IMMIGRATION POLICIES, HEALTH, AND BEST PRACTICES

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Disclosures

- I have no relevant financial relationships with any commercial product(s) and/or provider(s) of commercial services discussed.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.
RECENT CHANGES TO IMMIGRATION POLICY
1/25/17 Executive Order: Border Security and Immigration Enforcement Improvements

- Expedite determinations of apprehended individuals’ claims to remain in the US
- Build more detention facilities near Mexican border
- Detain immigrants for illegal entry into the US

1/25/17 Executive Order: Enhancing Public Safety in the Interior of the United States

- Broadens deportation priorities to those who:
  - Have been convicted or have been charged with any criminal offense (this can include entering the US without a proper immigration check, driving w/o a license, OUI, hopping a subway turnstile), etc.
  - Have engaged in fraud or willful misrepresentation with any official matter before a govt. agency
  - Has abused any program of public benefits
  - Otherwise poses, in the judgment of an immigration officer, a risk to public safety
Executive Order: Enhancing Public Safety in the Interior of the United States

- Encourages 287(g) agreements with states, which deputize local police to enforce immigration law (Barnstable, Plymouth, and Bristol county already have this in MA)
Temporary Protected Status

Allows individuals to remain in U.S. and work because of ongoing conflict or environmental disasters in their home country.
Temporary Protected Status

Current expiration dates:

Nicaragua: permanent Jan 2, 2020
Sudan: permanent Jan 2, 2020
Nepal: permanent Jan 2, 2020
Haiti: permanent Jan 2, 2020
El Salvador: permanent Jan 2, 2020
Honduras: permanent Jan 5, 2020
South Sudan: Nov 3, 2020
Syria: Sept 30, 2019
Yemen: March 3, 2020
Somalia: March 17, 2020
Public Charge

• An immigrant who is found to be “likely . . . to become a public charge” *(in the future)* may be denied admission to the U.S. or **lawful permanent resident (green card) status**.

• Since 1999, defined as someone who is likely to become “primarily dependent on the government for subsistence, as demonstrated by
  
  • receipt of **public cash assistance** for income maintenance (TANF, SSI), or
  • **institutionalized for long-term care** at government expense.”
Public Charge

Sept 2018: Dept. of Homeland Security announced proposed changes to expand public charge definition to include:

- Non-emergency Medicaid
- Medicare Part D
- Supplemental Nutritional Assistance Program (SNAP);
- Section 8 Housing Assistance
- Subsidized housing

Safe Communities Act

- Bars police and courts from asking people about their status unless required by law.
- Before ICE questions someone in local custody, requires consent using a form that explains their right to decline or have their attorney present.
- Bars police, court officers, and jail officials from notifying ICE that someone is about to be released.
- Outlaws 287(g) agreements
- Requires law enforcement agencies to train their personnel about this law
BEST PRACTICES
Case- Ms. M

- Ms. M is a Haitian Creole speaking woman who comes into your ED with chief complaint of diarrhea. During your history taking, you ask about her recent travel history. She asks you why you need to know and what you plan to write in the chart.
Best practices at the bedside:

• Reinforce confidentiality
• Use normalizing language
• Generally avoid documenting immigration status
• Use an interpreter if needed
• Exercise cultural humility
Case- Mrs. S

- Mrs. S comes to the ED complaining of palpitations and chest pain for the last week. She is feeling more anxious lately. She explains that she has a deportation order and she is worried what may happen to her children if she is deported.
Family Preparedness Plans

- Family Preparedness Plans help immigrants prepare for the possibility of family separation due to immigration enforcement.
  - Arrange for alternate school pickup plan
  - Collect important documents (birth certificates, medical and school records, passports for child)
  - Discuss plan with children, family, and others
  - Long term plan could be long-term separation or ultimate plan of reunification in home country
Best practices: resources and referrals

• Create a resource table where patients can access information
• Have social workers and case managers be up to date on resources for legal referrals and community support organizations
• Work with psychiatry department on mental health referrals and outreach
• Develop supports for providers working with these communities
Resources for Supporting Immigrants in Massachusetts

April 22nd, 2018: CHA's web site will be down for maintenance at 10PM on April 22nd for approximately two hours. We apologize for this inconvenience.

At CHA, we are proud to honor the diversity of our patients, staff and community and create a culture in which all feel valued and respected. As part of our mission to improve the health of our communities, please find below a list of local and national resources to help our patients and their families with questions about immigration status and immigrant and refugee health issues. This list is a sampling of available resources and will be updated regularly.

Click the links below for more information:

Social Services
- Mass 211 - Essential community resources
- Boston Children's Hospital - “HelpSteps” online guided questionnaire
- Refugeeography - Visual guide for immigrants and refugees in Boston
- Cambridge Health Alliance - Immigration Physicals

Legal Assistance
- Translations available at these websites
- MassLegal Services - Legal Resource Finder
- Greater Boston Legal Services - Service Locations
- Immigration Advocates Network - National Immigration Legal Services Directory
- Community Legal Services and Counseling Center - Immigration Legal Screening Clinic
Mr. G comes to your department with shortness of breath. He says she would prefer not to do blood tests or a chest xray, because they are expensive and he is “self pay.” He mentions he is afraid to apply for insurance because of his immigration status.
<table>
<thead>
<tr>
<th></th>
<th>Undocumented Immigrants</th>
<th>Lawful Permanent Residents</th>
<th>Refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Subsidies</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicaid</td>
<td>No (emergencies only)</td>
<td>No (state options for children, pregnancy, &gt; 5 yrs residency)</td>
<td>Yes</td>
</tr>
<tr>
<td>CHIP</td>
<td>No</td>
<td>State option</td>
<td>Yes</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>Yes (often not enforced)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
In Massachusetts

Health Safety Net
- For people up to 300% Fed Poverty Level
- All usual MassHealth benefits, in community health centers or acute care hospitals
- Separate doctor’s bills only paid for CHA and BMC

MassHealth Limited
- Emergency coverage, including hospitalization, insulin, dialysis, L&D

Children’s Medical Security Plan
- Primary and preventive care only
- Low caps on coverage, e.g. $200/yr cap for meds
Best practices: improving financial services

• Make sure financial services staff are clear on how immigration status relates to what people are qualified for.
• Sign people up for insurance in the ED
• Get Financial Services to reach out to people whose benefits are about to expire
Another scenario

• A nurse comes into the room when you are taking a history on a patient, and says there is an ICE officer in the waiting room who would like information about the patient in room 4.
In 2011, the Department of Homeland Security issued a memo listing "sensitive locations" where immigration enforcement actions are generally not to occur.
WHAT DO I DO IF A LAW ENFORCEMENT OFFICIAL
ASKS FOR PATIENT OR EMPLOYEE INFORMATION
OR COMES LOOKING FOR A PATIENT OR EMPLOYEE?

1. If a federal, state or local law enforcement official comes to or calls your site and
asks about a patient or employee or for information about a patient or employee:
   a. **Do not provide any information about the patient.**
   b. **Do not let the law enforcement official into any patient care area.**
   c. Contact your supervisor or another manager at the site immediately.

2. The supervisor/manager will **page the Chief or Deputy Chief of Public Safety** via the
   Extend system.
   - The Chief of Public Safety is William Chase (Pager: 781-760-3665)
   - The Deputy Chief of Public Safety is Matt Termini (Pager: 617-546-0354)

3. If the law enforcement official asks to speak to a manager, the manager should speak
   with the official in a public area and not bring them into a patient care area.

4. The Chief or Deputy Chief of Public Safety will consult with the CHA Legal
   Department as necessary.
Best practices: security and public safety

• Post welcoming signage in various languages.
• Reassure patients that the hospital will not share their information or collaborate with immigration enforcement unless required by law
• “Know your rights” info and trainings for staff and patients.
Interested in further involvement?

- Health and Law Immigrant and Solidarity Network: hlisn.org
- Massachusetts Immigrant and Refugee Advocacy Coalition: miracoalition.org
- ACEP Social EM Section
QUESTIONS

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