

Immigration Reform: Key Issues for Older Adults and People with Disabilities

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Background

There is growing bipartisan support and momentum for comprehensive immigration reform. The White House and a bipartisan group of Senators released frameworks for reform earlier this year.¹ The Senate and House Judiciary Committees have held hearings and are expected to mark up legislation in the coming months.

The White House and Senate frameworks both propose a roadmap to citizenship for the approximately 11 million unauthorized immigrants currently residing in the U.S. Individuals would have to register, be subject to background checks, and pay back taxes and penalties. After meeting these requirements, they would be granted a temporary, provisional status.

Key issues in the debate include how long individuals would be required to wait before applying for lawful permanent resident status (“green card holders”) and citizenship and whether they will have access to health care and economic security benefits. The Senate framework proposes an unspecified timeframe contingent upon ensuring border security. The White House has proposed a waiting period of 6 to 8 years before being able to apply for a green card. It is important to note that during this provisional status, current proposals would deny individuals access to federal means-tested benefits, such as Medicaid, Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP). The White House proposal specifically denies access to subsidies under the Affordable Care Act.²

The White House and Senate frameworks also establish an expedited process for some unauthorized immigrants—including qualified individuals brought to the U.S. as children (referred to as “DREAMers”) and agricultural workers. In addition, a streamlined visa and expedited process would be established for family unification and highly skilled immigrants with advanced degrees in science, technology, engineering, or math (referred to as STEM careers).

While leadership in the House of Representatives has not outlined an overall framework for immigration reform, some members have called for a less comprehensive approach that would target certain subpopulations instead of the full 11 million unauthorized immigrants.

As comprehensive immigration reform moves forward, it is critical for aging and disability organizations to be involved. Some important implications for seniors, individuals with disabilities, direct care workers, and informal family caregivers are highlighted in this brief.

Strengthening the Direct Care Workforce

Immigration reform can help stabilize and strengthen the direct care workforce, which provides long-term services and supports to seniors and people with disabilities. These supports are critical to aging with dignity and independence and supporting families.

- Long-term services and supports (LTSS) include assistance with activities of daily living, such as getting dressed, taking medication, preparing meals, and managing money. They include a broad range of supports delivered across settings, including home and community-based services, assisted living, and nursing homes.
- Due to the aging of the U.S. population, the number of individuals who need LTSS is projected to more than double in the coming decades, from 12 million to 27 million by 2050.³
- Over 3.5 million individuals with intellectual and developmental disabilities live with family caregivers, 890,000 of whom live with aging caregivers age 60 and older.⁴
- Direct care work tops the list of the fastest-growing occupations in the U.S. Approximately 1.6 million additional direct care workers will be needed by 2020 and 3 million by 2030.⁵ Individuals who need LTSS and their families currently struggle to find and retain direct care workers. The projected shortage of future workers will create even more difficulties.
- Immigration reform is part of the solution to addressing this projected shortfall of available workers. About 20-23% of the current direct care workforce is foreign born. Approximately half of this population is naturalized and others have legal status, but a significant portion is estimated to be unauthorized.⁶

Providing a pathway to citizenship for direct care workers will help stabilize the workforce, ensure protections for workers, and improve the quality of services and supports. For example, legal status would allow for improved background checks of workers, opportunities for training and career advancement, registries to assist individuals to find workers, and the ability of workers to legally drive.

Moreover, given the significant future workforce needs as the U.S. population ages, a streamlined and expedited visa process should be established for direct care workers, similar to that proposed for other categories of workers in high-need areas.

Addressing Needs of Aging Immigrants and Immigrants with Disabilities

As immigration reform moves forward, specific needs of aging immigrants and immigrants with disabilities must be addressed. While the unauthorized immigrant population overall is younger, there is a generation that has lived in the U.S. for decades and is aging. Of the approximately 11 million unauthorized immigrants, 1.3 million are between 45 and 54 years of age, and another half million are 55 and older.⁷

Researchers have not adequately explored the prevalence of disability among the population of unauthorized immigrants. However, unauthorized immigrants are overrepresented in low-paying and often physically demanding occupations (e.g. agriculture, maintenance and grounds keeping, construction, production, and direct care work).⁸ These industries take a toll on workers and are associated with high rates of work-related injuries.⁹ Conditions of poverty, barriers to health care, lack of worker protections, and mental stresses associated with being unauthorized likely further contribute to high rates of acquired disabilities and chronic conditions over time.¹⁰

It is essential that immigration reform remain comprehensive and fully inclusive of older adults and individuals with disabilities. There is a long history of exclusion of individuals with disabilities in U.S. immigration policy. Some of the earliest U.S. immigration laws were established during the Eugenics movement of the late 19th and early 20th Centuries. Disability was not only a basis for denied entry but also central to societal fears about immigration and arguments for quotas.¹¹ Outdated “public charge” provisions (which refer to whether an individual may become dependent on government for benefits) remain in law and should be eliminated.¹²

Remnants of these underlying values also surface in modern-day arguments for only allowing “deserving” subpopulations to have a pathway to citizenship. Such categories exclude many individuals with disabilities and seniors through such conditions as employment, education, career, or military status.

Moreover, it is important to ensure that processes are fully accessible and inclusive of immigrants with disabilities and older immigrants. For example:

- Requirements to establish a work history, pay back taxes, and pay fines, could pose barriers, particularly for individuals who may not be currently working.
- Accessibility for individuals with disabilities must be ensured at all levels in the registration and application processes for legal status and citizenship—including supports to acquire English language skills and citizenship and, when appropriate, exceptions from such requirements.
- Adequate supports and legal representation must be provided to individuals with mental or cognitive disabilities caught in deportation processes.

Providing access to health care and economic supports is critical. Under current proposals, individuals would not be provided access to Medicaid or other means-tested benefits while under a provisional status. Upwards of 60% of Hispanic unauthorized immigrants lack health insurance, and 37% do not have a usual health care provider.¹³ Denying access to health care, particularly for older and disabled immigrants, will lead to greater use of emergency care, development of preventable secondary conditions, and greater costs to the health care system in the long run.

For immigrants with lawful permanent resident status (“green card holders”), there are numerous existing barriers to obtaining health care and economic supports that comprehensive immigration reform should improve. Some issues of particular importance to seniors and people disabilities include:

- **Medicaid 5-Year Waiting Period**
Currently, most immigrants with lawful permanent resident status are required to wait 5 years before becoming eligible for Medicaid. Under current proposals, time spent under a provisional status (6-8 years under the White House proposal and uncertain under the proposed Senate framework) would not count toward this waiting period. That means individuals would likely have to wait more than a decade to access Medicaid. Medicaid is the primary payer of long-term services and supports in the U.S. It is a lifeline for individuals with disabilities and seniors. Currently, states are permitted to waive this 5-year waiting period for pregnant women and children, and about half have done so. However, no such option is available for individuals with disabilities or seniors.

- **Medicare**
Lawful permanent residents can qualify for Medicare following a 5-year waiting period. However, another barrier for older immigrants is the ability to contribute enough payroll tax credits (approximately 10 years). Individuals who do not have enough payroll tax credits must pay monthly premiums to receive Medicare Part A. Yet premiums can be as high as \$441 a month, which is unaffordable for low-income seniors. As a result, many individuals forgo Medicare and remain without health insurance coverage. While less than 1% of older adults aged 65 and over lack health insurance, about 5% of Hispanic older adults lack insurance.¹⁴ Some states have established Medicare buy-in programs, but more needs to be done to assist low-income older immigrants.
- **Supplemental Security Income (SSI) Limits for Refugees and Asylees**
Refugees and asylees reside in the U.S. legally because they have been the victims of persecution or fear persecution in their native countries. Typically, such individuals come to the U.S. with very limited resources. Many elderly and disabled refugees/asylees rely on modest SSI benefits to live. Currently there is a 7-year limit on non-citizens' eligibility, while backlogs in the immigration system make it nearly impossible for such individuals to obtain citizenship in this time period. Every day, elderly and disabled refugees/asylees hit this limit and lose their only source of income.

Economic Benefits of Immigration Reform

Humane and sensible immigration policies are good for the entire country. There are numerous economic benefits from immigration reform that directly and indirectly benefit seniors and individuals with disabilities:

- **Immigration reform will increase the number of workers contributing taxes.**
While many unauthorized immigrants currently pay taxes, immigration reform will add additional federal and state revenue. During the last attempt at immigration reform in 2007, the Congressional Budget Office estimated the proposal would have added \$48 billion in new federal revenue over 10 years.
- **Immigration reform will increase the number of younger workers and enhance the Social Security trust fund over time.**
Based on the 2010 Social Security Trustees Report, an estimated increase of 100,000 immigrants would improve the long-term actuarial balance by 0.07% of taxable payroll, or about 3.5% of the projected 75-year deficit.¹⁵
- **The children and grandchildren of immigrants will further enhance the future ratio of workers to beneficiaries for Social Security and Medicare.**
The children of immigrants have median incomes and homeownership rates similar to those of the general U.S. population, a lower poverty rate, and a higher college graduation rate.¹⁶
- **A stable and strengthened direct care workforce will assist individuals with disabilities, older adults, and informal family caregivers to participate in the workforce and contribute economically.**
U.S. businesses lose up to an estimated \$33.6 billion per year in lost productivity from full-time working informal family caregivers.¹⁷

Conclusion

Immigration reform holds the promise of creating a new social contract for a more just and caring society across generations.¹⁸ A comprehensive approach that includes a pathway to citizenship for direct care workers, addresses needs of older immigrants and immigrants with disabilities, and enhances health care and economic security will benefit us all. An intergenerational approach can produce economic benefits for workers, individuals with disabilities, seniors, families, and the country as a whole.

¹ The Senate “Gang of Eight” includes: Michael Bennett (D-CO), Dick Durbin (D-IL), Jeff Flake (R-AZ), Lindsey Graham (R-SC), John McCain (R-AZ), Bob Menendez (D-NJ), Marco Rubio (R-FL), and Charles Schumer (D-NY).

² National Immigration Law Center (January, 2013). *Current immigration reform proposals fail to ensure that aspiring citizens will have access to health and nutrition programs: Analysis of access to health care and nutrition assistance in current immigration reform proposals*. Washington, DC: National Immigration Law Center.

³ The SCAN Foundation (2012). *Growing demand for long-term care*. Long Beach, CA: The SCAN Foundation.

⁴ Braddock, D., Hemp, R., Rizzolo, M.C., Tanis, E.S., Haffer, L., Lulinski, A., Wu, J. (2013). *The state of the states in developmental disabilities 2013: The Great Recession and its aftermath*. Boulder, CO: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado.

⁵ PHI (2012). *America’s direct care workforce*. Bronx, NY: PHI.

⁶ Direct Care Alliance (2011). *By our sides: The vital work of immigrant direct care workers*. New York, NY: Direct Care Alliance, Inc.

⁷ Hoefer, M., Rytina, N., & Baker, B. (2012). *Estimates of the unauthorized immigrant population residing in the United States: January 2011*. Washington, DC: Office of Immigration Statistics, U.S. Department of Homeland Security.

⁸ Passel, J.S., & Cohn, D. (2009). *A portrait of unauthorized immigrants in the United States, 2009*. Washington, DC: Pew Hispanic Center.

⁹ Bureau of Labor Statistics (2012). *Workplace injuries and illnesses –2011*. Washington, DC: Bureau of Labor Statistics.

¹⁰ Burnham, L. & Theodore, N. (2012). *Home economics: The invisible and unregulated world of domestic work*. New York, NY: National Domestic Workers Alliance and Center for Urban Economic Development, University of Illinois at Chicago.

¹¹ Baynton, D.C. (2005). Defectives in the land: Disability and American immigration policy, 1882-1924. *Journal of American Ethnic History*, 24, 31-44.

¹² Gomez, D. & Sanchez, J.E. (2013). *Public charge and disabilities: Toward a more inclusive immigration policy*. Houston, TX: Living Hope Wheelchair Association and Houston Unido.

¹³ Livingston, G. (2009). *Hispanics, health insurance and health care access*. Washington, DC: Pew Hispanic Center

¹⁴ American Community Survey, 2009-2011.

¹⁵ Latinos for a Secure Retirement (2011). *Protecting Social Security: A blueprint for strengthening Social Security for all Americans*. Washington, DC: Latinos for a Secure Retirement.

¹⁶ Pew Research Center (2013). *Second-generation Americans: A portrait of the adult children of immigrants*. Washington, DC: Pew Hispanic Center.

¹⁷ MetLife Mature Market Institute and National Alliance for Caregiving (2006). *MetLife caregiving study: Productivity losses to U.S. business*. Westport, CT: MetLife Mature Market Institute.

¹⁸ Myers, D. (2007). *Immigrants and boomers: Forging a new social contract for the future of America*. New York, NY: Russell Sage Foundation.