To expand access to health care services, including sexual, reproductive, and maternal health services, for immigrants by removing legal and policy barriers to health insurance coverage, and for other purposes.

Section 1. Short Title.
This Act may be cited as the “Health Equity and Access under the Law for Immigrant Women and Families Act of 2019” or as the “HEAL for Immigrant Women and Families Act of 2019”.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
SEC. 2. FINDINGS; PURPOSE.

(a) FINDINGS.—Congress finds as follows:

(1) Health insurance coverage reduces harmful disparities by alleviating cost barriers to and increasing utilization of necessary health care services, especially among low-income and underserved populations, including women.

(2) Based solely on their immigration status, many immigrants and their families face legal and policy restrictions on their ability to obtain affordable health insurance coverage through Medicaid, the Children’s Health Insurance Program (CHIP), and the health insurance exchanges.

(3) Lack of health insurance coverage contributes to persistent disparities in the prevention, diagnosis, and treatment of negative health outcomes experienced by immigrants and their families.

(4) Nearly half of immigrant women are of reproductive age. Immigrant women are also disproportionately living in low-income households and lacking health insurance coverage. Legal and policy barriers to affordable health insurance coverage therefore particularly exacerbate their risk of negative sexual, reproductive, and maternal health outcomes, with lasting health and economic con-
sequences for immigrant women, their families, and society as a whole.

(5) Denying health insurance coverage or imposing waiting periods for health insurance coverage unfairly hinders the ability of immigrants to attain good health and undermines the economic well-being of their families.

(6) The population of immigrant families in the United States is expected to continue to grow. One in seven United States residents is foreign-born, and approximately one in four children in the United States has at least one immigrant parent. It is therefore in the Nation’s shared public health and economic interest to remove legal and policy barriers to affordable health insurance coverage based on immigration status.

(7) Although Deferred Action for Childhood Arrivals (DACA) recipients are authorized to live and work in the United States, they have been unfairly excluded from the definition of lawfully present and lawfully residing for purposes of health insurance coverage through the Department of Health and Human Services, including Medicaid and CHIP, and the health insurance exchanges.
(8) Immigration law is constantly evolving and new immigration categories for individuals with federally authorized presence in the United States may be created.

(b) PURPOSE.—It is the purpose of this Act to—

(1) ensure that all individuals who are lawfully present in the United States are eligible for all federally funded health care programs; and

(2) advance the ability of undocumented individuals to obtain health insurance coverage through the health insurance exchanges.

SEC. 3. REMOVING BARRIERS TO HEALTH COVERAGE FOR LAWFULLY PRESENT INDIVIDUALS.

(a) MEDICAID.—Section 1903(v)(4) of the Social Security Act (42 U.S.C. 1396b(v)(4)) is amended—

(1) by amending subparagraph (A) to read as follows:

“(A) Notwithstanding sections 401(a), 402(b), 403, and 421 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, payment shall be made under this section for care and services that are furnished to individuals who are not citizens of the United States, including aliens described in paragraph (1), if they otherwise meet the eligibility requirements for medical assistance under the State plan approved under this title (other
than the requirement of the receipt of aid or assistance
under title IV, supplemental security income benefits
under title XVI, or a State supplementary payment) and
are lawfully present in the United States (including such
an individual who is granted deferred action or other fed-
erally authorized presence).’’;

(2) in subparagraph (B)—

(A) by striking “a State that has elected to
provide medical assistance to a category of
aliens under subparagraph (A)” and inserting
“individuals provided medical assistance pursuant
to subparagraph (A)”; and

(B) by striking “such an alien on the basis
of provision of assistance to such category” and
inserting “such an individual on the basis of
provision of assistance to such individual”; and

(3) in subparagraph (C)—

(A) by striking “an election by the State
under subparagraph (A)” and inserting “the
application of subparagraph (A)”;

(B) by inserting “or be lawfully present”
after “lawfully reside”; and

(C) by inserting “or present” after “law-
fully residing” each place it appears.
(b) CHIP.—Subparagraph (N) of section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended to read as follows:

“(N) Paragraph (4) of section 1903(v) (relating to lawfully present individuals).”.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section shall take effect on the date of enactment of this Act and shall apply to services furnished on or after the date that is 90 days after such date of enactment.

(2) EXCEPTION IF STATE LEGISLATION REQUIRED.—In the case of a State plan for medical assistance under title XIX, or a State child health plan under title XXI, of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this section, the respective State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the
State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SEC. 4. CONSISTENCY IN HEALTH INSURANCE COVERAGE FOR INDIVIDUALS WITH FEDERALLY AUTHORIZED PRESENCE, INCLUDING DEFERRED ACTION.

(a) In General.—For purposes of eligibility under any of the provisions described in subsection (b), all individuals granted federally authorized presence in the United States shall be considered to be lawfully present in the United States.

(b) Provisions Described.—The provisions described in this subsection are the following:

(1) Exchange Eligibility.—Section 1311 of the Patient Protection and Affordable Care Act (42 U.S.C. 18031).

(2) Reduced Cost-Sharing Eligibility.—Section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071).

(4) MEDICAID AND CHIP ELIGIBILITY.—Titles XIX and XXI of the Social Security Act, including under section 1903(v) of such Act (42 U.S.C. 1396b(v)).

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Subsection (a) shall take effect on the date of enactment of this Act.

(2) TRANSITION THROUGH SPECIAL ENROLLMENT PERIOD.—In the case of an individual described in subsection (a) who, before the first day of the first annual open enrollment period under subparagraph (B) of section 1311(c)(6) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(c)(6)) beginning after the date of enactment of this Act, is granted federally authorized presence in the United States and who, as a result of such subsection, qualifies for a subsidy under a provision described in paragraph (2) or (3) of subsection (b), the Secretary of Health and Human Services shall establish a special enrollment period under subparagraph (C) of such section 1311(c)(6) during which such individual may enroll in qualified health plans
through Exchanges under title I of the Patient Protection and Affordable Care Act and qualify for such a subsidy. For such an individual who has been granted federally authorized presence in the United States as of the date of enactment of this Act, such special enrollment period shall begin not later than 90 days after such date of enactment. Nothing in this paragraph shall be construed as affecting the authority of the Secretary to establish additional special enrollment periods under such subparagraph (C).

SEC. 5. REMOVING CITIZENSHIP AND IMMIGRATION BARRIERS TO ACCESS TO AFFORDABLE HEALTH CARE UNDER THE ACA.

(a) IN GENERAL.—

(1) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986 is amended—

(A) in subsection (c)(1)(B)—

(i) by amending the heading to read as follows: “SPECIAL RULE FOR CERTAIN INDIVIDUALS INELIGIBLE FOR MEDICAID DUE TO STATUS”; and

(ii) in clause (ii), by striking “lawfully present in the United States, but” and inserting “who”; and
(B) by striking subsection (e).

(2) Cost-sharing reductions.—Section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) is amended by striking subsection (e) and redesignating subsection (f) as subsection (e).

(3) Basic health program eligibility.—Section 1331(e)(1)(B) of the Patient Protection and Affordable Care Act (42 U.S.C. 18051(e)(1)(B)) is amended by striking “lawfully present in the United States,.”

(4) Restrictions on federal payments.—Section 1412 of the Patient Protection and Affordable Care Act (42 U.S.C. 18082) is amended by striking subsection (d) and redesignating subsection (e) as subsection (d).

(5) Requirement to maintain minimum essential coverage.—Subsection (d) of section 5000A of the Internal Revenue Code of 1986 is amended by striking paragraph (3) and by redesignating paragraph (4) as paragraph (3).

(b) Conforming amendments.—

(1) Establishment of program.—Section 1411(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18081(a)) is amended by strik-
ing paragraph (1) and redesignating paragraphs (2),
(3), and (4) as paragraphs (1), (2), and (3), respec-
tively.

(2) **QUALIFIED INDIVIDUALS.**—Section 1312(f)
of the Patient Protection and Affordable Care Act
(42 U.S.C. 18032(f)) is amended—

(A) in the heading, by striking “; ACCESS
LIMITED TO CITIZENS AND LAWFUL RESI-
DENTS”; and

(B) by striking paragraph (3).

(c) **EFFECTIVE DATE.**—The amendments made by
this section shall apply to years, plan years, and taxable
years, as applicable, beginning after December 31, [2019
?]/[2020 ?].