



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*®

June 17, 2013

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

Dear Majority Leader Reid and Minority Leader McConnell,

On behalf of the American College of Physicians (ACP), I am writing in regards to S. 744, the Border Security, Economic Opportunity, and Immigration Modernization Act, on issues relating to immigrant access to healthcare. The College appreciates your leadership and efforts in addressing national immigration reform.

ACP members include 133,000 internal medical physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The College has long supported universal access to health insurance and ensuring that all people within the United States have equitable access to appropriate health care without unreasonable financial burdens. In addition, ACP recognizes the importance of health care for all patients and the importance of access to needed and appropriate health care. The College supports policies that increase access to health care for all, invest in preventive care, and address societal determinants of health.¹ Research has shown that health care systems in which health care is restricted have poorer outcomes for those without access to a physician or to health care insurance.² The U.S. has made a great effort in improving access to health care for Americans through the passage of the Affordable Care Act (ACA). However, undocumented immigrants are largely left without assistance provided by the ACA.

The College is generally supportive of the provisions relating to immigrant access to health care in S. 744. ACP recognizes the need for our country to differentiate its treatment of persons who fully comply with the law in establishing legal residence from that of persons who break the law in determination of access to subsidized health coverage and treatment.³ ACP therefore supports the concept that persons transitioning from undocumented status to registered provisional immigration status under S. 744 should be subjected to a reasonable but not excessive waiting period and not immediately qualify for Medicaid and the subsidies the ACA makes available to all lawfully permanent residents. In addition, the College recognizes the concern that unlawful residents may not pay state or federal income taxes but could receive care that is subsidized by legal residents who lawfully pay their income taxes. A recent *Health Affairs* article found that immigrants, particularly noncitizens, heavily subsidize Medicare through several ways including self-employment taxes and payroll taxes. Researchers found that in 2009, immigrants contributed \$13.8 billion more to the Hospital Insurance Trust Fund than it paid out on their behalf.⁴ In addition, immigrants, especially non-citizens, use less health care and spend less on health care than do the U.S.-born.^{4,5} In balancing the needs of our country, it is imperative that immigration reform legislation addresses access to health care for all immigrants. Access to health care for the immigrant population is important to the overall population of the U.S. ACP is strongly committed to advocating for

increased access to quality health care for all, regardless of race, ethnicity, socio-economic status, or other factors.

ACP's specific concerns regarding S. 744 and various amendments currently being considered by the Senate are outlined below:

- **ACP opposes legislation that would subject persons with registered provisional immigration status to the requirement that they purchase health insurance when they will have no ability to obtain subsidies to make such coverage affordable.** According to the Institute of Medicine's *Insuring America's* Health report, inability to afford coverage is the primary reason people are uninsured.⁶ The College believes that to be successful, a requirement to purchase health insurance (i.e. an individual mandate) cannot exist on its own – it must be established along with comprehensive health insurance reforms that include subsidies to make coverage affordable for the uninsured, reforms to stabilize costs and ensure access, and an enforcement mechanism to guarantee compliance. The ACA established these reforms along with the requirement that individuals purchase health insurance. The College strongly believes that the individual mandate should only be established along with appropriate subsidies to help people purchase and afford quality coverage. Under the current reforms and proposed legislation, individuals with registered provisional immigration status would not be eligible for the ACA subsidies, including premium tax credits and lower co-payments. Therefore the College would oppose enforcing the individual mandate on individuals with registered provisional immigration status. Imposing this requirement would likely put undue financial strain on these individuals to purchase insurance that is beyond their financial means.
- **ACP supports allowing undocumented persons, as well as those with registered provisional immigration status, the ability to buy coverage through the ACA's health exchanges at their own expense, without federal subsidies or an individual insurance requirement.** As discussed above, the College would oppose requirements for individuals with registered provisional immigration status to purchase health insurance. However, the College supports allowing these individuals to purchase insurance through the ACA's health exchanges using their own funds. **The College opposes policies that prohibit persons, regardless of their residency status, from paying out-of-pocket for health insurance coverage through the health exchanges.**
- ACP supports treating all lawfully permanent residents the same when making determinations on qualifying for the ACA's subsidies, access to exchanges, Medicaid coverage under the ACA, and other federal health benefit programs. **Persons who have transitioned from registered provisional immigration status specifically should not be subjected to longer waiting periods or other benefit restrictions, other than those already imposed on lawfully permanent residents.**
- **ACP opposes legislation that would make it practically impossible for undocumented residents to ever achieve a status that would enable them to qualify for federal health benefit programs that are available to lawful permanent residents, once such undocumented persons achieve lawful permanent residency status.** The College also opposes policies that would deny them the ability to achieve provisional or lawful permanent residency based on a determination that they would likely receive government benefits including health coverage under the ACA, Medicaid, CHIP, or other federal health programs.

The College appreciates the opportunity to share its recommendations and concerns on ensuring immigrant access to federal health benefits. We applaud your efforts in addressing immigration reform

and are pleased that the current draft of S. 744, the Border Security, Economic Opportunity, and Immigration Modernization Act, includes policies to address access to federal health care benefits for immigrants. We encourage you to consider the important issues outlined above as the bill advances through the legislative process. Please contact Michelle Kline at mkline@acponline.org or 202-261-4575 if you have any questions or would like further information.

Sincerely,

A handwritten signature in black ink that reads "Molly Cooke". The signature is written in a cursive, flowing style.

Molly Cooke, MD, FACP
President, American College of Physicians

CC: United States Senators

¹ Assuring Universal Access to Health Coverage and Primary Care: *A Report by America's Internists on the State of the Nation's Health Care 2009 and Recommendations for Reform*. American College of Physicians. Accessed online at http://www.acponline.org/acp_policy/policies/assuring_universal_healthcare_coverage_2009.pdf

² Goldman D, Smith J, Sood, N. *Immigrants and the Cost of Medical Care*. Health Affairs, 25, no. 6 (2006): 1700-1711. Accessed online at <http://content.healthaffairs.org/content/25/6/1700.abstract>

³ American College of Physicians. *National Immigration Policy and Access to Health Care*. Philadelphia: American College of Physicians; 2011: Policy Paper. Accessed online at http://www.acponline.org/advocacy/where_we_stand/assets/natl_immigration.pdf

⁴ Zellman, L; Woolhandler, S; Himmelstein, D; Bor, D; and McCormick, D. *Immigrants Contributed An Estimated \$115.2 Billion More to the Medicare Trust Fund than they Took Out in 2002-09*. Health Affairs. June 2013 vol. 32 no. 6 1153-1160. Accessed online at <http://content.healthaffairs.org/content/32/6/1153.abstract>

⁵ Stimpson, J; Wilson, F; and Su, D. *Unauthorized Immigrants Spend Less Than Other Immigrants and US Natives on Health Care*. Health Affairs. June 2013. Accessed online at <http://content.healthaffairs.org/content/early/2013/06/04/hlthaff.2013.0113.abstract>

⁶ Institute of Medicine. *Insuring America's Health: Principles and Recommendations*. Washington, DC: National Academies Press, 2004.