Congress of the United States Washington, DC 20515

July 20, 2007

The Honorable John D. Dingell Chairman Committee on Energy and Commerce 2125 Rayburn House Office Building

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce
Subcommittee on Health
237 Cannon House Office Building

The Honorable Joe Barton Ranking Member Committee on Energy and Commerce 2322A Rayburn House Office Building

The Honorable Nathan Deal
Ranking Member
Committee on Energy and Commerce
Subcommittee on Health
2133 Rayburn House Office Building

Dear Chairman Dingell, Ranking Member Barton, Chairman Pallone, and Ranking Member Deal,

As Members of Congress who are committed to improving children's health, we urge you to include the Legal Immigrant Children's Health Improvement Act (ICHIA, S. 764, H.R. 1308) in the reauthorization of the State Children's Health Insurance Program (SCHIP).

ICHIA would allow states the option to provide Medicaid and SCHIP coverage to all eligible children and pregnant women who are <u>legal</u> U.S. residents. Under current federal law, legally present immigrants in the United States who entered the country after August 22, 1996 are barred from enrolling in Medicaid or SCHIP for five years, even if they meet all other eligibility requirements and have no other source of health coverage. This five year bar prevents many children and pregnant women from obtaining essential health care and has led to increased racial and ethnic health disparities.

Before 1996, states had the option to provide Medicaid coverage to this population. However, the Personal Responsibility and Work Opportunity Act of 1996 barred legal immigrants from accessing programs such as Medicaid and food stamps. In 2002, access to food stamps was restored for legal immigrant children, but access to Medicaid and SCHIP remains restricted for these children.

More than 20 states already use their own funds to provide health care to at least some immigrants who are ineligible for Medicaid or SCHIP because of the five year bar. ICHIA would provide significant fiscal relief to states by giving them the option to cover legal immigrant children and pregnant women through existing federal programs.

Despite SCHIP and Medicaid expansions, almost half of low-income immigrant children are uninsured. Lack of access to basic medical care results in expensive subsequent care and further strains our health care system. Covering uninsured children and pregnant women through Medicaid can reduce unnecessary hospitalizations by 22 percent. The children who would benefit from ICHIA are America's future workers and leaders. To deny them health coverage

simply because of the date they arrived in the country is both fiscally unwise and fundamentally unfair.

As Members of Congress who are committed to providing health coverage for children, reducing health disparities, and increasing the enrollment of low-income children in SCHIP and Medicaid, we strongly believe that we must redress the arbitrary exclusion of lawfully residing immigrants from these programs by including ICHIA in SCHIP. We have a historic opportunity improve the lives of millions of children this year, and we look forward to working with you on SCHIP reauthorization to achieve this goal.

Sincerely,

Chlos L. Solis Willen

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