

HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 3774

DATE: March 27, 2006

Version: As amended by H3774A1

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Subject: Modifying Immigration Status Verification and Documentation of Citizenship

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Overview

This bill modifies requirements related to immigration status verification and documentation of citizenship for the state health care programs.

Section

- 1** **Immigration status verifications.** Amends § 256.01, subd. 18. Clarifies that MA and federally funded and nonfederally funded MinnesotaCare applicants must have their immigration status verified through the Systematic Alien Verification for Entitlements (SAVE) program. Currently, this subdivision requires the commissioner to use the federal SAVE program to conduct immigration status verifications for applicants of certain programs, but MA and nonfederally funded MinnesotaCare are not included in the list of programs for which this verification is required. However, the current practice is to conduct SAVE immigration status verifications for MA applicants.
- 2** **Reporting undocumented immigrants.** Amends § 256.01, by adding subd. 18a. Requires all employees of the state and counties to make a written report to the United States Citizenship and Immigration Service (USCIS) for any violation of federal immigration law by any applicant for certain public benefits that is discovered by the employee. Specifies that employees do not need an applicant's written authorization to contact USCIS.
- 3** **Documentation of citizenship.** Amends § 256.01, by adding subd. 23. Requires the commissioner to require applicants for state health care programs who claim status as a citizen or national of the United States to present satisfactory documentary evidence of citizenship or nationality as specified under the federal Deficit Reduction Act of 2005. Defines "state health care program" for purposes of this subdivision. Makes this section

Section

effective July 1, 2006, and makes it apply to determinations of initial eligibility for a state health care program made on or after July 1, 2006, and to the first redetermination or renewal of eligibility made on or after July 1, 2006, for individuals enrolled in a state health care program as of that date.