

115TH CONGRESS
1ST SESSION

H. R. 2788

To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrant women, men, and families by removing legal barriers to health insurance coverage, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2017

Ms. MICHELLE LUJAN GRISHAM of New Mexico (for herself, Mr. MCGOVERN, Mr. ESPAILLAT, Mr. TAKANO, Ms. MOORE, Mrs. NAPOLITANO, Ms. BONAMICI, Mr. GALLEGO, Mr. VEASEY, Ms. BARRAGÁN, Mr. GUTIÉRREZ, Ms. SCHAKOWSKY, Mrs. TORRES, Ms. ROYBAL-ALLARD, Mr. ELLISON, Mr. SOTO, Ms. CLARKE of New York, Ms. PINGREE, Ms. WILSON of Florida, Ms. NORTON, Mr. GRIJALVA, Mr. SERRANO, Ms. CLARK of Massachusetts, Ms. JAYAPAL, Ms. HANABUSA, Mr. JOHNSON of Georgia, Mr. HASTINGS, Ms. SÁNCHEZ, Ms. LOFGREN, and Ms. LEE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrant women, men, and families by removing legal barriers to health insurance coverage, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Health Equity and
3 Access under the Law for Immigrant Women and Families
4 Act of 2017” or as the “HEAL for Immigrant Women
5 and Families Act of 2017”.

6 **SEC. 2. FINDINGS; PURPOSE.**

7 (a) FINDINGS.—Congress finds as follows:

8 (1) Insurance coverage reduces harmful health
9 disparities by alleviating cost barriers to and in-
10 creasing utilization of basic preventive health serv-
11 ices, especially among low-income and underserved
12 populations, and especially among women.

13 (2) Based solely on their immigration status,
14 many immigrants and their families face legal re-
15 strictions on their ability to obtain health insurance
16 coverage through Medicaid, CHIP, and Health In-
17 surance Exchanges.

18 (3) Lack of health insurance contributes to per-
19 sistent disparities in the prevention, diagnosis, and
20 treatment of negative health outcomes borne by im-
21 migrants and their families.

22 (4) Immigrant women are disproportionately of
23 reproductive age, low-income, and lacking health in-
24 surance coverage. Legal barriers to affordable health
25 insurance coverage therefore particularly exacerbate
26 their risk of negative sexual, reproductive, and ma-

1 ternal health outcomes, with lasting health and eco-
2 nomic consequences for immigrant women, their
3 families, and society as a whole.

4 (5) Denying coverage or imposing waiting peri-
5 ods for coverage unfairly hinders the ability of immi-
6 grants to take responsibility for their own health
7 and economic well-being and that of their families.
8 To fully and productively participate in society, ac-
9 cess to health care is fundamental, which for women
10 includes access to the services necessary to plan
11 whether and when to have a child.

12 (6) The population of immigrant families in the
13 United States is expected to continue to grow. In-
14 deed one in four children in the United States is
15 part of an immigrant family. It is therefore in the
16 Nation's shared public health and economic interest
17 to remove legal barriers to affordable health insur-
18 ance coverage based on immigration status.

19 (7) Although Deferred Action for Childhood Ar-
20 rivals (DACA) recipients are authorized to live and
21 work in the United States, they have been unfairly
22 excluded from the definition of lawfully present and
23 lawfully residing for purposes of health insurance
24 coverage by the Department of Health and Human

1 Services, including Medicaid and the Children's
2 Health Insurance Program (CHIP).

3 (8) Immigration law is constantly evolving and
4 new immigration categories for individuals with fed-
5 erally authorized presence in the United States may
6 be created.

7 (b) PURPOSE.—It is the purpose of this Act to ensure
8 that all individuals who are granted federally authorized
9 presence are treated as being lawfully present in the
10 United States for purposes of eligibility under all federally
11 funded health care programs.

12 **SEC. 3. REMOVING BARRIERS TO HEALTH COVERAGE FOR**
13 **LAWFULLY PRESENT INDIVIDUALS.**

14 (a) MEDICAID.—Section 1903(v)(4) of the Social Se-
15 curity Act (42 U.S.C. 1396b(v)(4)) is amended—

16 (1) by amending subparagraph (A) to read as
17 follows:

18 “(A) Notwithstanding sections 401(a), 402(b), 403,
19 and 421 of the Personal Responsibility and Work Oppor-
20 tunity Reconciliation Act of 1996, payment shall be made
21 under this section for care and services that are furnished
22 to aliens, including those described in paragraph (1), if
23 they otherwise meet the eligibility requirements for med-
24 ical assistance under the State plan approved under this
25 title (other than the requirement of the receipt of aid or

1 assistance under title IV, supplemental security income
2 benefits under title XVI, or a State supplementary pay-
3 ment), and are lawfully present in the United States (in-
4 cluding such an individual who is granted deferred action
5 or other federally authorized presence other than as a non-
6 immigrant).”;

7 (2) in subparagraph (B)—

8 (A) by striking “a State that has elected to
9 provide medical assistance to a category of
10 aliens under subparagraph (A)” and inserting
11 “aliens provided medical assistance pursuant to
12 subparagraph (A)”; and

13 (B) by striking “to such category” and in-
14 serting “to such alien”; and

15 (3) in subparagraph (C)—

16 (A) by striking “an election by the State
17 under subparagraph (A)” and inserting “the
18 application of subparagraph (A)”; and

19 (B) by inserting “or be lawfully present”
20 after “lawfully reside”; and

21 (C) by inserting “or present” after “law-
22 fully residing” each place it appears.

23 (b) CHIP.—Subparagraph (M) of section 2107(e)(1)
24 of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
25 amended to read as follows:

1 “(M) Paragraph (4) of section 1903(v) (re-
2 lating to lawfully present individuals).”.

3 (c) EFFECTIVE DATE.—

4 (1) IN GENERAL.—Except as provided in para-
5 graph (2), the amendments made by this section
6 shall take effect on the date of the enactment of this
7 Act and shall apply to services furnished on or after
8 the date that is 90 days after such date of the enact-
9 ment.

10 (2) EXCEPTION IF STATE LEGISLATION RE-
11 QUIRED.—In the case of a State plan for medical as-
12 sistance under title XIX, or a State child health plan
13 under title XXI, of the Social Security Act which the
14 Secretary of Health and Human Services determines
15 requires State legislation (other than legislation ap-
16 propriating funds) in order for the plan to meet the
17 additional requirements imposed by the amendments
18 made by this section, the respective State plan shall
19 not be regarded as failing to comply with the re-
20 quirements of such title solely on the basis of its
21 failure to meet these additional requirements before
22 the first day of the first calendar quarter beginning
23 after the close of the first regular session of the
24 State legislature that begins after the date of the en-
25 actment of this Act. For purposes of the previous

1 sentence, in the case of a State that has a 2-year
2 legislative session, each year of such session shall be
3 deemed to be a separate regular session of the State
4 legislature.

5 **SEC. 4. CONSISTENCY IN HEALTH COVERAGE FOR INDIVID-**
6 **UALS WITH FEDERALLY AUTHORIZED PRES-**
7 **ENCE, INCLUDING DEFERRED ACTION.**

8 (a) IN GENERAL.—For the purposes of eligibility
9 under any of the provisions referred to in subsection (b),
10 all individuals granted federally authorized presence in the
11 United States other than as a nonimmigrant shall be con-
12 sidered to be lawfully present in the United States.

13 (b) PROVISIONS DESCRIBED.—The provisions de-
14 scribed in this subsection are the following:

15 (1) EXCHANGE ELIGIBILITY.—Section 1311 of
16 the Patient Protection and Affordable Care Act (42
17 U.S.C. 18031).

18 (2) REDUCED COST-SHARING ELIGIBILITY.—
19 Section 1402 of the Patient Protection and Afford-
20 able Care Act (42 U.S.C. 18071).

21 (3) PREMIUM SUBSIDY ELIGIBILITY.—Section
22 36B of the Internal Revenue Code of 1986.

23 (4) MEDICAID AND CHIP ELIGIBILITY.—Titles
24 XIX and XXI of the Social Security Act, including

1 under section 1903(v) of such Act (42 U.S.C.
2 1396b(v)).

3 (c) EFFECTIVE DATE.—

4 (1) IN GENERAL.—Subsection (a) shall take ef-
5 fect on the date of the enactment of this Act.

6 (2) TRANSITION THROUGH SPECIAL ENROLL-
7 MENT PERIOD.—In the case of an individual de-
8 scribed in subsection (a) who, before the first day of
9 the first annual open enrollment period under sub-
10 paragraph (B) of section 1311(c)(6) of the Patient
11 Protection and Affordable Care Act (42 U.S.C.
12 18031(c)(6)) beginning after the date of the enact-
13 ment of this Act, is granted federally authorized
14 presence in the United States described in sub-
15 section (a) and who, as a result of such subsection,
16 qualifies for a subsidy described in paragraph (2) or
17 (3) of such subsection, the Secretary of Health and
18 Human Services shall establish a special enrollment
19 period under section 1311(c)(6)(C) of such Act dur-
20 ing which such individual may enroll in qualified
21 health plans through Exchanges under title I of such
22 Act and qualify for such a subsidy. For such an in-
23 dividual who has been granted federally authorized
24 presence in the United States as of the date of the
25 enactment of this Act, such special enrollment period

1 shall begin not later than 90 days after such date
2 of enactment. Nothing in this paragraph shall be
3 construed as affecting the authority of the Secretary
4 to establish additional special enrollment periods
5 under section 1311(c)(6)(C) of the Patient Protec-
6 tion and Affordable Care Act (42 U.S.C.
7 18031(c)(6)(C)).

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