages and offer no benefits.[6] Placing quality coverage disproportionately out of reach for children of color only compounds these inequities.

Public health coverage programs make a difference in children's lives. The number of children without insurance would be almost four times greater if not for the country's public investment in health coverage. Through Medicaid and SCHIP, the federal government provides matching funds that allow states to provide coverage to children. Approximately 34 million now have insurance as a result.[7]

These children receive well-child checkups, treatment for illnesses and injuries, eyeglasses, braces, and other care they otherwise would have to go without. Medicaid and SCHIP have made a difference in their lives. Many others, however, are still being denied the opportunity to enjoy the benefits of these programs.

Children's health insurance is in Congress' hands.

In 1996, Congress closed the door to coverage for many immigrant children. Before 1996, noncitizen children and pregnant women lawfully living in the U.S. qualified for Medicaid on equal footing with their citizen counterparts.[8] That year, however, Congress passed immigration and welfare laws that severely restricted immigrants' eligibility for public health coverage.

Among these restrictions is the "five-year" bar. The bar prevents states from offering Medicaid and SCHIP to most immigrants, including children and pregnant women, who have had their lawful permanent residence ("green card") or other specified statuses for less than five years.[9]

These restrictions are so complex that many people are excluded from the programs even when they are eligible. Workers at government agencies often do not understand

the rules. As a result, they reject immigrant applicants who should be able to receive coverage. In other cases, eligible immigrants believe they don't qualify and never apply.

Due to the bar, many immigrant children and pregnant women – no matter their family income – are shut out of the health coverage that would make a critical difference for their futures. By recent estimate, roughly 400,000 to 600,000 low-income children would be able to enroll in Medicaid and SCHIP if not for the five-year bar and related restrictions.[10]

In 1997, Congress spurred real progress toward insuring all children. Congress established SCHIP in 1997, recognizing the lifelong importance of health insurance. The program received strong bipartisan support, and once it was enacted each state took advantage of the opportunity to expand children's coverage.[11] The support for SCHIP among lawmakers has been echoed by the public in general. Overwhelmingly, Americans believe the investment in children's coverage has been a wise one.[12]

In just 10 years, SCHIP, along with its larger companion program Medicaid, has achieved remarkable successes. Between 1997 and 2005, the uninsured rate among low-income children dropped by a third, from over 22 percent to 15 percent. During this same period, as employer-sponsored coverage declined, uninsured rates among adults – who often cannot qualify for publicly-funded coverage – increased. If not for the improvements in public health coverage through SCHIP and Medicaid, children too would have joined the ranks of the uninsured. Instead, the nation made steady progress covering children.[13]

But the law still leaves immigrant children behind. Despite these advances, the inequities of the 1996 immigration-related restrictions remain in place. These hurdles remain intact for immigrant families. As a result, at a time when Medicaid and SCHIP helped the country make significant strides in reducing children's uninsured rates, immigrant kids fell even farther behind.

Between 1995 and 2005, the proportion of low-income, non-citizen children without any health insurance grew by nine percent.[14] Now, almost half are uninsured.[15] Meanwhile, the uninsured rate for low-income children from U.S.-born families is 15 percent – still too high, but much lower than among those children's non-citizen counterparts.[16]

SCHIP reauthorization creates the opportunity to address this disparity. Our government should ensure access to health care for all our children.

Some states have filled in the gap, but most have not. Closing the door to coverage based on citizenship status leads to devastating results and contributes to alarming racial and ethnic disparities. Indeed, children of immigrant parents are over twice as likely as other children to be in reported fair or poor health.[17]

Rather than allowing the five-year bar exclude their children and pregnant women from coverage, a number of states have filled in the gap left by the federal government. They are using their own funds to provide insurance to immigrant children. One state, New York, has recognized this as an obligation under its constitution.[18]

Lacking federal matching funds, though, most states are not covering those left behind by the federal government. Children in these states are going without health care during the most critical developmental years of their lives.

An opportunity exists to renew and expand our investment in health. Congress is now drafting legislation to reauthorize SCHIP, which must be renewed by September 2007. The national conversation over the future of SCHIP provides a unique opportunity to advance a commitment to the future of all our children.

Congress can take an important step in this direction by lifting the five-year bar and eliminating other restrictions that close the clinic doors for so many children. Federal lawmakers should follow the lead of states that have chosen to cover kids despite the 1996 restrictions, understanding that all our children deserve a chance at healthy lives. Meanwhile, states should take advantage of all available options to cover their kids.

Telling the stories of the children left behind.

This publication describes the experiences of just a few of the children who are left behind by the 1996 (pre-SCHIP) immigration-related restrictions. It also tells the stories of not-so-different children who have benefited from the wise investment in health insurance that should be available to all our young people.

The Children Left Behind

Consequence of the bar:
Denying disabled children the care that helps them develop.

In states that have not filled in the gap left by the 1996 restrictions, the consequences are devastating.

"I work at Community Health Services, a school-based pediatric clinic that provides primary care for children. As part of my work, I help families sign up for Medicaid and CHP+, Colorado's SCHIP program. I have seen first-hand the awful consequences of the five-year bar. One family I will never forget.

I met Sandra García* and her family to help her sign up for SCHIP. Two years earlier, she and her five children had received their green cards, joining her husband, who was already a lawful permanent resident here in Colorado.

During my visit, Sandra told me that her oldest son, Jesse, was sick, and asked if I would see him. I suggested he come into our clinic, but she explained that he had cerebral palsy (CP), and that doctors had told her there was nothing that could be done to help him.

Jesse was 15 when I met him, but the CP had left his body fragile, pale as can be, with the build of a three-year-old. He was unable to walk or speak, and Sandra said he sometimes didn't eat the mashed fruit that was his diet.

For a while, he received Medicaid, first just emergency Medicaid, then regular Medicaid, through an error by the state. This enabled him to receive his medications and medical equipment. When the state realized its mistake, his coverage ended.

The five-year bar sounds like just a term. Here's what it meant to Sandra, though: when the state cut off Jesse's Medicaid, technicians came and removed the machine for his feeding tube – and there was nothing she could do but stand by and watch. All his medical care ended.

From then on, the Garcías began paying for Jesse's medications out of pocket. Sandra thought that she could still feed him, without the machine. The problem was that her husband, a sanitation worker, didn't earn enough to pay $600 a month for his formula. Fortunately, after a local newspaper ran a story about Jesse, several donors paid for a year of formula. But he still had two years to clear the five-year bar.

Thanks to a loving family, a caring reporter, and anonymous individuals, Jesse made it through the five years. Now he's receiving medical attention through Medicaid. But I can't help thinking how those years without adequate care changed his quality of life forever. By the time he was eligible for coverage, he had already passed the point where he could benefit from therapies that help CP patients with movement and speech.

It's not Jesse's fault that he has cerebral palsy. It's also not his fault that in 1996 a wave of anti-immigrant sentiment led to this five-year bar. However, he and all immigrant families who are part of our society are paying the price. SCHIP and Medicaid are lifelines for many hard working families, and it's time that the five-year bar be removed.

Maria Zubia
Commerce City, Colorado
Community Outreach and Resource Coordinator
Community Health Services of Colorado

Bar to a Healthy Future

Consequence of the bar: **Denying children basic dental care.**

"As a school nurse, I see uninsured children every day, providing them with the only primary care many of them get. I work hard to connect them with health care resources. I let their parents know about free and sliding-scale clinics and help them fill out Medicaid and SCHIP applications.

Last October one of those unlucky children, Jianle Liu,* came to see me with a toothache. The pain was so awful she was crying. I gave her Tylenol and told her she needed to go to the dentist. When she kept coming in every day for more pain relief – and after daily calls from her teacher telling me that the pain was preventing her from learning – I knew I had to talk to her mother. Even though it was difficult, I had to tell her mom that she had to take her daughter to the dentist. As a public employee, I'd be required to report her to the Department of Health and Welfare for medical neglect if she didn't.

Her mother was terrified. She didn't have insurance or money to pay for a dental appointment - so she hoped that Jianle's tooth would get better on its own. The truth is that her options were limited. I helped Jianle get an appointment at a local dental clinic that sees low-income kids. Unfortunately, because of the length of time the tooth had been ignored and because Jianle was uninsured, all the dentist could do was pull it.

I fought hard to persuade the Liu family to apply for public coverage. Finally, in January they agreed, insisting on applying only for the kids. Filling out the forms took a lot of time and negotiation. They were nervous about sharing their personal information with me. After overcoming their reluctance, we finally finished and sent in the application.

Finally, after waiting two months I heard they didn't qualify for SCHIP because of the five-year bar. I was stunned and disappointed. After convincing the Lius of the importance of health insurance and preventive care – and telling them I could help – now I had to tell them there'd be no help at all for them. It was a difficult conversation; all the trust that I had developed with them as an advocate was violated.

Last week, Jianle came back in with another toothache, and she had to have another tooth pulled. Now she's lost two of her adult molars. Her lack of preventive care and that five-year bar are going to impact her for the rest of her life.

It is impossible to ignore the impacts being uninsured has on a child. They come to school sicker or miss a lot of school due to illness, stay sick longer and can't learn as well as healthy children. For a lot of parents, it is the dental care that gets ignored. It is obvious when your child has a fever and is lethargic that they need medical attention. It is not as apparent when they have a toothache. Lack of dental care has the same outcome; kids can't learn when they are in pain due to poor oral health. The five-year bar that prevents immigrant children from accessing CHIP must be removed. Five years is a long time for a child to wait for good health care.

Colene Letterle
Meridian, Idaho

Stories of the Immigrant Children Left Behind

Consequence of the bar:
Subjecting applicants to red tape, medical debt and barriers to prenatal care.

My family came to the U.S. in 1993, and I became a lawful permanent resident in 2003. Even though I work full-time as a nematology lab technician, I have no health insurance. My husband doesn't have coverage through his work, either.

In 2005, I became pregnant. My doctor at the Terry Reilly clinic suggested that I apply for emergency Medicaid for the labor and delivery. When I went to the Health and Welfare office, though, the woman at the front desk flat out refused to give me the application. She wouldn't even put it in my hand.

Since then I've learned that I should have been able to fill out the form and see if I was eligible. The five-year bar didn't apply to me after all, because I had come to the United States before that law was passed. And even people who have to wait for the five years can still get emergency Medicaid. In my case, none of that mattered. The red tape and mistakes hurt us all.

I know how important prenatal care is, so I kept going to the clinic for my check-ups. The cost of my visits came to $900. For the ultrasound: another $300. The total medical debt I incurred for my pregnancy and labor was $17,000. When I started paying these bills, the hospital wanted me to pay $600 a month, something I just couldn't do. My husband was the only one working at the time, and that was more than our rent! I'll be paying that debt off for a long time.

When you know you're paying everything from your own pocket, you have no choice but to cut costs where you can. One night during my pregnancy, I went to the movies with my husband, and I slipped and fell in the theater. I was really afraid for my baby, but I didn't want to go to the hospital because they charge an arm and a leg. So I waited until the next day and went to the clinic instead.

Thankfully, everything ended up okay, but my husband and I were worried sick. These are the kinds of risks uninsured people have to run all the time.

My son is lucky to have Medicaid coverage now. When he needs his shots or a check-up, or if he gets sick, I can take him to the doctor. Good health care is critical for his future. I only wish that I had been able to have health coverage when I was pregnant with him. All pregnant women should have the peace of mind that comes with knowing you can get medical care when you need it. Congress should lift the five-year bar.

Floridelia García
Parma, Idaho

Consequence of the bar:
Placing families in debt and stuck with agonizing choices.

"I help people navigate the health care system in southwest Ohio, including providing assistance with Medicaid and SCHIP. Due to the restrictions for non-citizens, though, many of the immigrants I work with can't enroll in these programs – even though otherwise they'd be as eligible as anybody else.

Ohio's Medicaid and SCHIP rules are even more restrictive than required by the federal government. Federal law says that states can cover otherwise eligible permanent residents after the five-year bar – and states have to cover them once they've become citizens or have a long work history, including 40 quarters of work. Ohio has chosen not to cover immigrants until the federal government requires.

I've seen the consequences of this policy. A few families come to mind:

In December 2004, Ovenseri* came to the United States from Benin City, Nigeria, with his wife and his son, Martin. They had won the visa lottery – literally a lottery that provides a very small number of green cards. Now they're lawful permanent residents. Since coming, they've had two more children, who are U.S. citizens.

Ovenseri and his wife both work at a nursing home. Even though they take care of others, they don't have insurance for themselves. At their wages – together they bring home less than $3,000 a month – they can't go out and buy coverage. Because of the restrictions on coverage for immigrants, only Ovenseri's two youngest children qualify for Medicaid or SCHIP.

Martin has health needs now, not five or ten years from now. When he was four, he got ringworm at school and had to have it treated. And Ovenseri's wife got a severe bacterial infection and had to go to the emergency room and get antibiotics. The bills from the hospital and pediatric clinic have really piled up for them, and they're very worried.

Then there's Elena, who came to Ohio from Bulgaria with her 10-year-old son, Victor. They've been permanent residents for about a year. That means he can't enroll in Medicaid – even though he has cerebral palsy, needs help for a tracheotomy, and could really use home care. If he were a citizen, he'd get all that. Instead, Elena has wound up with thousands of dollars of medical debt – an overwhelming amount for a woman who works in job training and job development for people with disabilities. Elena's still worried that he's not getting all the care he needs. In the meantime, Victor is going to school, and it would be much better if Elena could focus on helping him grow and develop, instead of untangling this mess.

I also think about another family from Nigeria who became permanent residents in 2002. Like Ovenseri and his wife, both parents work at a nursing home, but they haven't hit the 40-quarter mark yet. Needless to say, they do not have insurance through work and can't afford to buy it on their own. One of their daughters has scoliosis, which requires a lot of treatment, and I don't know how they are meeting their family's day-to-day needs and paying for her care.

These families aren't just statistics. They are real people who want the best for their children and are trying as hard as possible to provide them with a bright future. Is this really the best we can do for them?

Deanna White
Health Care Advocate/Paralegal
Legal Aid Society of Southwest Ohio
Cincinnati, Ohio

Stories of the Immigrant Children Left Behind

Consequence of the bar:
Turning kids away from coverage.

I used to work for the Oregon Health Plan (OHP), which combines the state's Medicaid and SCHIP programs. I reviewed applications and determined whether people qualified. Oregon does not offer coverage to children who haven't completed the five years with their green cards. If they applied, the only thing they'd get in the mail was a denial letter.

It broke my heart to reject children for this reason, but that was the law. I knew what the consequences would be: the kids I was rejecting would not get health care for years. Even at community clinics for people of limited means, the costs can really add up. Parents have to make tough, agonizing choices.

As a mother, I know how hard that is. I have two kids myself, and luckily I get health coverage for us through the job I have now. Health insurance provides more than medical care – it also provides invaluable peace of mind. I don't have to choose between paying rent and paying the doctor bills. No parent should have to weigh those options.

Jazmin Arias
Woodburn, Oregon

Consequence of the bar:
A childhood spent uninsured.

I came to the United States from Korea with my wife and twin baby sons about five years ago. Since that time, we've had temporary visas. I'm in the process now of applying for a green card for myself and my family.

Recently, we opened a dry cleaning shop. As small business owners, my wife and I just can't afford health coverage for ourselves and our family, so my boys have been growing up uninsured.

We've made a life for ourselves in Georgia. Now we have a daughter born right here, and since she's a U.S. citizen she has coverage through PeachCare, the state's SCHIP program. Because of the five-year bar, my twin boys won't be eligible even once they get their green cards, which will still take a long time. They'll have to wait five additional years to enroll in PeachCare.

Fortunately, my twin boys have never had an emergency. As a father, though, I don't see them as any different from my daughter. By the time they're eligible for coverage, they won't be boys anymore. I'm just holding my breath, hoping that they stay healthy.

*Jae Pak**
Atlanta, Georgia

Consequence of the bar:
Miring families in agency errors and red tape.

I work as a "Health Care Navigator" in Albuquerque, New Mexico. I help people overcome the administrative hurdles in applying for programs like Medicaid, and I also conduct outreach in the schools and places where people gather in the community.

The eligibility rules have become so complex that even the government agencies that run the programs don't always understand all the details. The outcome? People don't get coverage or care, even when they qualify.

I remember one family in particular. María Cruz* had three children, two U.S. citizens and one, Jessica, who had a green card. This made them what we call a "mixed status" family. The two younger children enrolled in Medicaid without a problem because they had been born here. Jessica, on the other hand, was denied Medicaid for years, supposedly because of the five-year bar.

Then I attended a training to learn more about the eligibility rules for immigrants. There, I realized that the local workers had made a mistake. The five-year bar never applied to Jessica because she had come to the United States before 1996!

Even then, it took months of phone calls and personal visits to the Medicaid office before we were finally able to correct the error. After three years, she finally enrolled. Fortunately, she never had any serious health problems, but all those years, she could have been covered and receiving the routine care all children need and deserve.

The five-year bar causes some very bizarre and unfair results – in a single family, let alone a state, one child may have coverage while another winds up with absolutely nothing. But, seeing how even people who are eligible can't get coverage, its repercussions go even farther. The bar should be lifted.

Alma Olivas
Community Coalition for Health Care Access
Albuquerque, New Mexico

Stories of the Immigrant Children Left Behind

Consequence of the bar:
Eliminating the preventive care all children need.

"Our clinic in Iowa serves a very diverse urban and rural population, including immigrants from all over the globe: Vietnam, Laos, Mexico, Honduras, Somalia, and other parts of Africa and Latin America. As part of my work, I help people fill out applications for hawk-i, Iowa's SCHIP program. We also have a DHS worker in-house to help with Medicaid.

Unfortunately, many of our patients can't enroll in these programs because of the five-year bar. The other day an 18-year-old girl came in with her father for a pregnancy test. It came out negative, but we took advantage of her visit to do other tests, too, because she hadn't been to the doctor in years. Originally from Mexico, she's a permanent resident now, but she's been unable to enroll in Medicaid or SCHIP because of the five-year bar.

As a result, she hasn't received any of the health care that children and youth need. Her father is extremely fearful of the costs that uninsured people face. He's also very concerned that if she uses health care they can't pay for she won't be able to become a citizen. So, he won't let her drive a car, figuring that they'd lose everything if she got into an accident.

A couple weeks ago, a family from Asia came in with a similar problem. The father has been in the U.S. as a permanent resident for two years, working at the meat processing plant. A few months ago, his children arrived. They are all uninsured – it simply costs too much to get health insurance. They haven't seen a doctor or dentist since they arrived. With the five-year bar, it will be years before they'll ever have health insurance.

Even though our clinic provides sliding-scale services, real barriers to care exist for our uninsured patients, including the children. If you need x-rays or even surgery, generally you have to have the cash up-front, and who has that kind of money?

A few years ago we had an 18-year-old patient, originally from Mexico, who needed heart surgery. His doctor said without it he wouldn't live another ten years. With a lot of begging and pleading, we got the Mayo Clinic to take him – and to reduce the fees, which would have been in the hundreds of thousands, to $3,000. That's still a lot of money for someone whose wages are low, and he had had to stop working because of his condition. For the life of me, I don't know how he scraped that money together.

We provide services on a sliding-scale basis and do as much as we can to help, but it would make a huge difference – for our patients and the clinic – if they had access to insurance. We can convince doctors to volunteer services once, but not an ongoing basis, and often only when the need is really dramatic. Preventive health care is key, and without coverage that isn't possible.

Mary Schaffhausen
Child Health Coordinator/
hawk-i Outreach Coordinator
Siouxland Community Health Center
Sioux City, Iowa

Bar to a Healthy Future

States that have stepped in to fill the gap are showing the difference that Medicaid and SCHIP can make.

Making a difference in California.

Alexandria House is a transitional residence for homeless women and children and a neighborhood center in Los Angeles. As community programs coordinator, I oversee the after-school and teen programs. The after-school program has 38 children enrolled and the teen program has 15 teens.

When low-income people don't have insurance they go to the doctor only if it's a real emergency – not just for a flu – because they're afraid of the costs. Children wind up missing regular check-ups, which can catch physical problems or learning disabilities, and lead to treatment before these problems become serious. If a child goes undiagnosed, it affects their future and their ability to do well later in life.

Fortunately, California offers coverage to immigrant children, even without the federal funding. I know what a difference insurance makes.

Once in our after-school program, one child poked another in the eye. Since he had health insurance, we could take him to Children's Hospital instead of having to drive way over to County Hospital. Without the insurance, the family would have had to pay a lot and wouldn't have been able to afford the medicine and follow-up visit.

When I was 12, I was enrolled in Healthy Families (California's SCHIP program). There were five of us in the family – my mom, dad, my two brothers and me. My father was working as a jeweler, making $11 an hour. Even though he worked full-time it wasn't a lot of money for a family of five.

Once I was enrolled in Healthy Families I was able to get regular health check-ups. I also went to the dentist for the first time in my life and got my first pair of glasses. Before, I used to have to sit at the front of the classroom to see the board. Getting my glasses made it a lot easier to focus!

So, I know what it's like to not to have health insurance and what a difference it makes to have it. That's why I know it's so important for all children. I'm glad California's one of the states that covers children the federal government has chosen not to cover. But children across the country should have insurance. The five-year bar should be lifted.

Michelle Carranco
Community Programs Coordinator,
Alexandria House
Los Angeles, California

Stories of the Immigrant Children Left Behind

Making a difference in Maine.

"In the past year, two of my children – my son Roberto, 12, and daughter Jesus, eight – have had accidents that have sent them to the emergency room. If it weren't for their coverage under Maine's Medicaid program, we wouldn't have been able to afford their treatment.

When we got a call from the school, saying our daughter had been hurt, we were really scared. She had fallen from the jungle-gym, hurt her wrist, and was in a lot of pain. We took her to the Harrington Clinic, where they told us they would have to send her to the Ellsworth Hospital for x-rays. She ended up having bent a small bone in her wrist and had to get a cast. We were treated very well – and they had an interpreter at the hospital, so we could explain what had happened.

The other time I remember feeling very lucky we had Medicaid was when Roberto fell in the snow. We came out running when we saw he had broken his teeth and split his lip. The first thing we did was to take him to the emergency room at the Machias Hospital to get his lip stitched up. We were happily surprised to see that under our Medicaid plan his dentistry was also covered, so he was able to get his tooth fixed.

These days we are only getting one day of work per week at the sea cucumber plant, here in Milbridge, and we are relieved to know that if anything happens to our children they will be able to get access to medical help even during these tough times.

Roberto Zamora
Milbridge, Maine

"Well child checks are an important process in screening for developmental delay. I also screen children for lead poisoning, anemia, and vitamin D deficiency, all of which can contribute to developmental problems if not caught early. In addition, I screen for scoliosis, hearing and vision issues, and any other problem that may arise.

When children's health is compromised by lack of health insurance and access to care in these crucial developmental stages, they risk incurring irrevocable physical and cognitive limitations. Medicaid and SCHIP are essential and, without them, many of my patients would not be able to afford health care at all.

Gena Wilson, M.D.
Family Physician
Medical Director, Central Maine Medical Center's International Medicine Program
Lewiston, Maine

Making a difference in Washington.

"I direct a community organization that works with parents to foster academic success for Latino students. Our parents are almost exclusively immigrants working in the service industry, in jobs like housekeeping and restaurant work. Almost none of them have health insurance through work.

Uninsured families avoid the doctor as long as possible. I know a mother who didn't receive prenatal care until she was six months pregnant, because she was uninsured and didn't know she qualified for public health coverage even though she wasn't a citizen.

When we meet with teachers and principals, one of their highest priorities is figuring out how to prevent students from missing school because of illness – a real challenge when kids can't get care. They don't learn well when they're not feeling well, and their grades fall behind as a result. Being sick all the time also affects them socially and emotionally.

Many of our children have coverage through Medicaid or SCHIP. Now our state is again covering kids who don't qualify for federal programs because of the immigration-related requirements. As people learn about this, more and more of our children will be able to enroll and get health care.

This shouldn't be available to just children in Washington State. With increased emphasis on standardized testing scores, the impact of going without insurance is only growing starker. If our federal government really cares about making education more equitable, why are they choosing to keep kids from getting health insurance?

Lupita Ayón
Executive Director, Para Los Niños
Burien, Washington

Conclusion

The chance for a healthy future is the right of all our children. Denying them health coverage threatens their immediate wellbeing, undermines their development and growth, and bestows a terrible lifelong legacy. It places families in debt and forces parents to make agonizing decisions. All our children and families deserve better.

Children's health needs don't wait. Due to the five-year bar and related restrictions, many of our children are forced to miss out on much-needed care while their peers receive regular checkups. And, due to red tape and agency errors, many are likely being shut out of coverage even when they should qualify for SCHIP or Medicaid.

Maintaining the five-year bar perpetuates grave racial and ethnic disparities in health coverage, giving many children of color a late start on development. The five-year bar and related restrictions are out of step with the growing consensus that health insurance matters for all our children.

Both Congress and the states can take measures to begin restoring equity to our public health coverage programs.

Recommendations

Remove the five-year bar. As part of the SCHIP reauthorization process this year, Congress should remove the five-year bar and other restrictions that deny immigrant children health insurance. Restoring access to SCHIP and Medicaid will be a step in the right direction toward ensuring racial equity in health and putting a healthy future in the hands of all kids.

States should take advantage of options to cover all their children. Once the federal government lifts the bar, it will be up to states to restore eligibility for immigrant children shut out of health coverage programs in 1996. They should take every opportunity to do so. It's time to stop leaving children behind.

ENDNOTES

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7. Center for Children and Families, "Too Close to Turn Back: Covering America's Children," Georgetown Health Policy Institute, December 12, 2006, fn. 13. [Hereinafter Too Close to Turn Back.]
8. SCHIP was established in the Balanced Budget Act of 1997.
9. Immigrants who would be eligible for Medicaid or SCHIP if not for the immigration status requirement remain eligible for emergency medical assistance. States also have the option of using SCHIP funds to cover prenatal care regardless of the mother's status, as long as the services provided meet the needs of the fetus.
10. Estimates based on 2005 data and prepared by the Urban Institute, on file with the authors.
11. Too Close to Turn Back, pp. 1-2.
12. *Ibid*, p. 1.
13. *Ibid*, p. 2.
14. Leighton Ku, "Reducing Disparities in Health Coverage for Legal Immigrant Children and Pregnant Women," Center on Budget and Policy Priorities, April 20, 2007, p. 1, accessed at: www.cbpp.org. [Hereinafter Reducing Disparities in Health Coverage.]
15. This figure includes undocumented children or those otherwise lacking "qualified alien" status, which is required for Medicaid and SCHIP eligibility, as well as those who are lawful permanent residents but have not yet completed the five-year bar.
16. Reducing Disparities in Health Coverage, p. 1.
17. Randy Capps et al, *Health and Well-Being of Young Children of Immigrants*, Urban Institute, 2004, p. 25.
18. *Aliessa v. Novello*, 96 N.Y.2d 418 (2001).

* Name(s) have been changed.

Bar to a Healthy Future

Stories of the Immigrant Children Left Behind

About the organizations releasing this report

The Health Rights Organizing Project is an initiative of the Northwest Federation of Community Organizations and the Center for Community Change. Members of the project are state and regionally based member-driven grassroots groups from across the country.

Members of the Health Rights Organizing Project include the following organizations:

California Partnership
Colorado Progressive Coalition
Connecticut Citizen Action Group
Idaho Community Action Network
Maine People's Alliance
Metropolitan Congregations United
Missouri Grassroots Organizing
Montana People's Action/Indian People's Action
New York Immigration Coalition
Northeast Action
Ocean State Action
Oregon Action
South Carolina Fair Share
Tying Nashville Together
Virginia Organizing Project
Washington Community Action Network

In addition, the following groups contributed to this storybook:

Asian Immigrant Women Advocates
Community Coalition for Health Care Access
Community Health Services of Colorado
Hate Free Zone
Legal Aid Society of Southwest Ohio
Para los Niños
Pineros and Campesinos Unidos del Noroeste (PCUN)