

## **NATIONAL IMMIGRATION FORUM**

**Moderator: Ali Noorani**  
**September 21, 2009**  
**12:00 pm CT**

Operator: Good day and welcome to the Immigration and Healthcare Briefing conference call. Today's conference is being recorded.

At this time, I would like to turn the conference over to Ali Noorani. Please go ahead, sir.

Ali Noorani: Great, thank you very much. My name is Ali Noorani. I'm the Executive Director of the National Immigration Forum, and I want to welcome everybody to today's telephonic press conference, Immigration and Healthcare Reform Briefing.

I'm thrilled to have three of the national's leading experts on this issue of the impact of healthcare reform on immigrants and immigration, Sonal Ambegaokar with – the Health Policy Attorney for the National Immigration Law Center, Kate Kahan, Legislative Director for the Center for Community Change, and Jennifer Ng Andu, Deputy Director for Health Policy at the National Council of La Raza.

So, we are gathered here today to talk about this issue that is painting the front page of practically every newspaper across the county – health insurance reform. We, as advocates for immigrants and immigration to the nation, are excited by this change that's on our horizon, but we also have concerns. We realize that health insurance reform is a key agenda item for our President, and

we also realize that immigration reform is a key agenda item for our President. In fact, in yesterday's interview that President Obama did with (Una Visión) he stated as such, where he said that he was not backing down 1 minute from immigration reform, as well as fighting till the end, (until the win) for health insurance reform. We see those as two distinct issues, but unfortunately the opposition to change has conflated. The opposition to change, like they do with practically every other issue moving through Congress, has (scape-goated) immigrants and immigration in an effort to bring down health insurance reform. Now, while we would like to see health insurance reform pass, we do have concerns, and our speakers today are going to touch on those concerns.

Our first concern focuses on U.S. citizen children. We want to make sure that 100% of U.S. citizen children are covered in health insurance reform, regardless of the status of their families in their households. But it's important that 100% of U.S. citizen children are covered in health insurance reform.

Second, we want to make sure that health insurance reform does not include additional onerous expensive unfair verifications. There's already a verification system in place for federal benefits that we will describe, but health insurance reform should not include additional unfair expensive verifications that will eliminate coverage for U.S. citizens, as well as legal immigrants.

Third, we want to make sure that 100% of taxpaying legal permanent residents are eligible for health insurance under this health insurance plan and package. We want to make sure that each and every person who is here legally is able to access health insurance at an affordable rate so they and their families can be safe, happy and healthy for the years to come.

So with that, again I want to thank our guests, who are just experts on this issue of the health – of health insurance reform and its impact on immigrants and immigration reform. Our first speaker

is going to be Sonal Ambegaokar, the Health Policy Attorney with the National Immigration Law Center. Sonal.

Sonal Ambegaokar: Great. Thanks, Ali. Good morning everybody. My name is Sonal Ambegaokar, as Ali said, and I'm the Health Policy Attorney. I wanted to – I know this issue's been in the headlines and we wanted to just take this opportunity to sort of give all of you a chance to talk about the questions that are coming up for you, but I wanted to sort of paint the broader picture first about where we are in general.

You know as most of you know the goals of healthcare reform are to make affordable healthcare coverage available and more accessible for the majority of Americans, the majority of Americans who currently uninsured are citizens. We want to make sure if you have employer coverage, or if you have other current coverage that you get to keep it, but we know in this economy that people are losing their coverage and we want to make sure that the healthcare reform system addresses those gaps in coverage currently.

And then thirdly you know I think President Obama has clearly stated that we're not going to get the whole system resolved unless we can reduce the cost in the system, so keeping people out of the system is actually increasing our costs today. We have uninsured who are using the emergency room for their care, as many of you know. They are actually not being documented. They are – all of us who do not have insurance and do not have what we call a "medical (home)," and that in turn leads to a hidden tax for all of us. So, from the health policy's perspective, the more people you have covered and the more people you have paying into the system it's a better system for all of us.

And, so you know healthcare reform today is not – is progressing and we'll talk about some of the details, but it's clearly not reflecting the realities of our society today. We do have differing families with differing kinds of coverage and incomes and also immigration status. So you know a

typical family today is a father with 2 children. He's working at a medium firm. He's just been notified, unfortunately, that he is losing his job and will then soon be losing his employer coverage. His wife works, but she works at a small business and they have 2 citizen children. So this is the typical American family who is facing this healthcare crisis right now. The dad is a naturalized citizen and the mom is applying for her green card, but they are facing the same problems that everyone else is facing today and we want to make sure healthcare reform addresses the best way that they can get their citizen children and themselves covered.

Friends of them on the neighborhood block told them earlier this month that there's an affordable healthcare program for their children. When they asked about it and tried to apply for the program they got different messages about whether the kids were eligible, even though their kids are citizens, and the parents were also told that it may create problems for them if they applied, so they are not sure where to take their child, one of them who has asthma, how to get their medications for this child and how to make sure that he doesn't end up in the emergency room. So these are the you know common everyday problems that American families face, and based on their immigration status alone we should not make this family more confused and more worried about how they're going to get their children healthcare.

We also have family members with citizen children, but their parents happen to be undocumented, and these citizen children equally deserve healthcare and we can't be discriminating against which children do and do not get healthcare in this society today. It's our moral obligation to cover them and we really want to make sure that the systems accessible and easy for them. The more barriers we create – and we do have a patchwork system today.

One of the goals of healthcare reform is to make sure families can be in the same healthcare coverage, go to the same doctor, understand what kind of benefits they have, understand how much they're going to have to pay for everybody in the family without trying to worry about the complex rules of our current insurance system. So that's our goal – is to make healthcare work

for everybody and everybody includes our families today that are a reality, that are part of our communities, families with different immigration status and citizen children with immigrant parents.

And, with that, I'll turn it over to Jennifer Ng Andu.

Ali Noorani: Great, thanks Sonal. Our next speaker is Jennifer Ng Andu, Deputy Director of the Health Policy Project at the National Council of La Raza – Jennifer.

Jennifer Ng Andu: Hi. Thank you.

As has been noted today, we have seen policies that would help to reform our healthcare system and make our healthcare system more affordable and accessible to everyone degraded by bad politics. The recent conversations on healthcare reform have been centered around advancing verification proposals under the guise of preventing fraud in our system, when in reality the provisions that members are advancing impact the – impact the healthcare reform for U.S. citizens and legal immigrants. Harmful verification measures have already been advanced and the Chairman's Mark of the Senate Finance Committee, which is expected to be up this Tuesday, when there is, again, no evidence of fraud in our system by immigrants who remain ineligible for these programs.

What there is evidence of is that verification measures impose major costs and complications within our system, making it hard to get affordable and accessible healthcare when you're eligible that ultimately lead to administrative burdens on states who are going to be the ones executing these proposals, and they cause legal immigrants and U.S. citizens who are required to purchase insurance to be denied access or delayed to – denied access or delayed care when they need it. In that sense, we feel like the Senate Finance Committee, in particular, has created a solution without actually identifying a problem and is headed down the wrong path. At best, we see this

increased verification proposed under these plans will be a waste of tax dollars. At worst, this will exclude eligible U.S. citizens and legal immigrants from getting the healthcare they're eligible for, and members of Congress and in the administration know it. We have been looking at verification programs for many years and know that these are not effective, and that many of the proposals, which I can get into specifics in the question-and-answer-period, are not proven, create red-tape bureaucracy and more costs, and ultimately keep eligible people from getting coverage instead of keeping ineligible people out.

So, with that, I think I'll just say if the goals of healthcare reform are to increase stability and security in our life and insure that Americans can gain access to affordable coverage and care, we should not see members of Congress, on both sides of the aisle, playing to the politics and trying to do – outdo themselves by marginalizing communities with immigrants in them. And so moving forward we ask that the conversation gets back to healthcare and that can help guide us in creating a solution that works for everyone. Thanks.

Ali Noorani: Great. Thank you, Jennifer. Our next speaker is Kate Kahan, Legislative Director for the Center for Community Change – Kate.

Kate Kahan: Thank you. Hi, good afternoon.

The Center for Community Change is a social justice organization founded 40 years ago and we work on both health reform and immigration reform. And, I just wanted to point out for us, as a social justice organization, the cumulative effect of the current Senate Financial Committee health reform provisions on the table, particularly the lack of affordability, the absence of a public plan, the lack of an employer mandate and questionable disincentives for hiring low-income workers in combination with the exclusion of immigrants creates a serious racial justice concern for us here at the Center for Community Change, so we're working diligently to try and mitigate some of the

particularly egregious provisions around immigrants and my colleague did a great job of articulating several of them.

And I want to turn now to talk directly about the 5-year waiting period in Medicaid for documented taxpaying immigrants. And the Senate Finance Committee neglects to eliminate this 5-year waiting period for this particular set of immigrants who are documented. They're taxpaying. They're playing by the rules. They just haven't been here for the appropriate amount of time, for 5 years. And this is unfortunate because I think the health reform creates the perfect opportunity to eliminate this unfair, burdensome and unsound waiting period for immigrants, because it reduces their access to care, healthcare overall. And the failure to do this (defies) conventional wisdom because the best way to save money in health reform is to make sure that most people possible have access to care and are insured, and particularly to preventative care. And, as we all know, illness doesn't wait to strike and people shouldn't have to wait to get care either. And for us this is a basic issue of fairness, as well, because these immigrants are here paying taxes, playing by the rules and are having to wait, and so are their children, in order to access care.

And the last thing I'll say is that the 5-year wait in Medicaid is also out of sync with the public who have shown in recent opinion polls that they strongly support covering immigrants as a matter of basic fairness. Thanks.

Ali Noorani: Great. Thank you, Kate.

And Jen touched on this, and I'm sure that everybody on the phone knows, but today opening statements start within the Senate Finance Committee, with tomorrow the markup of Senator Baucus' bill beginning, so that is the immediate political – policy context, I should say, that we find ourselves within.

So Operator, if you could please explain the Q&A and we will open the lines for questions.

Operator: Thank you. The question-and-answer session will be conducted electronically. If you would like to ask a question, please do so by pressing the star key followed by the digit 1 on your touch-tone telephone. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. We will proceed in the order that you signal us and we'll take as many questions as time permits. Once again, that's star 1 to ask a question. We'll pause for just a moment to give everyone an opportunity to signal.

And we'll take our first question from Tom Curry with msnbc.com.

Tom Curry: Hello. Can you hear me?

Ali Noorani: Yes. Thanks, Tom. Hi.

Tom Curry: Hi. I'm hoping you can answer two questions. One is what amendments and what specific amendments do you expect will be offered to address some of the – the shortcomings or the problems that you see in the Senate Finance bill?

And my second question is that the political context here – I think you said in your opening statement that the opponents of immigration reform and healthcare reform tend to conflate the two issues. For Democratic members of Congress, especially those in Republican-leaning districts, if they take a vote in the next month or so on historical health insurance reform and then several months later take another vote on – a politically difficult vote on immigration reform, the two – won't voters see that the two issues are connected? I mean if you're opening the way to legalization for 12-million people, who then would be eligible for benefits under the health reform, aren't the issues at least politically related?

Ali Noorani: Great. Thank you, Tom. Let me answer the second question first and then, Sonal, I'll ask you to answer the question about the amendment.

In terms of the political context you know the data that we saw from poll after poll in November of 2008 is that voters voted for members of Congress, much less (though for) President, because members and the President said we are going to change these big – we're going to take on these big issues – healthcare, the economy, energy and immigration. And we are seeing that desire or demand for change stick.

Now, of course, when you get into a legislative battle it gets a little more complicated and you know the details start to come out in the weeds, but that desire for change remains, and in terms of healthcare they are two separate issues and the President is working to fix the health insurance system so that legal taxpaying residents of this country can access affordable health insurance.

Next on the list is immigration reform. And I think it was Kate who might have said that you know if we ignore the reality of immigrants who are here and they don't have – and they're forced to live underground, we fix health insurance, but we don't fix immigration, we're never actually fixing the problems. So, I think it's important that health insurance is solved and that next on the list is the next big challenge facing our country, which is immigration reform. So they are two separate issues. I think that the public sees them as two separate problems that need to be fixed and that demand is sticking in poll after poll.

So Sonal, if you want to answer the question about the amendments?

Sonal Ambegaokar: Thanks, Ali, yes. And, I'm going to also let my colleagues Jennifer and Kate step in if I forget anything by accident.

We are – I appreciate the question. We are definitely hoping that amendments will be introduced to remove the 5-year waiting period for legal immigrants, as Kate had mentioned. We are hopeful that that will happen, but we understand the tensions there. We think it's absolutely necessary to remove the 5-year waiting period for legal immigrants in Medicaid in order to make sure they have access to affordable healthcare, and, as Kate said, it's a matter of fairness, at this point. They are paying taxes. They are paying federal taxes, but they're not able to access the programs for which their taxes are going into.

Secondly, we want to make sure there's a no additional waiting period ((inaudible)) placed on legal immigrants for things like the tax credits or access to the exchange, and so we'll be watching for those additional barriers that try to get put on legal immigrants. And then, of course, we are working to make sure citizen children get coverage, affordable access to coverage. So currently there's some conflicts – rules about how a family's income for the tax credit will be counted, and we are concerned that at its currently drafted it could leave out citizen children, so we want to make sure that those rules get changed so that all citizen children have access to affordable coverage through the exchange, through private insurance or public programs.

And, Jennifer and Kate, if there's anything else, please go ahead and add.

Jennifer Ng Andu: Just building off of Sonal's point, I think our goal here is to make sure that the people who have been designated as eligible for healthcare reform actually get the coverage that they need. And I also think it's important to note that they – this coverage – these (fixers) that we're asking for help people comply with – and mandate to purchase insurance through the health insurance programs. We are cautiously aware of several verification amendments that are on the table. We've heard that there will be some adjustments to them, but we certainly think that there's different things on the table, including the use, a new use of biometrics in our healthcare system. So we have some concerns about you know what these different verification measures can do, in terms of impacting American's access to healthcare coverage.

Ali Noorani: Kate, did you want to add anything?

Kate Kahan: No, that was a good list.

Ali Noorani: One last thing before we move on to the next question. You know health insurance reform is very much – it's all about making sure that everybody that's paying their fair share can get affordable health insurance. Immigration reform, next on the list, is about making sure that everybody is paying their fair share by requiring that they become legal and pay their taxes, et cetera, et cetera. So this is all about the fiscal crisis that's facing our country, and fixing it either through fixing the health insurance first, and then second fixing the immigration system.

So, can we get the next question please?

Operator: Yes, sir. We'll go to Silvia Struthers with La Voz Houston Chronicals.

Silvia Struthers: Good afternoon.

Ali Noorani: Hi.

Silvia Struthers: My question (would) be related to the tax credit. I would like to know what are the worries in regards to how can the tax-credit provisions in the bill could affect legal immigrants.

Ali Noorani: (Somebody) ...

Jennifer Ng Andu: I'll take a stab at this one. This is Jennifer. The tax credits in our bill, in the Senate Finance Committee bill, are right now most legal immigrants are eligible for those tax credits. But what we are afraid of is that there will be amendments to impose waiting periods or other

restrictions that will affect the ability of legal immigrants to purchase – or get tax credits and then be able to purchase affordable health coverage, so I think that's the biggest worry.

The second worry is that there's the potential to have verification systems that are fraught with error that could eliminate eligibility for legal immigrants who should have access to tax credits. So we have those two concerns.

Silvia Struthers: And one more question, if it's possible. In regards to when we talk about legal immigrants we're talking about people that are either permanent residents or that are authorized with visas, let's say to (the) visas or working visas, like (H1B).

Sonal Ambegaokar: So, this is Sonal, and I'll take that question and I'll try to answer that. So, I think the majority of legal immigrants that are being affected by the 5-year bar are those with green cards, but we have many immigrants who are lawfully here, with our permission to be here, so they do have H1B, H2B visas. There are other folks, like fiancées, who come for other purposes, like religious workers. There's a wide variety of immigrants who are lawfully here that we've given permission to.

Another unique example is the temporary protected status, so those are folks from, for example, Central American countries that we've lawfully let in and they've been here for many, many years, actually, and so we want to make sure that they have the same access to affordable healthcare as everybody else does. And you know many of them are working and paying taxes just like you and me, so that's – when we talk about green card holders those are the majority, but we have to remember that immigration law is complicated and we just need to make sure the healthcare system doesn't try to keep people out and try to impose new immigration rules. We need to deal with that in immigration reform. Healthcare should be affordable to everybody.

Silvia Struthers: Thanks.

Ali Noorani: Great, thank you. Kate, did you want to add anything?

Kate Kahan: No, that was great, Sonal.

Ali Noorani: Next question, please.

Operator: Once again, that is star 1 if you have a question. And now we'll go to Suzanne Gambo with  
The Associated Press.

Suzanne Gambo: Hi, I just have a quick question. Has any hospitals joined with you all in – on the issue  
of the bar for legal immigrants or making sure that legal immigrants get access, because I  
imagine a number of them have some profits that are based on the healthcare that's provided  
legal immigrants with insurance? I'm just wondering if they have expressed anything to you all,  
any hospital associations or groups like that.

Ali Noorani: Sonal, Jen, or Kate, have you all been in that kind of communication?

Kate Kahan: This is Kate. I'll take a stab. We haven't been in direct contact with any hospitals or  
hospital associations, as of late, on eliminate the 5-year bar. But, I think there – Doctors for  
America have been very outspoken in the context of health reform in general, and have been  
proactively talking about the importance of making sure that everyone has access to affordable  
coverage, including residents in a country, so we've had a nice working relationship with those  
folks.

Jennifer Ng Andu: This is Jennifer. There's two other – there's a couple of different groups that I'll point  
out. Catholic Healthcare West has expressly stated their support for removal of the 5-year bars  
to immigrants, as well as coverage for all children and pregnant women. In addition, in past

conversations about legal immigrants, both the National Association of Public Hospitals and the American Hospital Association have all come out in favor of these proposals. In addition, the American Hospital Association has come out this year and said that they want coverage for everyone, so those are just some indications that hospitals and other healthcare providers very much see a benefit of integrating as many people as possible into the healthcare system.

Suzanne Gambo: Could I just ask one other question? When you mentioned the verification, are the proposals for verification of people who are here who are immigrants or is the verification – will the verification work that everybody who accesses healthcare will have to verify they're a citizen, a U.S. citizen ((inaudible)) immigrant.

Jennifer Ng Andu: OK, so first of all, the one thing that I do want to point out is when we're talking about these proposals undocumented immigrants are already off the table, so ...

Suzanne Gambo: Right.

Jennifer Ng Andu: ... essentially they – you know this is – they're already expressly prohibited from seeking access in these proposals affect are legal immigrants and U.S. citizens, and both groups of those people are affected by the verification measures that are – that are both included in the Senate Finance Committee's mark, the Chairman's Mark, as well as included in amendments that different members of Congress will be offering to modify that legislation.

Suzanne Gambo: I'm sorry, but when you say affected are you saying that U.S. citizens will have to prove they are U.S. citizens as well as legal immigrants?

Jennifer Ng Andu: That's correct, and so you know I think people don't realize that there are about 11 to 13-million U.S. citizens who have – who don't have a driver's license, who don't have a birth

certificate or who don't have a passport, and so the implications of imposing such verification on people are far reaching.

Sonal Ambegaokar: Yes, Jen did an excellent job. I just wanted to add – I mean it's very impossible to put in a verification systems that only applies to legal immigrants or immigrants, because you end up actually racially profiling people possibly or discriminatory – other discriminatory policy. So, in order for the system to actually – you know if the policy makers are saying this will only affect immigrants it's unrealistic to think that you can actually create a system that only applies to immigrants, so we will have a system that everyone's going to have to show some type – some kind of documentation of their citizenship or other status and that's what we're most concerned about, about the bureaucracy it's going to create for everybody when we already have high administrative costs in the healthcare system and we're supposed to – we're supposed to reduce them and not add to them.

Ali Noorani: And that was Sonal. Thank you. Can we get the next question, please?

Operator: Yes, sir. We'll go to Dena Bunis with Orange County Register.

Dena Bunis: Hi, everybody. I know that, (Ali) – that on the (Una Visión) interview that the President reaffirmed his support for ((inaudible)) of immigration reform, but given the outcries that have come about over the House bill not having any verification for peoples' status and the fact that the White House sanctioned, if not suggested, the notion of having legal immigrants unable to buy into the – I mean illegal immigrants unable to buy into the exchange. Are you all real concerned that immigration reform will end up either being too hot for the administration and for some Democrats, particularly in the conservative districts in the House, to want to handle or just that whatever happens will get watered down the way some people believe health reforms getting watered down?

Ali Noorani: Well, I think what's become really clear since the Wilson outbreak, if you will, is that the pressure on the President and on Congress to pass immigration reforms has grown even greater. The immigrant community and the allies who care about the immigration reform realize that fixing health insurance is pivotal – is critical at this moment. But we cannot throw immigrants under the bus while we're fixing health insurance reform. We have to fix – we have to fix the health insurance system, and the President is realizing that he has to then fix the immigration system. I mean going on to – I mean, remember, he went onto (Una Visión) for the first time on a Sunday talk show this weekend, so it's clear that the politics of immigration are moving steadfastly in the direction of reform and that the political powers that be are seeing those winds change.

Dena Bunis: But Ali, (I mean), if in fact you say that why would the President make a move on health reform that he knew would so enrage the – the immigrant community and the immigrant advocates?

Ali Noorani: Well, I think what we're seeing is that the President and others are saying that we want to fix – we want to make sure that every person who is here legally and paying taxes has access to affordable health insurance, and we want to make sure that we're fixing the immigration system so that people are here legally and they are paying taxes. So it is you know a step one and step two, and that's been the strategy from day one of this administration and the pressure has increased. I think that you know it's not – it's a reality that step one cannot include folks who are not paying taxes, therefore we have to fix the immigration system to make sure that everybody's paying taxes.

Can we get the next question, please?

Operator: Yes, sir. And now we'll hear ...

Female: ((inaudible)).

Operator: ... now we'll hear from Carrie Brown with Politico.

Carrie Brown: Hi. I just wanted the clarification on the 5-year waiting period for legal immigrants. Is there – in the mark – includes that – continues, I guess, the policies for Medicaid, but it does not, if my understanding's correct, have a 5-year delay for getting subsidies in the exchange. Is that right?

Kate Kahan: That's correct. This is Kate.

Carrie Brown: So you're seeking a change regarding Medicaid through this bill?

Female: A very efficient policy change would be to eliminate the 5 – the current 5-year waiting period in Medicaid.

Carrie Brown: Is there any other 5-year waiting period for any benefits in this bill for immigrants?

Female: Well, it leaves the Child Health Insurance Program altered the way that that program is administered by giving the states the option to change – to not have a 5-year wait when they're covering pregnant moms and kids in CHIP, in Medicaid, but it doesn't mandate that that happen, so – and, to some effect, there is a potential 5-year wait, depending on how the state is administering the Child Health Insurance Program, as well.

Carrie Brown: Even if now there's not a 5-year wait for CHIP? Is that right?

Female: Right. That's because they changed it before in January.

Carrie Brown: OK, so it's a possibility that it could go back to the other way?

Female: No, it was always – it's a state option, right.

Carrie Brown: OK.

Female: So there's other 5-year waiting periods. Technically in the Medicare program there's a restriction to legal immigrants, as well, so those will not be addressed, but I just wanted to point you to some resources, both the NILK and NCLR have some different documents that sort of explain how complex the system is for immigrants. NILCs Web site is [www.nilc.org](http://www.nilc.org). NCLR has just also created a flowchart to show how legal immigrants would have to navigate the system, and that's on [www.nclr.org](http://www.nclr.org).

Carrie Brown: Thank you.

Ali Noorani: Great. Thank you. Can we get the next question, please?

Operator: Yes, sir. Now we'll hear from Erick Galindo with Hispanic Link.

Erick Galindo: Yes, hi. I just had a question. For the 5-year waiting period, as far as you know – as I understand, there's going to be 4 years after legislation is enacted, so would that technically be a 9-year waiting period or is it just 5 years from the time they get their legal status?

Sonal Ambegaokar: This is Sonal Ambegaokar from the National Immigration Law Center and I'll try to take that Erick. I think – you know this is exactly a good point is that we're not sure – because the exchange is so out there in the future, we're not sure which rules are going to get applied to which immigrants, and so as it stands right now you're potentially right. Yes, at the time that the exchange gets created they could potentially apply another 5-year waiting period at that point for legal immigrants, even though they've been here the last 5 years, so that's – the concern we have is that these rules are unnecessarily complicated. We will continually have recently arrived

immigrants, so those who recently arrive at the time the exchange gets created will definitely have to wait 5 years if we don't remove the 5-year waiting period. So, we just want to make sure people who we've already given permission, they've already gone through all our immigration tests, we should be able to allow them to get access to healthcare coverage without trying to figure out whose eligible and whose not.

And you know for the states that are trying to implement this program in the Medicaid program it's very complicated, and it already adds huge administrative costs in terms of trying to figure out which legal immigrants are eligible under the 5-year waiting period and which ones are not. And it's again forcing all of them into the emergency room and adding to all of our costs, so that's – it's not just an issue about fairness. It's an issue about how do we get the system to be better for everybody and stop making people wait for affordable healthcare.

Erick Galindo: And I'm sorry, a quick follow up to that. For instance, in California, where they were treating immigrants before – under the 5-year rules, for example, due to economic cuts they just stopped treating them if they weren't here for 5 years. Is there going to be anything that's going to – I mean in the bill will it just be that flexible, where they could just change it whenever they like ...

Sonal Ambegaokar: Yes, this is Sonal again. Let me clarify. So, the 5-year waiting period for immigrants is a federal rule. States are allowed to cover those immigrants using state funds and many states have, like California. Actually you know in the budget crisis that we just had in California there was a consideration of trying to eliminate that program for immigrants, but the state realizes the investment is absolutely necessary, and it's an issue of fairness to make sure that low income legal immigrants (have) ((inaudible)) to the Medicaid program, so that actually has been maintained in California. But we understand that you know in this difficult climate states are facing you know huge budget crunches and that's why we want Congress to step in and do their fair share.

These are again legal immigrants who are paying federal taxes none of their federal money is going to pay for their healthcare and states are having to actually cover some of those costs with their own money, and we want states to have their fair share from Congress so that everyone's paying into the system, the federal government, the state government, as well as individuals who can afford to. Everyone should be paying – this is the shared responsibility model that we're talking about, so states that are doing the right thing in covering legal immigrants need to get fiscal relief, and then we hope that with the Congress mandating this requirement that more states will cover – will be required to cover legal immigrants and will avoid forcing them into the emergency room. So I hope that clarifies things, Erick.

Erick Galindo: Yes. I'm sorry, and just one more question. Is there any indication from any of the members on the Finance Committee that they'd be willing to look at eliminating that 5-year rule for the Medicaid?

Female: Absolutely. So there are a number of amendments on the table. You know Senators Rockefeller, as well as Senators Menendez and Senators Bingaman have all either sponsored or cosponsored legislation to eliminate the 5-year waiting period and associated restrictions for legal immigrants, so I think there are a number of people who hold this as a concern. And, I should also point out that doing this could actually create cost savings under the current Senate Finance Committee Mark.

Ali Noorani: OK, thank you. Can we get to the next question, please? We have a few lined up, so we'll try to rattle through them here.

Operator: Yes, sir. Now we'll open the floor to William Gibson with Sun Sentinel.

William Gibson: Hi. Thanks. I came a little late, so forgive me if this has already been asked, but are you dissatisfied with the Obama Administration's handling of this? Have they given away the store and are you planning any action here – rallies, protests, demonstrations, advertising, anything?

Ali Noorani: Kate, would you like to start with that one?

Kate Kahan: Sure, I'll give it a try. So you know we – I, in the beginning mentioned that the Center for Community Change is a social justice organization and we work on both health insurance reform and also (just the humane) immigration reform. And we think that the two issues – and Ali laid this out extremely well, I think. We find that the two issues are, of course, related to the way that immigrants are being considered in the current health reform draft, but that, in fact, because of the way – the goals of health reform, as they've been stated by President Obama and also by members of Congress, the majority party in Congress, is to cover as many people as possible and to make sure that healthcare is affordable for everyone, so that means we need to maximize coverage on the health reform side, and that means we need to include everyone and we should not be excluding documented immigrants.

And on the immigration reform side, as Ali pointed out, and we completely agree, that conversation is about making sure that the people who are here are paying taxes, and paying into the system and having access to the system. So those two pieces we do think, of course, are related to each other and are moving along together, but we really think they are sort of two distinct pieces of a puzzle that we're trying to solve as we move (forward) in our policy advocacy.

William Gibson: Excuse me, but I follow all of that, but I'm still not hearing the answer to the question. Has the Obama Administration been too quick to cave to get this healthcare through? Are they making immigrant vulnerable to – as part of the painful compromise of getting a healthcare bill through?

Jennifer Ng Andu: Let me take a stab at that. This is Jennifer. Here's what I'll say about this. You know we've all been working on this issue for months and months now, if not years, and for much of that time the Obama Administration has said that undocumented immigrants are off the table and will not be covered.

But I think what we have seen in recent weeks, and what has concerned us, is that members of Congress on both sides of the aisle, as well as the administration, have almost been in a boxing match trying to outdo each other, and promoting policies that undermine access for legal immigrants and U.S. citizens. And so the intent of healthcare reform to ensure security and stability for all Americans is not going to be met with sound policy. And we're actually undermining the impact of healthcare reform, based on the current tone of the discussion. And so what we have called for and seen recent evidence of is a change in the tone of the conversation to focus on getting healthcare reform right, and think that it's critically important to keep the eye on the prize and ensure that that happens.

William Gibson: OK.

Ali Noorani: So, I would offer – I would offer that we were disappointed by the President's initial reaction to the Wilson outbreak, and what we saw over the course of last week is that the political problem posed by the way that health insurance reforms been handled has led to a lot – has led to a political problem for the President and the leadership of Congress. Last week there were nearly 300 leaders in D.C., from across the country, to advocate for health insurance reform, as well as immigration reform.

In the weeks ahead the campaign that we're managing with these organizations on the phone and over 600 of other organizations, Reform Immigration for America, we'll be making our voices heard to Senate Finance Committee members so that they insure 100% of U.S. citizen children, so that they make sure that all taxpaying legal permanent residents have access to affordable

health insurance and so the Senate Finance Committee does not add onerous unfair verification guidelines or requirements.

So, yes, we were disappointed. However, what we've seen is that there has been a change in attitude from the President, from the White House, and that you know we're all pushing ahead for health insurance reform that serves immigrants and an immigration reform that serves all of the country.

William Gibson: Thank you.

Ali Noorani: Thank you. Can we get the next question, please?

Operator: Yes, sir. Now we'll hear from Antonieta Cadiz with La Opinión.

Antonieta Cadiz: ... this is Antonieta. My first one actually was already asked, but following up of what Ali was saying, Ali, when you say about – when you say the White House is changing their attitude what do you mean by that? I mean, in terms of the amendments and the new requirements that you expect for them to be addressed, or what are you specifically referring to when you say that they changed their attitude?

Ali Noorani: From my perspective, and I'd be interested to hear the other panelists, but it was not clear – the White House's position on access for U.S. citizen children to health insurance reform. It was not clear about the 5-year bar. Those things have become much clear over the last 7 days, since the Wilson outbreak. So in that way, when the President goes onto (Una Visión) for the first time on a Sunday talk show this week and says these are the things I'm for, in terms of health insurance reform, and I'm committed to immigration reform is a very clear signal that he is not going to – to bow in the face of this really unrelenting pressure and fear mongering from the opposition.

Anybody on the panel want to add to this one?

Ali Noorani: Can we get (the next one), please? I'm sorry.

Sonal Ambegaokar: Oh no, I was just going to add – this is Sonal ((inaudible)) and I agree with you Ali, and I think as we get closer to – you know when the 2 bills have to come together we will definitely – President Obama has made clear about you know all children being covered, U.S. citizen children being covered, and we want to make sure that the bills represent those kind of things, but we know that politics will continue to be in play and so we – as Jennifer said, we need to make sure they're sound policy and not just responses to the political dynamics going on.

Ali Noorani: Can we get the next question, please?

Operator: Yes, sir. We'll move on to Meredith Simons with Hearst Newspapers.

Meredith Simons: Hi there. You said earlier in the conversation – or you said several times that Obama has had on the table that people who aren't paying taxes, so undocumented immigrants cannot be covered. But you've also said that the more people who we have covered the lower costs are going to be, so is there any possibility, is anyone saying, or do you believe that undocumented immigrants should have some sort of coverage as well?

Ali Noorani: We would urge that that be the case. However, the strategy and the plan that we're on is that we fix the health insurance system first, so that all taxpaying residents of this country are eligible for affordable health insurance, and we fix the immigration system next, to make sure that all undocumented immigrants are able to become taxpaying residents of this country.

Meredith Simons: Thank you.

Ali Noorani: Thank you. Can we get the next question, please?

Operator: Yes, sir. Now we'll go to Belen Rodriguez with Telemundo.

(Carlos Oliva): Yes, this is (Carlos Oliva), instead of Belen, from Telemundo in Oklahoma City. I got one question. You know politics is about perceptions, and there is an important segment of the population in the United States that think that this – this – I'm sorry, healthcare reform bill is going to include illegal immigrants because there's no enforcement visible now. What type of verification systems will you favor in order to dispel those fears that are probably – I don't know, you can question it ((inaudible)) legitimately or un legitimately, but there are fears, nevertheless, of an important segment of the population.

And, second, how will you – do you have any strategy articulated in order to combat the radio commentators who you know are in some way fueling or inflaming the debate over this issue.

And, third you know I work for Telemundo. I work for ((inaudible)) so I don't have any problems with the President going on (Una Visión) or anything like, but don't you think that by the President ignoring Fox News on Sunday made a mistake because there is an important segment the population that actually have a lot of worries, and by not talking to them directly by the news network that serves them, personally I don't think that the President made the right choice, but I would like to know your thoughts on that too. Thank you very much.

Ali Noorani: In terms of the talk show circuit, I do want to correct an earlier statement in that the President has been on (Al Punto) a few times since he was elected. What we saw is that his – the White House's identification of (Una Visión) as a regular stop on the Sunday talk show circuit was an important statement of support for the Latino media that is I think a very, very important step forward, in terms of speaking directly to that electorate. In terms of speaking to Fox News, yes, it

is true that not every person who watched or reads Fox News is automatically against us, but I would weave a communication strategy for the White House – up to the White House, and I think it's important that the President continues to communicate directly to those who elected him, in particular the Latino, Asian and African immigrant voter.

But, in term of you initial verification question, I wanted to turn it over to Jen.

Jennifer Ng Andu: Yes, absolutely. So, the way that the National Council of La Raza and many other people looking at how to create an effective healthcare system are looking at this is that we need to diagnose the problem before we provide a prescription, in terms of verification. That's not to say that there isn't need for verification in the system, but what it does mean is that we need to be sure that that verification does not do undue harm to legal immigrants and U.S. citizen and that we have verification that actually helps to facilitate access to those who are eligible if those who are ineligible are kept out.

Right now, there's no silver bullet in our current system that effectively does that and you can't combine them and create that outcome either. In fact, if you – if you look at our verification programs today many are fraught with error. Most of them are not proven, and what they do is have the impact of increasing costs, increasing administrative burden and keeping eligible people out of the system. And so we are saying, just as the President himself has said, that in order to think about effective verification we're going to – they should take some time and start thinking about the implementation of these programs and delay the implementation until they're sure they've got it right. That's what they're doing on the other side of healthcare reform when they're providing coverage to people.

Ali Noorani: So, I want to thank everybody for participating in today's telephonic press conference. I apologize, we have a number of other questions lined up, but we are already over time. Press

that have questions, would like to reach any of our panelists, should contact (Kathryn Vargas).

Her phone number is 202-383-5987 or 202-641-5198.

I want to thank Sonal Ambegaokar with the National Immigration Law Center, Kate Kahan with the Center for Community Change, and Jennifer Ng Andu with the National Council of La Raza.

And I want to thank the members of the press for calling in today and we'll talk to you all very shortly. Thank you.

Operator: Ladies and gentlemen, that does conclude our conference for today. Again, thank you for your participation.

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