

To: Michigan House and Senate Appropriations Subcommittees on Health and Human Services Members

From: Monique Stanton, President & CEO, Michigan League for Public Policy on behalf of the 34 undersigned organizations

Date: April 12, 2023

Re: Support for eliminating the five-year waiting period for lawfully residing children and pregnant people, as proposed in FY24 budget recommendation

The Michigan League for Public Policy and the undersigned 34 organizations are pleased to express our support for the elimination of the five-year waiting period for Medicaid and the Children's Health Insurance Program (CHIP) for lawfully residing children and pregnant people in Michigan. As part of the Healthy Moms, Healthy Babies initiative included in Gov. Whitmer's Fiscal Year 2024 proposed budget, this investment will provide lifesaving healthcare coverage to more families sooner.

We also urge consideration of a related opportunity to secure Medicaid postpartum coverage for the remaining individuals excluded from a full year of such coverage in Michigan. Pairing a CHIP Health Services Initiative (HSI) and its associated funding with the state's existing Maternity Outpatient Medical Services (MOMS) program would allow Michigan to provide 12 months of Medicaid postpartum coverage to undocumented MOMS enrollees at minimal additional cost to the state.

Under federal law, lawfully residing immigrants are subject to a five-year waiting period before accessing a number of public programs, including Medicaid and CHIP. Since 2009, states have had the option to remove this waiting period—and receive substantial federal matching funds—for children and pregnant people who would qualify for Medicaid or CHIP save for their immigration status. This policy change is often referred to as the Immigrant Children's Health Improvement Act (ICHIA) option.

Michigan is one of only 15 states that has not yet adopted the ICHIA option to provide coverage to these groups sooner.¹ This policy change will reduce the uninsured rate among noncitizens (a broad group that excludes naturalized citizens) in our state.² Healthcare coverage through Medicaid and CHIP improves financial stability for families, and research has shown that states that removed the five-year waiting period decreased the probability of immigrant children experiencing unmet healthcare needs and improved access to consistent preventive care.³

The governor's proposed Fiscal Year 2024 budget includes a \$32.1 million gross (\$6.4 million general fund) investment to adopt this state policy change. The ICHIA option would extend health insurance coverage to an estimated 3,000 to 4,000 lawfully residing children.⁴ The policy change would also impact pregnant people. Many of the approximately 5,500 pregnant and postpartum individuals served by the more limited MOMS program would instead be provided comprehensive coverage during their

¹ "Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women," Kaiser Family Foundation, January 1, 2023,

https://www.kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/.

² Simon Marshall-Shah, "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," Michigan League for Public Policy, November 2021, https://mlpp.org/covering-more-of-michigans-children/.

³ Brendan Saloner et al., "Coverage For Low-Income Immigrant Children Increased 24.5 Percent In States That Expanded CHIPRA Eligibility." *Health Affairs* 33, no. 5 (2014): 832–839, https://doi.org/10.1377/hlthaff.2013.1363.

⁴ Marshall-Shah, "Covering More of Michigan's Children," ibid.



pregnancy and through 12 months postpartum. Critically, adopting and funding the ICHIA option would ensure that Michigan's approved April 2022 extension of Medicaid postpartum coverage from 60 days to a full year would be available to all eligible lawfully residing immigrants.

However, without further action, Michigan's policy of extended Medicaid postpartum coverage will not apply to undocumented individuals. Postpartum people without access to affordable and robust healthcare may have unmet physical and mental health needs that impact not only their health but also that of their newborn children. In Michigan, 70% of pregnancy-associated maternal deaths⁵ occur after 43 days postpartum. Michigan's existing Medicaid postpartum coverage includes benefits that can help address these health needs, including postpartum home visits, substance use disorder benefits and postpartum depression treatment.

CHIP Health Services Initiatives (HSIs) support a broad range of public health-related activities and child-focused services. Michigan currently utilizes HSIs to support the Michigan Regional Poison Control Center and to provide lead abatement services. Michigan should design a new HSI to provide 10 months of Medicaid postpartum coverage to individuals who are currently excluded from this policy due to immigration status.⁶ Illinois, Minnesota and California have all successfully utilized HSIs in this way.

Removing the five-year waiting period will reduce enrollment and state expenditures for the MOMS program, as well as potential costs associated with implementing this new HSI. **Michigan has HSI funding available in its CHIP allotment, which may be enough to cover the cost without additional state dollars.** We urge the subcommittee and interested legislators to work with the Michigan Department of Health and Human Services to learn the funding amount available for a new HSI to accurately assess total state costs to establish more inclusive Medicaid postpartum coverage.

The League and the 34 undersigned organizations appreciate the work that you do to improve the health and well-being of Michigan families. We look forward to working with you to secure these investments in maternal and child health.

If you have any questions or wish to discuss these recommendations in greater detail, please contact Rachel Richards, League Fiscal Policy and Government Relations Director, at rrichards@mlpp.org and Simon Marshall-Shah, League Policy Analyst, at smarshall-shah@mlpp.org. Thank you for your consideration.

Sincerely,

Michigan League for Public Policy ACCESS (Arab Community Center for Economic and Social Services) African Bureau for Immigration and Social Affairs (ABISA) American Civil Liberties Union of Michigan

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⁵ Pregnancy-associated deaths are those that occur while a person is pregnant or within one year of the end of a pregnancy due to a cause unrelated to pregnancy.

⁶ Simon Marshall-Shah, "From Two Months to Twelve: Providing a Full Year of Medicaid Postpartum Coverage, Regardless of Immigration Status," Michigan League for Public Policy, February 2023, https://mlpp.org/from-two-months-to-twelve-providing-a-full-year-of-medicaid-postpartum-coverage-regardless-of-immigration-status/.

⁷ Ibid.



APIA Vote-Michigan Birth Detroit Buenos Vecinos Burma Center

Community Mental Health Association of Michigan

Corner Health Center

Distill Social

Dominican Sisters ~ Grand Rapids

Fems For Democracy

Hispanic Center of Western Michigan

Inquilla Law

Jewish Family Services of Washtenaw County

Justice for Our Neighbors Michigan

Michigan Association for Local Public Health

Michigan Coalition for Reproductive Liberation

Michigan Council for Maternal and Child Health

Michigan Immigrant Rights Center

Michigan Organization on Adolescent Sexual Health (MOASH)

Michigan Poverty Law Program

Michigan Primary Care Association

Michigan Unitarian Universalist Social Justice Network

Michigan United

Native Justice Coalition

Northland Family Planning Clinics

Planned Parenthood Advocates of Michigan

School Community Health Alliance of Michigan

State of Birth Justice

The Women's Center of Southeastern Michigan

Think Babies Michigan

Washtenaw Health Plan

YWCA Kalamazoo

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