

113TH CONGRESS
2D SESSION

H. R. 4240

To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrant women, men, and families by removing legal barriers to health insurance coverage, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 13, 2014

Ms. MICHELLE LUJAN GRISHAM of New Mexico (for herself, Ms. LEE of California, Ms. NORTON, Mrs. CHRISTENSEN, Ms. FUDGE, Mr. GUTIÉRREZ, Ms. ROYBAL-ALLARD, Mr. VEASEY, Mr. CÁRDENAS, Mr. GRIJALVA, Ms. BROWN of Florida, Mr. HASTINGS of Florida, Ms. LINDA T. SÁNCHEZ of California, Ms. PINGREE of Maine, Ms. SCHAKOWSKY, Mr. VARGAS, and Mrs. NAPOLITANO) 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 immigrant women, men, and families by removing legal 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
4 Act of 2014” or as the “HEAL Immigrant Women and
5 Families Act of 2014”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Insurance coverage reduces harmful health
9 disparities by alleviating cost barriers to and in-
10 creasing utilization of basic preventive health serv-
11 ices, especially among low-income and underserved
12 populations, and especially among women.

13 (2) Based solely on their immigration status,
14 many immigrants and their families face legal re-
15 strictions on their ability to obtain health insurance
16 coverage through Medicaid, CHIP, and Health In-
17 surance Exchanges.

18 (3) Lack of health insurance contributes to per-
19 sistent disparities in the prevention, diagnosis, and
20 treatment of negative health outcomes borne by im-
21 migrants and their families.

22 (4) Immigrant women are disproportionately of
23 reproductive age, low-income, and lacking health in-
24 surance coverage. Legal barriers to affordable health
25 insurance coverage therefore particularly exacerbate
26 their risk of negative sexual, reproductive, and ma-

1 ternal health outcomes, with lasting health and eco-
 2 nomic consequences for immigrant women, their
 3 families, and society as a whole.

4 (5) Denying coverage or imposing waiting peri-
 5 ods for coverage unfairly hinders the ability of immi-
 6 grants to take responsibility for their own health
 7 and economic well-being and that of their families.
 8 To fully and productively participate in society, ac-
 9 cess to health care is fundamental, which for women
 10 includes access to the services necessary to plan
 11 whether and when to have a child.

12 (6) The population of immigrant families in the
 13 United States is expected to continue to grow. In-
 14 deed one in five children in the United States is part
 15 of an immigrant family. It is therefore in the na-
 16 tion's shared public health and economic interest to
 17 remove legal barriers to affordable health insurance
 18 coverage based on immigration status.

19 **SEC. 3. REMOVING BARRIERS TO HEALTH COVERAGE FOR**
 20 **LAWFULLY PRESENT INDIVIDUALS.**

21 (a) MEDICAID.—Section 1903(v)(4) of the Social Se-
 22 curity Act (42 U.S.C. 1396b(v)(4)) is amended—

23 (1) by amending subparagraph (A) to read as
 24 follows:

1 “(A) Notwithstanding sections 401(a), 402(b), 403,
 2 and 421 of the Personal Responsibility and Work Oppor-
 3 tunity Reconciliation Act of 1996, payment shall be made
 4 under this section for care and services that are furnished
 5 to aliens, including those described in paragraph (1), if
 6 they otherwise meet the eligibility requirements for med-
 7 ical assistance under the State plan approved under this
 8 title (other than the requirement of the receipt of aid or
 9 assistance under title IV, supplemental security income
 10 benefits under title XVI, or a State supplementary pay-
 11 ment), and are lawfully present in the United States.”;

12 (2) in subparagraph (B)—

13 (A) by striking “a State that has elected to
 14 provide medical assistance to a category of
 15 aliens under subparagraph (A)” and inserting
 16 “aliens provided medical assistance pursuant to
 17 subparagraph (A)”; and

18 (B) by striking “to such category” and in-
 19 serting “to such alien”; 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)”; and

24 (B) by inserting “or be lawfully present”
 25 after “lawfully reside”; and

1 (C) by inserting “or present” after “law-
2 fully residing” each place it appears.

3 (b) CHIP.—Subparagraph (J) of section 2107(e)(1)
4 of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
5 amended to read as follows:

6 “(J) 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 the enactment of this
12 Act and shall apply to services furnished on or after
13 the date that is 90 days after such date of the enact-
14 ment.

15 (2) EXCEPTION IF STATE LEGISLATION RE-
16 QUIRED.—In the case of a State plan for medical as-
17 sistance under title XIX, or a State child health plan
18 under title XXI, of the Social Security Act which the
19 Secretary of Health and Human Services determines
20 requires State legislation (other than legislation ap-
21 propriating funds) in order for the plan to meet the
22 additional requirements imposed by the amendments
23 made by this section, the respective State plan shall
24 not be regarded as failing to comply with the re-
25 quirements of such title solely on the basis of its

1 failure to meet these additional requirements before
2 the first day of the first calendar quarter beginning
3 after the close of the first regular session of the
4 State legislature that begins after the date of the en-
5 actment of this Act. For purposes of the previous
6 sentence, in the case of a State that has a 2-year
7 legislative session, each year of such session shall be
8 deemed to be a separate regular session of the State
9 legislature.

10 **SEC. 4. REMOVING BARRIERS TO HEALTH COVERAGE FOR**
11 **INDIVIDUALS GRANTED DEFERRED ACTION**
12 **FOR CHILDHOOD ARRIVALS.**

13 (a) IN GENERAL.—For the purposes of eligibility
14 under any of the provisions referred to in subsection (b),
15 individuals granted deferred action under the Deferred Ac-
16 tion for Childhood Arrivals process of the Department of
17 Homeland Security, as described in the memorandum of
18 the Secretary of Homeland Security on June 15, 2012,
19 shall be considered lawfully present in the United States.

20 (b) PROVISIONS DESCRIBED.—The provisions de-
21 scribed in this subsection are the following:

22 (1) EXCHANGE ELIGIBILITY.—Section 1311 of
23 the Patient Protection and Affordable Care Act (42
24 U.S.C. 18031).

1 (2) REDUCED COST-SHARING ELIGIBILITY.—
2 Section 1402 of the Patient Protection and Afford-
3 able Care Act (42 U.S.C. 18071).

4 (3) PREMIUM SUBSIDY ELIGIBILITY.—Section
5 36B of the Internal Revenue Code of 1986.

6 (4) MEDICAID AND CHIP ELIGIBILITY.—Titles
7 XIX and XXI of the Social Security Act, including
8 under section 1903(v) of such Act (42 U.S.C.
9 1396b(v)).

10 (c) EFFECTIVE DATE.—

11 (1) IN GENERAL.—Subsection (a) shall take ef-
12 fect on the date of the enactment of this Act.

13 (2) TRANSITION THROUGH SPECIAL ENROLL-
14 MENT PERIOD.—In the case of an individual de-
15 scribed in subsection (a) who, before the first day of
16 the first annual open enrollment period under sub-
17 paragraph (B) of section 1311(c)(6) of the Patient
18 Protection and Affordable Care Act (42 U.S.C.
19 18031(c)(6)) beginning after the date of the enact-
20 ment of this Act, is granted deferred action de-
21 scribed in subsection (a) and who, as a result of
22 such subsection, qualifies for a subsidy described in
23 paragraph (2) or (3) of such subsection, the Sec-
24 retary of Health and Human Services shall establish
25 a special enrollment period under section

1 1311(c)(6)(C) of such Act during which such indi-
2 vidual may enroll in qualified health plans through
3 Exchanges under title I of such Act and qualify for
4 such a subsidy. For such an individual who has been
5 granted deferred action as of the date of the enact-
6 ment of this Act, such special enrollment period
7 shall begin not later than 90 days after such date
8 of enactment. Nothing in this paragraph shall be
9 construed as affecting the authority of the Secretary
10 to establish additional special enrollment periods
11 under section 1311(c)(6)(C) of the Patient Protec-
12 tion and Affordable Care Act (42 U.S.C.
13 18031(c)(6)(C)).

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