



ADVOCATES FOR
COMMUNITY
HEALTH

June 23, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9894-P
P.O. Box 8016
Baltimore, MD 21244-8016.

RE: File Code CMS-9894-P: Clarifying Eligibility for a Qualified Health Plan Through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children's Health Insurance Programs

Sent via electronic transmission at regulations.gov

Dear Administrator Brooks-LaSure,

Advocates for Community Health (ACH) writes today to support the Center for Medicaid and Medicare Services' (CMS) proposal to modify the definition of "lawfully present" to include Deferred Action for Childhood Arrivals (DACA) recipients and thus expand access to health coverage to about 129,000 uninsured people.

ACH is a membership organization comprised of leading federally qualified health centers (FQHCs) focused on health equity and innovation to drive health care systems, policies, and health programs. Our members serve over two million people and provide high-quality, comprehensive primary health care, mental health services, preventive care, and social services to patients most in need.

ACH appreciates the opportunity to comment on [CMS-9894-P: Clarifying Eligibility for a Qualified Health Plan Through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children's Health Insurance Programs](#). The proposed rule would modify the definition of "lawfully present" and expand federal health insurance eligibility to DACA recipients, including Medicaid, CHIP, Marketplace qualified health plans, and Basic Health Plans.

DACA recipients follow procedures as set forth by 8 CFR 236.22 and 236.23 that allows them certain protections, including to work legally in the US.¹ Many DACA recipients reside in ACH member states, including California, Texas, Florida, and New York, and over half of all 580,000 DACA recipients are 21-30 years old.²

¹ <https://www.uscis.gov/DACA>

² https://www.uscis.gov/sites/default/files/document/data/Active_DACA_Recipients_Dec_FY23_qtr1.pdf

Unfortunately, the DACA population is more likely to be uninsured compared to the general population, and states vary in availability of health insurance coverage for this small population.³ The National Immigration Law Center states that over a quarter of DACA recipients do not have health insurance, and almost half continue facing access barriers for mental or behavioral health treatment.⁴

ACH applauds your sentiment in a recent press release, “CMS is committed to making sure people have the affordable, high-quality health coverage they need.”⁵ Access to health insurance coverage increases opportunities for access to care and research has shown time and again that health insurance coverage improves access to preventive services and health outcomes.

Therefore, ACH supports the proposals to modify the definition of “lawfully present” to include DACA recipients and thus increase health care access to about 129,000 uninsured DACA recipients.⁶ This proposal encourages greater equity in our health care system, a key ACH priority, and will help ensure people from this underserved population can access the care they need.

Again, ACH thanks CMS for the opportunity to provide comments on this proposed rule. For more information, please contact me at apearskelly@advocatesforcommunityhealth.org or direct your staff to contact Stephanie Krenrich, our Senior Vice President of Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,



Amanda Pears Kelly
Chief Executive Officer

³ KFF analysis of 2022 Current Population Survey Annual Social and Economic Supplement (ASEC) and report at <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-deferred-action-for-childhood-arrivals-daca/>

⁴ https://www.nilc.org/wp-content/uploads/2023/05/NILC_DACA-Report_2023.pdf

⁵ <https://www.cms.gov/newsroom/press-releases/hhs-takes-additional-action-keep-people-covered-states-resume-medicaid-chip-renewals>

⁶ Dizioli, Allan and Pinheiro, Roberto. (2016). Health Insurance as a Productive Factor. Labour Economics. <https://doi.org/10.1016/j.labeco.2016.03.002>.