

# 116TH CONGRESS 1ST SESSION H.R. 4701

To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrants by removing legal and policy barriers to health insurance coverage, and for other purposes.

### IN THE HOUSE OF REPRESENTATIVES

OCTOBER 16, 2019

Ms. Jayapal (for herself, Ms. Haaland, Ms. Barragán, Mr. Blumenauer, Ms. Judy Chu of California, Mr. Espaillat, Mr. Gallego, Ms. Lee of California, Ms. Moore, Mrs. Napolitano, Ms. Norton, Mr. Pocan, Ms. Pressley, Ms. Schakowsky, Mr. Soto, Ms. Wilson of Florida, Mr. Takano, Mrs. Lawrence, Ms. Garcia of Texas, Mr. Johnson of Georgia, Ms. Meng, Ms. Roybal-Allard, and Mr. Grijalva) 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 immigrants by removing legal and policy 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
- Act of 2019" or as the "HEAL for Immigrant Women 4
- 5 and Families Act of 2019".

#### SEC. 2. FINDINGS; PURPOSE. 6

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- 7 (a) FINDINGS.—Congress finds as follows:
- 8 (1) Health insurance coverage reduces harmful 9 disparities by alleviating cost barriers to and in-10 creasing utilization of necessary health care services, especially among low-income and underserved popu-12 lations, including women.
  - (2) Based solely on their immigration status, many immigrants and their families face legal and policy restrictions on their ability to obtain affordable health insurance coverage through Medicaid, the Children's Health Insurance Program (CHIP), and the health insurance exchanges.
  - (3) Lack of health insurance coverage contributes to persistent disparities in the prevention, diagnosis, and treatment of negative health outcomes experienced by immigrants and their families.
  - (4) Nearly half of immigrant women are of reproductive age. Immigrant women are also disproportionately living in low-income households and lacking health insurance coverage. Legal and policy

- barriers to affordable health insurance coverage therefore particularly exacerbate their risk of negative sexual, reproductive, and maternal health outcomes, with lasting health and economic consequences for immigrant women, their families, and society as a whole.
  - (5) Denying health insurance coverage or imposing waiting periods for health insurance coverage unfairly hinders the ability of immigrants to attain good health and undermines the economic well-being of their families.
  - (6) The population of immigrant families in the United States is expected to continue to grow. One in seven United States residents is foreign-born, and approximately one in four children in the United States has at least one immigrant parent. It is therefore in the Nation's shared public health and economic interest to remove legal and policy barriers to affordable health insurance coverage based on immigration status.
  - (7) Although Deferred Action for Childhood Arrivals (DACA) recipients are authorized to live and work in the United States, they have been unfairly excluded from the definition of lawfully present and lawfully residing for purposes of health insurance

1	coverage through the Department of Health and
2	Human Services, including Medicaid and CHIP, and
3	the health insurance exchanges.
4	(8) Immigration law is constantly evolving and
5	new immigration categories for individuals with fed-
6	erally authorized presence in the United States may
7	be created.
8	(b) Purpose.—It is the purpose of this Act to—
9	(1) ensure that all individuals who are lawfully
10	present in the United States are eligible for all fed-
11	erally funded health care programs; and
12	(2) advance the ability of undocumented indi-
13	viduals to obtain health insurance coverage through
14	the health insurance exchanges.
15	SEC. 3. REMOVING BARRIERS TO HEALTH COVERAGE FOR
16	LAWFULLY PRESENT INDIVIDUALS.
17	(a) Medicaid.—Section 1903(v)(4) of the Social Se-
18	curity Act (42 U.S.C. 1396b(v)(4)) is amended—
19	(1) by amending subparagraph (A) to read as
20	follows:
21	"(A) Notwithstanding sections 401(a), 402(b), 403,
22	and 421 of the Personal Responsibility and Work Oppor-
23	tunity Reconciliation Act of 1996, payment shall be made
24	under this section for care and services that are furnished

25 to individuals who are not citizens of the United States,

1	including aliens described in paragraph (1), if they other
2	wise meet the eligibility requirements for medical assist-
3	ance under the State plan approved under this title (other
4	than the requirement of the receipt of aid or assistance
5	under title IV, supplemental security income benefits
6	under title XVI, or a State supplementary payment) and
7	are lawfully present in the United States (including such
8	an individual who is granted deferred action or other fed-
9	erally authorized presence).";
10	(2) in subparagraph (B)—
11	(A) by striking "a State that has elected to
12	provide medical assistance to a category of
13	aliens under subparagraph (A)" and inserting
14	"individuals provided medical assistance pursu-
15	ant to subparagraph (A)"; and
16	(B) by striking "such an alien on the basis
17	of provision of assistance to such category" and
18	inserting "such an individual on the basis of
19	provision of assistance to such individual"; and
20	(3) in subparagraph (C)—
21	(A) by striking "an election by the State
22	under subparagraph (A)" and inserting "the
23	application of subparagraph (A)";
24	(B) by inserting "or be lawfully present"
25	after "lawfully reside"; and

- (C) by inserting "or present" after "law-1 2 fully residing" each place it appears. 3 (b) CHIP.—Subparagraph (N) of section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is 5 amended to read as follows: 6 "(N) Paragraph (4) of section 1903(v) (re-7 lating to lawfully present individuals).". 8 (c) Effective Date.— 9 (1) In General.—Except as provided in para-10 graph (2), the amendments made by this section 11 shall take effect on the date of enactment of this Act 12 and shall apply to services furnished on or after the 13 date that is 90 days after such date of enactment. 14 (2) Exception if state legislation re-15 QUIRED.—In the case of a State plan for medical as-16 sistance under title XIX, or a State child health plan 17 under title XXI, of the Social Security Act which the 18 Secretary of Health and Human Services determines
- made by this section, the respective State plan shall

requires State legislation (other than legislation ap-

propriating funds) in order for the plan to meet the

additional requirements imposed by the amendments

not be regarded as failing to comply with the re-

24 quirements of such title solely on the basis of its

failure to meet these additional requirements before

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- 1 the first day of the first calendar quarter beginning
- 2 after the close of the first regular session of the
- 3 State legislature that begins after the date of enact-
- 4 ment of this Act. For purposes of the previous sen-
- 5 tence, in the case of a State that has a 2-year legis-
- 6 lative session, each year of such session shall be
- 7 deemed to be a separate regular session of the State
- 8 legislature.
- 9 SEC. 4. CONSISTENCY IN HEALTH INSURANCE COVERAGE
- 10 FOR INDIVIDUALS WITH FEDERALLY AU-
- 11 THORIZED PRESENCE, INCLUDING DE-
- 12 FERRED ACTION.
- 13 (a) In General.—For purposes of eligibility under
- 14 any of the provisions described in subsection (b), all indi-
- 15 viduals granted federally authorized presence in the
- 16 United States shall be considered to be lawfully present
- 17 in the United States.
- 18 (b) Provisions Described.—The provisions de-
- 19 scribed in this subsection are the following:
- 20 (1) Exchange eligibility.—Section 1311 of
- 21 the Patient Protection and Affordable Care Act (42)
- 22 U.S.C. 18031).
- 23 (2) Reduced Cost-Sharing Eligibility.—
- Section 1402 of the Patient Protection and Afford-
- 25 able Care Act (42 U.S.C. 18071).

- 1 (3) Premium subsidy eligibility.—Section 2 36B of the Internal Revenue Code of 1986 (26 3 U.S.C. 36B).
- 4 (4) MEDICAID AND CHIP ELIGIBILITY.—Titles
  5 XIX and XXI of the Social Security Act, including
  6 under section 1903(v) of such Act (42 U.S.C.
  7 1396b(v)).

## 8 (c) Effective Date.—

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- (1) IN GENERAL.—Subsection (a) shall take effect on the date of enactment of this Act.
- (2) Transition through special enrollment period.—In the case of an individual described in subsection (a) who, before the first day of the first annual open enrollment period under subparagraph (B) of section 1311(c)(6) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(c)(6)) beginning after the date of enactment of this Act, is granted federally authorized presence in the United States and who, as a result of such subsection, qualifies for a subsidy under a provision described in paragraph (2) or (3) of subsection (b), the Secretary of Health and Human Services shall establish a special enrollment period under subparagraph (C) of such section 1311(c)(6) during which such individual may enroll in qualified health plans

1	through Exchanges under title I of the Patient Pro-
2	tection and Affordable Care Act and qualify for such
3	a subsidy. For such an individual who has been
4	granted federally authorized presence in the United
5	States as of the date of enactment of this Act, such
6	special enrollment period shall begin not later than
7	90 days after such date of enactment. Nothing in
8	this paragraph shall be construed as affecting the
9	authority of the Secretary to establish additional
10	special enrollment periods under such subparagraph
11	(C).
12	SEC. 5. REMOVING CITIZENSHIP AND IMMIGRATION BAR-
13	RIERS TO ACCESS TO AFFORDABLE HEALTH
13 14	RIERS TO ACCESS TO AFFORDABLE HEALTH CARE UNDER THE ACA.
14	CARE UNDER THE ACA.
14 15	CARE UNDER THE ACA.  (a) IN GENERAL.—
14 15 16	CARE UNDER THE ACA.  (a) IN GENERAL.—  (1) PREMIUM TAX CREDITS.—Section 36B of
14 15 16 17	CARE UNDER THE ACA.  (a) IN GENERAL.—  (1) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986 is amended—
14 15 16 17	CARE UNDER THE ACA.  (a) IN GENERAL.—  (1) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986 is amended—  (A) in subsection (c)(1)(B)—
114 115 116 117 118	CARE UNDER THE ACA.  (a) IN GENERAL.—  (1) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986 is amended—  (A) in subsection (c)(1)(B)—  (i) by amending the heading to read
14 15 16 17 18 19 20	CARE UNDER THE ACA.  (a) IN GENERAL.—  (1) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986 is amended—  (A) in subsection (c)(1)(B)—  (i) by amending the heading to read as follows: "Special rule for certain
14 15 16 17 18 19 20 21	CARE UNDER THE ACA.  (a) IN GENERAL.—  (1) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986 is amended—  (A) in subsection (c)(1)(B)—  (i) by amending the heading to read as follows: "Special rule for certain individuals ineligible for medicaid
14 15 16 17 18 19 20 21	CARE UNDER THE ACA.  (a) IN GENERAL.—  (1) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986 is amended—  (A) in subsection (c)(1)(B)—  (i) by amending the heading to read as follows: "Special rule for certain individuals ineligible for medicaid due to status"; and

1	(B) by striking subsection (e).
2	(2) Cost-sharing reductions.—Section 1402
3	of the Patient Protection and Affordable Care Act
4	(42 U.S.C. 18071) is amended by striking sub-
5	section (e) and redesignating subsection (f) as sub-
6	section (e).
7	(3) Basic Health Program eligibility.—
8	Section 1331(e)(1)(B) of the Patient Protection and
9	Affordable Care Act (42 U.S.C. $18051(e)(1)(B)$ ) is
10	amended by striking "lawfully present in the United
11	States,".
12	(4) Restrictions on federal payments.—
13	Section 1412 of the Patient Protection and Afford-
14	able Care Act (42 U.S.C. 18082) is amended by
15	striking subsection (d) and redesignating subsection
16	(e) as subsection (d).
17	(5) Requirement to maintain minimum es-
18	SENTIAL COVERAGE.—Subsection (d) of section
19	5000A of the Internal Revenue Code of 1986 is
20	amended by striking paragraph (3) and by redesig-
21	nating paragraph (4) as paragraph (3).
22	(b) Conforming Amendments.—
23	(1) Establishment of Program.—Section
24	1411(a) of the Patient Protection and Affordable
25	Care Act (42 U.S.C. 18081(a)) is amended by strik-

1	ing paragraph (1) and redesignating paragraphs (2),
2	(3), and (4) as paragraphs (1), (2), and (3), respec-
3	tively.
4	(2) Qualified individuals.—Section 1312(f)
5	of the Patient Protection and Affordable Care Act
6	(42 U.S.C. 18032(f)) is amended—
7	(A) in the heading, by striking "; Access
8	LIMITED TO CITIZENS AND LAWFUL RESI-
9	DENTS''; and
10	(B) by striking paragraph (3).
11	(c) Effective Date.—The amendments made by
12	this section shall apply to years, plan years, and taxable
13	years, as applicable, beginning after December 31, 2020.