

Congress of the United States
Washington, DC 20515

September 23, 2009

The Honorable Nancy Pelosi
Speaker of the House
H-232, The Capitol
Washington, DC 20515

The Honorable Harry Reid
Senate Majority Leader
522 Hart Senate Office Building
Washington, DC 20510

The Honorable Steny H. Hoyer
House Democratic Majority Leader
H-107, The Capitol
Washington D.C. 20515

The Honorable Debbie Stabenow
Chair of Steering and Outreach Committee
133 Hart Senate Office Building
Washington, DC 20510

The Honorable James E. Clyburn
House Majority Whip
H-329, The Capitol
Washington, DC 20515

The Honorable Max Baucus
Chairman
U.S. Senate Committee on Finance
511 Hart Senate Office Building
Washington, D.C. 20510

The Honorable John B. Larson
Chairman
House Democratic Caucus
202A Cannon House Office Building
Washington, DC 20515

The Honorable Harkin
Chairman
U.S. Senate HELP Committee
731 Hart Senate Office Building
Washington, DC 20510

The Honorable Xavier Becerra
Vice Chair
House Democratic Caucus
1119 Longworth House Office Building
Washington, DC 20515

Dear Speaker Pelosi, Majority Leader Hoyer, Majority Whip Clyburn, Chairman Larson, Vice Chairman Becerra, Majority Leader Reid, Chairwoman Stabenow, and Chairmen Baucus and Harkin,

We applaud the achievements that our Congress has made in advancing the health care reform debate and as Members of Congress who are committed to advocating for all, including the most vulnerable communities in our nation, we are proud to be an active part of the health care debate. As President Obama stated in his address to Congress, we have made unprecedented strides in moving health care legislation forward, with strong support from diverse stakeholders. Today, we write to strongly urge you to include in the final House and Senate versions of health care reform legislation a provision to eliminate the five year waiting period for legal immigrants in the Medicaid program. We also write to oppose the imposition of any further barriers on legal immigrants seeking to access federal health programs, including waiting periods to obtain affordability credits to purchase health insurance.

I. Treatment of legal immigrants under current law

As you know, current federal law prohibits use of federal Medicaid funds to cover lawfully present immigrant adults in the U.S. during their first five years here, even when they meet all other eligibility

requirements. This arbitrary 5-year waiting period leaves vulnerable, low-income legal immigrants uninsured, requiring them to delay medical care until their condition worsens. The unnecessary and burdensome waiting period has increased racial and ethnic health disparities, and thwarts the goal of health care reform. We believe it is essential to eliminate barriers and streamline access to affordable health care for more people and would support an amendment to achieve this goal.

Congress recognized the harm of a waiting period for vulnerable residents and partially addressed the situation by allowing states to opt to cover lawfully residing immigrant children and pregnant women without a five year waiting period in the Children's Health Insurance Program Reauthorization Act of 2009 (H.R. 2) enacted earlier this year. Although this was a step in the right direction, these children are not guaranteed access to affordable health care and their coverage is vulnerable to budget cuts and ideological changes to state policy. Even in states that are taking up the new option, parents and grandparents of immigrant children remain without access to affordable health care.

Recognizing the importance of providing access to affordable care to all of its residents, many states use state funds to provide health care to legal immigrant adults who are otherwise forced to wait years for access to affordable health care due to the federal five-year waiting period. Again, those programs are vulnerable to budget cuts and freezes – particularly during challenging economic times. These states are making public-health conscious and compassionate choices to care for their residents and they deserve more federal help for their efforts. Furthermore, legal immigrants work and pay taxes; both the state and federal government have an obligation to them to use those tax dollars wisely and fairly.

According to the American Journal of Public Health, immigrants tend to arrive to the U.S. in their prime working years and are typically younger and healthier than the rest of the U.S. population. Their health care expenditures are fifty five percent lower than expenditures of a native-born U.S. citizen with similar characteristics. Affordability credits proposed to help ease the burden of the individual insurance mandate in the House and Senate bills will be provided on a sliding scale – legal immigrants will fall all along the eligible income rate, with many making too much to qualify. Allowing legal immigrants to access subsidies would allow immigrant families to purchase health insurance that they otherwise would not be able to afford. Allowing younger, healthier families to buy into the insurance pool would lower premium costs for all Americans.

It is not only fiscally shortsighted, but also arbitrary and fundamentally unfair to deny health care coverage to legal immigrants. Immigrants are part of our families, our communities, our economy, and contribute to the fabric of America. It is simply wrong that their taxes would pay for public health insurance programs to which they are not allowed access. The majority of the American public recognizes the fundamental unfairness of this unequal treatment and supports eliminating the five-year waiting period for legal immigrants.

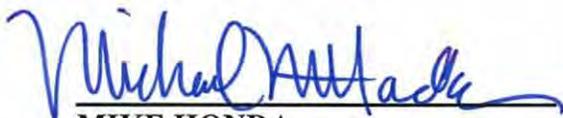
Finally, there are public health implications when a large portion of the U.S. population cannot afford quality health care. It makes good public health policy for everyone residing in our country to have access to quality and affordable care. Disease and illnesses do not discriminate based on immigration status, and neither should America's health care policy. The threat of pandemics and other infectious diseases demonstrate particularly well the folly of politicized public health policy. For example, the rapid spread of H1N1 flu should make policymakers cognizant of and guarded about the public health implications of effectively denying access to health care coverage to legal immigrants.

II. Opposing Additional Barriers for Legal Immigrants

We applaud the leadership in the House and on the House committees of jurisdiction for refraining from imposing any further waiting periods for legal immigrants. However, there are some who do not share this approach. We write to urge you to oppose the imposition of any additional waiting periods, and any other barriers to access for legal immigrants to health care.

We appreciate your openness during this process and look forward to continuing our work together to ensure that the House of Representatives and the Senate passes strong health care reform legislation that addresses the needs of all our diverse communities.

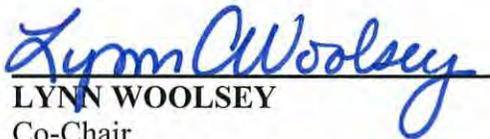
Sincerely,



MIKE HONDA
Chair
Congressional Asian Pacific
American Caucus



ENI F.H. FALEOMAVAEGA
Vice Chair
Congressional Asian Pacific
American Caucus



LYNN WOOLSEY
Co-Chair
Congressional Progressive Caucus



RAUL GRIJALVA
Co-Chair
Congressional Progressive Caucus



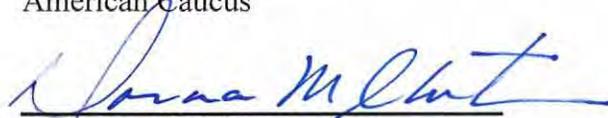
BARBARA LEE
Chair
Congressional Black Caucus



NEIL ABERCROMBIE
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Congressional Asian Pacific
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JARED POLIS
Chair
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DONNA CHRISTENSEN
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LUIS GUTIERREZ
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JOHN CONYERS
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SAM FARR
Member of Congress

JOSEPH CROWLEY
Member of Congress

JUDY CHU
Member of Congress

LINDA SANCHEZ
Member of Congress

BARNEY FRANK
Member of Congress

JOSE SERRANO
Member of Congress

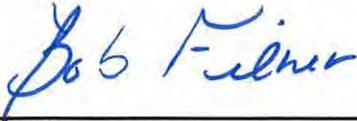
DENNIS KUCINICH
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Member of Congress

LAURA RICHARDSON
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STEVE ISRAEL
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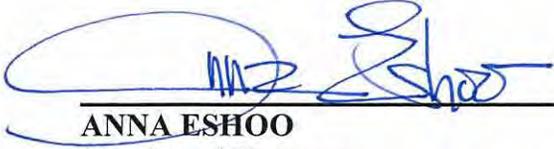
CHARLES GONZALEZ
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LUCILLE ROYBAL-ALLARD
Member of Congress



GRACE NAPOLITANO
Member of Congress



MAXINE WATERS
Member of Congress



JESSE JACKSON, JR.
Member of Congress

Cc:
Chairmen Charlie Rangel, Henry Waxman, and George Miller
Senators Jeff Bingaman, Kent Conrad, Chuck Grassley, Mike Enzi, and Olympia Snowe