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Title: Health Insurance Marketplace Expansion for DACA Recipients

Introduced by: Yazan Kherallah for the Medical Student Section

Original Author: Rohit Abraham, Yazan Kherallah, Syed Hamzah Mahmood, Jatin Sharma, and Diane Wang

Referred to: Reference Committee A

House Action: **REFER**

Whereas, in 2012, the United States began accepting requests for the Deferred Action for Childhood Arrivals (DACA) program. Under the DACA program, undocumented immigrants who came to the U.S. before they turned 16, are currently younger than 30 years old, and who meet several key criteria including having no criminal history, graduating from a U.S. high school or having earned their GED, would be immune from deportation and become eligible for two year work permits, without renewal limits^{1,2}, and

Whereas, at the end of fiscal year 2015, a total of 962,155 DACA applicants were accepted, and

Whereas, Michigan has 5,738 accepted DACA immigrants and ranks 26th in the United States in the number of DACA residents³, and

Whereas, DACA recipients can obtain a work permit and a Social Security number, and must file and pay federal and state taxes⁴, and

Whereas, in 2012, undocumented immigrants contributed \$86 million in the form of state and local taxes in the state of Michigan alone, and over \$11.84 billion nationwide, and

Whereas, over the next ten years, DACA recipients are estimated to contribute a total of \$41 billion in tax revenue^{5,6}, and

Whereas, although DACA recipients are obliged to pay taxes, they do not qualify for federal health insurance programs - including Medicaid and Medicare - due to their immigration status⁷. They are also prohibited from utilizing the state and federal health insurance exchanges created by the Affordable Care Act even if they can pay out-of-pocket⁸, and

Whereas, while DACA-granted individuals are allowed to purchase private health insurance, most undocumented immigrants are young adults in working families with low incomes and are twice as likely as native-born Americans to make less than 133 percent of the Federal Poverty Level^{9,10}, and

Whereas, according to a 2014 study by the National UnDACAmented Research Project (NURP), less than 21 percent of respondents obtained health care upon joining DACA. Those who acquired health insurance likely obtained it through either college enrollment or employer-based plans¹¹, and

Whereas, uninsured populations receive less preventive medical care and screenings, report higher rates of postponing or foregoing necessary medical care, are at higher risk for preventable

50 hospitalizations and are less likely to receive follow-up care after diagnoses and complications of chronic
51 conditions¹², and

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53 Whereas, the state of Michigan provides certain services to specific undocumented populations
54 such as those provided under the Unborn Child State Plan Amendments, whereby pregnant women who
55 would otherwise not qualify for Medicaid or CHIP because of their immigration status are eligible for
56 maternal and prenatal care¹³, and

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58 Whereas, DACA recipients are a very young population with a third of them being between the
59 ages of 18 and 21¹⁴, and

60

61 Whereas, the enrollment of healthy, young people in health insurance programs is necessary to
62 produce a premium surplus which offsets the cost of older or sicker patients¹⁵, and

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64 Whereas, while comprehensive immigration reform would be the ultimate solution,
65 Congressional efforts toward that end are stalled¹⁶, and

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67 Whereas, until a long-term solution can be reached, there arises a need for temporary measures
68 that help close current gaps in health care access; therefore be it

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70 RESOLVED: That MSMS advocates for expanding access and increasing enrollment in state-
71 funded comprehensive health care coverage to benefit the health and welfare of all Michiganders,
72 regardless of immigration status; and be it further

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74 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge our
75 AMA to advocate for federal legislation permitting undocumented immigrants with status under the
76 Deferred Action for Childhood Arrivals program to purchase health insurance from state or federal
77 health insurance exchanges and qualify for federal subsidies if otherwise eligible.

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80 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹ Gonzales, Roberto G, Veronica Terriquez, and Stephen P Ruzsczyk. "Becoming DACAmented Assessing the Short-Term Benefits of Deferred Action for Childhood Arrivals (DACA)." *American Behavioral Scientist* 58.14 (2014): 1852-1872.

² "Deferred Action for Childhood Arrivals (DACA) Toolkit - USCIS." 2014. 5 Feb. 2016

³ "Through Fiscal Year 2015, 2nd Qtr - USCIS." 2016. 5 Feb. 2016

⁴ "Undocumented Immigrants' State & Local Tax Contributions." 2016. 28 Feb. 2016

⁵ "Undocumented Immigrants' State & Local Tax Contributions." 2016. 28 Feb. 2016

⁶ "Assessing the Economic Impacts of Granting Deferred Action." 2015. 28 Feb. 2016

⁷ "Health Care & DACA Deferred Action - National Immigration ..." 2013. 5 Feb. 2016

⁸ Michael K. Gusmano, "Undocumented Immigrants in the United States: U.S. Health Policy and Access to Care," *Undocumented Patients* web site (Garrison, NY: The Hastings Center), last updated: October 3, 2012.

⁹ Wallace, Steven P et al. "Undocumented and Uninsured: Barriers to Affordable Care for Immigrant Population." (2013).

¹⁰ Zuckerman, S. "Abstract - Health Affairs." 2011.

¹¹ "Two Years and Counting: Assessing the Growing Power of ..." 2014. 22 Feb. 2016

¹² "Key Facts about the Uninsured Population | The Henry J ..." 2013. 5 Feb. 2016

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¹⁴ "Deferred Action for Childhood Arrivals (DACA) - Brookings ..." 2013. 27 Feb. 2016

¹⁵ "The Numbers Behind "Young Invincibles" and the Affordable ..." 2013. 27 Feb. 2016

¹⁶ "Dwindling Hopes for Immigration Reform - The New York ..." 2015. 27 Feb. 2016