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3 **Title:** Expand Medicaid For All Undocumented Persons
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5 **Introduced By:** Nicklas Bara for the Medical Student Section
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7 **Original Author:** Manasi Desai
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9 **Referred To:** Reference Committee C
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11 **House Action:** **DISAPPROVED**
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14 Whereas, the United States is currently facing record levels of migration upwards of 300,000
15 a month (as of December 2023) at the Southern border, spurred by political instability and
16 environmental collapse in multiple regions of the world, and
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18 Whereas, Michigan is home to 91,000 undocumented people, 73 percent of whom have
19 resided in Michigan for five years or longer, and
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21 Whereas, being undocumented results in lack of access to healthcare, with 37 percent of
22 Michigan's undocumented lacking health insurance, compared to only 7.8 percent of Michigan's
23 total population, and
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25 Whereas, undocumented individuals largely seek care from emergency departments and
26 wait to receive care until their health has deteriorated significantly resulting in higher expenses and
27 serves as a greater threat to life, with 38 percent of them reporting no other source of care other
28 than the emergency department, and
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30 Whereas, lack of access to preventative services leads to higher overall health costs, with
31 state coverage existing only for emergency department hemodialysis services resulting in higher
32 overall costs on hospital systems and higher mortality rates for undocumented individuals when
33 compared to standard outpatient hemodialysis services, and
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35 Whereas, data from Medicaid/Medicare shows that undocumented immigrant coverage
36 costs the American healthcare system approximately \$974 million, which is only 0.2 percent of
37 annual federally funded health care costs, and
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39 Whereas, the challenges that undocumented individuals face while searching for reliable
40 and high-quality health care poses as a social determinant of health and is perpetuating "explicit
41 and invisible" violence against undocumented individuals, and
42

43 Whereas, discrimination from providers and required documentation processes can lead to
44 internalized oppression, negatively affecting quality of life and overall well-being, despite having
45 access to health care under the Affordable Care Act (ACA), and
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47 Whereas, undocumented individuals are currently eligible to purchase health insurance in
48 the marketplace under the ACA, but this option proves inadequate to cover the health needs of the
49 undocumented population, and

50
51 Whereas, California, Colorado, Illinois, New York, Oregon, and Washington DC have all
52 expanded Medicaid to cover some or all parts of their eligible undocumented populations, with
53 California’s program offering the most robust coverage by expansion of state level Medicaid (Medi-
54 Cal) to all eligible Californians, regardless of immigration status, and
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56 Whereas, previous expansions of health care coverage have been associated with reduced
57 death rates, greater financial security, and improved worker productivity, and
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59 Whereas, in states with expansion of Medicaid pregnancy coverage to include
60 undocumented peoples, access to healthcare was associated with improved health outcomes of
61 increased average birth weight and gestation length, and
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63 Whereas, Michigan already has a history of expanding coverage to undocumented people
64 through their expansion of Children’s Health Insurance Program (CHIP) coverage to all pregnant
65 people regardless of immigration status, and
66

67 Whereas, the American Medical Association (AMA) has a history of supporting insurance
68 coverage to support the health care of undocumented people, as evidenced by its numerous
69 reaffirmed policies; and
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71 Whereas, the AMA collaborated with other organizations to advocate for life-saving medical
72 care coverage for undocumented immigrants including, “at the state and federal level, for
73 extension of Medicaid and CHIP coverage to at least 12 months after the end of pregnancy, expand
74 Medicaid and CHIP eligibility for pregnant and postpartum non-citizen immigrants and financially
75 cover outpatient dialysis for undocumented immigrants with end stage kidney disease under
76 Emergency Medicaid,” and
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78 Whereas, the AMA committed to actively “lobby Congress to adequately and appropriate
79 and disperse funds for the current programs that provide reimbursement for the health care of
80 undocumented” immigrants, while also committing to states to address the “lack of reimbursement
81 for care given to undocumented immigrants in an attempt to solve this problem on a national
82 level,” and
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84 Whereas, the AMA specifically advocated to extend “eligibility to purchase ACA marketplace
85 coverage to undocumented immigrants and Deferred Action for Childhood Arrivals (DACA)
86 recipients,” guaranteeing that immigration status data will not be collected or reported, and
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88 Whereas, the AMA “recognizes the potential for state and local initiatives to provide
89 coverage to immigrants without regard to immigration status;” therefore be it
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91 RESOLVED: That MSMS advocate for continuation of the AMA’s legacy in recognizing
92 health care as a fundamental human right for undocumented individuals in America; and be it
93 further
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95 RESOLVED: That MSMS acknowledge the long-term fiscal benefits and improved health
96 outcomes associated with providing health care access to undocumented immigrants, as
97 demonstrated by the success of Medi-Cal in California; and be it further

98 RESOLVED: That MSMS advocates for health insurance coverage through Medicaid
99 expansion for all undocumented people residing in the state of Michigan, with guarantee that
100 immigration status will not be collected or reported.
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103 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$12,000-\$24,000

Relevant MSMS Policy

Medicaid Dialysis Policy for Undocumented Patients

MSMS encourages the state of Michigan to cover scheduled outpatient maintenance dialysis for undocumented patients with end stage kidney disease under Emergency Medicaid.

Medicaid Expansion

MSMS supports the expansion of Medicaid under the Affordable Care Act.

Relevant AMA Policy

D-440.985 Health Care Payment for Undocumented Persons

Our AMA shall assist states on the issue of the lack of reimbursement for care given to undocumented immigrants in an attempt to solve this problem on a national level.

H-130.967 Action Regarding Illegal Aliens

Our AMA supports the legislative and regulatory changes that would require the federal government to provide reasonable payment for federally mandated medical screening examinations and further examination and treatment needed to stabilize a condition in patients presenting to hospital emergency departments, when payment from other public or private sources is not available.

H-160.956 Federal Funding for Safety Net Care for Undocumented Aliens

Our AMA will lobby Congress to adequately appropriate and dispense funds for the current programs that provide reimbursement for the health care of undocumented aliens.

Medicaid Dialysis Policy for Undocumented Patients H-290.957

Our AMA will work with the Centers for Medicare and Medicaid Services and state Medicaid programs to cover scheduled outpatient maintenance dialysis for undocumented patients with end stage kidney disease under Emergency Medicaid. [Res. 121, A-21] D-290.974

Extending Medicaid Coverage for One Year Postpartum D-290.974

Our AMA will work with relevant stakeholders to: (1) support and advocate, at the state and federal levels, for extension of Medicaid and Children's Health Insurance Program (CHIP) coverage to at least 12 months after the end of pregnancy; and (2) expand Medicaid and CHIP eligibility for pregnant and postpartum non-citizen immigrants.

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