

REPEAL OF MEDICAID VERIFICATION REQUIREMENT

Mr. AKAKA. Mr. President, we must enact my legislation, S. 2305, to repeal a provision in the Deficit Reduction Act that will require people applying or reapplying for Medicaid to verify their citizenship with a U.S. passport or birth certificate. Congress must act to repeal this shortsighted policy before it goes into effect July 1, 2006, because it will create barriers to health care, is unnecessary, and will be an administrative burden to implement.

Mr. President, I ask unanimous consent that additional letters of support for S. 2305 from the California Immigrant Welfare Collaborative, the Coalition for Humane Immigrant Rights of Los Angeles, the National Health Law Program, Families USA, the Children's Defense Fund, the National Association for the Advancement of Colored People, and the American Public Health Association, be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

CALIFORNIA IMMIGRANT
WELFARE COLLABORATIVE,
Sacramento, CA, February 16, 2006.

Senator DANIEL KAHIKINA AKAKA,
U.S. Senate,
Washington, DC.

DEAR SENATOR AKAKA: The California Immigrant Welfare Collaborative (CIWC) is a statewide partnership of four immigrant rights organizations: Asian Pacific American Legal Center of Southern California, Coalition for Humane Immigrant Rights of Los Angeles, National Immigration Law Center and Services, Immigrant Rights and Education Network of San Jose. We work directly in communities as well as with policy makers in order to respond to changes in health and welfare laws and to advocate for low-income immigrants.

We are writing in support of your Senate bill to amend title XIX of the Social Security Act to repeal the amendments made by the Deficit Reduction Act of 2005 requiring documentation evidencing citizenship or nationality as a condition for receipt of medical assistance under the Medicaid program. This provision would apply to all current beneficiaries and future applicants, allowing no exceptions, even for those with serious mental or physical disabilities such as Alzheimer's disease or those who lack documents due to homelessness or a disaster such as Hurricane Katrina. About 49 million U.S.-born citizens (and two million naturalized citizens) who are covered by Medicaid over the course of a year would be required to submit these documents or forfeit their health insurance coverage. New Medicaid applicants also would have to meet this requirement.

According to a recent survey conducted by the Center on Budget and Policy Priorities and by the Opinion Research Corporation the new requirement could have large consequences on the health insurance coverage of millions of low-income U.S. citizens. Key findings from the survey include:

About one in every twelve (8 percent) U.S.-born adults age 18 or older who have incomes below \$25,000 report they do not have a U.S. passport or U.S. birth certificate in their possession. Applying this percentage to the number of adult citizens covered by Medicaid over the course of a year indicates that ap-

proximately 1.7 million U.S.-born adults who are covered by Medicaid could lose their health insurance because of the new requirement or experience delays in obtaining coverage as they attempt to secure these documents.

More than one tenth of U.S.-born adults with children who have incomes below \$25,000 reported they did not have a birth certificate or passport for at least one of their children. This indicates that between 1.4 and 2.9 million children enrolled in Medicaid appear not to have the paperwork required.

Taken together, the survey indicates that Medicaid coverage could be in jeopardy for 3.2 to 4.6 million U.S.-born citizens because they do not have a U.S. passport or birth certificate readily available.

Some types of citizens would shoulder a greater risk of losing Medicaid than others because they are less likely to have the required documents. While 5.7 percent of all adults in the survey (i.e., adults at all income levels) reported they lack these documents, the percentage was larger for certain groups: African American adults: 9 percent; Senior citizens 65 or older: 7 percent; Adults without a high school diploma: 9 percent; Adults living in rural areas: 9 percent.

These data and earlier research also suggest that elderly African Americans with low incomes may experience particular difficulties because a significant number of them were never issued birth certificates.

These results are conservative as many of those who would be most likely to experience difficulty in securing these documents—such as nursing-home residents, Katrina survivors living in temporary facilities, and homeless people—were not represented in the survey. Had the survey included such people, the percentage of people likely to be harmed by the requirement would almost certainly have been found to be higher.

In California, birth certificates cost \$17 and require a notarized application, or sworn statement under penalty of perjury. In addition to the added expense of notarizing, an additional \$25-\$50 depending on the ability of often-unscrupulous notaries to charge, making people swear under penalty of perjury is intimidating and will discourage people from applying. It takes four to six months to obtain birth certificates for newborns and if obtained in person, require travel to a different office than for duplicate copies that might be needed for adults or other children who need them. We see no flexibility in the amendments as passed to allow for families with no disposable income to obtain the birth certificates timely.

We understand that the new requirement for documentation in Medicaid is intended to prevent undocumented immigrants from declaring they are citizens and obtaining Medicaid benefits. The HHS Inspector General however found no substantial evidence that this is occurring. Instead, the principal effect of the provision would likely be to endanger health-care coverage for millions of poor U.S. citizens, because substantial numbers of native-born citizens do not have a passport or birth certificate readily available. We also anticipate the provision will add yet another barrier and have a chilling effect on the many immigrants who are federally eligible for Medicaid but may get turned away due to confusion in the rules when this is implemented in all 50 states. We support your efforts to repeal this amendment as it could have terrible consequences for all Medicaid recipients.

Sincerely,

JEANETTE ZANIPATIN,
Statewide Policy Analyst/CIWC.

THE COALITION FOR HUMANE
IMMIGRANT RIGHTS OF LOS ANGELES,
Los Angeles, CA.

Senator DANIEL KAHIKINA AKAKA,
U.S. Senate,
Washington, DC.

DEAR SENATOR AKAKA: The Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA) is a multi-ethnic nonprofit coalition founded in 1986 to advance the human and civil rights of immigrants and refugees in Los Angeles; promotes harmonious multi-ethnic and multi-racial human relations; and through coalition-building, advocacy, community education and organizing, empower immigrants and their allies to build a more just society.

We are writing in support of your Senate bill to amend title XIX of the Social Security Act to repeal the amendments made by the Deficit Reduction Act of 2005 requiring documentation evidencing citizenship or nationality as a condition for receipt of medical assistance under the Medicaid program. This provision would apply to all current beneficiaries and future applicants, allowing no exceptions, even for those with serious mental or physical disabilities such as Alzheimer's disease or those who lack documents due to homelessness or a disaster such as Hurricane Katrina. About 49 million U.S.-born citizens (and two million naturalized citizens) who are covered by Medicaid over the course of a year would be required to submit these documents or forfeit their health insurance coverage. New Medicaid applicants also would have to meet this requirement.

According to a recent survey conducted by the Center on Budget and Policy Priorities and by the Opinion Research Corporation the new requirement could have large consequences on the health insurance coverage of millions of low-income U.S. citizens. Key findings from the survey include:

About one in every twelve (8 percent) U.S.-born adults age 18 or older who have incomes below \$25,000 report they do not have a U.S. passport or U.S. birth certificate in their possession. Applying this percentage to the number of adult citizens covered by Medicaid over the course of a year indicates that approximately 1.7 million U.S.-born adults who are covered by Medicaid could lose their health insurance because of the new requirement or experience delays in obtaining coverage as they attempt to secure these documents.

More than one tenth of U.S.-born adults with children who have incomes below \$25,000 reported they did not have a birth certificate or passport for at least one of their children. This indicates that between 1.4 and 2.9 million children enrolled in Medicaid appear not to have the paperwork required.

Taken together, the survey indicates that Medicaid coverage could be in jeopardy for 3.2 to 4.6 million U.S.-born citizens because they do not have a U.S. passport or birth certificate readily available.

Some types of citizens would shoulder a greater risk of losing Medicaid than others because they are less likely to have the required documents. While 5.7 percent of all adults in the survey (i.e., adults at all income levels) reported they lack these documents, the percentage was larger for certain groups: African American adults: 9 percent; senior citizens 65 or older: 7 percent; adults without a high school diploma: 9 percent; and adults living in rural areas: 9 percent.

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Katrina survivors living in temporary facilities, and homeless people—were not represented in the survey. Had the survey included such people, the percentage of people likely to be harmed by the requirement would almost certainly have been found to be higher.

In California, birth certificates cost \$17 and require a notarized application, or sworn statement under penalty of perjury. In addition to the added expense of notarizing, an additional \$25-\$50 depending on the ability of often-unscrupulous notaries to charge, making people swear under penalty of perjury is intimidating and will discourage people from applying. It takes four to six months to obtain birth certificates for newborns and if obtained in person, require travel to a different office than for duplicate copies that might be needed for adults or other children who need them. We see no flexibility in the amendments as passed to allow for families with no disposable income to obtain the birth certificates timely.

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Instead, the principal effect of the provision would likely be to endanger health-care coverage for millions of poor U.S. citizens, because substantial numbers of native-born citizens do not have a passport or birth certificate readily available. We also anticipate the provision will add yet another barrier and have a chilling effect on the many immigrants who are federally eligible for Medicaid but may get turned away due to confusion in the rules when this is implemented in all 50 states. We support your efforts to repeal this amendment as it could have terrible consequences for all Medicaid recipients.

Sincerely,

JOSEPH VILLELA,
State Policy Advocate.

NATIONAL HEALTH LAW PROGRAM,
Washington, DC, February 16, 2006.

Senator DANIEL K. AKAKA,
Senate Hart Office Building,
Washington, DC.

DEAR SENATOR AKAKA: The National Health Law Program (NHeLP) supports the repeal of Section 6036 of the Deficit Reduction Act. This section requires documentation evidencing citizenship or nationality as a condition of receipt of Medicaid. The arbitrary and unnecessary documentation requirements embedded in Section 6036 will adversely and disproportionately deny medical care to elderly, minority, and rural U.S. citizens.

Currently, citizens are allowed to self-declare their citizenship under penalty of perjury when they apply for Medicaid. Proponents of Section 6036 suggest the provision will prevent immigrants from falsely obtaining Medicaid by claiming they are citizens. Yet the Office of the Inspector General of the Department of Health and Human Services conducted a comprehensive review of this subject and did not recommend new documentation requirements such as those contained in Section 3145, and the Centers for Medicare & Medicaid Services concurred in that judgment.

Rather, to the extent that Section 6036 would produce cost savings, it would do so by denying desperately needed health care coverage to many of this country's neediest native-born citizens, especially those who are African American, Native American, elderly and/or born in rural areas. For example, a study by the Center on Budget and Policy

Priorities noted that approximately 1.7 million adult citizens and 1.4 to 2.9 million citizen children on Medicaid do not have a passport or birth certificate available at home. Some of these individuals cannot get a birth certificate because they were not born in hospitals. For example, a 1950 study found that one out of five African Americans lacked a birth registration. And the difficulty of obtaining the documentation, especially for those with mental disabilities, will effectively preclude eligible individuals from enrolling in Medicaid.

Even without its likely discriminatory impact, Section 6036 represents bad policy. Adding new paperwork requirements imposes unnecessary delays at a time when many need prompt medical coverage. Individuals could face long delays in getting birth certificates due to the high volume of requests that state vital statistics offices will need to field. Further, Section 6036 effectively creates an application fee for Medicaid—a passport currently costs \$97.00; copies of a birth certificate can cost \$5 to \$23. As a result, native-born citizens poor enough to qualify for Medicaid will often be too poor to prove that they qualify because they cannot afford the required documentation.

We applaud your introduction of a bill to repeal Section 6036. Please feel free to contact Mara Youdelman at 202-289-7661 if you would like to discuss this or any other issue about which we may be of assistance.

Sincerely,

LAURENCE M. LAVIN,
Director.

Washington, DC, Feb. 21, 2006.

Senator DANIEL K. AKAKA,
Hart Senate Office Building,
Washington, DC.

DEAR SENATOR AKAKA: Families USA thanks you for introducing S. 2305, a bill that would remove provisions requiring Medicaid recipients to prove their citizenship by producing a passport or birth certificate, and we hope to see your proposed bill enacted into law.

We are concerned that increasing documentation requirements to access Medicaid would wrongfully block many native-born American citizens and legal immigrants that qualify for Medicaid from enrolling. In fact, 5.7% of all adults at all income levels report that they lack birth certificates or passports, and that number is even higher for African-Americans, senior citizens, Americans residing in rural areas, and foster children. The Center on Budget and Policy Priorities estimates that more than 51 million individuals would be burdened by having to produce this additional documentation. If the documentation provisions are not repealed, then otherwise eligible beneficiaries would be unable to prove their own citizenship and therefore be forced to go without health care, adding to our nation's already burgeoning pool of 46 million uninsured.

The Office of the Inspector General of the Department of Health and Human Services concluded that no evidence exists that shows that immigrants are enrolling in Medicaid by claiming to be U.S. citizens. Since government officials investigating the matter concluded that there is no problem, and since enacting any provisions that would require beneficiaries to show more documents would cost millions of dollars in increased administrative expenses to a number of government agencies, Families USA believes policies calling for more documentation to be neither prudent nor responsible uses of taxpayers' dollars.

Denying Medicaid to some of our Nation's neediest citizens in order to chase the phantom problem of illegal immigrants dubiously enrolling in Medicaid is an unacceptable in-

efficiency that will increase the tax burden on hard-working Americans. We appreciate your insight in correcting such a deficient policy and support your proposed legislation.

Sincerely,

RONALD F. POLLACK,
Executive Director.

CHILDREN'S DEFENSE FUND,
March 3, 2006.

Hon. DANIEL K. AKAKA,
U.S. Senate, Hart Senate Office Building,
Washington, DC.

DEAR SENATOR AKAKA: I am writing to offer the support of the Children's Defense Fund for your bill, S. 2305, to repeal one of the harmful amendments made to Title XIX of the Social Security Act by the Deficit Reduction Act of 2005. We support the elimination of the new requirement that U.S. citizens eligible for Medicaid must confirm their citizenship by submitting a birth certificate or passport (or other naturalization papers) to receive Medicaid.

This harmful and unnecessary provision will deny health care to millions of children and adults who need it to address their health and mental health needs and who are legally entitled to it. A recent survey conducted by the Opinion Research Corporation indicates that between 1.4 and 2.9 million children could lose their Medicaid coverage because their U.S. born parents do not have birth certificates or passports for them. In California and Texas, just two of the states where CDF has offices, it is estimated that as many as 11 million individuals could be denied health care because of this requirement.

While this provision was intended to prevent immigrants who are not eligible for Medicaid from receiving it illegally, the Centers for Medicare and Medicaid Services and the Office of the Inspector General agree that there is no substantial evidence that immigrants are attempting to obtain Medicaid by falsely attesting to their citizenship.

S. 2305 will help spare children and adults, who need health and mental health care, from having to navigate through additional red tape to receive benefits from the Medicaid program. We applaud your effort to take a step forward in making affordable health care available to those who need it.

The Children's Defense Fund looks forward to working with you to ensure that all children receive health care without the unwanted burden of producing unnecessary documentation.

Sincerely,

MARIAN WRIGHT EDELMAN.

WASHINGTON BUREAU, NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE,

Washington, DC, March, 3, 2006.

Re NAACP support for S. 1580, the Healthcare Equality and Accountability Act

Hon. DANIEL AKAKA,
U.S. Senate,
Washington, DC.

DEAR SENATOR AKAKA: On behalf of the National Association for the Advancement of Colored People (NAACP), our nation's oldest, largest and most widely-recognized grassroots civil rights organization, I am writing to let you know that at our recent Annual Meeting we passed a resolution expressing our strong support of S. 1580, the Healthcare Equality and Accountability Act.

The fact of the matter is that huge discrepancies remain in health care in the United States today. The quality and quantity of health care services you receive depends greatly upon your racial or ethnic background, the make-up and location of the

community in which you live, and your economic status. Currently, one seventh of all Americans, 42 million people, lack insurance and suffer unnecessary illness and premature death; a disparate number of these people are racial or ethnic minority Americans.

Despite being first in spending, the World Health Organization has ranked the United States 37th among all nations in terms of meeting the health care needs of its people. Furthermore, despite the numerous advances that have been made in health care over the decades, racial and ethnic minority Americans continue to suffer disproportionately from many severe health problems and have higher mortality rates than whites for many treatable health conditions. Diabetes strikes African Americans 70% more often than Caucasian Americans; Hispanic Americans twice as often as whites; the diabetes rate for Native Americans is even higher. Striking members of this community 180% more often than Caucasian Americans. African Americans are 40% more likely to die from coronary heart disease and 35% more likely to die from cancer than Caucasian Americans.

It is because of these glaring disparities, the NAACP strongly supports the efforts of the Congressional Black Caucus, the Congressional Hispanic Caucus and the Congressional Asian/Pacific Islander Caucus to address these problems with the introduction of comprehensive legislation which expands health care access, improves health care quality, strengthens key academic institutions and research centers, and bolsters the health care infrastructure in underserved communities.

Given the importance of this legislation, and the NAACP's historic mission to eliminate racial disparities wherever they exist and to promote affordable, adequate health care among racial and ethnic minorities it is our honor, as well as our duty as some might argue, to support this legislation in the strongest terms possible. Thus the NAACP is committed to using all of our available resources to see this bill's quick enactment.

Thank you for your leadership in this area. I look forward to working with you toward our common goal. Should you have any questions, please feel free to contact us.

Sincerely,

HILARY O. SHELTON,
Director.

AMERICAN PUBLIC
HEALTH ASSOCIATION,
Washington, DC, March 7, 2006.

Hon. DANIEL AKAKA,
U.S. Senate,
Washington, DC.

DEAR SENATOR AKAKA: On behalf of the American Public Health Association (APHA), the oldest, largest and most diverse organization of public health professionals in the world, dedicated to protecting all Americans and their communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States, I write in support of S. 2305. This legislation would repeal the provision of the Deficit Reduction Act of 2005 that would require documentation evidencing citizenship or nationality as a condition for being enrolled in the Medicaid program.

APHA strongly supports efforts to reverse the cuts and changes to the Medicaid program included in the Deficit Reduction Act of 2005 that jeopardize the health of our nation's most vulnerable, including Medicaid beneficiaries. Several Medicaid reforms included in the bill have unintended and severe consequences and will not result in the projected cost savings. Of note is the provision in the legislation that requires individuals to

present citizenship or residency documentation in order to enroll in the Medicaid program. Although not its intent, this provision is expected to have a devastating impact on the health coverage and status of native-born citizens who are in every way eligible for the Medicaid program.

Citizenship and verification requirements in Medicaid and the State Children's Health Insurance Program have been proven to reduce enrollment in the programs among the eligible population. The provision included in the Deficit Reduction Act of 2005 that would require individuals to present documentation proving citizenship or nationality in order to enroll in the Medicaid program is expected to cause thousands of Medicaid beneficiaries who are native-born citizens but do not have a birth certificate or passport in their possession to join the country's uninsured ranks. This provision will likely exacerbate existing racial/ethnic and rural/urban health disparities, as it is expected to disproportionately affect elderly African Americans, individuals residing in rural areas and Katrina survivors, many of whom were not born in a hospital or lost such documentation during Hurricane Katrina or other life tragedies. Also, Medicaid beneficiaries and applicants with mental disorders will likely be adversely affected, as the provision did not include exceptions for any populations, including those with severe physical or mental impairments such as Alzheimer's disease.

Therefore, there is the need to now take a vital step to protect the public's health and repeal this harmful provision included in the Deficit Reduction Act of 2005. We thank you for taking a leadership role in doing so, and look forward to working with you as this legislation moves forward.

Sincerely,

GEORGES C. BENJAMIN,
Executive Director.

LIHEAP FUNDING

Mr. FEINGOLD. Mr. President, I am pleased that the Senate has finally passed legislation to help hard-working families that have been grappling with skyrocketing energy costs for far too long. My colleagues from Maine and Rhode Island, Senators SNOWE and REED, have worked diligently to get LIHEAP legislation to the Senate floor and I thank them for their commitment. I must note, however, that the funding approved by the Senate yesterday is too little, too late. As we move forward with the appropriations process for fiscal year 2007, I will be urging my colleagues to fund the LIHEAP program at its fully authorized level so that next year my constituents don't again find themselves struggling to pay record heating bills while Congress turns a blind eye.

I would also like to respond to some of the concerns that I have heard a handful of my colleagues make during debate on whether we should increase the amount of LIHEAP funding available. A few members have spoken about the problem of earmarks and the need for responsible Government spending. I share concerns over earmarking and welcome the opportunity to work together on this issue so that we can look the public in the face and say that their tax dollars are being spent on the most meritorious projects.

Increasing LIHEAP funding is not about earmarks—it is about helping our citizens with immediate and urgent needs.

AVIAN INFLUENZA IN AFRICA

Mr. FEINGOLD. Mr. President, the avian influenza, H5N1, virus has recently been detected for the first time in Nigeria. International health officials have long warned about the potential danger of avian flu spreading throughout the African continent, and it appears we are now one step closer to this danger becoming a reality.

While the threat of avian influenza is global, and needs to be addressed here in the United States, it is of particular concern in Africa. Many governments in Africa are unequipped to effectively deal with an outbreak, which requires early detection, quarantining, and culling of affected bird populations. And although there are no reports yet of humans contracting the disease in Nigeria, recent cases in Turkey and Iraq underscore the danger for people who live in close proximity to poultry, as is the case throughout much of Africa. In areas where birds, livestock, and people are in close contact, the risk of the virus mutating into a strain that can be transmitted between humans is increased. Additionally, immunocompromised individuals may be more susceptible to the disease, and it is unclear what effect avian influenza could have on populations already ravaged by HIV/AIDS, malaria, and other diseases. Finally, the already overburdened or underdeveloped health infrastructure in much of Africa may find itself unable to cope with a pandemic.

Avian flu is an international danger to which no country in the world is immune. While much attention has been paid to the problem in Asia, I am concerned that the international community has not prepared sufficiently for an outbreak in Africa. Particularly worrisome is the amount of time it apparently took for the outbreak in Nigeria—a member of the recently formed West African Network on Avian Influenza, and presumably better prepared than many other African nations to deal with the threat of avian influenza—to be reported to international health authorities.

It is essential that the administration develop a plan for managing a wide-scale outbreak of avian influenza in Africa, as well as developing contingency plans relating to the impact that an outbreak of avian influenza may have diplomatically, economically, and security-wise in each major region of the continent. I also urge the administration to develop plans to support organizations like the African Union to develop information-sharing mechanisms and a clearinghouse of information related to initial reporting, initial impact, mitigation efforts, and management mechanisms to prevent the spread of the virus, beyond the initial efforts that have been made through