



*A Passionate Voice for Compassionate Care*

June 23, 2023

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Boulevard, Baltimore, MD 21244–1850.

**REF: CMS–9894–P**

**Re: Clarifying Eligibility for a Qualified Health Plan Through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children’s Health Insurance Programs (88 Fed. Reg. 25313)**

Dear Administrator Brooks-LaSure:

The Catholic Health Association of the United States (CHA) appreciates the opportunity to submit these comments on the referenced proposed rule. **CHA welcomes and supports the proposal to expand access to health care coverage for certain immigrants and urges the Centers for Medicare & Medicaid Services (CMS) to finalize it.**

CHA is the national leadership organization of the Catholic health ministry, representing more than 2,000 Catholic health care sponsors, systems, hospitals, long-term care facilities and related organization across the continuum of care. CHA represents the largest not-for-profit providers of health care services in the nation. All 50 states and the District of Columbia are served by Catholic health care organizations and approximately 750,000 individuals are employed in Catholic hospitals. Every day, more than one in seven patients in the U.S. is cared for in a Catholic hospital.

As a Catholic health ministry, our mission and our ethical standards in health care are rooted in and inseparable from the Catholic Church's teachings about the dignity of each and every human person, created in the image of God. Access to health care is essential to promote and protect the inherent and inalienable worth and dignity of every individual. Catholic health care organizations serve immigrants, including refugees and victims of human trafficking, in their clinics, emergency rooms and in their facilities. CHA believes all persons should have equal access to health care, regardless of immigration status.

Under the Affordable Care Act (ACA), to be eligible to enroll in a Qualified Health Plan through an ACA Exchange or in a Basic Health Program, or to receive premium and cost sharing assistance, an individual must be either a citizen or national of the United States or be “lawfully present” in the United States. Similarly, a state may opt to provide Medicaid and Children’s Health Insurance (CHIP) benefits without a five-year waiting period to children and pregnant women who are

“lawfully residing” in the United States. While the regulations governing these programs specify that individuals granted deferred action are considered lawfully present for purposes of eligibility, an exception excludes Deferred Action for Childhood Arrivals (DACA) recipients. CMS proposes to remove that exception.

**CHA strongly supports allowing DACA recipients to be eligible for these programs, as are other recipients of deferred action.** While many DACA recipients have access to employer-provided health insurance coverage, CMS points out in the preamble that 34% of recipients reported they were uninsured in a 2021 survey. (88 Fed. Reg. 25315-25316). Allowing them to participate in ACA programs and in state Medicaid and CHIP coverage for children and pregnant women will help ensure they receive preventative and routine health screenings, receive needed medical care promptly and improve their health and well-being. The rate of maternal mortality in the United States is appalling. Women in the U.S. are more likely to die from complications from pregnancy or childbirth than women in similarly developed nations.<sup>1</sup> Expanding access to care for pregnant DACA recipients will ensure their health and safety and that of their newborn children.

**We also support the proposed amendments to reduce barriers to health care for additional groups of immigrants.** The proposals would simplify enrollment for many applicants, including vulnerable children such as recipients of Special Immigrant Juvenile Status and children under the age of 14 with pending applications for asylum, withholding of removal and relief under the Convention Against Torture (CAT). In addition, the proposals to eliminate restrictive language around eligibility for those with a pending application for adjustment of status or with employment authorization will help reduce complexity for those navigating an already complex process.

In closing, thank you for the opportunity to provide comments on the proposed rule. If you have any questions about these comments or need more information, please do not hesitate to contact Kathy Curran, Senior Director, Public Policy or Clay O’Dell, Director, Advocacy at 202-296-3993.

Sincerely,



Lisa A. Smith  
Vice President  
Public Policy and Advocacy

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<sup>1</sup> Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, “The U.S. Maternal Mortality Crisis Continues to Worsen: An International Comparison,” To the Point (blog), Commonwealth Fund, Dec. 1, 2022. <https://doi.org/10.26099/8vem-fc65int> (blog), Commonwealth Fund, Dec. 1, 2022. <https://doi.org/10.26099/8vem-fc65>