



## REPRODUCTIVE RIGHTS &amp; HEALTH

## IF YOU CARE ABOUT IMMIGRATION, YOU SHOULD CARE ABOUT REPRODUCTIVE

Everyone, regardless of immigration status, needs to be able to make decisions about their bodies, health, sexuality, and family with dignity and autonomy. This requires that they have access to comprehensive health care, including preventive and reproductive health care. But policies and practices that target some women simply because they are immigrants – even if they are lawfully present in the U.S. – make it harder for immigrant women to access health care.

Laws and policies that keep women from accessing reproductive health care exacerbate health disparities and undermine public health, making it harder to achieve real reproductive justice. Immigrant women of reproductive age are more likely than U.S.-born women to go without sexual or reproductive health care. Only about half of immigrant women at risk for unintended pregnancy received contraceptive care in the last year. In contrast, two-thirds of U.S.-born women received contraceptive care.<sup>1</sup> Immigrant women have higher rates of unintended pregnancy.<sup>2</sup> Immigrant women are less likely to receive cervical cancer screening,<sup>3</sup> which has serious consequences for immigrant women's health. For example, Asian and Pacific Islander, and Latina immigrant women have higher rates of cervical cancer and higher rates of death caused by cervical cancer because of low access to preventative care and screening.<sup>4</sup>

In order to achieve reproductive justice, women must be able to make their own reproductive health decisions. Progressive immigration policy must therefore recognize the reproductive health needs of all women, regardless of their immigration status.

### Laws That Limit Immigrants' Access to Health Insurance

Health insurance coverage plays a key role in increasing access to health care services, especially for low-income women.<sup>5</sup> Yet, in 2015, almost 18 percent of all immigrants were uninsured. In contrast, 8 percent of U.S.-born individuals were uninsured.<sup>6</sup> This rate was even higher for women of reproductive age (18-54), of which 27 percent of noncitizen immigrants were uninsured, compared with 10 percent of naturalized citizen immigrants and 10 percent of U.S.-born women.<sup>7</sup> Immigrants are more likely than U.S.-born citizens to work in low-wage jobs that do not offer employer-sponsored health insurance.<sup>8</sup> But that only accounts for part of the disparity. In addition, several policies limit access to federal health insurance programs for immigrants, even those lawfully present.

Immigrants lawfully present in the U.S. are barred from participating in Medicaid and the Children's Health Insurance Program (CHIP) during the first five years they have lawful status.<sup>9</sup> Limited exceptions to this five-year ban have been made for lawfully present, low-income pregnant women and children. The Children's Health Insurance Program Reauthorization Act of 2009 allows the states to offer federal Medicaid and CHIP coverage to lawfully present pregnant women and children, regardless of how long they have been in the U.S.<sup>10</sup> As of September 2016, 9 states offer this coverage to lawfully present immigrant children only, 1 state offers this coverage to lawfully present pregnant immigrant women only, and 21 states and the District of Columbia offer this coverage to both lawfully present immigrant children and pregnant women.<sup>11</sup> Under the Affordable Care Act (ACA), most lawfully present immigrants are eligible to purchase private insurance and receive subsidies to make this coverage affordable.<sup>12</sup>



Although the ACA expanded access to affordable health insurance for millions of individuals and families, undocumented immigrants were specifically left out.

The ACA prohibits undocumented immigrants from purchasing private coverage in the marketplaces—even if they pay the full cost without help from the government.<sup>13</sup> Young immigrants allowed to legally remain in the United States under the Deferred Action for Childhood Arrivals (DACA)<sup>14</sup> program are also ineligible to purchase private coverage in the health insurance marketplaces, with or without federal subsidies.<sup>15</sup>

Further, unlike lawfully present immigrants, who are eligible for Medicaid and CHIP after five years, undocumented immigrants and those with DACA status are completely banned from these programs. A narrow exception, created by a 2002 CHIP rule, allows states to offer federal CHIP coverage for prenatal care to low-income women – regardless of immigration status.<sup>16</sup> As of December 2015, only 16 states and the District of Columbia provided this coverage.<sup>17</sup> Beyond this narrow exception, undocumented immigrants can only receive health insurance assistance if their state uses state-only funded programs to increase insurance access for undocumented immigrants. Unfortunately, only 10 states and the District of Columbia offer any kind of health benefits to undocumented immigrants through state-funded programs.<sup>18</sup>

Federal lawmakers have introduced the Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act,<sup>19</sup> which would restore Medicaid and CHIP eligibility for lawfully present immigrants by removing the five year ban. It would also remove the complete ban on Medicaid and CHIP eligibility for those with DACA status, and allow them to purchase private insurance and receive subsidies to make that coverage affordable. Policies that promote access to affordable health insurance increase both the physical and economic health of immigrant families, and allow them to take responsibility for their futures. Beyond individual prosperity, community prosperity depends upon every individual to protect the public health. In order to achieve this goal, access to affordable health insurance for all individuals, regardless of immigration status, must be improved.

### **Immigration Policies That Deter Utilization of Health Care Services**

In addition to the laws that limit immigrants' health insurance access, anti-immigrant and nativist bias, often focusing on fears that immigrants have too many children, impairs efforts to ensure affordable health care access for immigrants. This bias can lead to the passage of harsh anti-immigrant policies, which may deter individuals from seeking the care they need, even if they have insurance coverage.<sup>20</sup>

Both state and federal legislators have introduced legislation seeking to target immigrant women's child bearing. For instance, the federal Birthright Citizenship Act of 2013<sup>21</sup> sought to deny automatic citizenship at birth to children born in the U.S. to parents who are not citizens or permanent resident aliens.<sup>22</sup> Anti-immigrant bias like this ultimately leaves all communities with higher costs and worse health outcomes.<sup>23</sup>

States have also passed anti-immigrant laws to discourage immigrants from seeking care. Often, the laws allow for "profiling" of individuals based on how they look or sound. An Arizona law, for example, allows police to determine the immigration status of someone arrested or detained when there is "reasonable suspicion" they are in the U.S. illegally.<sup>24</sup> Five copycat laws were also passed in Alabama, Georgia, Indiana, South Carolina, and Utah.<sup>25</sup> These laws stand in the way of immigrants' health care access. After enactment of Arizona's law, immigrant women in Arizona reported that they were discouraged from seeking healthcare for themselves and their families out of fear that they will have to present documentation or face the threat of deportation.<sup>26</sup>

Even in the absence of specific state laws, fears of deportation still deter some immigrant women from seeking care, and for good reason. In 2015, while waiting for a routine appointment with her usual gynecologist, a woman in Texas was escorted to an exam room where she was met, not by her doctor, but by law enforcement deputies. She was then arrested, handcuffed, and publicly marched through the clinic waiting room where her children were sitting. This public arrest was all because clinic staff suspected her identification, presented in order to receive care, was fake.<sup>27</sup> Arrests like this create mistrust between medical providers and their patients, deterring women from receiving care they desperately need – such as breast and cervical cancer screenings – threatening their lives and wellbeing.

### **Cultural and Linguistic Barriers to Quality Care**

Language and cultural differences between patients and providers can impede access to health care. High-quality provision of health care services requires providers and patients to discuss health problems, symptoms, and proper treatments. Communication problems during this process can lead to misunderstandings, errors in diagnoses and treatment, and lower satisfaction in the quality of care.<sup>28</sup>

Furthermore, language barriers can deter individuals from seeking care at all: Latino parents cited language problems as the number one barrier in seeking health care for their children.<sup>29</sup> Although federal law requires health care providers to provide services on a "nondiscriminatory basis"<sup>30</sup> and to provide language assistance for patients with limited English proficiency,<sup>31</sup> many are still unable to get access to translators



or providers who speak their language.<sup>32</sup>

Culturally competent health care requires clinicians to provide quality services regardless of race, ethnicity, national origin, or gender.<sup>33</sup> Tools such as interpreter services and culturally educated staff can help to ensure culturally competent care to adequately address immigrants' health needs.

### **Denials of Comprehensive Health Care in Detention**

Over 440,000 immigrants are currently housed in civil immigration detention centers and because of the expansion of the immigration enforcement system, in county and city jails.<sup>34</sup> Women in detention often have a particularly hard time obtaining reproductive health care. They have been denied basic health care including treatment of HIV/AIDS, pregnancy care, abortion, and feminine hygiene products.<sup>35</sup> Some immigrant women in detention have even been forced to give birth while shackled.<sup>36</sup> Just like anyone else, individuals in civil detention deserve humane conditions and need access to health care.

Minors who entered the country without an adult may also

struggle to obtain reproductive health care. In 2016, the U.S. Customs and Border Protection reported that it has apprehended nearly 60,000 unaccompanied children at the southwest border this year.<sup>37</sup> These unaccompanied minors receive housing, care, and other services from private organizations that have contracts with the federal government.<sup>38</sup> Unfortunately, some of these organizations have denied girls necessary reproductive health care services such as emergency contraception, birth control, abortion care, STI treatment, and pregnancy care because they have a religious or moral objection to providing the care. Some religiously affiliated organizations have even refused to provide referrals for or arrange transportation to reproductive health care services for unaccompanied minors.<sup>39</sup>

Women and unaccompanied minors in detention are particularly vulnerable to denials of necessary reproductive health care because they likely have no way to receive services other than from the centers and organizations that house them. But they, just like any other woman or girl, need access to this care, not only for their health, but so that they can plan for their futures with autonomy and dignity.

### **Immigrant Women Deserve Better**

Immigrant women need and deserve access to comprehensive reproductive healthcare. Despite being overrepresented in the U.S. workforce, immigrant women have lower rates of insurance coverage and have a harder time obtaining reproductive health care services. They also have worse reproductive health outcomes than U.S.-born women, including higher rates of unintended pregnancy, cervical cancer, and death from cervical cancer. Federal and state governments should implement policies that improve access to health care for immigrant women, rather than policies that make it harder for immigrant women to obtain health care.

### **How You Can Support Reproductive Justice and Justice for Immigrants**

- Support the HEAL Immigrant Women and Families Act to repeal the five-year Medicaid ban and ensure equal access to federal health care programs for immigrants.
- Continue to challenge the introduction of harsh anti-immigrant laws that deter immigrants from seeking health care.
- Advocate for health care providers in your community to remove barriers to culturally and linguistically competent health-care and health education through the use of in-person or over the phone translators and interpreters at all clinics, hospitals, and other public health locations.
- Promote humane standards for immigrants in civil detention and require adequate provision of health care services, including reproductive health care services.
- Demand that the federal government ensure their sub-contractors are providing all required reproductive health care services to unaccompanied minors in their care.

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