

Immigration Fears and Eligibility Rules Among Barriers to SCHIP

By Shelley Davis

Closing the Gap, State Children's Health Insurance Program • January 2000

Nearly one million children of U.S. farmworkers are eligible to participate in the State Children's Health Insurance Program (SCHIP) or Medicaid. But many have remained on the sidelines due to immigration concerns or state eligibility requirements.

Many of these obstacles to enrollment can be overcome by streamlining state eligibility requirements and organizing community-based efforts.

A Snapshot of Farmworker Children

Most farmworkers in the U.S. are poor immigrants who lack health insurance for themselves or their families. Seventy percent of the nation's 2.5 million hired farmworkers are foreign born, according to the U.S. Department of Labor (DOL). About two-thirds of the farm labor force is comprised of legal permanent residents or citizens. Under the Immigration Reform and Control Act (IRCA) of 1986, 1.1 million farmworkers gained legal status. But IRCA did not grant legal status to the spouses or children of farmworkers, so some of these family members remain undocumented.

Despite their hard work, most farmworker families live in poverty. Even with several family members working, farmworkers with children have a median income of between \$12,500 to \$15,000 per year. Consequently, 60 percent of farmworker families live below the poverty line. Only 24 percent of farmworkers have private health insurance and as of 1996, only 20 percent of farmworkers had family members enrolled in Medicaid.

According to DOL, U.S. farmworkers have an estimated one million children under age 19 living in the United States. Approximately 250,000 of these children migrate from state to state with their parents or alone.

Immigration fears keep many from applying

Because many farmworker children live in families where some, but not all members are legal residents, fears that receipt of Medicaid or SCHIP services will have adverse immigration consequences have kept many farmworker children from enrolling in these programs (see article Improving SCHIP Outreach in Rural Areas). In 1997, Congress created SCHIP to extend health insurance benefits to millions of children of the working poor. Just a year earlier,

however, Congress had passed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. Law 104-193 Welfare Reform law), which sent a very different message to immigrants. This law stripped immigrants—even legal ones—of eligibility for a vast array of government benefit programs, including Medicaid and SCHIP.

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For example, children or pregnant women who obtain legal permanent resident status (i.e., a green card) after August 22, 1996 are barred from enrolling in federal means-tested programs (e.g., Medicaid or SCHIP) for their first five years in the U.S. Forty-four percent of the savings to be derived from welfare reform came from eliminating benefits to immigrants.

The Welfare Reform law also requires certain state government agencies (e.g., the agency that administers cash benefit programs or public housing) to report to the Immigration and Naturalization Service (INS) any immigrant who the agency knows to be present in the U.S. illegally. These verification and reporting requirements also made many immigrant parents of citizen children fearful of enrolling their children in government health insurance programs.

Also, in the winter of 1997-98, INS officials began asking legal permanent residents returning from trips abroad whether they or their children had ever received government benefits, including Medicaid. In some cases, those who had received such benefits were asked to repay them or they would be denied the right to reenter the U.S. In California alone, \$24 million in benefits were repaid before the federal government declared this practice to be illegal. These policies led immigrants to desert government benefit programs in large numbers.

Other barriers to enrollment

The state-by-state structure of Medicaid and SCHIP and the manner in which states determine eligibility also pose a host of obstacles to the enrollment of farmworker children. For migrant farmworkers, the state-by-state structure of these programs means that parents must enroll their children in each new state they enter.

Even though federal regulations deem farmworkers to be "residents" of any state in which they come to work, the fact that they must repeatedly re-enroll their children means that services may be delayed and time may be lost from work to engage in the time-consuming enrollment process.

In addition, because farmworkers earn the bulk of their income in a concentrated portion of the year, the typical process of determining eligibility by looking at the past two-months income may disqualify some needy children whose parents' income spiked during that time period. Also, the request for a Social Security number from a parent who is only applying for a child—which is not required by federal law—may be an obstacle for non-citizen parents who do not have such numbers.



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Addressing concerns

In an innovative effort to identify the reasons why parents were reluctant or refusing to enroll eligible children in SCHIP or Medicaid, a consortium of Florida groups, Health Choice Network, Economic Opportunity Family Health Center, Community Health of South Dade, Camillus Health Concern and Florida Legal Services, interviewed 253 parents from September 1998 to March 1999. The two primary reasons cited by parents were problems of getting to or dealing with the Medicaid office (44 percent) and fears related to immigration consequences (31 percent).

Fortunately, efforts to overcome immigration concerns are underway. In May, 1999, the Clinton Administration announced important new immigration guidelines. These guidelines make clear that the lawful receipt of Medicaid or SCHIP benefits will not be considered in determining whether to grant an application for legal resident status. To get out the word on its new policy, INS is attending community meetings, airing public service announcements, and issuing brochures in many foreign languages. Community groups can download copies of INS brochures from the INS Web site, <http://www.ins.usdoj.gov>.

States also have options that can simplify the process for enrolling farmworker children. Under current law, they can use presumptive eligibility for children, eliminate the request for Social Security numbers from non-applying family members, consider annual income, and institute a mail-in application process (Also see article *Student Volunteers Boost SCHIP Enrollment in NY*).

States can also outstation eligibility workers in community-friendly locations and allocate funds for community-based groups to do outreach. Most importantly, they can consider ways to create state-to-state portability so that farmworker children who are found eligible in one state will be automatically eligible in others.

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