Five-Year Waiting Period Is a Barrier to Immigrant Health Care Access

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Before 2017, the national uninsured rate for children declined for nearly 10 years; however, the share of uninsured children suddenly increased that year (the most recent year available). In Georgia, the number of children without health insurance increased by 21,000. There are many reasons that progress to covering more children has stalled, including cuts to outreach efforts that help ensure that families enroll their children in Medicaid or PeachCare (Georgia's version of the federal Children's Health Insurance Program, known as CHIP) a lack of funding for marketplace subsidies, changing federal rules governing the marketplace or immigrant parents choosing not to enroll their children in Medicaid or PeachCare due to a fear that it might jeopardize a relative’s immigration status.

Another reason is that Georgia children and pregnant women who are lawful permanent residents (LPRs or “green card” holders) typically must wait five years after they gain this status to be eligible for Medicaid or PeachCare. As the state explores options to reduce maternal mortality and infant mortality, Georgia should remove the waiting period to provide health insurance to more children while also increasing access to prenatal care and other critical services for pregnant women in the state. In adopting this option, Georgia would join 24 states that have removed the five-year waiting period for both LPR children and LPR pregnant women, including Southern states like Arkansas, North Carolina, South Carolina and Virginia.¹

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Background on the Policy

The five-year waiting period for LPRs was enacted as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which placed limitations on funding health coverage for immigrants. When the CHIP Reauthorization Act of 2009 was signed into law on February 4, 2009, it included several policies to get more children enrolled in health care coverage.

For example, states can eliminate the waiting period for children and pregnant women who are LPRs and meet Medicaid and CHIP eligibility requirements. Georgia’s Medicaid agency can take this option by submitting a state plan amendment to the federal government for both Medicaid and PeachCare. Doing so would help more of Georgia’s vulnerable children and families access healthcare and decrease the rising number of uninsured children. Most of the expense would not be borne by the state. The federal government covers 67 percent of Medicaid costs and 89 percent of PeachCare costs.

Eliminating Waiting Period Helps Children and Pregnant Women Access Necessary Care

Many LPRs who have held a green card for less than five years would be able to access care under this option. In the five-year period from 2012 to 2017, 156,046 Georgia residents gained lawful permanent resident status. This includes 29,759 children under age 18 and 53,723 women between age 18 and 54, the closest range available for childbearing age. Many of these LPR children and pregnant women who meet the income requirements for Medicaid and PeachCare would receive access to care if the waiting period were eliminated.

For example, children up to the age of 21 and LPR pregnant women could enroll in Medicaid, and children up to age 19 could receive PeachCare, giving these potential enrollees access to critical care.

Endnotes


3Centers for Medicare and Medicaid Services. “CHIPRA.”


6The 29,759 children and 53,723 women closest to childbearing age represent the maximum number of Georgians (among those who gained LPR status between 2012 to 2017) who could be affected by the five-year waiting period. There is no income data available for LPRs, so it is not possible to determine how many of these residents meet the income requirements for Medicaid or PeachCare. Moreover, LPRs in this group who were formerly refugees or asylees would already be exempt from the waiting period, but they would likely represent a small portion of the population.