

# Congress of the United States

Washington, DC 20515

December 15, 2012

The Honorable Barack Obama  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Dear President Obama,

As members of Congress, many of us from the Congressional Black, Hispanic, Asian Pacific American and Progressive Caucuses, we congratulate you on your re-election and thank you for taking the bold step of implementing the Deferred Action for Childhood Arrivals (DACA) policy. Already this considered action has begun to enable thousands of young aspiring Americans to live without fear of deportation and to begin giving back to their communities and our country. A critical first step on the path to reforming our broken immigration system, DACA is dramatically improving the lives of these young people and their families.

DACA has attracted a high number of applicants to date and is strongly supported by the communities we represent. However, we are deeply concerned about the Department of Health and Human Services' (HHS) decision to issue an Interim Final Rule that will explicitly exclude youth granted deferred action under DACA from key features of the Affordable Care Act (ACA), including participation in the state health insurance exchanges. We believe this rule-making process offered an opportunity for the Department to enable these young people—Americans in every respect except on paper—to access the same range of health care options as the citizens they hope to one day become. Instead, they will be barred even from purchasing coverage in these markets with their own money. Disconcertingly, HHS has also taken action to prevent children and pregnant women who benefited from DACA from securing affordable health insurance under the state option available in Medicaid and the Children's Health Insurance Program (CHIP). Prior to this August 28, 2012 HHS guidance, federal rules would have allowed DACA individuals, like others granted deferred action, to enroll in these affordable health coverage programs if otherwise eligible.

The Department's stated explanations for taking these actions is that the decision to implement the DACA policy was not motivated by a desire to make these deserving young people eligible to secure affordable health insurance. That may be true, but it also is entirely beside the point. Indeed, until the Department decided to carve out DACA beneficiaries they were covered like all other persons who have been granted deferred action for reasons that have absolutely nothing to do with the government's desire to ensure that they have access to affordable health insurance. Nevertheless, that is one of the many things that follows from that grant of deferred action. There is no principled reason to treat differently young people who received deferred action through DACA and any other person who has received deferred action. The unfairness of singling out DACA beneficiaries is also clear when you consider that many of them will now be studying alongside students with nonimmigrant visas who have not been excluded from the ACA.

The relevant questions in deciding whether to reconsider the Department's recent actions are whether those actions advance the goals of the ACA and whether they are beneficial to the American people. The answer to those questions is decidedly no. First, they interfere with the cost-effective strategy of including healthy and young individuals in the nation's risk pool. With up to 1.7 million immigrants potentially benefiting from deferred action under DACA, there are significant costs to leaving immigrants uninsured if they are unable to afford health care on their own, particularly if they turn to hospital emergency rooms and public safety net hospitals for care—ultimately driving up costs in the long run. Second, the actions also run counter to the basic notion that by enabling people to access simple preventative care we can lower long-term costs and improve health care outcomes. Third, by precluding more people from gaining coverage, the Department's decisions could have negative public health implications. As you know, illness does not discriminate on the basis of documentation or legal status.

We look forward to working with you to reform our broken immigration system so that newly classified immigrants can become full participants in our society, including having access to affordable health care through the ACA. In the meantime, we strongly urge your administration to take the necessary steps to enable these young people who are American in every way but on paper to obtain the basic coverage and care they so clearly need and deserve. We remain committed to ensuring that the Affordable Care Act achieves its goals and hope that we can continue working together to empower immigrant youth to realize their full potential.

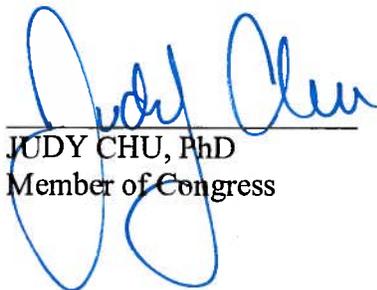
Sincerely,

Cc:

The Honorable Kathleen Sebelius, Secretary, U.S. Dept. of Health and Human Services  
Alejandro Mayorkas, Director, USCIS  
Valerie Jarrett, Senior Advisor to the President of the United States  
Cecilia Munoz, Director, White House Domestic Policy Council  
Jon Carson, Director of the Office of Public Engagement, White House  
Cindy Mann, Director, Center for Medicaid and State Operations

  
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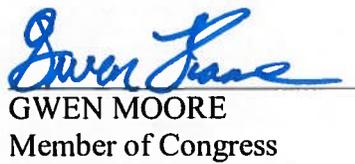
  
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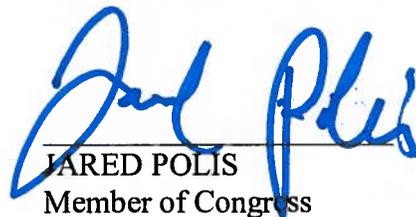
  
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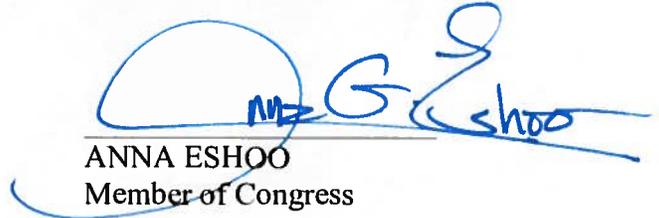
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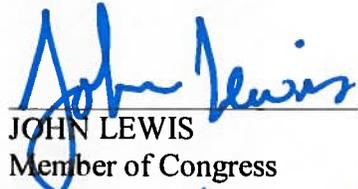
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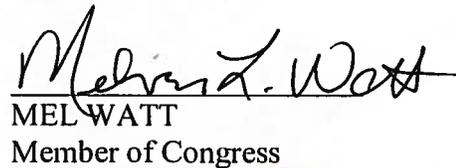
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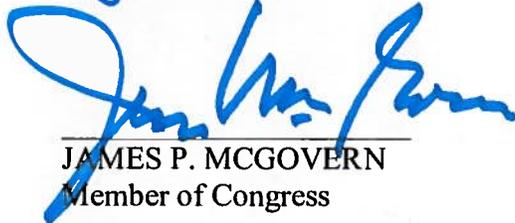
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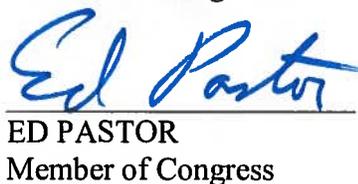
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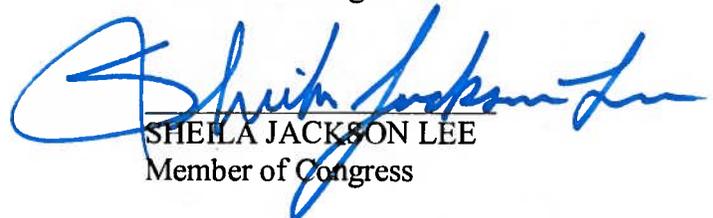
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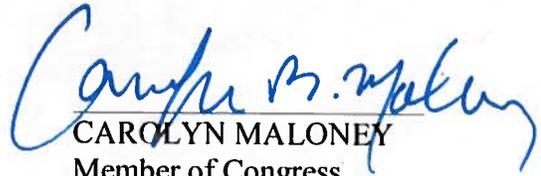
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