Deferred Action for Childhood Arrivals (DACA) Fact Sheet

March 5, 2018

Community Health Centers

California's Community Health Centers provide high-quality comprehensive care to 6.5 million people – that's 1 in 6 Californians. A hallmark of health centers is their commitment to delivering culturally and linguistically appropriate care to all patients. A principle particularly important for the 35 percent of patients whose primary language is not English and the 70 percent of patients with diverse backgrounds.

The DACA Program

In response to the failure of the DREAM Act legislation to pass both houses of Congress, President Obama initiated the immigration policy known as the Deferred Action for Childhood Arrivals (DACA) in 2012. DACA provides a 2-year deferment from deportation actions and provides eligibility for a work permit.

To qualify for DACA, recipients must have completed high school (or its equivalent) or be in the process to obtain their high school diploma / GED. To be granted DACA status, applicants cannot be convicted of a felony, a significant misdemeanor, three or more other misdemeanors, and cannot otherwise pose a threat to national security or public safety.

DACA has changed the lives of nearly 800,000 young people who have lived in the United States since their childhood, allowing them to work and study in order to contribute to their families and communities after paying a fee and passing rigorous background checks. The Center for American Progress reported that 97 percent of DACA recipients are working or are in school, and among those currently in school, 72 percent are pursuing a bachelor's degree or higher.

Despite the success of the DACA Program, on September 5, 2017, Attorney General Jeff Sessions announced that the Trump administration was rescinding the DACA program via a "phase out." This change in federal policy will affect the lives of nearly 223,000 DACA recipients in California, potentially endangering their ability to continue their education, careers, and lives with their families.

DACA and Health Centers

Health centers are proud employers of DACA recipients. Because health centers strive to deliver culturally competent and linguistically appropriate care employing DACA individuals helps to build trust with our diverse patients and deliver health care in the most appropriate manner.

The DACA program has also been particularly important to health centers because of the grave primary care workforce crisis in California. Employing DACA recipients helps to ensure health center patients, some of which are DACA recipients themselves, can be provided timely access to care.

The Problem

The loss of young DACA recipients will have a detrimental impact on California's health care workforce, and exacerbate the dearth of skilled, multi-lingual personnel.

The health sector employs a significant number of workers born abroad. Revoking the ability of current DACA recipients to renew their deferrals would force health centers into the difficult and extremely costly position of having to fire productive employees only because of an arbitrary change in federal policy.

Additionally, providers have noticed an increase in anxiety and depression within our DACA patients who live under constant stress of not knowing if they will lose their ability to work and live in the United States.

Our Position

Everyone should have the right not only to access health care, but to be provided services in a manner that is culturally and linguistically appropriate. DACA recipients are vital members of our communities and workforce, and it is to our nation's benefit to provide them a path to citizenship.

Request

We urge our Congressional leaders to pass legislation that would create a path to citizenship for our DREAMers as soon as possible.

FOR MORE INFORMATION
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Deferred Action for Childhood Arrivals (DACA) Talking Points

March 5, 2018

- The Deferred Action for Childhood Arrivals (DACA) program has changed the lives of nearly 800,000 young people who have lived in the United States since their childhood, allowing them to better contribute to their families and communities.

- Medical students and residents with DACA status (also known as DREAMers) represent an important segment of the U.S. population, and their participation in our health care workforce will benefit all U.S. patients.

- As a health system that is committed to speaking their patients' languages, honoring their traditions, and valuing their experiences, health centers rely on healthcare providers and staff who themselves are immigrants, including many who have work permits under the DACA\ program.

- Our DACA patients are increasingly in need of mental health services to help address the anxiety and depression they are feeling due to not knowing if they will be allowed to legally reside in the United States.

- DACA patients have expressed concerns and fears of losing their legal status and losing their ability to work and live in the United States, the only country they've really known.

- California is already experiencing a severe shortage of health care providers and any changes to current visa and work permit rules could further hamper health centers' ability to serve their patients.

- Revoking the ability for current DACA recipients to renew their deferrals would force health centers into the impossible and extremely costly position of having to terminate productive employees for no other reason than an arbitrary change in federal policy.

- Ending DACA would be especially hard on California, as the state is home to nearly 223,000 DACA recipients - the highest in the nation.

- Ending DACA would remove an estimated 685,000 workers from the nation's economy and would result in a loss of $460.3 billion from the national GDP over the next decade.
    - According to the Center for American Progress, ending DACA would cost California more than $11.6 billion in annual GDP losses.
    - In Los Angeles County alone, there are about 48,000 children who would be eligible for DACA in the future.

- We remain committed to providing care to everyone and urge our Congressional leaders to pass legislation that would create a path to citizenship for our DREAMers as soon as possible.

If you have any question please contact Liz Oseguera, liz@healthplusadvocates.org

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Public Charge Fact Sheet

March 5, 2018

Community Health Centers

California's Community Health Centers provide high-quality comprehensive care to 6.5 million people – that's 1 in 6 Californians. For decades, community health centers have provided care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances.

Overview: Current Public Charge Law

"Public charge" is a term used in immigration law to describe an individual who is likely to become dependent on the government. When determining if a person is likely to become a public charge, the government must look at a variety of factors, including age, health, income, family size, public assistance received, and education level. At the moment, the only public assistance that can be considered when determining if a person will become a public charge is cash assistance and assisted long-term care, such as Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI).

Depending on a person's immigration status, the Department of Homeland Security or U.S. State Department Consular officers abroad can refuse to let someone enter the U.S., re-enter the U.S., or become a lawful permanent resident if they think this person will not be able to support themselves without receiving assistance from the government. Currently, the public charge determination is *NOT* taken into consideration for immigrants who are already in the United States and are applying to become U.S. citizens. Public charge is only considered for those entering or reentering into the U.S. or those already here looking to apply for lawful permanent residency (i.e. applying for a green card). In general, people who are undocumented cannot apply to become a legal permanent resident.

Public charge does not apply to: Refugees, asylees, survivors of domestic violence, and victims of trafficking or other serious crimes, special immigrant juveniles, temporary protected status (TPS) and certain other groups.

The Problem

The Trump Administration has shown interest in broadening the definition of public charge to include public benefit programs, such as Medicaid, Children's Health Insurance Program (CHIP), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

This change would be devastating to immigrants and immigrant communities, increasing fear and anxiety that could ultimately deter many from accessing public programs for which themselves and their children are legally eligible for, regardless of whether they are directly affected by the policy change or not.

Because of the rumors of public charge and the overall climate of fear, health centers are seeing patients cancel their medical appointments and question whether to enroll into public benefit programs (like Medicaid) for which they are legally eligible, putting their health and the health of their communities at risk.

Changes to the public charge rule to include health coverage programs could increase the number of individuals without insurance because immigrants who have any current or future plans to seek legal permanent residency will be discouraged from utilizing programs like Medicaid and CHIP.

Our Position

CaliforniaHealth+ Advocates believes everyone should have the right to access health care, regardless of their immigration status. California has worked hard to protect our immigrant communities, and changes to the public charge rule could undermine these protections.

For these reasons we **strongly oppose** any change to the public charge rule that would hinder our patients' ability to access health care services.

FOR MORE INFORMATION

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Public Charge Talking Points

March 2, 2018

- For decades, community health centers have provided care to everyone, regardless of ability to pay, their immigration status, or their individual circumstances. Our goal is a healthy community and that requires universal access to healthcare services.

- Changes to public charge will unfairly target groups of immigrants and increases their fear of not being able to adjust their immigration status and even deportation, which may deter them from enrolling in programs, seeking health care services and accessing other public benefits for which they are legally eligible.

- Current laws already bar immigrant access to many public benefits.
    - These laws prohibit undocumented immigrants from accessing federal benefits and bar green card holders from accessing federal benefits during the first five years they are in the country.

- Changes to the public charge rule would directly impact community health centers and their patients.

- When immigrant families no longer enroll in public benefits, people will need to rely on state/ local public health and other under-resourced systems which will come at a significant cost to states
    - Great example of this would be increased utilization of emergency rooms as a form of primary health care.

  Changes to the public charge rule will impact the health, education, development and well-being of U.S. citizen children who belong to mixed-status households.

- Not only will the expansion of public charge deter many immigrants from accessing public programs, but it will deter parents from enrolling their children, including children with legal immigrant status, in services for which their legally eligible for.

- If we want our communities to thrive, all of the families in those communities must be able to get the care and services they need.

- Expanding the definition of public charge could undermine California's legislative strides to expand state-based public benefits and services, to ALL, regardless of immigration status. A great example being the expansion of Medicaid for all children 0-19, regardless of immigration status.

- At this time of rising national division, health centers are proud to stand with our immigrant communities and re-affirm our commitment to valuing and protecting the health rights of our immigrant patients.

- We remain committed to providing care to everyone and will fight for policies that ensure community health centers are safe places to receive care and will continue to advocate against the expansion of public charge.

For questions, contact Liz Oseguera at Liz@healthplusadvocates.org.

Women's Health Care Under Attack
Fact Sheet

March 5, 2018

Community Health Centers

California Health+ Advocates represents a diverse range of community health centers throughout California. California's Health Centers provide high-quality comprehensive care to 6.5 million people – that's 1 in 6 Californians. We feel strongly that Californians should be able to receive care at the provider of their choice, particularly in the case of sensitive specialized care like reproductive health care.

Background: ACA Enhanced Women's Access to Health Care

The ACA made dramatic changes to health care coverage for women. These changes include:

- Preventing insurers from charging women higher premiums than men for health insurance.
- Mandating coverage of essential health benefits, including maternity care and contraceptive coverage.
- Mandating contraceptive coverage with no copayments.
- Prohibiting health plans from imposing lifetime limits.
- Prohibiting health plans from denying coverage for or charging higher premiums because of pre-existing conditions.

Trump Administration Efforts to Undermine Women's Health Care

Since taking office, the Trump Administration has tried to undermine women's health care options, both legislatively and administratively.

ACA Repeal Proposals

- Essential health benefits requirements would have been eliminated
- Medicaid block grants would have forced states to cut eligibility.
- Proposals to defund Planned Parenthood would have created an untenable pressure on California's remaining health centers.

Repeal of ACA Birth Control Mandate

The Trump Administration issued rules that would allow employers to claim exemption from the mandate to cover contraceptives for any "moral" or "religious" objection. Those rules could lead to hundreds of thousands of women losing contraceptive coverage. Courts have delayed implementation of those rules pending the HHS notice and comment period.

Change to Title X Grantee Guidelines

The new Title X guidelines just released by the Trump Administration dramatically change the goals of the Title X program. Instead of emphasizing the full list of 18 FDA-approved contraceptive options and referencing long-acting reversible birth control (LARCs), the guidelines focus on natural family planning and abstinence-based education. These guidelines could result in California's men and women losing access to trusted and experienced reproductive health care providers.

CMS Rescission of "Free Choice of Provider" Guidance

In January, the Trump Administration rescinded Obama-era guidance reinforcing the Medicaid statute's "free choice of provider" language. While courts have maintained the validity of the free choice language, the rescission of this guidance is another attempt to block women's access to care.

Request

We ask that you oppose any further legislative efforts that would take away women's equal access to health care and that you voice your strong concerns to the Trump Administration about their administrative actions.

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Women's Health Care Under Attack
Talking Points

March 2, 2018

- Since taking office, the Trump Administration has repeatedly tried to undermine women's health care options, both legislatively and administratively.

- The ACA Repeal proposals would have eliminated essential health benefits requirements that ensure coverage of maternity care and contraceptives.

- The ACA Repeal proposals would also have removed Planned Parenthood from the Medicaid program putting untenable stress on California's health centers.

- The Trump Administration rules allowing employers exemptions from the mandate to provide birth control could lead to hundreds of thousands of women losing contraceptive coverage.

- The new Title X grant guidelines could result in California's men and women losing access to trusted and experienced reproductive health care providers.

- California Health+ Advocates support women's access to comprehensive, affordable health care from the provider of their choice, and we ask that you oppose the Trump Administration's effort to erode those benefits.

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Health Care Workforce Crisis Fact Sheet

March 6, 2018

Background

The United States is facing an unprecedented health care workforce crisis that touches every aspect of community health center care. Recent reports by HealthForce Center at UCSF, California Health Care Foundation, and J.P Morgan Chase highlight this:

- California ranks 32nd in physician access.
- Our ratio of primary care physicians in Medicaid is half the federal recommendation.
- Six out of nine regions in California have a primary care provider shortage, with three of those six regions having a severe shortage.
- Thirty percent of our state's doctors are over 60 years-old and are nearing retirement.
- Currently, Latinos represent 40 percent of California's population, but only represent 5 percent of physicians.
- Less than 20 percent of physicians speak Spanish, and physicians who speak Middle Eastern or Asian languages are even less prevalent.
- Rural Health Centers report that it takes up to two years to recruit health care providers.
- There is a high need for middle skill workers for positions that require limited formal education and training while offering opportunities for career advancement (ex. medical assistant).
- A 2017 analysis projects that California will need between 39,331 and 44,188 primary care clinician FTEs—an increase of 12-17 percent above current demand – by 2030.

Limited Resources

Federal funding for Teaching Health Centers is inadequate to sustain and expand residency programs. The Health Professional Shortage Area scoring system is currently designed in a way that effectively prohibits urban health centers from accessing federal workforce recruitment tools like the National Health Service Corps loan repayment program.

The President's budget proposal would eliminate a number of HRSA workforce and training programs, cutting over $400 million in critical workforce funds. Collectively, these programs are critical to building a diverse and representative health care workforce.

Teaching Health Centers

California currently has six Teaching Health Centers (THCs), who are community-based primary care training programs committed to preparing physicians to serve the needs of the community. These programs are proud to be training roughly 100 residents throughout California. Many health centers in California are interested in establishing new THCs, but the inadequate level of funding and lack of a long-term authorization make it a risky undertaking.

National Health Service Corps (NHSC)

The National Health Service Corps (NHSC) is a vital recruitment tool for community health centers in California. Currently, there are 770 NHSC scholars in California. According to a 2014 survey of California community health centers, 75 percent of respondents employ NHSC providers.

Area Health Education Center (AHEC) Program

AHEC's enhance access to quality health care by improving the supply and distribution of healthcare professionals, through community and academic educational partnerships. In 2015, the program had more than one million program participants, including over 13,000 from California.

Request

Teaching Health Center Program: This year, California's six THCs were put in jeopardy. We cannot allow this to happen again. Congressional leadership is needed to create long-term stable funding for this important program.

National Health Service Corps: The NHSC continues to be a gateway to health center service. With funding restored, we must now focus on long-term stability and expansion of this critical program.

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Health Care Workforce Crisis
Talking Points

March 6, 2018

Overview

- The United States is facing an unprecedented healthcare workforce crisis that touches every aspect of care in community health centers.
- California currently ranks 32nd in the nation for physician access.
- Our ratio of primary care physicians in Medicaid is half the federal recommendation. Six out of nine regions in California have a primary care provider shortage, with three of those six regions having a severe shortage.
- If nothing is done, the crisis will continue to get worse.
    - Thirty percent of our state's doctors are over 60 years-old and are nearing retirement.
    - Twenty percent of all physicians devote less than 20 hours per week to patient care.
    - California's clinical workforce fails to reflect the diversity of our state. Currently, Latinos represent 40 percent of California's population, but only represent 5 percent of physicians.
    - Less than 20 percent of physicians speak Spanish, and physicians who speak Middle Eastern or Asian languages are even less prevalent.
- It's not limited to physicians either. We are seeing the shortage across the spectrum, especially among nurses, health administration, health information technology and more.

<INSERT STORY FOR YOUR HEALTH CENTER REGARDING WORKFORCE CHALLENGES>

- A robust primary care workforce is vital to community health centers.
- Two programs that health centers rely on to ensure a stable, diverse workforce are the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME) Program.
    - NHSC: In exchange for their service in low-income communities, NHSC providers receive scholarships or assistance with loan repayment. Currently there are 770 NHSC scholars in California.
    - THC: Teaching Health Centers are accredited community-based primary care training programs committed to preparing health professionals to serve the health needs of the community. In California we are fortunate to have 8 grants flowing to 6 of the nearly 60 THC sites funded across the country. In total roughly 100 residents are training at health centers throughout California.

The Ask

- While we are grateful for recent funding restorations that will maintain federal support through September 2019, we request additional commitment to further these critical programs:
    - Teaching Health Center: Congressional leadership is needed to create long-term stable funding for this important program.
    - National Health Service Corps: The NHSC continues to be a gateway to health center service, with funding restored, we must now refocus on guaranteeing a longer term strategy to stabilize and expand this critical program.

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