SENATE RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN SERVICES TO STUDY PROVIDING CERTAIN HEALTH INSURANCE COVERAGE FOR ALL CHILDREN AND PREGNANT PERSONS WHO WOULD OTHERWISE QUALIFY FOR COVERAGE IF NOT FOR THEIR IMMIGRATION STATUS.

WHEREAS, it is in the public interest that all pregnant persons and children receive high-quality health care that is accessible, affordable, and equitable; and

WHEREAS, limited access to health care based solely on immigration status results in many immigrants and their families being unable to obtain affordable health care coverage through Medicaid, the Children's Health Insurance Program (CHIP), and health insurance exchanges established under part II of the federal Patient Protection and Affordable Care Act (PPACA); and

WHEREAS, low-income immigrants without prenatal care are seven times more likely to give birth prematurely and five times more likely to experience neonatal death; and

WHEREAS, the average cost of medical care for health problems resulting from premature birth is \$79,000, compared to \$1,000 for a healthy birth; and

WHEREAS, the cost of hospitalizations during a severely premature newborn's first year of life can exceed \$500,000, and the cost of intensive care can exceed \$1,000,000; and

WHEREAS, lack of prenatal care results in health care costs being passed on to taxpayers; and

WHEREAS, low-income immigrant children without access to health insurance face persistent inequities in the prevention, diagnosis, and treatment of health conditions, including routine health problems and those commonly addressed with necessary specialty care and mental health, substance abuse, and oral health services; and

WHEREAS, children with special needs, including difficulties with hearing, vision, mobility, self-care, cognitive function, and work limitations, may qualify for Medicaid through various disability-related pathways; and

WHEREAS, a 2021 study published in Academic Pediatrics found that for each dollar spent on children through Medicaid, the government saved \$4 on future costs, including hospitalizations and emergency visits, and when the benefits to children themselves are included, each dollar spent on Medicaid coverage generates at least \$12.66; and

WHEREAS, state and federal laws deny access to Medicaid, CHIP, and health insurance exchanges established under part II of PPACA to all Deferred Action for Childhood Arrivals (DACA) recipients; undocumented persons; and applicants without work authorization attached to the applicant's request for registry, order of supervision, cancellation of removal or suspension of deportation, legalization under the Immigration Reform and Control Act, legalization under the Legal Immigration Family Equity Act, and asylum, except asylee children under fourteen years old; and

WHEREAS, the State is home to an estimated 41,246 undocumented persons; and

WHEREAS, the State's undocumented and DACA-eligible residents were born in the Philippines (54.6 percent); Japan (9.3 percent); China (8.8 percent); Korea (6.2 percent); Mexico (4.6 percent); and Europe, Canada, and other countries (16.5 percent) and paid an estimated \$66,000,000 in federal income taxes and nearly \$32,000,000 in state and local taxes in 2018; and

 WHEREAS, approximately eleven thousand of the State's undocumented persons are uninsured, and many who are insured receive individual and family health insurance through the Prepaid Health Care Act; and

WHEREAS, twenty-five states provide or will soon provide health care coverage for prenatal care for all persons,

regardless of immigration status, and eleven states provide or will soon provide CHIP benefits or coverage similar to Medicaid to all children, regardless of immigration status; now, therefore,

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BE IT RESOLVED by the Senate of the Thirty-second Legislature of the State of Hawaii, Regular Session of 2023, that the Department of Human Services is requested to study providing Medicaid, the Children's Health Insurance Program, or similar health insurance coverage for all children and pregnant persons who would otherwise qualify for coverage under these programs if not for their immigration status; and

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BE IT FURTHER RESOLVED that the study is requested to include the health care opportunities, resources, and costs relating to providing the described coverages; and

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BE IT FURTHER RESOLVED that the Department of Human Services is requested to engage applicable stakeholders in the study, including immigrant health care providers, social service providers, and advocacy groups; and

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BE IT FURTHER RESOLVED that the Department of Human Services is requested to submit a report regarding the findings of the study, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2024; and

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31 32 BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the Governor, Attorney General, Director of Human Services, and President of the Inter-Agency Council for Immigrant and Refugee Services.