

What DC Can Do to Improve Access to Health Care for Thousands of Immigrant Residents

By Jodi Kwarciany

In a time of great turmoil for immigrant families across the country, it is more important than ever that DC be a welcoming and inclusive community. Yet DC's health care program for immigrants, the DC Healthcare Alliance, is currently shutting out thousands of eligible residents with onerous requirements – forcing beneficiaries to line up before dawn at service centers twice a year, while their U.S. citizen neighbors apply for Medicaid annually through an online portal.¹

The DC Council has passed two laws that would fix this inequity, but without funding for either law in the District's budget for the coming year, many District residents will continue to face barriers to accessing the care they need.

The DC Healthcare Alliance program is a locally-funded health care program that has long served residents with low incomes in DC. In 2010, the Affordable Care Act (ACA) permitted DC to move many Alliance participants to Medicaid, allowing the city to leverage new federal funds through the ACA that became available for health care. Because of that shift, the Alliance program now primarily serves residents who are not eligible for Medicaid, Medicare, or subsidies on DC Health Link, including undocumented immigrants and documented immigrants who have not yet met the 5-year waiting period for federal benefits.

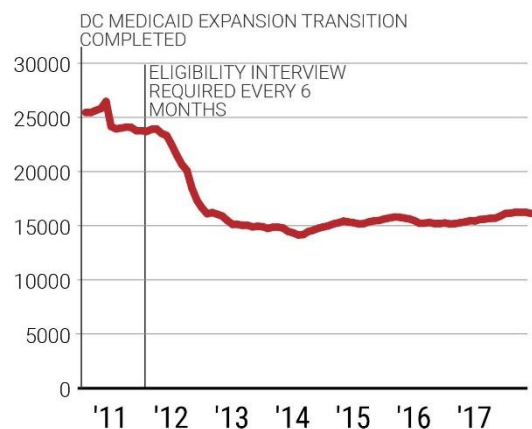
While the DC Healthcare Alliance plays a critical role in ensuring access to care for DC residents, program rules implemented in 2011 have made it hard for eligible residents to maintain their health coverage, and access crucial health services like check-ups and immunizations. In October of that year, the District began requiring all participants to have face-to-face interviews every six months at a DC social service center to maintain their health coverage in the Alliance. In contrast, residents with Medicaid coverage only need to renew their coverage every 12 months and can do so online if they choose.

These new requirements led to a sharp drop in enrollment. During the first year of the policy from October 2011 to October 2012, the number of DC residents in the Alliance dropped by one-third, from 24,000 to 16,000 (*Figure 1*). Enrollment has fluctuated modestly since then, but currently stands around 16,000, despite continued growth in the District's population.²

FIGURE 1.

Participation in the DC Healthcare Alliance Remains Mostly Flat

FY 2019 Budget Maintains Interview Requirements



Source: July 2010 to November 2017 MCAC Enrollment Reports, Department of Health Care Finance

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The six-month re-enrollment requirement has proven an enormous obstacle for eligible residents. Workers with limited access to child care and full-time work find it difficult to complete the frequent interview requirement. Beyond that, many families are forced to make multiple trips because of a lack of language assistance, long lines, and delays in staff processing information. Often, beneficiaries must go several times to finish their re-enrollment. And even for those who do secure coverage, 44 percent lose coverage after the first six months.³ That's thousands of individuals who are not receiving regular care.

Moreover, these barriers are particularly painful for our immigrant residents, who are grappling with hostile federal policies that make accessing public benefits a fearful, intimidating process.

The District strives to be a welcoming city for immigrants, but it is difficult to encourage use of programs, like the Alliance, when additional barriers are imposed. Some applicants have described the enrollment process as confusing, intimidating, discriminatory, and inflexible—this shows that we're falling short of welcoming our immigrant neighbors.

Two pieces of legislation passed by the DC Council have sought to ease this barrier. One law would allow Alliance beneficiaries to re-apply for the Alliance program over the phone, and the other would allow beneficiaries to re-apply just once a year – and at community health centers, where people often feel more comfortable. Together, these could increase the number of people covered under the Alliance program by 1,600-6,000 enrollees.

While both bills were passed unanimously into law in 2017, they were not budgeted for in the proposed FY 2019 budget. This means that unless they are funded by the Council by the time the budget is finalized this month, the laws cannot go into effect.

When people have health insurance, they can more regularly manage their health needs and focus on other things like their families, education or jobs. For the District to be a place where health insurance is universally accessible, we must make it easier for eligible residents to apply for and maintain their Alliance benefit. The recommended changes to the Alliance program would ensure that residents not only have access to health care, but can keep their coverage. We hope the DC Council will fund these changes in the fiscal year 2019 budget and continue their commitment toward health care for all.

¹ Jennifer Mezey, Chelsea Sharon and Wes Rivers, "Closing the Gap Between Policy and Reality: Preventing Wrongful Denials and Terminations of Public Benefits in the District of Columbia," Legal Aid Society of the District of Columbia and DC Fiscal Policy Institute, May 22, 2014.

² July 2010 to November 2017 MCAC Enrollment Reports, Department of Health Care Finance.

³ Department of Health Care Finance, Proposed FY 2019 Budget and Financial Plan.