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Abstract

When it comes to the topic of universal healthcare, most of us will readily agree that healthcare is a human right. Where this agreement usually ends, however, is on the question of *who* should be granted this right, and if it should be left to the free market to determine access and affordability. Specifically, the political debate on expanding healthcare access to undocumented immigrants in the United States revolve around concerns over costs, legality, and equity. Proponents maintain that it is a human right whereas opponents question the potential burden on taxpayers and the implication for immigration policy. The HEAL for Immigrant Families Act was proposed in July 2023 with the aim of expanding health care access for undocumented immigrants. The Act includes several provisions that seek to lift current legal restrictions, such as the state plan option, which I will analyze further in this white paper.

Keywords

The 2023 HEAL for Immigrant Families Act, Immigration Policy, Healthcare Policy, Cultural and Linguistic barriers, Immigrant Healthcare access, State-funded health coverage

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Expanding Healthcare Access for the Undocumented Immigrant Community: The HEAL Act for Immigrant Families Act 2023

Perla Torres Estrada, Gettysburg College

Executive Summary

When it comes to the topic of universal healthcare, most of us will readily agree that healthcare is a human right (WHO, 2023). Where this agreement usually ends, however, is on the question of who should be granted this right, and if it should be left to the free market to determine access and affordability. Specifically, the political debate on expanding healthcare access to undocumented immigrants in the United States revolves around concerns over costs, legality, and equity. Proponents maintain that it is a human right whereas opponents question the potential burden on taxpayers and the implication on immigration policy. The HEAL for Immigrant Families Act was proposed in July 2023 with the aim of expanding health care access to undocumented immigrants. The Act includes several provisions that seek to lift current legal restrictions, such as the state plan option, which I will analyze further in this white paper.

Context

As of 2023, 50% of undocumented immigrants and 18% of lawfully present immigrants are uninsured in the United States. Noncitizens face several restrictions on eligibility for Medicaid, CHIP, and Marketplace coverage. Lawfully present immigrants may enroll in Medicaid or CHIP only after five years of residency in the United States. In most states, lawfully present children and pregnant women may be eligible for these programs without the five-year requirement. However, except for a few state-funded programs undocumented immigrants are not eligible. Few states are taking actions to provide health coverage to adults regardless of citizenship. In January of 2020, California extended eligibility for Medi-Cal (its state-funded Medicaid program) to young adults under 26 years of age regardless of immigration status.[1] It was later expanded to low-income adults 50 years of age or older, including undocumented

[1] Young Adult Expansion," Department of Health Care Services, State of California.

immigrants.[2] Starting in January 2024, Washington will allow its residents to enroll in state qualified health plans and dental plans regardless of immigration status.[3] Delaware revised their healthcare regulation in 2011 under the DSSM: 14370. This revised regulation states that noncitizens are only eligible to have emergency services and labor and delivery services covered only; not including labs, x-rays, or long-term care that may be necessary if diagnosed with a long-term chronic illness.

In addition to the legal barriers for healthcare access, other sources of vulnerability for immigrant groups include socioeconomic background, language barriers, discrimination, and marginalization. Studies have shown that immigrants with limited English proficiency are less likely to have health insurance and seek health services (Ponce et al 2006; Yu et al 2006). The hesitancy to seek care is significantly influenced by issues of discrimination and marginalization. State enforced immigration laws have increased fears of deportation among the undocumented immigrant communities. Most immigrants work in lower-wage jobs and industries that are less likely to offer health coverage, leading to lower rates of private coverage and higher uninsured rates (Pillai et al. 2023). This realization of negative consequences have prompted concern among policymakers and healthcare providers, highlighting the urgent need for immigrant health policy reform.

The HEAL for Immigrant Families Act

In July of 2023, U.S. Representatives Pramila Jayapal (WA-07) and Nanette D. Barragan (CA- 44) joined Senator Cory Booker (D-NJ) in introducing the Health Equity and Access under

[2] California, State of. 2021. "Governor Newsom Signs Into Law First-in-the-Nation Expansion of Medi-Cal to Undocumented Californians Age 50 and Over, Bold Initiatives to Advance More Equitable and Prevention-Focused Health Care." *California Governor*.
[3] Washington: State Innovation Waiver," Centers for Medicare & Medicaid Services, fact sheet https://www.cms.gov/files/document/1332-wa-fact-sheet.pdf.

Law (HEAL) for Immigrant Families Act. This bill includes a provision of a state plan option to include undocumented immigrants in Medicaid and the Children's Health Insurance Program (CHIP) for the first time in legislative history. It is important to note that the bill aims to remove the five-year waiting period for Medicare eligibility. [4] Those who are uninsured often delay or go without needed care, which can lead to worse health outcomes over the long term that might be more complex and expensive to treat. The HEAL Act ensures that all individuals who are lawfully present [5], including Deferred Action for Childhood Arrivals (DACA) recipients in the United States are eligible for federally funded healthcare programs. It would advance the ability for undocumented immigrants to obtain health insurance coverage through health insurance exchanges by removing restrictions on marketplace coverage, premium tax credits, and cost-sharing reductions, enabling enrollment to basic health programs. [6]

This white paper presents a PESEL (PESTEL) analysis on the provision of a state plan option to expand access to Medicaid and CHIP eligibility to undocumented immigrants, while considering its significance to the evolving debates on universal healthcare.

Current State-Funded Health Coverage for Immigrants

Approximately 8.6 million noncitizens, including those who live in America legally or those who are undocumented, lack access to health insurance. Recent Biden administration's efforts to expand coverage to DACA recipients only cover a small percentage of uninsured

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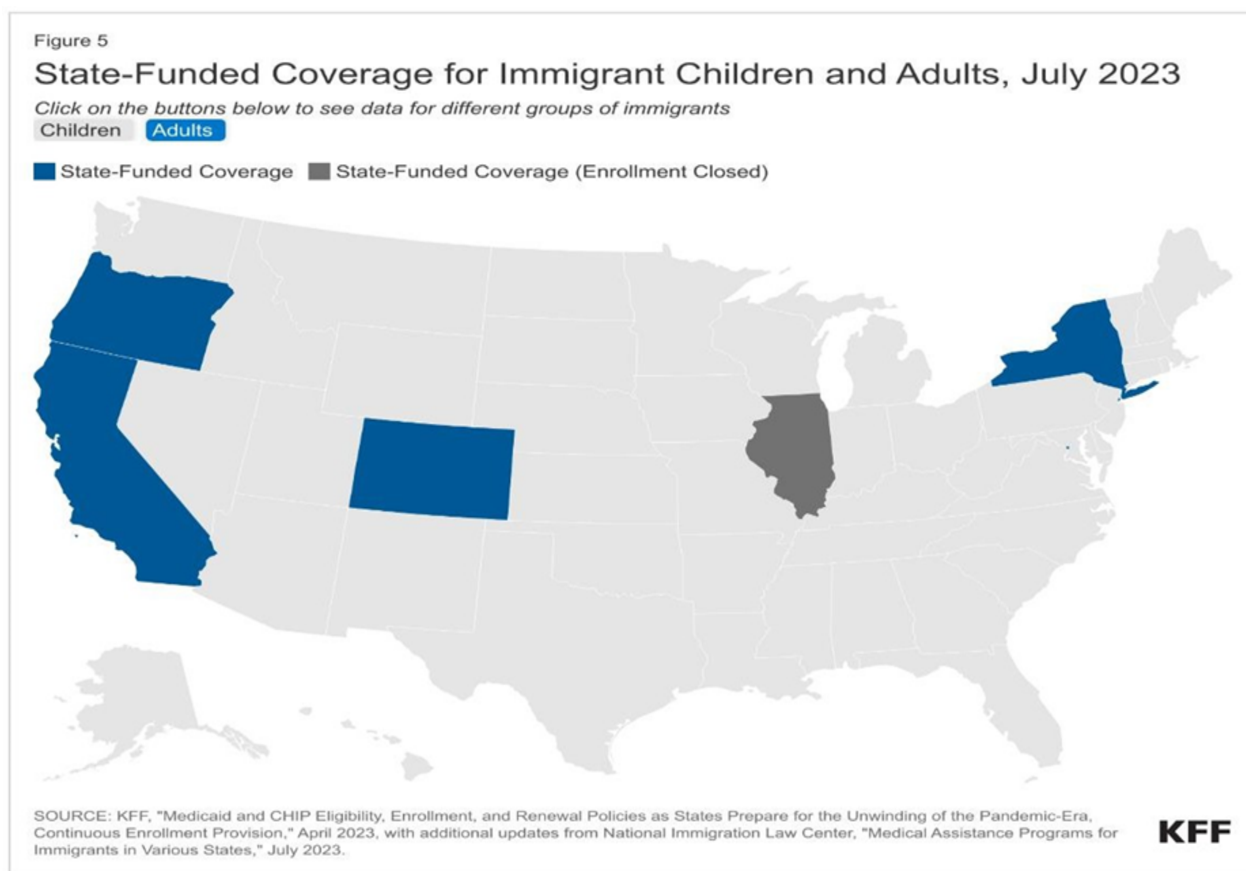
[4] Jeske, Sam. 2023. "Jayapal, Booker, and Barragán Introduce Legislation to Lift Barriers to Health Care for Immigrants." *Congresswoman Pramila Jayapal*.
[5] This bill aims to modify the definition of "lawfully present" that used to determine eligibility for Patient Protection and Affordable Care Act (ACA) health plans and other health care programs. Modifying this definition in legislation is crucial to ensure DACA recipients are not excluded in future administrative action. More than a quarter of DACA recipients are currently uninsured as they await the finalization of this proposed rule. This would be a vital step in expanding eligibility in State health plans.
[6] Sen. Booker, Cory A. [D-NJ. 2021. "Text - S.1660 - 117th Congress (2021-2022): HEAL for Immigrant Families Act of 2021."

noncitizens. Research suggests that state coverage expansions for immigrants can reduce uninsurance rates, increase health care use, and improve health incomes. As of September 2023, 12 states plus D.C. provide comprehensive state-funded coverage to all income-eligible children regardless of immigration status. For example, in Colorado beginning in 2023, state residents who have income up to 300% of the Federal Poverty Level (FPL), and who are not eligible for health insurance under the Affordable Care Act (ACA) or other public programs due to their immigration status, can receive premium subsidies funded by the state. These subsidies will help them purchase individual coverage outside of the ACA Marketplace.



Furthermore, Oregon, New York and California have extended healthcare to undocumented individuals in their revised state plans. In the case of Oregon, the Cover All Kids act was passed in 2017, which provided state health coverage to undocumented children. In

2021, a broader version of the act was approved. The Cover All People act extended state-funded coverage to all low-income individuals who are undocumented immigrants and was available to those from age 19-25 or 55 and older. Lawmakers appropriated $100 million in state funding for the program that started in July 2022. As noted above, Colorado uses state funds to provide Marketplace coverage to individuals with incomes below 138% the federal poverty line (FPL), without charging any premium costs regardless of citizenship status. Other states also cover income-eligible adults under similar criteria, but only for specific groups such as lawfully present immigrants who have completed the five-year waiting period for Medicare or provide limited benefits.

The financial burden on states to rely on their own funding can strain budget cuts on other programs. Hence, the State Plan provision outlined in this bill holds significance. By extending assistance to states with a sizable undocumented immigrant population, this provision would alleviate some of the financial strain. It would increase state funds and provide incentive to include state health coverage to the undocumented population. Thereby granting them some much-needed breathing room to continue delivering services and programs without financial constraints. However, even with state-funded coverage for noncitizens, it does not account for the overlooked barriers. These include linguistic confusion about eligibility policies, deportation fear and discrimination barriers that further impede individuals from seeking care.

P.E.S.L. **Analysis**

Political Climate and Restrictive Legislation

The first area I will analyze for the PESL analysis is the political climate on immigration and its implications on immigrant healthcare. The border crisis is a moral and public health emergency. In October 2018, the US Department of Homeland Security proposed a rule that

would expand the definition of public charge in considering whether legal immigrants could qualify for permanent resident status. Non-cash benefits such as nutrition assistance, health insurance subsidies, and housing benefits would be "heavily weighted negative factors" for those applying for lawful permanent residency. [7] Mutually, these and other policy changes reduce ethical standards and harm immigrant healthcare by weighing public assistance programs against them. These public assistance programs are a lifeline for newcomers who are yet to find a stable home, job or employment history on their own to apply for residency. By weighing this resource against them reduces their likelihood of pursuing residency in a polarized climate.

Immigration policy as Health Policy

Immigration policies and the existing anti-immigrant rhetoric can impose a negative outcome on expanding healthcare access to the undocumented population. It can be anticipated that with the approval of the HEAL act or particularly the state plan provision, the negative stigma surrounding immigration policy will translate towards its implementation.
In community-based participatory research in Everett, Massachusetts, a majority of the undocumented/documented immigrants felt that the requirement of documentation to obtain health insurance was a major obstacle in receiving care. They worried that by disclosing their legal status, they would be vulnerable to ICE or law enforcement for using health care resources. Additionally, fear of deportation or experiences of discrimination in healthcare or social welfare programs or society can inhibit confidence in seeking care. It affected their emotional and physical health through depression, high blood pressure, and anxiety while also producing a range of physical symptoms (hair loss, and headaches) (Hacker et al. 2011).

[7] Deshommes, D. M. (2018). RE: DHS Docket No. USCIS-2010-0012; Proposed Rule on Inadmissibility on Public Charge Grounds.

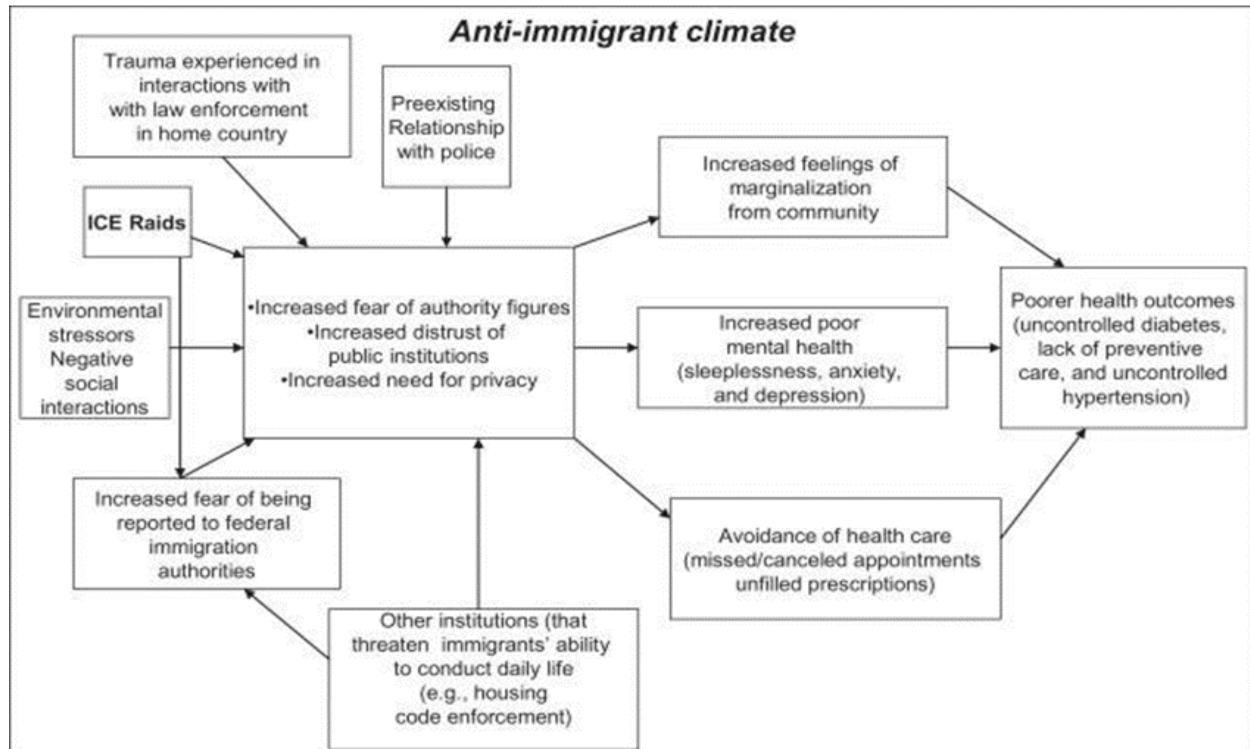


Figure 1: Impact of ICE Activities on Immigrant Health (Hacker et al. 2011)

In the first quarter of 2011 alone, 1538 immigration-related policies were introduced at the state level across the nation (Carter et al, 2011); although some are intended to facilitate immigrant integration, most of them are aimed to restrict their rights. At the national level, a number of policies have escalated the militarization on the border and the criminalization of immigrants (Fuentes et al. 2012). In essence, these policies are likely to have negative outcomes on immigrant health and health care access.

Economic: Health Care Expenditures

One of the contentious issues surrounding the broadening of healthcare access to undocumented immigrants is the potential financial burden that it may cause. Those who are against it argue that it would significantly strain taxpayers and the federal government. On the other hand, supporters assert that undocumented immigrants often contribute to the system without getting any benefits

in return. Flavin et al, 2018 mentioned that annual U.S. medical spending in 2016 was a staggering $3.3 trillion [8], immigrants accounted for less than 10% of overall spending and recent immigrants were responsible for 1% of total spending. [9] It is unlikely that restrictions on immigration into the United States would result in a meaningful decrease in healthcare spending. To the contrary, restricting immigration could financially destabilize some parts of the healthcare economy. As suggested by Zallman et al., they found that immigrants contributed $14 billion more to the Medicare trust fund than they withdrew. [10]

Kaushal and Muchomba conducted a more recent serial cross-sectional study from the 2011 to 2019 Medical Expenditure Panel Survey. Their data analysis was performed from November 2022 to August 2023. Their aim was to compare health care cost and utilization by low-income US born and immigrant adults. Participants included adults aged 19-64 years with family incomes below 138% of the Federal Poverty Level, the population that may benefit from Medicaid expansion. They found that providing insurance to immigrants would approximately cost $3,800 per person per year, less than one-half the corresponding cost ($9,428 per person per year) for U.S. born adults (Kaushal and Muchomba 2023). These findings indicate that the cost of offering public health insurance to immigrants is lower than that for the US born citizens. Additionally, immigrants tend to use healthcare services less frequently even after receiving coverage, dispelling the belief that providing insurance to immigrants puts a significant financial strain.

Social: Racism, Immigration and Health

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[8] McDonald, J. T., & Kennedy, S. (2004). Insights into the 'healthy immigrant effect': health status and health service use of immigrants to Canada. *Social science & medicine*, *59*(8), 1613-1627.
[9] Goldman DP, Smith JP, Sood N. Immigrants and the cost of medical care. *Health Aff (Millwood)*. 2006; 25(6):1700–1711.
[10] Stimpson JP, Wilson FA, Eschbach K. Trends in health care spending for immigrants in the United States. *Health Aff (Millwood)*. 2010; 29(3):544–550.

Academics examining the social determinants of health have long stressed racism's central role in the production of health inequalities (Williams & Collins, 1995). Racism produces and reproduces social and economic equalities. It also intersects with other forms of oppression and marginalization, affecting the health of immigrants. Only recently, has discrimination's impact on immigration and health been given attention. Studies have shown that perceived discrimination can lead to lower levels of physical and mental wellbeing, poor access to quality health care, and certain health behaviors across several immigrant groups, including Latino, Asian, and Black immigrants (Fuentes et al., 2012).

Among immigrant adults who receive care in the U.S., one in four (25%) report being treated unfairly by a health care provider because of their insurance status or ability to pay (16%); accent or ability to speak English (15%); and/or their race, ethnicity, or skin color (13%). About three in ten (29%) immigrant adults who have sought care in the U.S. report experiencing at least one of several difficulties obtaining respectful and culturally competent care. These include a provider not taking the time to listen or ignoring concerns (17%); a provider not explaining things in a way they could understand (15%); being treated with disrespect by front office staff (12%); and for those with Limited English Proficiency (LEP), interpretation services are not available or not provided in a timely manner (17%). These shares are higher among African Americans (34%), Hispanic (33%), uninsured (39%), and likely undocumented (34%) immigrant adults and those with lower household incomes compared with their White, insured, citizen, and higher income counterparts (Pillai et al., 2023).

Cultural and Linguistic barriers

The cultural and linguistic barriers between healthcare professionals and undocumented immigrants are necessary to address. A consequence to consider is the entrenched biases within

the healthcare system and of healthcare professionals. These biases may impact the quality of health care towards certain ethnic immigrant populations. As of 2021, about eight percent of people from the age of five or older living in the United States had limited English proficiency (LEP).

Individuals with LEP are those who do not identify English as their primary language and have limited ability to read, write, speak, or understand English (HHS, 2013). These individuals are more likely to disproportionately experience gaps in health insurance coverage and poor health outcomes because of the linguistic barriers to information access (Lu & Myerson, 2020). Additionally, low-income individuals with LEP reflect low-wage jobs that often do not offer health coverage and therefore remain uninsured. Among people with LEP, Hispanic, Spanish-speaking adults account for two-thirds (62%) as of 2021 (Haldar, Pillai & Artiga, 2023). This reflects the added barriers towards healthcare access and can result in undocumented immigrants not seeking care altogether.

For people with LEP, lack of available translation is a salient barrier to seek care (e.g., navigating the complexities of the health care system to find a provider, understanding cost sharing provisions and seeking appropriate appointments or referrals) (Lu & Myerson, 2020). Not to mention minimal education in improving their health and overall diet. As a result, they forgo their health with either undiagnosed illnesses or frequent hospital readmissions. Altogether, with the fear of deportation, past experiences of discrimination in a healthcare setting, and linguistic barriers, LEP individuals experience poor health outcomes.

Environment: Pressures from Immigrant Advocacy Organizations

The HEAL Act has been endorsed by various organizations including the National Immigration Law Center, Black Alliance for Just Immigration, (BAJI), National Latina Institute

for Reproductive Justice (the Latina Institute), as well as the National Asian Pacific American Women's Forum (NAPAWF) among others. These organizations are primarily centered on community advocacy revolving immigrants, women and other minorities for racial, social, gender and economic justice. Cory Booker (D-NJ), spoke on the reasoning for introducing the legislation:

"*Covid-19 has shined a punishing light on the unjust health care inequalities that exist for communities of color broadly, and immigrant communities in particular […] Health care is a right, and it shouldn't depend on immigration status. We are never going to be able to slow and stop the virus if we continue to deny entire communities access to testing, treatment, or care*."

Catherine Labiran, Gender Justice Program Coordinator at the Black Alliance for Just Immigration, said:

"*Not only does the five-year waiting period for Medicaid result in the manifestation of preventable medical conditions, but it also impacts the quality of care that people receive after that point. With a lack of medical history in the U.S., many experience misdiagnosis and have to advocate for themselves so that their concerns are heard and acted upon*." [11]

These are only a few of what many advocacy groups say about the urgency to pass the HEAL Act. Illnesses do not discriminate, therefore neither should health care policy.

LEGAL: Past and Current Immigration Policies
The Public Charge Rule

Under longstanding immigration policy, individuals can be denied entry to the United States if they are deemed a public charge by federal officials. This was a part of the Immigration

[11] (Booker Introduces Bold Bill to Expand Access to Health Care for Immigrants | U.S. Senator Cory Booker of New Jersey 2020)

Act of 1882 that permitted the government to prevent any person(s) who were likely to become primarily dependent on the federal system for subsistence by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at the government expense. [12] In 2019, the Trump Administration implemented public charge implementations that included non cash assistance programs like Medicaid in their determinations.

However, in 2021, the Biden Administration withdrew these regulations and returned to the 1999 standard regulations. Under this protocol, it does not consider the use of noncash assistance, except for long-term institutionalization. In 2022, they issued new modifications to increase funding for Navigator programs (went into effect December 23, 2022) that provide enrollment assistance. Primarily to mitigate the negative impact of the 2019 rule. These impacts led many immigrant families to avoid seeking health care, even if they were eligible for it (Pillai & Artiga, 2023).

About a quarter (27%) of likely undocumented immigrants and nearly one in ten (8%) lawfully present immigrants say they avoided applying for food, housing, or health care assistance in the past year due to immigration-related fears (Pillai et al., 2023). Addressing the fear of deportation will be key in mitigating the gaps of health coverage for immigrants.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996

The (PRWORA) of 1996 served as a mechanism to restrict immigrants from accessing health care through Medicaid and other publicly funded services. [13] It introduced the five-year waiting period for LPR's to enroll in Medicaid, CHIP, and other public benefits. Along with the

[12] Department of Justice – Field Guidance on Deportability and Inadmissibility on Public Charge Grounds (1999)

[13] "Undocumented Immigrants and Access to Health Care: Making a Case for Policy Reform." Accessed September 16, 2023. https://doi.org/10.1177/1527154414532694.

Affordable Care Act (ACA) of 2010, it maintained the five-year restriction for access to the ACA marketplace. Although a few states had the option to bypass restrictions for children and pregnant women; undocumented immigrants remain ineligible (see Table 1 in Appendix).

Trump's Zero Tolerance Policy

In 2018, the Trump administration introduced a Zero Tolerance policy that aimed to prosecute all adults entering the U.S. border illegally in federal court. As many were accompanied with children at the border, they were often separated from their parents and were in custody of the US Department of Health and Human Services (DHHS). There was controversy about the conditions they were in at the detention centers that impacted their emotional, mental, and physical well-being. For the purpose of this paper, I will only highlight that the intersection of restrictive immigration policies have negative implications on immigrant health as stated in prior sections.

Potential Disproportionate Impacts

The proposed HEAL Act has the potential to bring significant changes to healthcare services for undocumented immigrants and DACA recipients. However, it is important to consider the perceived impacts of the legislation to ensure inclusive implementation. One of the crucial areas to evaluate is the allocation of funding, which could result in budget cuts for other social welfare programs. It is also important to question the cost of implementing this Act and whether all states will receive the same amount of funding for the state plan option (given their immigrant population size).

Another factor to consider is the influence of bias and its impact on equity. There is a need to address the biases among healthcare professionals that may affect the quality of healthcare service. This emphasizes the importance of including a cultural competency training

program to mitigate these prejudices as well as language barriers. I will talk further on this recommendation in the next section.

In line with the concern for equity, there is the question of outreach to its target population. Assessing the accessibility of online platforms becomes pivotal when considering outreach to immigrant communities, particularly those lacking internet access, prompting questions for alternatives methods of engagement. In the next section I will discuss how community health centers can serve as a liaison to bridge this communication gap.

Furthermore, there may be continued federal interference through policies, which could affect the implementation of this Act. It is important to evaluate how this legislation will mitigate the current restrictions of previous enactments, such as the Protect Medicaid Act of 2019. This was introduced by six Republican Senators and the Act seeks to prohibit federal payment under Medicaid for the administrative costs of providing health benefits to noncitizens who are ineligible due to immigration status. [14] The HEAL Act could face challenges with these policies.

Lastly, it is crucial to address the fears of deportation in the immigrant community. The Act should build trust and mitigate these reasonable fears. One approach that I will talk about further in the next section is through rights education. It is vital for undocumented immigrants to be aware of their rights under the EMTALA Act, which require hospitals with emergency departments to treat patients regardless of citizenship, legal status, or ability to pay. [15] Incorporating outreach initiatives will be crucial for undocumented immigrants and DACA recipients to feel secure and knowledgeable in enrolling in health coverage.

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[14] Rep. Hudson, Richard [R-NC-8. 2019. "H.R.2856 - 116th Congress (2019-2020): Protect Medicaid Act."
[15] Hsuan, Charleen et al. 2018. "Complying with the Emergency Medical Treatment and Labor Act (EMTALA): Challenges and Solutions." *Journal of healthcare risk management : the journal of the American Society for Healthcare Risk Management* 37(3): 31–41.

Policy Recommendations to Consider

Expand Outreach Initiatives

The first policy recommendation that this legislation should consider is expanding outreach initiatives by collaborating with community health centers or federally qualified health clinics (FQHCs). FQHCs deliver culturally competent and comprehensive primary care. If more funding were allocated to these community health centers, they would have the ability to deliver resources like health education, case management, translation, and transportation (Alarcon, 2022). These are some of the barriers that migrants face when trying to access health care services, aside from the given legal restraints. If states collaborate with FQHCs, it may reduce some of the financial costs as these health centers are already established. Additionally, they may serve as a liaison between state hospitals, health care providers and the undocumented Individuals.

In essence, they are pivotal in providing medical care to the undocumented population. In Delaware, La Red Health Center was established. They provide primary care, dental services, behavioral health care, prenatal services, substance abuse treatment, counseling among other services. They have served an estimated 20,000 Hispanic patients over the last 20 years. Notably, they implemented a nationally recognized outreach program, "The Promotoras." This is a support network that provides culturally sensitive outreach services that result in high levels of trust among the local immigrant population (Fabricio, 2022). Trust is an important mechanism especially when there is tension between immigrants and health providers. It is vital to consider the investment of outreach and collaboration with community health centers or FQHCs as they can relay accurate information on enrollment, coverage retention and utilization. More so, it is

recommended that other health professions, especially nurses in public health and policymaking, support the implementation of the HEAL Act.

Incorporate a Cultural Competency Training Program

Academics examining the social determinants of health have long stressed racism's central role in the production of health inequalities (Williams & Collins, 1995). Studies have shown that perceived discrimination can lead to lower levels of physical and mental wellbeing; poor access to quality health care; and certain health behaviors across several immigrant groups, including Latino, Asian, and Black immigrants (Fuentes et al., 2012). A way to mitigate this is by incorporating a cultural competency training program for healthcare professionals as a critical provision under this State Plan option. This training involves the integration and transformation of knowledge about individuals or groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services (Douds & Ahlin, 2017). It would mitigate ingrained biases and promote positive working relations among populations who have traditionally faced discrimination. More so, it is intended to educate and train staff on norms/customs, heritage and beliefs, language preferences, and needs of the diverse populations. This is relevant to address as it pertains to the equity and efficiency of health care quality to undocumented immigrants.

Establish Criteria a Threshold for States

The policy outcome of a state plan option is to expand Medicaid and CHIP eligibility to immigrants without lawful presence. It would alleviate States of the discriminatory legal requirements of eligibility who have a majority undocumented immigration population. However, this is only an option therefore not all states have to implement it. Some states may fully disregard this option if they consider having a "low" undocumented immigrant population.

Furthermore, it would disregard the smaller immigrant populations in those states. The last potential recommendation is to provide a criteria or threshold for states to follow based on the population size of undocumented immigrants and/or DACA recipients. If states have this information available, they would be obliged to expand eligibility to health care services. This would solve the perception of it solely being an "option" to implement. It is relevant if the overarching goal of the policy is health care accessibility and equity.

Concluding Analysis

This white paper conducted a PESL analysis on the State plan option under the proposed HEAL Act of 2023. It analyzed the political, economic, social, and legal implications as well as contributions that this proposed legislation can bring. By lifting the five-year residency requirement and modifying the definition of "lawfully present individuals," states would not have a legal reason to delay or expand health care access. The policy outcome would expand Medicaid and CHIP eligibility to immigrants without lawful presence while lifting discriminatory legal requirements of eligibility. The HEAL Act is crucial to pass and implement, it is a major step towards achieving equity and eligibility expansion in health care policy.

Overall, it would beneficially impact the undocumented immigrant population. The state plan option would facilitate access to healthcare services. It is anticipated that by lifting these legal barriers and implementing these provisions, they would feel confident in seeking care at a hospital or a local clinic. As a whole, their emotional and physical health would improve. The desired effect is for increased equity in the healthcare system. As contributors to the U.S. economy it would restore their right to affordable health care. The following is a statement by Marielena Hincapie, executive director of the National Immigration Law Center:

"*Current law defies logic. A flu virus strikes without regard to how long a person has had lawful status. Lack of preventive health care results in costly illnesses and inhibits early detection of preventable diseases. Children cannot grow up to be strong and productive if they have limited health care*."

"*The existing policies are inhumane. The arbitrary five-year waiting period for accessing key health programs […] can be a death sentence for someone suffering from an undiagnosed cancer*."

This speaks to the significance that this policy will bring to the undocumented population and the fact that access to healthcare should not be something one struggles to obtain. Illnesses do not discriminate, therefore neither should health care policy. Both health economics and public health perspectives support the need for healthy policy reform that provides equitable access to healthcare services and insurance coverage (Nandi et al 2009). Providing better access and quality of care for immigrants benefits the community, signifying the need for collaboration of policymakers from different sectors, especially immigration and healthcare.

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