

The Advocates for Human Rights supports public policy that ensures every person can live with dignity.

The Advocates for Human Rights supports legislation to allow undocumented immigrants who meet the other eligibility requirements to enroll in MinnesotaCare and contribute to affordable coverage at the same costs paid by other Minnesotans at their income level.

- **HF3665/SF3618** removes the ban on MinnesotaCare eligibility for undocumented immigrants. This same language is carried in **Section 5 of HF11/SF2109**.
- The Governor's supplemental budget allows MinnesotaCare eligibility for undocumented immigrants under the age of 19. This is carried in **HF4307/SF4013 Article 3, Section 43** and in **HF4576 Article 2, Section 9**.

The Universal Declaration of Human Rights does not condition health upon ability to pay, citizenship, or any other condition. Minnesota does. Today, an estimated 95,000 Minnesotans may be excluded from access to MinnesotaCare solely because of their immigration status.

Undocumented immigrants are not eligible for Medicaid, except through Emergency Medical Assistance (EMA). EMA covers only care provided in an Emergency Department (ED), an inpatient hospital setting resulting from an ED visit, or limited additional services when specifically approved to prevent a person's medical condition from becoming an emergency condition within 48 hours. EMA doesn't cover chronic or non-emergency conditions even if the long-term effect would be hospitalization or death, nor any of the primary and preventative services people need to support their wellbeing and ongoing health needs. Although uninsured undocumented immigrants may receive sliding-scale primary care at Federally Qualified Health Centers, there are only 17 FQHCs in Minnesota serving a total of 190,000 patients, 12 of those clinics are in Minneapolis or St. Paul, and there is much essential specialty care they do not provide.

Denying certain immigrants access to healthcare contributes to Minnesota's health inequities. One in three Latina women in Minnesota reported that they could not see a doctor because of costs in 2021.¹ Immigrants receive optimal care and screening at significantly lower rates than U.S. born Minnesotans for a range of conditions including asthma, diabetes, and mental health needs.² Latinx Minnesotans have died of COVID-19 at twice the age-adjusted rate of white Minnesotans and their age-adjusted ICU-admittance rate for COVID-19 nearly four times higher.³

As Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization notes, "The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial

¹ Women's Foundation of Minnesota, 2022 Status of Women and Girls in Minnesota

² MN Community Measurement Health Disparities Report 2020

³ Minnesota Department of Health COVID-19 Data by Race and Ethnicity

hardship. No one should get sick and die just because they are poor, or because they cannot access the health services they need.”

Legislation to allow MinnesotaCare enrollment is an important step toward ensuring Minnesota meets its obligation to respect, protect, and fulfill the human rights of all persons in our state.

Sincerely,

Michele Garnett McKenzie
Deputy Director
The Advocates for Human Rights

About The Advocates for Human Rights

Founded in 1983 by Minnesotans who recognized the state’s unique spirit of social justice, The Advocates for Human Rights works in our home community and in partnerships worldwide to end violence against women, abolish the death penalty, protect the rights of migrants, and build the human rights movement. Governed by a 28-member board of directors, The Advocates is an independent, non-partisan, volunteer-driven 501(c)(3) nonprofit organization.