



COVERING MORE OF MICHIGAN'S CHILDREN: Making the Most of Existing Federal Flexibilities to Remove the Five-Year Waiting Period for Immigrant Children & Pregnant People

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For over a decade, Michigan has had the ability to be more inclusive and enroll thousands more of the state's children in Medicaid and the Children's Health Insurance Program (CHIP) but has not yet opted to do so. Specifically, these children are "lawfully residing," or lawfully present immigrants who meet Medicaid or CHIP state residency and income requirements, yet have lived in the United States for fewer than five years. **With this policy change—called the Immigrant Children's Health Improve Act (ICHIA) option—the state would be able to enroll eligible lawfully residing children in these healthcare programs and receive substantial federal matching funds to do so.**



Learn more about the background, the benefits and the state-level impacts below:

Background

The sweeping 1996 welfare reform law, or the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), placed many federal restrictions on lawfully present immigrants' access to public benefits. One such restriction is the five-year waiting period for Medicaid and CHIP, which prevents certain "qualified" immigrants (a subset of all lawfully present immigrants) who entered the United States on or after August 22, 1996 from enrolling in full-scope Medicaid (as opposed to using emergency Medicaid) until they have lived in the country for five years.

Yet, the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) gave states the ICHIA option to waive the five-year waiting period for Medicaid and CHIP for lawfully residing children (up to 21 years old) and/or pregnant people. Michigan has yet to take up this long-standing option for either children or pregnant people. Michigan's Maternity Outpatient Medical Services (MOMS) program currently provides prenatal care and up to 60 days of postpartum care to Medicaid-eligible pregnant people, regardless of immigration. Given MOMS' reach and funding structure, we focus primarily on using the ICHIA option to extend Medicaid and CHIP to immigrant children sooner, and the impact this policy change would have.

The Benefit

- The ICHIA option would extend Medicaid and CHIP coverage to an estimated **3,000 to 4,000 children who would be newly eligible for these programs without a five-year wait.**
- The ICHIA option would extend coverage to more **Hispanic or Latinx children in Michigan in particular**, because they represent a large share of those who are themselves foreign-born or are a part of immigrant families, are more likely to be income-eligible for Medicaid and CHIP and are more likely to be uninsured than children in other racial groups today.
- The ICHIA option would contribute to a **climate of inclusion and could promote re-enrollment**, particularly after the "public charge"-induced chilling effect. In conjunction with other anti-immigrant policies and regulatory actions, messaging and misinformation about the Trump administration's public charge rule changes led many "mixed immigration status" families with eligible children (citizen children, e.g.) to disenroll in public programs like Medicaid and CHIP because of fears and confusion about the impact on parents who might adjust their immigration status in the future. The rule changes are now rescinded, and Michigan should use all of its existing immigrant-inclusive tools, like the ICHIA option, to implement policies that promote enrollment as we climb toward covering all kids.



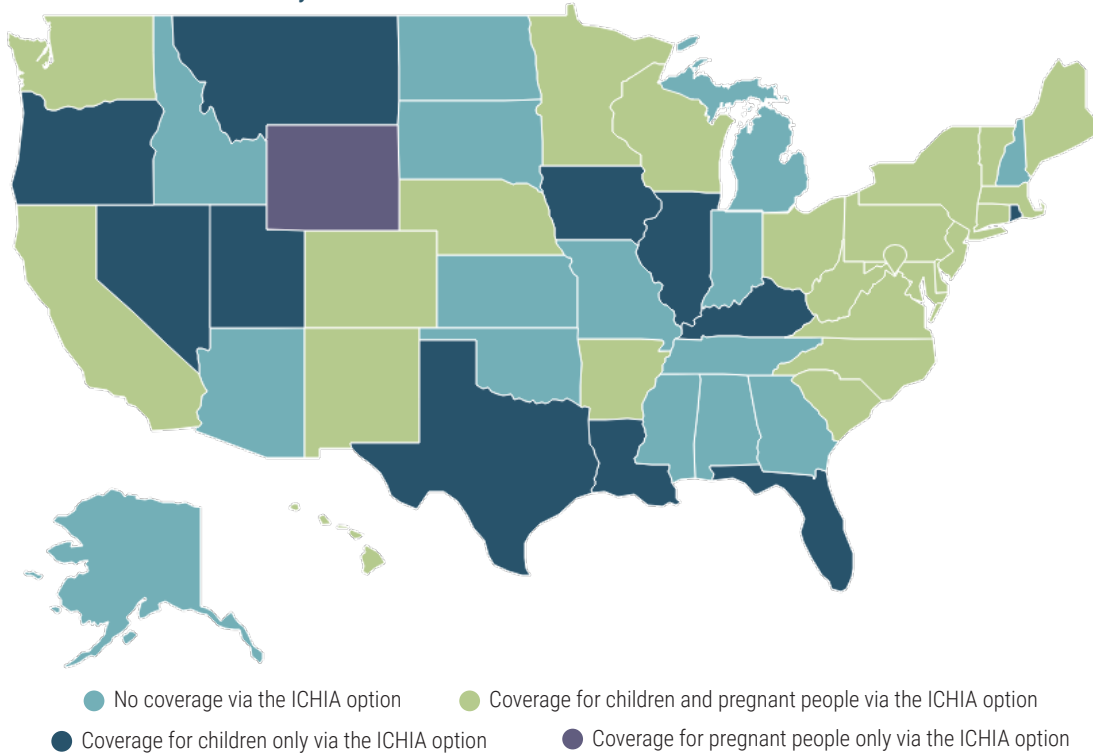
- **The ICHIA option would improve financial stability and healthcare access for immigrant families.** Healthcare coverage through Medicaid and CHIP can lead to consistent, comprehensive care for children and support financial stability for families through low premiums and limited out-of-pocket spending. States that had extended Medicaid and CHIP coverage to lawfully residing children by 2011 saw a nearly 14% decrease in the probability of immigrant children experiencing any unmet need, while also improving access to consistent preventive care.
- Lastly, by using the ICHIA option to **waive the five-year waiting period for pregnant people, Michigan could cement access to future coverage gains for pregnant immigrants**—particularly any Medicaid extensions in postpartum coverage from 60 days to a full year—that may not be guaranteed under current policy.

The State-Level Impacts

- Taking up the ICHIA option to expand healthcare coverage among immigrant children and pregnant people without a five-year wait would align Michigan law with that of most states. In fact, 35 states (including the District of Columbia and six of the eight states in the Great Lakes region) have affirmatively taken up the ICHIA option for children and half of states have done so for pregnant people.



35 other states have adopted the ICHIA option to extend Medicaid and CHIP coverage to lawfully residing immigrant children without a five-year wait.



Source: Kaiser Family Foundation. "State Health Facts: Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women." January 1, 2021. Retrieved from <https://www.kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/>.



- The ICHIA option would bring Michigan closer to covering all children and would have a **limited fiscal impact because the state would receive substantial federal matching funds to cover the cost of care for the targeted population who would gain coverage.** For newly enrolled immigrant children, Michigan would receive matching payments at the Enhanced Federal Medical Assistance Percentage (FMAP) rate for CHIP, meaning the state would be responsible for less than one-fifth of the total cost per child during their first five years in the country. And, for Medicaid postpartum coverage extensions for pregnant immigrants, the state would be matched at the Medicaid FMAP rate.

For more information and sources, see the [full report](#).

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