

July 12, 2022

The Honorable Xavier Becerra
Secretary of Health and Human Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

The Honorable Janet Yellen
Secretary of the Treasury
Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, D.C. 20220

Re: Center for Law and Social Policy (CLASP) Support for Washington's 1332 Waiver Application

Submitted via email: stateinnovationwaivers@cms.hhs.gov

Dear Secretary Becerra and Secretary Yellen:

The Center for Law and Social Policy (CLASP) appreciates the opportunity to provide comments on Washington State's Section 1332 Waiver Application (waiver). We write in **strong support of the waiver** as an important opportunity to improve health coverage for Washington State residents and improve health equity.

CLASP is a national, nonpartisan, nonprofit, anti-poverty organization that advocates for policies that advance economic and racial justice for people with low incomes. Established in 1969, CLASP works to develop legislation and regulations that eliminate poverty, tear down barriers arising from systemic racism, and create pathways to economic security. Racial equity is our core value and informs all aspects of our organizational culture and the way we think about and approach our policy, issue, and advocacy areas. Our comments draw upon the work of CLASP experts in the areas of immigration, health care, and anti-poverty policies.

As a national anti-poverty organization, we understand that poverty and lack of access to health care are inextricably bound together in the United States and that both are tied to systemic racism. We understand that our communities and economy depend on the labor of immigrant workers who too often receive modest pay and few to no benefits for their essential work. Immigrants have historically faced unique barriers to health care and are disproportionately more likely to be on the frontlines of the ongoing COVID-19 pandemic yet uninsured.¹ This combination creates a volatile situation for the health and wellbeing of immigrant families as well as for public health.

In Washington State today, many immigrants go without critical health care because they are structurally excluded from affordable health coverage. Over 100,000 of Washington's immigrant residents lack insurance today due to this systemic inequity.² Left with no recourse, many of these community members currently forgo

¹ Gomez, J.C. & Meraz, V., "Immigrant Families during the Pandemic: On the Frontlines but Left Behind," CLASP (February 2021), at <https://www.clasp.org/publications/report/brief/immigrant-families-pandemic-frontlines/>.

² WA Office of Financial Management analysis of American Community Survey, 2019 1-year PUMS.

needed care until it becomes an emergency. As you know, without insurance, people are more likely to have poor health status, be hospitalized for preventable conditions and acute illnesses, and die prematurely.³ This results in a higher utilization of emergency care, resulting in higher overall cost burdens to hospitals and local jurisdictions. The barriers faced by immigrant families are further compounded by poverty. Despite immigrants representing approximately one-quarter of the total population of parents in Washington, they make up 68 percent of low-income parents of children ages 0-10 years who do not have a high school diploma.⁴

We strongly support Washington’s proposed waiver because it offers a pathway to a healthier future:

- The waiver would allow Washington State to remove federal barriers to health coverage, offering all Washington residents the same opportunity to purchase Qualified Health Plans and Qualified Dental Plans.
- The waiver would also permit Washington State to invest state funds toward more affordable coverage for low-income residents, with no impact to the federal deficit.
- The waiver would improve health equity, addressing one of the root causes of the disproportionate uninsurance rates and poorer health outcomes many of Washington’s communities of color face today.⁵ As just one example, undocumented people in Washington are eleven times less likely to have health insurance than U.S. citizens.⁶
- By increasing immigrant parents’ access to health insurance, the waiver would also improve the health and well-being of their children, who are mostly U.S. citizens. Extensive research shows that children’s health and development is negatively affected by their parents’ untreated mental and physical health challenges.⁷
- The waiver would improve the broader individual insurance market by lowering premiums and reducing application barriers that prevent families from applying for coverage together.

We urge you to approve the waiver rapidly this summer. Washington’s waiver aligns with the stated goal of Affordable Care Act Section 1332, “to pursue innovative strategies for providing residents with access to high

³ See, e.g., Tolbert, J. et. al, “Key Facts about the Uninsured Population,” Kaiser Family Foundation (Nov. 2020), <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>.

⁴ Hofstetter, J. & McHugh, M., “Washington State’s Immigrant and U.S.-Born Parents of Young and Elementary-School-Age Children: Key Sociodemographic Characteristics,” Migration Policy Institute (April 2021), at <https://www.migrationpolicy.org/research/immigrant-us-born-parents-young-children>.

⁵ See generally, Yen W., “Washington State Health Services Research Project: Statewide Uninsured Rate Remained Unchanged from 2018 to 2019,” WA State Office of Financial Management (Dec. 2020); Yen W., “Health Coverage Disparities Associated with Immigration Status in Washington State’s Non-elderly Adult Population: 2010-17,” WA State Office of Financial Management (May 2019); Hadley, J. “Sicker and poorer--the consequences of being uninsured: a review of the research on the relationship between health insurance, medical care use, health, work, and income,” *Medical Care Research Review*. 2003;60 (June 2003):35-75S.

⁶ Yen W., “Health Coverage Disparities Associated with Immigration Status in Washington State’s Non-elderly Adult Population: 2010-17,” WA State Office of Financial Management (May 2019).

⁷ Schmit, S. and Walker, C. *Seizing New Policy Opportunities to Help Low-Income Mothers with Depression*, CLASP (2016), at www.clasp.org/resources-and-publications/publication-1/Opportunities-to-Help-Low-Income-Mothers-with-Depression-2.pdf; National Scientific Council on the Developing Child and National Forum on Early Childhood Program Evaluation, “Maternal Depression Can Undermine the Development of Young Children,” Center on the Developing Child, Harvard University, Working Paper 8, 2009, <http://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children/>; Amrok S.M. and Weitzman, M. “Parental Psychological Distress and Children’s Mental Health: Results of a National Survey,” *Academic Pediatrics*, 14 (2014), [https://www.academicpediatrics.net/article/S1876-2859\(14\)00057-6/fulltext](https://www.academicpediatrics.net/article/S1876-2859(14)00057-6/fulltext); Colorado Health Institute, *The Link Between Parent and Child Mental Health in Colorado*, 2016, https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Final%20Brief_0.pdf.

quality, affordable health insurance while retaining the basic protections of the ACA.⁸ As demonstrated in the application, the waiver satisfies Section 1332's guardrails while proposing an innovative state solution to increase coverage. This is particularly crucial and time-sensitive now, as long-standing inequities have been exacerbated by the pandemic. Immigrants and communities of color have disproportionately contracted, been hospitalized for, and died from COVID-19.⁹ Washington residents cannot wait for coverage any longer.

We applaud the waiver's privacy assurances. The waiver application recognizes the importance of privacy to Washington residents who may seek coverage under the waiver. The waiver proposes to maintain state program integrity standards while safeguarding the privacy of individual Washington residents. The waiver appropriately specifies that individual information about applicants and enrollees covered via the waiver will not be shared with the federal government. Research has repeatedly shown that clear language about what entities will—and just as crucially, will not—have access to their personal information is the key to immigrants actually utilizing health care services, from presenting at emergency rooms¹⁰ to telehealth use.¹¹ We look forward to federal confirmation of this assurance.

Low-income children's access to health care and mental health services will be improved. Making health coverage accessible and affordable to all of Washington's residents regardless of immigration status is essential to improving children's healthcare access more broadly. Research has long shown that low-income children already eligible for public insurance are more likely to be enrolled if their parents are also eligible for coverage, also known as the "welcome mat effect." This effect is found whether parents gain eligibility through state Medicaid expansion¹² or subsidized private coverage through the Marketplace.¹³ Finally, removing barriers to health care is critical to addressing the national youth mental health crisis.¹⁴ In Washington, over 56,000 children in immigrant families are impacted by barriers to mental health care.¹⁵ Therefore, we believe that improving health coverage for all Washington residents regardless of immigration status will have positive effects on the health and mental well-being of low-income children more generally.

Through the waiver and other state policy solutions, Washington will make significant progress toward meeting

⁸ See "Section 1332: State Innovation Waivers," CMS.gov, at https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-

⁹ See Washington State Department of Health, COVID-19 Data Dashboard, at <https://doh.wa.gov/emergencies/covid-19/data-dashboard>.

¹⁰ Maldonado, C.Z. et al., "Fear of Discovery Among Latino Immigrants Presenting to the Emergency Department," *Academic Emergency Medicine* (February 2013), at <https://onlinelibrary.wiley.com/doi/full/10.1111/acem.12079>.

¹¹ Saadi, A. & Rodriguez, J.A., "Addressing Privacy Concerns Central To Success Of Telehealth Use Among Undocumented Immigrants," *Health Affairs Forefront* (November 2020), at <https://www.healthaffairs.org/doi/10.1377/forefront.20201118.621497/>.

¹² Ku, L. & Broadus, M., "Coverage of Parents Helps Children, Too," Center on Budget and Policy Priorities (October 2006), at <https://www.cbpp.org/research/coverage-of-parents-helps-children-too>; Hudson, J.L. & Moriya, A.S., "Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children," *Health Affairs* (September 2017), at <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0347>.

¹³ Hudson, J.L. & Moriya, A.S., "The Role of Marketplace Policy on Welcome Mat Effects for Children Eligible for Medicaid or the Children's Health Insurance Program," *Inquiry* (2020), at <https://doi.org/10.1177/0046958020952920>.

¹⁴ Gomez, J.C., "Removing Barriers to Mental Health Care is Essential for Children in Washington to Thrive," CLASP (May 2022), at <https://www.clasp.org/publications/fact-sheet/removing-barriers-mental-health-care-essential-children-thrive>.

¹⁵ National Center for Children in Poverty, State Immigration Policy and Children's Well-Being, <https://www.nccp.org/immigration-profiles/>; The Demographic and Economic Impacts of DACA Recipients: Fall 2021 Edition, at <https://www.americanprogress.org/article/the-demographic-and-economic-impacts-of-daca-recipients-fall-2021-edition/>.

the basic health care needs of all Washingtonians, which will make every community healthier and our national economy stronger. We strongly support Washington State's effort to secure the federal flexibility needed to achieve this goal and respectfully ask that you expeditiously review and approve Washington's 1332 waiver application.

Please contact Juliana Zhou at jzhou@clasp.org with any questions.

Sincerely,
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