

2/15/2023

Re: Support for MinnesotaCare Immigrant Inclusion, SF896

Dear Chair and members of the committee,

In Minnesota, we believe everyone deserves access to healthcare regardless of race, age, income or zip code. Across the state, we're united by the aspirations we share for ourselves and our families.

People immigrate to the United States for many reasons, and struggle to obtain legal status for many reasons as well. Immigrants without documents are neighbors, families, coworkers, caretakers, and Minnesotans who need health care like everyone else. However, many are excluded from health care coverage that other low-income families and essential workers are eligible for. After the COVID-19 pandemic, we are long overdue to change this.

Three proposals introduced this year would allow undocumented immigrants who meet the other eligibility requirements to enroll in MinnesotaCare and contribute to their coverage at the same affordable premiums paid by other Minnesotans at their income level.

- HF SF 896 Mann, the MinnesotaCare Inclusion Act, removes the ban on MinnesotaCare eligibility for undocumented immigrants.
- HF SF 49 Wiklund, the MinnesotaCare Public Option, section 4 contains the same MinnesotaCare Inclusion provision.
- Governor Walz' budget proposal extends MinnesotaCare coverage to undocumented children.

We ask you to please support proposals to include undocumented immigrants in MinnesotaCare.

According to [2019 estimates](#), 81,000 undocumented immigrants live in Minnesota, representing 16 percent of Minnesota's [immigrant population](#) and 1.4 percent of the [total state population](#). An estimated 30,700 U.S. citizen children in Minnesota have undocumented parents, 2.4% of all children under 18 in the state.

Undocumented immigrants are not eligible for Medicaid, except through Emergency Medical Assistance (EMA) which only covers care provided in an Emergency Department (ED), an inpatient hospital setting resulting from an ED visit, or limited additional services when specifically approved to prevent an emergency condition within 48 hours.

EMA does not cover chronic or non-emergency conditions *even when the long-term effect would be hospitalization or death*. EMA does not cover the primary and preventative services people need to support their wellbeing and ongoing health needs. Although uninsured undocumented immigrants may receive sliding-scale primary care at Federally Qualified Health Centers (FQHCs), there are only 17 FQHCs in Minnesota, 12 of which are in Minneapolis or St. Paul, and there is much essential specialty care they do not provide.

Access to healthcare is a fundamental human right recognized by the United Nations and the World Health Organization. Denying certain immigrants access to healthcare contributes to Minnesota's health inequities. One in three Latina women in Minnesota reported that they could not see a doctor because of costs in 2021. Immigrants receive optimal care and screening at significantly lower rates than U.S. born Minnesotans for a range of conditions including asthma, diabetes, and mental health needs. Latinx Minnesotans' have died of COVID-19 at twice the age-adjusted rate of white Minnesotans and their age-adjusted ICU-admittance rate for COVID-19 is nearly four times higher.

Undocumented Minnesotans contribute heavily to Minnesota's economy. In 2018, undocumented immigrants in Minnesota paid an estimated \$191 million in federal taxes and \$108 million in state and local taxes. Immigrant workers make up more than 1 in 10 Minnesota workers. According to Census Bureau Data, 69% of undocumented immigrants work in front-line jobs considered "essential" during COVID-19, including agriculture, meat packing, grocery, manufacturing, janitorial and cleaning services, security, and construction.

For all of these reasons, many states either include or are considering including low-income undocumented immigrants through state-funded healthcare programs. Eleven states (CA, CT, IL, MA, ME, NJ, NY, OR, RI, VT, WA) and D.C. [already cover](#) undocumented youth with state-only funds. [Five states and the District of Columbia](#) cover some or all age groups of undocumented adults using state-only funds.

We ask you to support the inclusion of undocumented community members in MinnesotaCare this session.

Signed,

The Advocates for Human Rights
Black Immigrant Collective
City of Minneapolis
Council for Minnesotans of African Heritage
Council on Asian Pacific Minnesotans
Immigrant Law Center of Minnesota
ISAIAH
Jewish Community Action
LatinoLEAD
Legal Services Advocacy Project
Minnesota Budget Project
Minnesota Council on Latino Affairs
Minnesota Doctors for Health Equity (MDHEQ)
Mitchell Hamline School of Law - Health Law Clinic
MN Immigrant Movement (MI)

Portico Healthnet

Rural Organizing Project of ISAIAH

TakeAction Minnesota

Unidos MN

Voices For Racial Justice