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H. R. 5008

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

IN THE HOUSE OF REPRESENTATIVES

JULY 27, 2023

Ms. JAYAPAL (for herself, Ms. BARRAGÁN, Ms. ADAMS, Mr. BLUMENAUER, Ms. BONAMICI, Mr. BOWMAN, Ms. BUSH, Mr. CARSON, Mr. CARTER of Louisiana, Ms. CASTOR of Florida, Mr. CASTRO of Texas, Mrs. CHERFILUS-MCCORMICK, Ms. CHU, Ms. CLARKE of New York, Mr. CLEAVER, Mr. CONNOLLY, Mr. CORREA, Ms. CROCKETT, Mr. DOGGETT, Mr. ESPAILLAT, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GOMEZ, Mr. GRIJALVA, Ms. JACKSON LEE, Ms. JACOBS, Mr. JOHNSON of Georgia, Mr. KRISHNAMOORTHY, Ms. LEE of California, Ms. LOFGREN, Mr. MCGOVERN, Ms. MENG, Ms. MOORE of Wisconsin, Mr. NADLER, Mrs. NAPOLITANO, Ms. NORTON, Ms. OCASIO-CORTEZ, Ms. OMAR, Ms. PINGREE, Mr. POCAN, Ms. PRESSLEY, Mr. QUIGLEY, Mrs. RAMIREZ, Ms. SCANLON, Ms. SCHAKOWSKY, Ms. SEWELL, Mr. SOTO, Mr. THANEDAR, Ms. TLAIB, Ms. TOKUDA, Mrs. TORRES of California, Mr. TRONE, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Ms. WILLIAMS of Georgia, Ms. WILSON of Florida, Mrs. TRAHAN, Mr. PANETTA, and Mr. CÁRDENAS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Equity and
5 Access under the Law for Immigrant Families Act of
6 2023” or the “HEAL for Immigrant Families Act of
7 2023”.

8 **SEC. 2. FINDINGS; PURPOSE.**

9 (a) FINDINGS.—Congress finds as follows:

10 (1) Health insurance coverage reduces harmful
11 racial, economic, gender, and health inequities by al-
12 leviating cost barriers to, and increasing utilization
13 of, necessary health care services, especially among
14 low-income and underserved populations.

15 (2) Based solely on their immigration status,
16 many immigrants and their families face legal and
17 policy restrictions on their ability to obtain afford-
18 able health insurance coverage through Medicaid,
19 the Children’s Health Insurance Program (CHIP),
20 and the health insurance exchanges.

21 (3) Lack of health insurance coverage contrib-
22 utes to persistent inequities in the prevention, diag-
23 nosis, and treatment of health conditions. This leads
24 to negative health outcomes for immigrants and
25 their families, especially Black, Indigenous, Latinx,

1 Asian, Pacific Islander, and other Immigrants of
2 Color.

3 (4) Black immigrant women often cite cost as
4 a major barrier to health care. Many who are un-
5 documented forgo doctor visits altogether due to the
6 financial burden in addition to consistent racial bias
7 by medical practitioners and racism in health care.

8 (5) Nearly half of immigrant women are of re-
9 productive age. Immigrant women, lesbian, gay, bi-
10 sexual, transgender, and queer (LGBTQ) immi-
11 grants, and immigrants with disabilities dispropor-
12 tionately live in households with low incomes and
13 lack health insurance coverage. Legal and policy bar-
14 riers to affordable health insurance coverage signifi-
15 cantly exacerbate their risk of negative pregnancy-
16 related and other reproductive and sexual health
17 outcomes, with lasting health and economic con-
18 sequences for immigrant women, LGBTQ immi-
19 grants, immigrants with disabilities, and their fami-
20 lies and society as a whole.

21 (6) Denying health insurance coverage or im-
22 posing waiting periods for health insurance coverage
23 on the basis of immigration status unfairly hinders
24 immigrants' ability to reach and maintain their opti-

1 mal levels of health and undermines the economic
2 well-being of their families.

3 (7) Like the Hyde amendment’s prohibition on
4 public insurance coverage for abortion care, immi-
5 gration-related health care eligibility barriers have
6 long curtailed access to abortion. In June 2022, in
7 *Dobbs v. Jackson Women’s Health Organization*, the
8 Supreme Court of the United States overturned the
9 constitutional right to abortion, exacerbating pre-ex-
10 isting barriers. In the year since the *Dobbs* decision
11 was issued, 19 States have banned or restricted
12 abortion—disproportionately impacting 15 million
13 women of color and millions of transgender and non-
14 binary people. Notably, in 2022, 39 percent of all
15 Latinas living in States that were likely to ban abor-
16 tion following the *Dobbs* decision were born outside
17 of the United States—this group includes people
18 with varying citizenship statuses, among whom fear
19 of surveillance may be particularly prevalent, due to
20 disproportionate investigation and surveillance that
21 many immigrant communities already face. Bans
22 and restrictions on abortion exacerbate the fear of
23 criminalization in immigrant communities, and con-
24 tribute to a chilling effect that leads many immi-
25 grants to forego reproductive health care and cov-

1 erage of any kind as they navigate these intersecting
2 risks of criminalization. Polling conducted in 2018
3 found one in four Latina/o voters (24 percent) had
4 a close family member or friend delay or avoid
5 health care because of fear related to discriminatory
6 immigration policies, and one in five (19 percent)
7 said the same about reproductive health care.

8 (8) Ensuring access to crucial coverage of re-
9 productive and sexual health services such as contra-
10 ception and pregnancy-related care through Med-
11 icaid and the Affordable Care Act is imperative, with
12 only half (52 percent) of immigrants at risk of unin-
13 tended pregnancy receiving contraceptive care in the
14 previous year. Many immigrants are being denied
15 the basic human right to make the health care deci-
16 sions they believe are best for them and their fami-
17 lies, including abortion care, simply because of their
18 immigration status. In States along the Southern
19 Border, immigrant communities are subject to inte-
20 rior checkpoints that increase the threat of family
21 separation, deportation, and detention, and com-
22 pound the harm of abortion restrictions that force
23 people to travel to obtain care. Immigrants living
24 without documentation, in particular, may have no
25 way of obtaining an abortion when immigration en-

1 enforcement and abortion restrictions combine to pre-
2 vent them from traveling to a provider. Further, due
3 to the high cost of travel associated with the on-
4 slaught of abortion bans, practical support organiza-
5 tions that assist with procedure and travel costs
6 have been experiencing high demand, and struggle
7 with inadequate resources. Accessing support serv-
8 ices can be out of reach for those without reliable
9 technology to research and maintain contact with
10 support services, or who encounter linguistic barriers
11 when support services are not able to provide trans-
12 lators. For many, abortion care will be entirely inac-
13 cessible due to these compounding barriers, thus ex-
14 acerbating the need for accessible reproductive and
15 sexual health services such as contraception and
16 pregnancy-related and post-pregnancy care.

17 (9) International human rights standards hold
18 that governments have an affirmative obligation to
19 ensure that everyone, including immigrants, can ac-
20 cess safe, respectful, culturally and linguistically ap-
21 propriate, and high-quality pregnancy-related care,
22 including postpartum care, free from discrimination
23 or violence. Medicaid is the Nation's single largest
24 payer for pregnancy-related care. Nevertheless, bar-

1 riers to health coverage persist for pregnant and
2 postpartum people, particularly immigrants.

3 (10) Immigrants—especially Black, Indigenous,
4 Latinx, Asian, and Pacific Islander immigrants—are
5 among those most harmed by the United States
6 pregnancy-related morbidity and mortality epidemic,
7 which is the worst among high-income nations.
8 Black people are nearly four times more likely than
9 White people to suffer pregnancy-related death, and
10 twice as likely to suffer maternal morbidity. Indige-
11 nous people are two and a half times more likely
12 than White people to die from a pregnancy-related
13 death. The majority of United States pregnancy-re-
14 lated deaths are preventable. Lack of access to
15 health care, immigration status, poverty, and expo-
16 sure to racism, sexism, and xenophobia in and be-
17 yond the health care system contribute to the dis-
18 proportionately high number of pregnancy-related
19 deaths among BIPOC birthing and postpartum peo-
20 ple. Unnecessary barriers that limit pregnant and
21 postpartum immigrants’ access to health care under-
22 mine their health, safety, and human rights.

23 (11) One in seven United States residents is
24 foreign-born, approximately one in four children in
25 the United States has at least one immigrant par-

1 ent, and the population of immigrant families in the
2 United States is expected to continue to grow in the
3 coming years. It is therefore in our collective public
4 health and economic interest to remove legal and
5 policy barriers to affordable health insurance cov-
6 erage that are based on immigration status.

7 (12) Delaying or denying health insurance cov-
8 erage because of immigration status can impede
9 mental health and substance use prevention and
10 early intervention interventions. Not acknowledging
11 the impacts of trauma can impact mental health and
12 substance use, and conditions may increase in sever-
13 ity without appropriate and consistent support and
14 treatment.

15 (13) Although individuals granted relief under
16 the Deferred Action for Childhood Arrivals (DACA)
17 program are authorized to live and work in the
18 United States, they have been unfairly excluded
19 from the definitions of lawfully present and lawfully
20 residing for purposes of health insurance coverage
21 provided through the Department of Health and
22 Human Services, including Medicaid, CHIP, and the
23 health insurance exchanges.

24 (14) On April 26, 2023, the Centers for Medi-
25 care & Medicaid Services (CMS) published a pro-

1 posed rule that would modify the definition of “law-
2 fully present” used to determine eligibility for Pa-
3 tient Protection and Affordable Care Act (ACA)
4 health plans and certain other health care programs.
5 Codifying these protections in legislation is crucial to
6 ensure individuals granted relief under the Deferred
7 Action for Childhood Arrivals (DACA) program and
8 those who gain new forms of administrative relief
9 are not similarly excluded in future administrative
10 action. This is even more imperative as more than
11 a quarter of DACA recipients are currently unin-
12 sured as they await the finalization of the proposed
13 rule.

14 (15) Since immigration law evolves constantly,
15 new immigration categories for individuals with fed-
16 erally authorized presence in the United States may
17 be created.

18 (16) Some States continue to unwisely restrict
19 Medicaid access for immigrants who have long re-
20 sided in the United States, fueling significant health
21 inequities and increasing health care costs for indi-
22 viduals and the public.

23 (17) Congress restored Medicaid eligibility for
24 individuals living in the United States under the
25 Compacts of Free Association as part of bipartisan

1 legislation in December 2020 and should build on
2 that success by ensuring all immigrants can access
3 care.

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

5 (1) ensure that all individuals who are lawfully
6 present in the United States are eligible for all fed-
7 erally funded health care programs;

8 (2) advance the ability of undocumented indi-
9 viduals to obtain health insurance coverage through
10 the health insurance exchanges established under
11 part II of the Patient Protection and Affordable
12 Care Act, Public Law 111–148;

13 (3) eliminate the authority for States to restrict
14 Medicaid eligibility for lawful permanent residents;
15 and

16 (4) eliminate other barriers to accessing Med-
17 icaid, CHIP, and other medical assistance.

18 **SEC. 3. REMOVING BARRIERS TO HEALTH COVERAGE FOR**

19 **LAWFULLY RESIDING INDIVIDUALS.**

20 (a) MEDICAID.—Section 1903(v)(4) of the Social Se-
21 curity Act (42 U.S.C. 1396b(v)(4)) is amended—

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

24 “(A) Notwithstanding sections 401(a),
25 402(b), 403, and 421 of the Personal Responsi-

1 bility and Work Opportunity Reconciliation Act
2 of 1996, a State shall provide medical assist-
3 ance under this title, to individuals who are
4 lawfully residing in the United States (including
5 individuals described in paragraph (1), battered
6 individuals described in section 431(c) of such
7 Act, and individuals with an approved or pend-
8 ing application for deferred action or other fed-
9 erally authorized presence), if they otherwise
10 meet the eligibility requirements for medical as-
11 sistance under the State plan approved under
12 this title (other than the requirement of the re-
13 ceipt of aid or assistance under title IV, supple-
14 mental security income benefits under title
15 XVI, or a State supplementary payment).”;

16 (2) by amending subparagraph (B) to read as
17 follows:

18 “(B) No debt shall accrue under an affi-
19 davit of support against any sponsor of an indi-
20 vidual provided medical assistance under sub-
21 paragraph (A) on the basis of provision of as-
22 sistance to such individual and the cost of such
23 assistance shall not be considered as an unreim-
24 bursed cost.”; and

25 (3) in subparagraph (C)—

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

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

6 (C) by inserting “or present” after “law-
7 fully residing” each place it appears.

8 (b) CHIP.—Subparagraph (N) of section 2107(e)(1)
9 of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
10 amended to read as follows:

11 “(N) Paragraph (4) of section 1903(v) (re-
12 lating to lawfully present individuals and un-
13 documented immigrants).”.

14 (c) EFFECTIVE DATE.—

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

20 (2) EXCEPTION IF STATE LEGISLATION RE-
21 QUIRED.—In the case of a State plan for medical as-
22 sistance under title XIX, or a State child health plan
23 under title XXI, of the Social Security Act which the
24 Secretary of Health and Human Services determines
25 requires State legislation (other than legislation ap-

1 appropriating funds) in order for the plan to meet the
2 additional requirements imposed by the amendments
3 made by this section, the respective State plan shall
4 not be regarded as failing to comply with the re-
5 quirements of such title solely on the basis of its
6 failure to meet these additional requirements before
7 the first day of the first calendar quarter beginning
8 after the close of the first regular session of the
9 State legislature that begins after the date of enact-
10 ment of this Act. For purposes of the previous sen-
11 tence, in the case of a State that has a 2-year legis-
12 lative session, each year of such session shall be
13 deemed to be a separate regular session of the State
14 legislature.

15 **SEC. 4. CONSISTENCY IN HEALTH INSURANCE COVERAGE**
16 **FOR INDIVIDUALS WITH FEDERALLY AU-**
17 **THORIZED PRESENCE, INCLUDING DE-**
18 **FERRED ACTION.**

19 (a) **IN GENERAL.**—For purposes of eligibility under
20 any of the provisions described in subsection (b), all indi-
21 viduals granted federally authorized presence in the
22 United States shall be considered to be lawfully present
23 in the United States.

24 (b) **PROVISIONS DESCRIBED.**—The provisions de-
25 scribed in this subsection are the following:

1 (1) EXCHANGE ELIGIBILITY.—Section 1411 of
2 the Patient Protection and Affordable Care Act (42
3 U.S.C. 18031).

4 (2) REDUCED COST-SHARING ELIGIBILITY.—
5 Section 1402 of the Patient Protection and Afford-
6 able Care Act (42 U.S.C. 18071).

7 (3) PREMIUM SUBSIDY ELIGIBILITY.—Section
8 36B of the Internal Revenue Code of 1986 (26
9 U.S.C. 36B).

10 (4) MEDICAID AND CHIP ELIGIBILITY.—Titles
11 XIX and XXI of the Social Security Act, including
12 under section 1903(v) of such Act (42 U.S.C.
13 1396b(v)).

14 (c) EFFECTIVE DATE.—

15 (1) IN GENERAL.—Subsection (a) shall take ef-
16 fect on the date of enactment of this Act.

17 (2) TRANSITION THROUGH SPECIAL ENROLL-
18 MENT PERIOD.—In the case of an individual de-
19 scribed in subsection (a) who, before the first day of
20 the first annual open enrollment period under sub-
21 paragraph (B) of section 1311(c)(6) of the Patient
22 Protection and Affordable Care Act (42 U.S.C.
23 18031(c)(6)) beginning after the date of enactment
24 of this Act, is granted federally authorized presence
25 in the United States and who, as a result of such

1 subsection, qualifies for a subsidy under a provision
2 described in paragraph (2) or (3) of subsection (b),
3 the Secretary of Health and Human Services shall
4 establish a special enrollment period under subpara-
5 graph (C) of such section 1311(e)(6) during which
6 such individual may enroll in qualified health plans
7 through Exchanges under title I of the Patient Pro-
8 tection and Affordable Care Act and qualify for such
9 a subsidy. For such an individual who has been
10 granted federally authorized presence in the United
11 States as of the date of enactment of this Act, such
12 special enrollment period shall begin not later than
13 90 days after such date of enactment. Nothing in
14 this paragraph shall be construed as affecting the
15 authority of the Secretary to establish additional
16 special enrollment periods under such subparagraph
17 (C).

18 **SEC. 5. REMOVING CITIZENSHIP AND IMMIGRATION BAR-**
19 **RIERS TO ACCESS TO AFFORDABLE HEALTH**
20 **CARE UNDER THE ACA.**

21 (a) IN GENERAL.—

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

24 (A) in subsection (c)(1)(B)—

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

5 (ii) by amending clause (ii) to read as
6 follows:

7 “(ii) the taxpayer is a noncitizen who
8 is not eligible for the Medicaid program
9 under title XIX of the Social Security Act
10 by reason of the individual’s immigration
11 status,”; and

12 (B) by striking subsection (e).

13 (2) COST-SHARING REDUCTIONS.—Section 1402
14 of the Patient Protection and Affordable Care Act
15 (42 U.S.C. 18071) is amended by striking sub-
16 section (e) and redesignating subsection (f) as sub-
17 section (e).

18 (3) BASIC HEALTH PROGRAM ELIGIBILITY.—
19 Section 1331(e)(1)(B) of the Patient Protection and
20 Affordable Care Act (42 U.S.C. 18051(e)(1)(B)) is
21 amended by striking “lawfully present in the United
22 States,”.

23 (4) RESTRICTIONS ON FEDERAL PAYMENTS.—
24 Section 1412 of the Patient Protection and Afford-
25 able Care Act (42 U.S.C. 18082) is amended by

1 striking subsection (d) and redesignating subsection
2 (e) as subsection (d).

3 (5) REQUIREMENT TO MAINTAIN MINIMUM ES-
4 SENTIAL COVERAGE.—Subsection (d) of section
5 5000A of the Internal Revenue Code of 1986 is
6 amended by striking paragraph (3) and by redesignig-
7 nating paragraph (4) as paragraph (3).

8 (b) CONFORMING AMENDMENTS.—

9 (1) ESTABLISHMENT OF PROGRAM.—Section
10 1411(a) of the Patient Protection and Affordable
11 Care Act (42 U.S.C. 18081(a)) is amended by strik-
12 ing paragraph (1) and redesignating paragraphs (2),
13 (3), and (4) as paragraphs (1), (2), and (3), respec-
14 tively.

15 (2) QUALIFIED INDIVIDUALS.—Section 1312(f)
16 of the Patient Protection and Affordable Care Act
17 (42 U.S.C. 18032(f)) is amended—

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

21 (B) by striking paragraph (3).

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to years, plan years, and taxable
24 years, as applicable, beginning after December 31, 2023.

1 **SEC. 6. STATE OPTION TO EXPAND MEDICAID AND CHIP TO**
2 **INDIVIDUALS WITHOUT LAWFUL PRESENCE.**

3 (a) MEDICAID.—

4 (1) IN GENERAL.—Section 1902(a)(10)(A)(ii)
5 of the Social Security Act (42 U.S.C.
6 1396a(a)(10)(A)(ii)) is amended—

7 (A) in subclause (XXII), by striking “or”
8 at the end;

9 (B) in subclause (XXIII), by striking the
10 semicolon and inserting “; or”; and

11 (C) by adding at the end the following new
12 subclause:

13 “(XXIV) who would be eligible
14 under the State plan (or waiver of
15 such plan) under this title if they were
16 citizens of the United States;”.

17 (2) CONFORMING AMENDMENT.—Section
18 1905(a) of the Social Security Act (42 U.S.C.
19 1396d(a)) is amended, in the matter preceding para-
20 graph (1)—

21 (A) in the matter designated as clause
22 (xxvi), by striking “or” at the end;

23 (B) in the matter designated as clause
24 (xxvii), by adding “or” at the end; and

25 (C) by inserting after the matter des-
26 ignated as clause (xxvii) the following:

1 “(xxviii) individuals described in section
2 1902(a)(10)(A)(ii)(XXIV),”.

3 (b) CHIP.—Title XXI of the Social Security Act (42
4 U.S.C. 1397aa et seq.) is amended by inserting after sec-
5 tion 2112 the following new section:

6 **“SEC. 2112A. STATE OPTION TO PROVIDE COVERAGE FOR**
7 **INDIVIDUALS WITHOUT LAWFUL PRESENCE.**

8 “A State may elect through an amendment to its
9 State child health plan under section 2102 to treat an in-
10 dividual as a targeted low-income child or a targeted low-
11 income pregnant woman for purposes of this title if such
12 individual would otherwise be included as such a child or
13 such a pregnant woman (as applicable) under such plan
14 if the individual were a citizen of the United States.”.

15 (c) NONAPPLICATION OF ELIGIBILITY PROHIBI-
16 TION.—Section 401(a) of the Personal Responsibility and
17 Work Opportunity Reconciliation Act of 1996 (42 U.S.C.
18 1611(a)) is amended by adding at the end the following
19 new sentence: “The preceding sentence shall not apply
20 with respect to a noncitizen’s eligibility under a State plan
21 (or waiver of such plan) under title XIX of the Social Se-
22 curity Act or under a State child health plan (or waiver
23 of such plan) under title XXI of such Act to the extent
24 that such State has elected to make such individual so

1 eligible pursuant to section 1902(a)(10)(A)(ii)(XXIV) or
2 2112A of such Act, respectively.”.

3 **SEC. 7. PRESERVING ACCESS TO COVERAGE.**

4 (a) IN GENERAL.—Nothing in this Act, including the
5 amendments made by this Act, shall prevent lawfully
6 present noncitizens who are ineligible for full benefits
7 under the Medicaid program under title XIX of the Social
8 Security Act from securing a credit for which such lawfully
9 present noncitizens would be eligible under section
10 36B(c)(1)(B) of the Internal Revenue Code of 1986 and
11 under the Medicaid provisions for lawfully present nonciti-
12 zens, as in effect on the date prior to the date of enact-
13 ment of this Act.

14 (b) DEFINITION.—For purposes of subsection (a),
15 the term “full benefits” means, with respect to an indi-
16 vidual and State, medical assistance for all services cov-
17 ered under the State plan under title XIX of the Social
18 Security Act that is not less in amount, duration, or scope,
19 or is determined by the Secretary of Health and Human
20 Services to be substantially equivalent to the medical as-
21 sistance available for an individual described in section
22 1902(a)(10)(A)(i) of the Social Security Act (42 U.S.C.
23 1396a(a)(10)(A)(i)).

1 **SEC. 8. REMOVING BARRIERS TO HEALTH COVERAGE FOR**
2 **LAWFULLY PRESENT INDIVIDUALS IN MEDI-**
3 **CARE.**

4 (a) PART A.—Section 1818(a)(3) of the Social Secu-
5 rity Act (42 U.S.C. 1395i-2(a)(3)) is amended by striking
6 “an alien” and all that follows through “under this sec-
7 tion” and inserting “an individual who is lawfully present
8 in the United States, including individuals with an ap-
9 proved or pending application for deferred action or other
10 federally authorized presence”.

11 (b) PART B.—Section 1836(2) of the Social Security
12 Act (42 U.S.C. 1395o(2)) is amended by striking “an
13 alien” and all that follows through “under this part” and
14 inserting “an individual who is lawfully present in the
15 United States, including individuals with an approved or
16 pending application for deferred action or other federally
17 authorized presence”.

18 (c) LAWFULLY PRESENT DEFINED.—The term “law-
19 fully present” shall include, at a minimum, all immigra-
20 tion categories that are treated as lawfully present for pur-
21 poses of the title XIX program as amended by section 3.

○