

HEALTH CARE REFORM FOR REFUGEES

Refugee status is a form of protection that may be granted to people who meet the definition of refugee, are of special humanitarian concern to the United States, and are typically outside of their country and unable or unwilling to return home because they fear serious harm. Refugees come to the United States to start a new life. They work hard to find jobs and provide for their families. Today, many refugees lack health insurance, making it hard for them to get the care they need.

Refugees, as lawfully present immigrants, are eligible for the same protections and benefits under the Affordable Care Act as U.S. citizens. Refugees will remain exempt from the five-year waiting period to receive Medicaid and Children's Health Insurance Program (CHIP), and will receive many new benefits thanks to health reform. The benefits and protections in the Affordable Care Act are particularly important for refugees, who often arrive to the United States after years without access to proper medical care, and in many cases work for employers who do not provide health insurance. As outlined below, the new law will give refugees access to affordable health coverage and protection against insurance practices that can deny coverage to individuals with pre-existing conditions or those who become ill.

QUALITY AFFORDABLE HEALTHCARE FOR REFUGEES—UNDER THE NEW LAW, REFUGEES ENJOY:

- The same protections and benefits in the insurance market, such as prohibiting lifetime benefit limits and rescissions.
- Eligibility to purchase health insurance in Health Insurance Exchanges beginning in 2014 if they otherwise qualify (i.e., they purchase their own insurance or work for a small employer with fewer than 50 workers).
- New public and private health insurance coverage options beginning in 2014. Many refugees will qualify for premium tax credits to purchase coverage.
- Continued access to their current private health insurance plan and physician if they are satisfied with their current care.

INSURANCE SECURITY—BEGINNING IN 2014:

- Refugees whose incomes are above 133% of the poverty line but who lack employer-based or private health insurance will be able to purchase affordable coverage through Health Insurance Exchanges. Premium and cost-sharing tax credits will be available for refugees and others with incomes between 133% and 400% of the federal poverty level to make the purchase of quality insurance affordable.
- Medicaid coverage will be available to anyone under 65 with incomes up to 133% of the federal poverty level, including refugees. Because even poor adults often are ineligible for Medicaid, many adult refugees become uninsured after their eight months of Refugee Medical Assistance is exhausted. Starting in 2014, Medicaid will be available to anyone – including parents and childless adults – who meets the income criteria.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) EXTENDED

- The law increases federal funding for CHIP from 2015 to 2019. CHIP will continue to provide affordable, quality coverage to many children in refugee families.

AN END TO DISCRIMINATION BY INSURANCE COMPANIES

- For health insurance plan years beginning on or after September 23, 2010, all new insurance plans and existing group health plans are prohibited from denying coverage to children under age 19, including refugee children, on the basis of pre-existing conditions.
- In 2010, the law establishes a temporary high-risk pool program to provide affordable coverage to individuals who have been uninsured for at least six months and have a pre-existing medical condition.
- For plan years beginning on or after September 23, 2010, insurance plans cannot impose lifetime dollar limits on coverage, and all group health plans must limit the waiting period for health insurance coverage to a maximum of 90 days.
- Beginning in 2014, insurance companies will be banned from denying coverage or charging higher premiums based on underlying health status.

COVERAGE FOR CHILDREN AGING OUT OF FOSTER CARE

- Effective 2014, states must extend Medicaid coverage up to age 26 for young adults who have aged out of the foster care system, including those aging out of the Unaccompanied Refugee Minors program.