

**Know  
Your Rights:**

The Immigrant  
and Refugee  
Guide to  
Affordable  
Health Care in  
New York State

**Welcome letter  
from the New York  
Immigration Coalition**

New York Immigration Coalition, May 2006

## Welcome!

Some of the best health care in the world is available in New York State. Unfortunately, many New Yorkers have difficulty getting their health needs met. The health care system is complicated, and figuring out how to get care and pay for it can be confusing and often frustrating. This guide will help you to understand your rights to health care in New York State. Whether you are an immigrant or refugee who has arrived recently or someone who has lived in New York for many years, this information is offered to help you figure out how to get health care for you and your family, and how to pay for it.

It doesn't matter what part of the world your family comes from, what race you are, or what language you speak – rights to many health services are the same for all New Yorkers. Because immigration rules are complex, immigrants and their families often have special concerns about using and paying for health care and insurance. This guide will help you and your loved ones navigate the health care and insurance maze, and have fewer fears about accessing health care. It will explain the risks, if any, to your immigration status when accessing health care and insurance, as well as explore concerns of sponsors. It is intended you to encourage you to seek the health care that you need and deserve.

The New York Immigration Coalition is a nonprofit, non-governmental organization that supports immigrants' rights. Please note that the information in this guide is not legal advice. Rules regarding health care, insurance, and immigrants' rights change occasionally; the information in this guide was developed by the New York Immigration Coalition and is correct as of May 2006. Since we do not provide assistance to individual clients, contact information is included in the guide for many excellent programs that provide free or low-cost advice and services.

To your health!

## What Are My Rights to Health Care?

This section provides answers to common questions about whether or not immigration status affects access to health care. All of this information is explained later in the guide in more detail.

- 1** You have a right to go to a doctor, a clinic, an Emergency Room, a hospital, or call an ambulance, no matter what your immigration status is. Using medical care should not affect your immigration status, it should not keep you from getting a green card or becoming a U.S. citizen, or stop you from sponsoring family members who wish to immigrate.
  - 2** All immigrants have the right to be treated if they have a medical emergency. Uninsured individuals and undocumented immigrants have the same rights to emergency care as all other New Yorkers. There are laws that protect the rights of all people who need emergency care.
  - 3** Anyone with a medical emergency has the right to an ambulance (emergency medical transportation), regardless of immigration status or ability to pay. You can get an ambulance by calling 911.
  - 4** You do not have to tell health workers what your immigration status is before receiving care.
  - 5** You do not need a Social Security Number (SSN) to receive emergency care or emergency medical transportation. You may be asked about a Social Security Number, but do not be discouraged if you do not have one. You cannot be denied care in a medical emergency even if you do not have a Social Security Number.
  - 6** You have a right to have your immigration status kept confidential, which means that health workers should not report your status to immigration authorities at the United States Citizenship and Immigration Services (USCIS, formerly INS). You also have the right to have information about your health care kept confidential, which means that this information cannot be shared without your permission. You should not provide false information or false documents when applying for health benefits.
  - 7** Even if it is not an emergency, you can get care regardless of your immigration status or your ability to pay, in any public hospital and in any federally funded Community Health Center throughout the state. If your condition is not an immediate emergency, it is best to schedule an appointment in a hospital clinic or Community Health Center rather than going to the Emergency Room.
  - 8** Health care is rarely free; if you cannot pay, you may qualify for public health insurance or reduced cost care, and should ask about both when seeking care. After you get medical care you are likely to receive a bill. Once you receive your bill for medical care, you might be able to have it paid by insurance, or you may be able to negotiate with the medical provider to reduce the fee based on your income. Payment options and health insurance are explained later in this guide.
  - 9** Health care facilities throughout New York State are required by federal and state law to provide free language assistance to services for patients and family members whose English-language abilities are limited. It is your right to be understood by hospital staff, and to understand what hospital staff is trying to communicate to you.
- For checkups and routine care:**
- The most affordable place to get regular care is in an outpatient clinic or health center. Using this kind of service does not affect your immigration status. And getting regular care for yourself and your family can help keep small medical problems from turning into big ones.
- Outpatient care is the kind of service you receive when you arrive at and leave the hospital or clinic

## Where Do People Go for Health Care?

All of the services mentioned in this guide are safe for immigrants to use.

on the same day. There are many outpatient clinics within hospitals and Community Health Centers that specialize in health care for particular populations, such as pediatric clinics for children, maternal health clinics for pregnant women, oncology clinics for cancer patients, geriatric clinics for the elderly, and so forth. Many medical services and tests are provided in outpatient clinics in the U.S., which do not require overnight stays in the hospital.

A few examples of outpatient services include physical exams, pre-natal care, baby checkups, nutritional counseling, immunizations, blood screening, and family planning. Some sites also offer emotional support called mental health services, help with alcohol and drug problems, and dental care. And all of the clinics will connect you up with a specialist if you need one. In addition, the staff can help you apply for public insurance programs such as Medicaid, Child Health Plus, and Family Health Plus.

Public hospitals are administered by the local government, while private hospitals in New York State are nonprofit, non-governmental organizations. Private hospitals have charitable organization status and receive government funds to help cover the cost of providing care to the uninsured. Hospitals are required to provide affordable services to people who have limited income. The New York City public hospital system (known as the Health and Hospitals Corporation, also called HHC) operates many hospitals and outpatient clinics. Outside New York City, there are only a few public hospitals throughout the state—the biggest are in Buffalo, Westchester County, and Nassau County.

A list of all hospitals throughout New York State is available at: <http://hospitals.nyhealth.gov/>; select your county and click on a specific hospital to view

its profile. Contact information for all HHC hospitals and clinics in New York City can be found at: <http://www.nyc.gov/html/hhc/html/facilities/directions.shtml>.

There are also about 50 communities in the state that have federally funded Community Health Centers; these clinics provide outpatient care and are available to all people in the community, regardless of immigration status or insurance. To find the Community Health Center nearest you, go to: <http://ask.hrsa.gov/pc>, or call the Community Health Care Association of New York State at (212) 279-9686 (English and Spanish).

The public hospitals and Community Health Centers are required to serve everyone, including undocumented immigrants, regardless of their ability to pay. If you cannot pay the full cost, a sliding-fee scale that reduces the cost will be arranged according to your income at all hospitals, public and private, all HHC facilities, and Community Health Centers. You may also be able to arrange a payment plan that will allow you to pay for your care over time. More information is included in the section “How Can I Afford Health Care if I am Uninsured?”

Nearly all the clinics described above serve children, but there are also some public clinics in New York City run specifically for children called Child Health Centers and Child Health Clinics.

To find one nearest you, go to: <http://www.nyc.gov/html/hhc/html/home/childhealth.shtml>

Many local Departments of Health provide free flu and pneumonia shots, screening for such things as tuberculosis and sexually transmitted diseases including HIV/AIDS, and give immunizations that children need for school. These are referred to as public health services. In New York City, the

Department of Health has one or two walk-in clinics in each borough that give free immunizations. Local Departments of Health throughout the state provide free public health services to everyone, including undocumented immigrants. Many public health services are provided anonymously, which means that you do not have to give your name. Some health services are confidential, which means that you give your name, but the service provider cannot share it, unless they tell you in advance.

**In New York City dial 311 or seek information at:**

NY City Department of Health & Mental Hygiene  
<http://www.ci.nyc.ny.us/html/doh/home.html>

Immunization Hotline  
212-676-2273  
<http://home2.nyc.gov/html/doh/html/tcny/tcny08.shtml>

Flu shots call 311  
<http://www.nyc.gov/html/doh/html/imm/fluhome.shtml>

Sexually Transmitted Diseases Education Hotline 212-427-5120  
<http://home2.nyc.gov/html/doh/html/std/std2.shtml>

Vaccinations for children call 311  
<http://home2.nyc.gov/html/doh/html/tcny/tcny08.shtml>

Women's Health Line call 311  
and ask for the Women's Health Line

**For emergency care:**

If you are critically ill or seriously injured, or if

you need urgent medical attention at a time of day when no clinics are open, the best source of help is a hospital Emergency Room. You may be able to go home after you are treated there, or if your condition is more serious, the Emergency Room staff can arrange for you to be hospitalized.

All immigrants have the right to be treated if they have a medical emergency. All hospital Emergency Rooms in New York State provide medical screening to patients, and are required to treat anyone who needs emergency care, regardless of their immigration status or their ability to pay. Uninsured individuals, undocumented immigrants, as well as people who have non-immigrant visas have the same rights to emergency care as all other New Yorkers at both public and private hospitals. Nearly all hospitals have Emergency Rooms. New York City's HHC public hospitals are well known for providing emergency care, and every borough except Staten Island has several.

Anyone with a medical emergency has the right to an ambulance (emergency medical transportation), regardless of immigration status or ability to pay. If you do not have insurance you will be billed after you are transported in an ambulance and cared for in an Emergency Room. See the section "How Can I Afford Health Care if I am Uninsured?" If you are undocumented, see the section on public health insurance to learn about Emergency Medicaid.

A patient who arrives at the hospital Emergency Room has a right to be examined to determine if she or he has a medical emergency. This is true at public hospitals and private hospitals alike.

A patient has a medical emergency if:

- the patient's medical condition has severe symptoms, including severe pain, and
- not getting immediate medical attention could result in serious risk to the health of the patient,

or damage to bodily functions – for example, to an organ or body part,

- this includes serious health risks to a pregnant woman or her unborn child. A woman in active labor (about to give birth) is considered to be a medical emergency.

If a medical worker determines that a patient has a medical emergency, the hospital must treat and stabilize the patient. The patient is stabilized once the emergency medical condition will not get worse if the patient leaves the hospital. In unusual cases, a patient with an emergency medical condition may be transferred to another hospital or center to receive special care.

If a person who does not have a medical emergency seeks care in an Emergency Room, the hospital will generally provide treatment there, or might ask the patient to go to an outpatient clinic at the hospital.

An individual with a medical emergency who is asked for insurance information, and then turned away by an Emergency Room because they are uninsured, may have had his or her rights violated. Also, an individual who comes to the Emergency Room with a medical emergency, and who is not screened by a health care worker, may have had his or her rights violated. A person whose rights have been violated in these ways may have a legal claim under federal (EMTALA) and state (EMSRA) laws.

**For emergency medical transportation:**

In New York City, and in most parts of New York State, if you need an ambulance, you can call 911. If you live in a place that doesn't have a 911 system, you can usually get an ambulance through the police or fire department. Once you call, an ambulance will be sent out to you, staffed by people who can give you emergency care during your trip to

the hospital. Generally, ambulances are required to take you to the nearest hospital that can give you appropriate care.

Ambulances cannot refuse to serve someone who has a medical emergency because that person is uninsured or undocumented. A patient should expect to get billed for ambulance services. If the patient does not have insurance, he or she may be able to negotiate a payment plan or fee reduction, according to their income. See the section "How Can I Afford Health Care if I am Uninsured?"

**For dental care:**

Basic dental services are available in a number of the clinics operated by the New York City public hospital system (HHC) as well as in the federally funded Community Health Centers. In addition, students at the New York University College of Dentistry provide dental care at roughly half the cost that most clinics charge; for information about how to register, call 212-998-9800, or go to <http://www.nyu.edu/dental/patientinfo/index.html>.

Outside New York City, there is no standard location for affordable dental care, except in the federally funded Community Health Centers around the state. In some communities there are clinics and school systems that offer low-cost dental services. In addition, coverage for dental care is currently included in many of the major public insurance programs, including Medicaid, Child Health Plus, and Family Health Plus.

**For emotional problems:**

Throughout New York State, including New York City, each local Department of Mental Hygiene either provides mental health services or arranges for them to be provided by private agencies. The services offered include crisis intervention, family and individual counseling, child guidance, and

group therapy. These mental health agencies generally use a sliding scale for their fees, adjusted according to your income. In America, many issues are considered to be related to mental health, such as mood, anxiety, and depression. While the traditional American model is to treat these as medical conditions, more providers are taking patients' cultural and spiritual beliefs into account.

The New York City public hospital system (HHC) also provides mental health services at many of its hospitals and clinics. Both HHC and the agencies that provide services under contract with the City Department of Health & Mental Hygiene are required to treat everyone in need, regardless of their immigration status or ability to pay.

To get a free confidential referral to mental health services in New York City, 24 hours a day, you can call 1-800-LIFENET.

Mental Health Association -  
Crisis and Referral Hotline  
800-LIFE-NET (800-543-3638)  
877-AYUDESE (877-298-3373) Spanish  
877-990-8585 Chinese  
Other languages 800-543-3638 and ask for a translator.

NY City Dept of Health and Mental Hygiene (Mental health services for children and adolescents) call 311 and ask for the Bureau of Children and Adolescent Services  
<http://home2.nyc.gov/html/doh/html/dmh/cas.shtml>

NY State Office of Mental Health -  
Customer Relations (for information about mental health services anywhere in NY State)  
800-597-8481

Suicide Prevention Hotline  
800-543-3638 or 212-673-3000  
Asian American Behavioral Health –  
Service Directory for Metro NY  
<http://www.asianmentalhealth.org/aabhSD.asp>

**For problems with alcohol and drug abuse:**

In New York City, many of the public hospitals and clinics run by HHC have services for people with drug and alcohol problems. In addition, the New York State Office of Alcoholism and Substance Abuse Services funds several hundred different alcohol and drug programs in the city. These include outpatient clinics, day programs, methadone maintenance, detoxification, as well as inpatient and residential services. If you need help finding a program that meets your needs, you can call 1-800-LIFENET, 24 hours a day for a free, confidential referral.

In the rest of New York State, alcohol and drug programs are usually coordinated by the local Department of Mental Hygiene.

If you feel your rights to health care have been violated, contact the following consumer advocacy organizations, which can provide free advice or assistance:

**THESE SERVICES ARE SAFE FOR IMMIGRANTS TO USE.**

New York Lawyers for the Public Interest (NYLPI) 212-244-4664

Legal Aid Society - Health Law Unit  
212-577-3575

New York Legal Assistance Group (NYLAG)  
212-750-0800

You can also register complaints with regulators

## Will my immigration status be reported?

about hospital or clinic quality of care or discrimination:

NY State Attorney General's Health Care Bureau - Patients Rights Helpline

800-771-7755; press option 3 for quality of care problems or barriers to care at hospitals.

[http://www.oag.state.ny.us/health/health\\_care.html](http://www.oag.state.ny.us/health/health_care.html)

US Office for Civil Rights, Regional Director  
212-264-3313

NY State Department of Health –  
Hospital Complaint Section 800-804-5447

Joint Commission on Accreditation of  
Health care Organizations

To report problems with patient care in hospitals, including language access barriers and discrimination, write to:

Division of Accreditation Operations

Office of Quality Monitoring

Joint Commission on Accreditation of  
Health care Organizations

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

or e-mail [complaint@jcaho.org](mailto:complaint@jcaho.org)

NY State Department of Health –  
Nursing Home Complaints 888-201-4563

### **Will My Immigration Status Be Reported?**

You have a right to have your immigration status kept confidential when you receive medical care.

This means that clinic and hospital workers, ambulance drivers, Medicaid workers, and health department staff do not report any information about you or your family members to immigration authorities (USCIS/ICE/INS).

New York City's Health and Hospitals Corporation (HHC), which operates many public hos-

pitals and clinics, has a strict policy that forbids staff from revealing your immigration status. In 2003, Mayor Michael Bloomberg signed Executive Order 41, which forbids most New York City workers, including public health workers, from asking anyone about immigration status, and from reporting immigration status to other government agencies.

The New York State Department of Health and county departments of public health and mental hygiene throughout the state indicate that they do not report individuals' immigration status information to other government agencies. Medicaid, Family Health Plus, Child Health Plus, and other government insurance programs keep immigration status information confidential and do not share information with immigration or other government agencies.

You also have the right to have information about your health care kept confidential, which means that medical providers cannot share your medical information without your permission.

Immigrants should not present false information or documents in order to obtain Medicaid, Child Health Plus, Family Health Plus, or other government benefits. Information you provide may be verified, and it is important to avoid benefits fraud. Benefits fraud can have serious immigration and financial consequences. It is also unwise to use someone else's identity when seeking medical care; using a false identity can contribute to serious medical mistakes if medical histories, allergies, and other important information gets mixed-up.

### **What Are My Rights to Communicate in a Language I'm Comfortable Speaking?**

Health care facilities throughout New York State are required by federal and state law to provide free language assistance to services for patients and

## How can I afford health care if I am uninsured?

family members whose English-speaking abilities are limited. It is your right to be understood by hospital staff, and to understand what hospital staff is trying to communicate to you. You should not have to bring someone with you to interpret when you receive medical care.

When making appointments and coming to the hospital for services, be sure to tell the staff what language you speak, and request that a hospital staff person that speaks your language assist you. If the hospital does not have a staff person available who speaks your language fluently, you should request a trained interpreter.

If your English skills are limited, it is the hospital's responsibility, not yours, to ensure good communication every time you need care. While you may be glad simply to receive medical attention, you should insist on care that includes clear communication; this will improve the chance that the care you receive will be good quality. Even if you bring a friend or family member to assist you, you have the right to an interpreter provided by the hospital free of charge. Hospitals must also provide written materials in a language you can understand, including consent forms, information about prescriptions, and information regarding your bill and payment options.

Hospitals that delay your care because they cannot communicate adequately with you in your language may be in violation of federal and state laws. If you or someone you know has experienced problems getting quality health care as a result of language barriers at hospitals, clinics, health centers, nursing homes, or Medicaid offices, contact the organizations listed at the end of the guide under "Advocacy and Legal Assistance."

### **HOW CAN I AFFORD HEALTH CARE IF I AM UNINSURED?**

#### **Affordable Payment Options**

All hospitals, public and private alike, have the ability to reduce the fee for your health care, as do clinics and health centers. Medical financial assistance is often referred to as sliding fee scale, fee reductions, fee settlement, and charity care. A lower charge is offered based on a patient's income, which makes the health care more affordable. Payment plans are also available, allowing patients to pay their reduced medical bills over time. You can learn about sliding fee scales and insurance at the time you seek care or even after you have received the bill. If you did not have insurance at the time you received care, you may still be able to enroll in insurance and have the bill paid by insurance, or you may be able to negotiate with the medical provider to reduce the fee based on your income. These options are safe for immigrants, and it is important to ask your health provider about insurance and financial assistance.

Federally funded Community Health Centers throughout the state and HHC's hospitals and clinics must ensure that a patient's inability to pay for care does not create an obstacle to obtaining care or cause financial ruin for the patient. Federally funded Community Health Centers, public hospitals, including HHC facilities, and private hospitals all offer care at a reduced rate based on a patient's ability to pay. These rates must be in writing and shared with the patient. It is HHC's policy that no patient will be required to pay more than he/she can afford, and no patient will be denied care because of an inability to pay. Medical care, however, is rarely free in America, and all patients are asked to contribute a "reasonable" amount toward their care, taking into consideration their income and resources.

#### **Negotiating Your Bill**

Hospitals throughout New York State receive hundreds of millions of dollars each year to help

reimburse the cost of charity care, which is free or discounted care to patients who are uninsured or cannot afford to pay the hospital's full charge. Beginning January 1, 2007, all hospitals in New York State, public and private, will be required to offer a sliding fee scale for uninsured and under-insured patients. Hospitals are required to ensure that every patient is made aware of their financial assistance options. Written information about financial assistance must be made publicly available in the languages of the populations served by the hospital. Additionally, patients must be given information about financial assistance at registration, and with all bills.

You will usually be asked to prove how much you earn in order to arrange for a payment option at a hospital, clinic, or health center. You can provide a recent pay stub, tax return, or letter from your employer. If you cannot get any of these, the health provider should accept your self-declaration, and may ask you to sign a form stating what your income is.

HHC facilities, private hospitals, health centers and many public health departments will help patients to sign up on-site for free or low-cost public health insurance. Many immigrants are eligible for these programs. Insurance programs are generally safe for immigrants to use. Remember, immigrants should not present false documents or false information in order to obtain government benefit programs.

Although hospitals and clinics throughout New York State offer sliding scales, payment plans, and charity care, it is sometimes necessary to advocate for your rights. Unfortunately, many hospitals still fail to inform patients about affordable payment options or charity care. You or your advocate may need to contact the health provider's social work, billing, financial counseling, or patient relations

departments to get them to make these affordable payment options available. Beginning January 1, 2007, hospitals will be required by law to notify patients of their financial assistance policies and offer a sliding scale to people who don't have insurance. If you or someone you know feels a hospital has violated this policy, please contact the organizations listed at the end of the guide under "Advocacy and Legal Assistance."

Remember, you have the right to health care and medical financial assistance regardless of your immigration status.

Generally, each hospital, clinic, or health center will require you to go through its own financial counseling or fee scaling process if you are uninsured. Some clinics require the patient to make a clinic appointment or receive services first and then work out the billing arrangements and fee reductions, while other clinics require the individual to meet with the billing or financial staff before scheduling clinic appointments or tests. Be sure to ask your medical provider about their financial assistance policy, including how to get fee scaled and set up a billing plan if you are uninsured.

New York City's Health and Hospitals Corporation (HHC) offers the HHC Options financial assistance program. Every HHC patient with income below a certain amount is eligible for some kind of payment assistance, regardless of immigration status. For example, in 2006 this includes anyone living in the following types of households:

- One person in the household, with total annual income up to \$39,200.
- Two people in the household, with total annual income up to \$52,800.
- Three people in the household, with total annual income up to \$66,400.
- Four people in the household, with total annual income up to \$80,000.

## An introduction to health insurance.

- Five people in the household, with total annual income up to \$93,600.
- Six people in the household, with total annual income up to \$107,200.

### **Personal Information**

In order to arrange for sliding fee scale, fee reductions or charity care, you may be asked by the health care provider to share personal information such as your income, address, the name of your employer and the number of people in your household. This information is also necessary to determine whether or not you qualify for public health insurance. It is important to give the health provider as much of this information as possible, including copies of the documents they request. If you do not have all of the documents that are requested, the health care provider should be able to ask you questions in order to record the needed information. For example, if you do not have written proof of your income because you have no income, or because your employer pays in cash, you should explain this to the health care provider. The information you provide is confidential, and may not be reported to the USCIS/INS.

### **You Do Not Need a Social Security Number to Get Health Care**

At the Emergency Room you may be asked for your Social Security Number (SSN). You cannot be denied care if you have a medical emergency, even if you do not have a Social Security Number. By asking for this number, the hospital is trying to figure out if you might be eligible for public health insurance. If any clinic, health center, or Emergency Room asks for your Social Security Number and you do not have one, do not be discouraged. Undocumented immigrants are not the only people who do not have Social Security Numbers; there are also people who are lawfully present in the U.S. who do not have SSNs. You have a right to have your immigration status

kept confidential when you receive medical care; health workers should never threaten to report you to immigration authorities. If you are undocumented and uninsured, and need care in an Emergency Room, you can say that you do not think you are eligible for regular Medicaid, and ask hospital staff to help you apply for Emergency Medicaid or financial assistance.

It is important to realize you always have a right to have your immigration status kept confidential and you are never obligated to disclose your status to a health care provider.

## **AN INTRODUCTION TO HEALTH INSURANCE**

### **Why do people have health insurance?**

Health insurance protects you from having to pay major medical bills all at once out of your own pocket. Instead, you pay a set amount every month for private insurance, or you enroll in a public insurance plan like Medicaid that is funded by the government. Then, when you need health care, your insurance plan pays all or most of the cost.

If you are not enrolled in any public or private insurance plan then you are uninsured. If you are uninsured you can expect to be billed for any medical care you receive, and will have to pay or negotiate the bill with the provider.

### **What is the difference between public and private insurance?**

**Private insurance** – sometimes called “commercial insurance” – is the term used to describe any insurance that isn’t paid for by the government. The most typical example is the kind of plan that is sold by an insurance company. Many people get private insurance coverage through their jobs. Public insurance is paid for by the government.

### **How does health insurance work?**

Each insurance plan has its own rules and

limitations, but:

- 1 There's generally an overall yearly or monthly cost that you pay or the government pays, depending on the plan. This cost is usually called a premium.
- 2 Most plans also ask you to pay a certain amount (called a co-pay) each time you get health care. This might be as low as \$10 or \$15 for an ordinary clinic visit, but it could go as high as \$500 or more for a stay in the hospital.
- 3 Many insurance plans have a group of doctors (sometimes called a network) that their enrollees have to use. You often have to pay more for your care if you go to a doctor who is outside the network. The person who is insured is called an enrollee.

#### **MOST INSURANCE PLANS FALL INTO TWO MAIN CATEGORIES.**

- 1 **Fee-for-service.** Under this type of plan, you go to a doctor, a clinic, or a hospital. Then—if the kind of service you received is covered by your insurance—either you or the person who took care of you sends the bill to your insurance plan. Fee-for-service plans generally give you a wide choice of doctors and hospitals, although you may have to pay more if the one you choose is outside the network. The disadvantages of fee-for-service are:

- A lot of plans require you to spend a certain amount of your own money each year—called your deductible—before they begin covering your medical bills. Depending on the plan, the required deductible can range from a few hundred dollars a year to several thousand.
- These plans don't always cover routine primary care, such as checkups and annual physical exams.
- A lot of plans pay only part of the doctor's fee; you have to pay the rest.
- The co-pays these plans require are sometimes quite high.

- 2 **Managed care.** Under most managed care plans, you choose a Primary Care Provider from the doctors within your insurance plan's network. This person sees you most of the time, and arranges for other medical services if you need them. In many of these plans, you're expected to get all your health services from providers within their specific network.

Managed care plans can be less expensive than fee-for-service, because the “co-pay” fees for individual visits are low, the amount of your own money you must spend each year before the plan starts paying for your care is generally low, and routine care is nearly always covered. But there are some disadvantages to consider:

- Except in an emergency, many managed care plans will not pay anything at all for your care if you go outside their network. This rule may require you to stop using a doctor, pharmacy, clinic, or hospital that you've used in the past. So it's important to be sure that the services available to you within the network are satisfactory and convenient.
- Except in an emergency, you usually have to get a referral, or permission from your Primary Care Provider before you can go to a specialist, enter a hospital, or have surgery. If he or she doesn't agree that you need the care, the plan may refuse to pay for it.

In New York State, many Medicaid patients are required to join a Medicaid managed care plan. You can get more information about what this means for you personally by calling the Managed Care Consumer Assistance Program (MCCAP), a free service available in many languages.

Managed Care Consumer Assistance Program (MCCAP) 212-614-5400

## What are the main kinds of public insurance?

Medicaid Managed Care Information  
New York City 800-505-5678  
Outside New York City 888-367-6557  
NY State Department of Health -  
Managed Care Hotline 800-206-8125

### What are the main kinds of public insurance?

**1 Medicaid** is a comprehensive health insurance program for low-income New Yorkers. Medicaid pays the full cost of most medical expenses. Within certain restrictions, it covers families with children, pregnant women, the elderly, and people with disabilities. Single people and couples without children may also be eligible if their incomes are very low. Immigrants who are New York State residents are eligible if they qualify in terms of income, except for undocumented immigrants and people who are in New York on a temporary student, employment, or visitor visa. However, undocumented immigrants and temporary visa holders in New York State become eligible for Medicaid if they begin the process of adjusting to permanent resident status.

Even if your income is ordinarily too high for Medicaid, you might qualify as “medically needy” if you have major health care expenses that strain your resources.

NY State Medicaid Hotline 800-541-2831  
[http://www.health.state.ny.us/health\\_care/medicaid/](http://www.health.state.ny.us/health_care/medicaid/)

**2 Emergency Medicaid** is a government program that pays for emergency medical care received by undocumented residents who are uninsured and whose income is low enough to meet the Medicaid requirements. It can be used for outpatient emergency medical treatment, ambulance services, as well as for inpatient care that requires the patient to stay overnight in the hospital. This care can be at either a public or private hospital. There are

several restrictions: Emergency Medicaid cannot be used to pay for organ transplants or long-term nursing home care. Emergency Medicaid also pays for emergency care for non-immigrant visa holders such as student, visitor, and employment visa holders. Emergency Medicaid is not available to individuals who are in the U.S. on visitor visas obtained in order to get medical treatment.

In order to access Emergency Medicaid, it is important to contact the hospital at the time of the emergency treatment or as soon after as possible so that the application can be completed; you may need the assistance of a social worker or advocate. Hospitals sometimes refer to Emergency Medicaid as Medicaid for an emergent medical condition, or Emergency Medical Assistance.

It is safe for undocumented immigrants to use Emergency Medicaid; it will not result in any immigration consequences.

**3 Family Health Plus** is a program similar to Medicaid for uninsured adults ages 19 to 65. But unlike Medicaid, there are co-pays for some medical services. It covers people who have low incomes but don't qualify for Medicaid, including single adults and childless couples. As with Medicaid, immigrants who are New York residents are eligible, if they qualify in terms of income. The only people who are not eligible for Family Health Plus are undocumented immigrants and people who are in the country on temporary visas and are not in the process of adjusting to permanent resident status.

Family Health Plus Hotline 877-934-7587  
<http://www.health.state.ny.us/nysdoh/fhplus/index.htm>

**4 Medicare** covers seniors over the age of 65, if they are citizens or legal immigrants who have lived in the United States for more than five years. They

also have to have worked in the United States long enough to qualify for Social Security (usually ten years). Medicare also covers many people who are not yet 65, if they are blind, disabled, or have end-stage renal (kidney) disease.

Medicare – Social Security Administration  
800-772-1213  
<http://www.medicare.gov/>

Medicare Rights Center 800-333-4114

**5 Child Health Plus** provides comprehensive health coverage for uninsured children under the age of 19. Coverage is free for families whose income is limited. Families with slightly higher incomes can also get Child Health Plus for their children if they pay a small monthly premium. Even families with high incomes can pay discounted rates for their children to join Child Health Plus. All New York State residents are eligible, regardless of their immigration status, as long as they are under the age of 19 and uninsured.

Child Health Plus Resource Hotline  
800-698-4543  
<http://www.nyc.gov/html/doh/html/hca/plus2.shtml>

**6 Healthy New York** is a subsidy program designed to make private insurance more affordable for people with limited incomes who are self-employed or who work for small businesses. However, this plan offers fewer benefits than the programs listed above and is still relatively expensive. In some cases, it may be better to join a commercial plan directly.

Healthy New York 866-432-5849  
<http://www.ins.state.ny.us/website2/hny/english/hny.htm>

HealthPass (for small businesses) 888-313-7277  
<http://www.healthpass.com/>

**7 Family Planning Benefit Program (FPBP)** covers family planning and reproductive health services, including treatment of sexually transmitted diseases and HIV counseling and testing, for teen and adult males and females. It covers prescriptions and costs for family planning methods as well as the health care and counseling needed to use those methods. FPBP has a higher income limit than Medicaid. Like Medicaid, all immigrants can use this program except for undocumented individuals and people here with non-immigrant visas who are not in the process of adjusting to permanent resident status.

Family Planning Benefit Program  
1-800-541-2831  
[http://www.health.state.ny.us/health\\_care/medicaid/program/longterm/familyplanbenprog.htm](http://www.health.state.ny.us/health_care/medicaid/program/longterm/familyplanbenprog.htm)

**8 Prenatal Care Assistance Program (PCAP)** covers the cost of prenatal checkups, hospital care during pregnancy and delivery, and full care for mother and baby for at least two months after delivery. All New York State residents who meet the income guidelines are eligible, regardless of their immigration status. In addition, if a woman has low income and minimal insurance, the Family Planning Extension Program (FPEP) provides free family planning services for two years after the PCAP benefits end.

Undocumented women are encouraged to use the PCAP and FPEP programs. Temporary visa holders, who are not in the process of adjusting to permanent resident status, should be cautious about enrolling in PCAP and FPEP, which could negatively affect their visa status.

Growing Up Healthy Hotline -  
NY State Dept of Health 800-522-5006  
<http://www.health.state.ny.us/nysdoh/perinatal/en/guh.htm>  
(includes various types of coverage for mothers and children, including Prenatal Care Assistance Program)

Family Planning Extension Program  
800-522-5006

**9 Workers' Compensation.** If you get hurt or become sick as a direct result of your job, you may be eligible for Worker's Compensation. If you are approved for compensation, you will be paid a percentage of your salary each week that you're out of work, and your medical bills for that specific injury or sickness will be paid for. Workers' Compensation is available regardless of immigration status. We suggest that you seek assistance from an experienced worker's compensation lawyer to file your claim.

New York State Worker's Compensation Board  
800-877-1373  
[www.wcb.state.ny.us](http://www.wcb.state.ny.us)

**10 Elderly Pharmaceutical Insurance Coverage** (EPIC) helps low-income senior citizens pay for their prescription drugs. The program uses a sliding fee scale, adjusted to your income. While immigrants are permitted to apply for EPIC, recent arrivals and undocumented immigrants are unlikely to qualify.

Elderly Pharmaceutical Insurance Coverage (EPIC) Helpline  
800-332-3742  
[http://www.health.state.ny.us/health\\_care/epic/](http://www.health.state.ny.us/health_care/epic/)

**11 HIV Uninsured Care Programs**, including the AIDS Drug Assistance Program (ADAP), help

low-income New Yorkers who have HIV or AIDS pay for prescription drugs, outpatient care, home care, and health insurance. You don't have to be a U.S. citizen to get this assistance.

If you are an undocumented immigrant who is using ADAP, you should contact one of the following agencies before applying for permanent residence in the U.S.: Gay Men's Health Crisis (GMHC), Safe Horizon, HIV Law Project, Legal Aid Society, or African Services Committee.

GMHC 800-243-7692  
[www.gmhc.org/](http://www.gmhc.org/)

Safe Horizon 718-899-1233, extension 129  
[www.safehorizon.org/](http://www.safehorizon.org/)

HIV Law Project 212-577-3001  
[www.hivlawproject.org/](http://www.hivlawproject.org/)

Legal Aid 212-577-3575  
[www.legal-aid.org/](http://www.legal-aid.org/)

African Services Committee 212-222-3882  
[www.africanservices.org/](http://www.africanservices.org/)

ADAP (AIDS Drug Assistance Program)  
800-542-2437  
[www.health.state.ny.us/diseases/aids/index.htm](http://www.health.state.ny.us/diseases/aids/index.htm)

HIV Uninsured Care Programs Hotline  
800-542-2437

### **SLIDING FEE SCALE AND FEE REDUCTION PROGRAMS**

These programs are not actually insurance, but getting fee scaled will let you use many clinics and hospitals for an affordable fee. As described earlier in the guide, sliding fee scale and fee reductions are available to people who are uninsured, not eligible for public health insurance programs due

## What are the main kinds of private insurance?

to immigration status, or insured but unable to afford their deductibles or co-pays. These options are also available to patients who earn too much to qualify for Medicaid and Family Health Plus, but not enough to pay the full charge for medical care at private and public hospitals, HHC facilities, federally funded Community Health Centers, and other clinics. Ask your health care provider about their sliding fee scale, fee reduction, and charity care programs.

### WHAT ARE THE MAIN KINDS OF PRIVATE INSURANCE?

**Group insurance.** People usually get group insurance through their jobs, with monthly payments taken out of their wages. Employers can choose whether or not to offer group insurance to their workers, and they can choose whether or not to help their workers pay for it. Generally, when you change jobs, you have to change insurance plans. And coverage at a new job may not begin until you have been working there for some months.

If you leave a job where you had group insurance and you want to keep your old coverage going, you may be able to stay in the plan for about 18 months more by paying the full cost yourself. This is called the COBRA program. The rates are lower than individual insurance, but most working people still find them very high. For information about COBRA coverage, contact the U.S. Department of Labor, New York Regional Office at 202-219-8776.

**Individual insurance.** This is insurance that you buy directly for yourself, and it's generally much more expensive than group insurance. Any resident of New York State can buy "direct-pay" individual insurance; generally, your citizenship and immigration status don't matter. However, because it is so costly, individual insurance is not usually an option

for people with limited income.

Almost all "direct-pay" insurance plans are managed care offered by Health Maintenance Organizations (HMOs). The basic plan usually involves choosing a Primary Care Provider, getting his or her approval any time you need specialty services, and using providers within the plan's "network" for virtually all your health care. You can also buy a direct-pay "Point of Service (POS)" plan or "Preferred Provider Organization (PPO)" plan from an HMO, which gives you more choice of doctors and hospitals, but will cost more.

For more information, contact:  
New York State Insurance Department  
800-342-3736 or 212-480-6400

### HOW DO I CHOOSE AN INSURANCE PLAN?

#### Important questions: Do I qualify?

Every public insurance program has specific limits on who can participate. So when you're looking at public programs, the first question to ask is which ones you're eligible for. There are many agencies that can help you figure this out.

Public Benefits Resource Center,  
Community Service Society 212-614-5552

If you're looking for private insurance, you probably want to join a group plan if you can. If you can't get group coverage where you work, it's sometimes possible to get it through your union or through some other group you belong.

#### How much will it cost me?

This is often a hard question to answer. But here are some things to consider: Is there a monthly payment? Is there a co-payment each time you get care? How much is it? How much will you have to pay for prescriptions? What about lab tests?

## What are my rights regarding insurance?

Do you have to spend a certain amount of money every year before the plan starts covering your medical bills? How much of each doctor's bill will the plan cover?

### **Which plan offers the services I need?**

The answer to this question depends partly on your health needs. For instance, if you regularly need specialized services, like help with mental illness or substance abuse, it's important to be sure these services are included in your plan. If you're young and healthy, you may prefer to pay less and get fewer benefits. But in any case, you want ready access to doctors you trust, and dependable arrangements for emergency care if you need it.

Think about location, too. If you're considering a managed care plan that requires you to use only certain doctors, clinics, drugstores, and hospitals, then it's important to be sure that they can be reached from where you live. And you'll want to check whether the doctors you're hoping to see within the network are actually taking new patients, or whether they have waiting lists.

Language can also be an important factor. You want to be certain that there are health-care providers within the network you choose who can meet your language and cultural needs.

### **What is Benefits Fraud?**

Lying on a government application for benefits such as Medicaid is called committing "benefits fraud," which can result in serious immigration and financial consequences. Immigrants should not provide false information or false documents when applying for government benefits.

### **What Are My Rights Regarding Insurance?**

• Insurance companies are not allowed to reject you or charge you higher rates because of your health, age, gender, or occupation, and they can't

cancel your policy if you get sick.

• Every insurance plan has to have a process through which you can appeal to a higher level if you're dissatisfied with the service you're getting, or if the plan refuses to pay for medical care you feel you need. The appeal process is often complicated, but there are advocates and community agencies that can help you with it.

• No one is supposed to report you to immigration authorities (ICE/USCIS/INS) for trying to obtain medical insurance, including government health coverage programs such as Medicaid, Family Health Plus, Child Health Plus, PCAP, ADAP, etc. Hospital workers, Medicaid eligibility workers, and health department workers do not share information about your immigration status or that of your family members with immigration authorities. Government benefits workers and health plan workers should never threaten to report you to immigration authorities for applying for health insurance.

The information you provide with your application may be verified, and immigrants should not provide false information or documents when applying for government benefit programs. Medical privacy laws require that information about your health care be kept confidential, which means the information cannot be shared without your permission.

• You will not be asked to repay the cost of using public insurance programs. If you have used Medicaid and you become a naturalized citizen, adjust your immigration status (for instance, by receiving your green card), or get work authorization, you will not be asked to pay back the cost of Medicaid coverage you've received, as long as the information you gave Medicaid was true.

## Common questions about Public Health Insurance

- When it comes to enrolling in Medicaid Managed Care, the health insurance plan's member services staff must explain to you how to choose a Primary Care Provider, how to change your provider, how to get emergency services, what benefits are covered in the plan, how to get a referral to a specialist, and how to complain if you aren't satisfied with the care you're getting.

- The Medicaid Managed Care plan has to meet your communication needs. They must give you assistance over the phone in any language you request, and they must provide written materials in any language that is spoken by more than 5% of the people in your county. Furthermore, you can refuse to enroll in a plan if language barriers are going to prevent you from getting the care you need. Your managed care plan must give you a choice of doctors within 30 minutes of your home who can provide service in your language.

If you feel your rights regarding insurance have been violated, contact:

Legal Aid Society - Health Law Unit  
212-577-3575

NY State Attorney General's Health Care Bureau  
- Patients Rights Helpline  
800-771-7755 for problems with a private insurance company, press option 3.  
[http://www.oag.state.ny.us/health/health\\_care.html](http://www.oag.state.ny.us/health/health_care.html)

### COMMON QUESTIONS ABOUT PUBLIC HEALTH INSURANCE

#### ELIGIBILITY FOR PUBLIC INSURANCE

##### **What public health insurance programs are available in New York State?**

In New York State, many public health insurance programs are available to immigrants. Each pro-

gram has its own rules about immigration status, age, income and resources. Medicaid (for all ages), Child Health Plus (for those younger than 19) and Family Health Plus (for adults aged 19 to 64) provide comprehensive health coverage for low-income New York State residents. Pregnant women can enroll in Prenatal Care Assistance Program (PCAP). Family planning services are available through the Family Planning Benefit Program (FPBP) and the Family Planning Extension Program (FPEP). Emergency Medicaid is available to cover emergency medical care. The AIDS Drug Assistance Program (ADAP) pays for medications and medical care for individuals who are HIV-positive. For information about the public health insurance programs, see the previous section of the guide. Immigration requirements are covered below.

##### **I am an undocumented immigrant. Am I eligible for any public health insurance programs?**

Yes. All immigrants who are residents of New York State are eligible for Child Health Plus, Prenatal Care Assistance Program (PCAP), Family Planning Extension Program (FPEP), AIDS Drug Assistance Program (ADAP) and Emergency Medicaid. Each program has its own rules about age, income and resources.

##### **I am an immigrant who recently came to the country. Am I eligible for Medicaid or Family Health Plus?**

All legal immigrants who are residents of New York State and who meet the eligibility requirements, such as income, are permitted to use these programs, regardless of when they entered the country. Generally, only undocumented immigrants and non-immigrants (business, student, and visitor visa holders) are not eligible for Family Health Plus or Medicaid.

The following categories of immigrants are eligible

for Medicaid and Family Health Plus, as well as the State's other health insurance programs (Child Health Plus, Prenatal Care Assistance Program, Family Planning Extension Program, AIDS Drug Assistance Program and the Family Planning Benefit Program):

- Naturalized U.S. Citizens;
- Immigrants in the U.S. because of persecution or other problems in their home country, including: Refugees, Asylees, Amerasians, Cuban/Haitian entrants, conditional entrants, victims of trafficking, and those with Temporary Protected Status (TPS);
- Lawful permanent residents (LPRs – “green card” holders);
- VAWA Self-Petitioners (spouses and children of U.S. citizens or lawful permanent residents, who have been battered or abused);
- Immigrants who have been granted suspension of deportation or cancellation of removal;
- Registry immigrants (immigrants who can show they have been continuously residing in the U.S. since January 1, 1972);
- Individuals paroled into the U.S. whose period of parole has not expired;
- Certain Native Americans born in Canada, and certain individuals from territories with special relationships to the U.S.;
- Armed forces veterans and those on active duty and their immediate family members.

In addition, certain immigrants who the New York State Department of Health considers to be Permanently Residing Under Color of Law (PRUCOL) are also eligible for public insurance programs. PRUCOL is an eligibility category for public benefits; PRUCOL is not an immigration status granted by the immigration service (USCIS/INS). The PRUCOL category includes individuals who have permission from the USCIS/INS to stay in the U.S. for an indefinite period of time, or who have filed paperwork with the USCIS/INS to

remain in the U.S. permanently and who have not been denied permission to do so. For the purposes of eligibility for health insurance programs in New York State, PRUCOL immigrants include:

- Applicants for any of the following: lawful permanent residence, asylum or cancellation of removal; or
- Applicants for, or holders of, the K3, K4, S, T, U, or V visas;
- Persons who have been granted deferred action, an order of supervision, or a stay of deportation; and
- Individuals who have proof that they are here indefinitely with the knowledge and/or permission of USCIS/INS.

**I have filed a petition for lawful permanent residence under the Violence Against Women Act (VAWA). Do I qualify for benefits?**

Battered women and children with pending or approved visa petitions filed by their spouse or parent, or with pending or approved self-petitions under VAWA, qualify for Medicaid, Family Health Plus, and certain other benefits if there is a connection between the battery and the need for benefits.

**What types of immigration documents can I use when I apply for these programs?**

Proof of immigration status is required in order to enroll in Medicaid, Family Health Plus, and the Family Planning Benefit Program. Permanent resident or “green” cards are evidence of lawful permanent residence. Employment Authorization cards (I-688B or I-766), or a white Arrival/Departure Card (I-94) have codes that can be used as evidence that you are in one of the eligible immigration statuses listed above.

In addition, correspondence with USCIS/INS showing that you have a petition pending for permanent residence, or a notice from USCIS

showing that they received an application or petition on your behalf for permission to stay in the U.S., may also be sufficient evidence that you are in a PRUCOL status for public health insurance. Examples include notices from USCIS/INS, cancelled checks to USCIS/INS, copies of applications submitted for permanent residence and postal return receipts showing that USCIS/INS received your correspondence.

**Do I need a Social Security Number (SSN) to apply for these health programs?**

A Social Security Number is not required for Child Health Plus, Prenatal Care Assistance Program (PCAP), and Emergency Medicaid. Applicants for Medicaid, Family Health Plus, and Family Planning Benefit Program must provide an SSN, if they have one. If you are eligible for Medicaid or Family Health Plus, and do not have an SSN, you may be asked by the social services office or Medicaid office to apply for an SSN. The application for Medicaid and Family Health Plus should be processed once you provide proof to social services or Medicaid that you have tried to apply for an SSN, even if the Social Security Office told you that you could not apply for or receive an SSN. If you do not have proof from the Social Security Office, you may have to fill out a form that explains that you tried to get an SSN. This can be a complicated process, but social workers, advocates and facilitated enrollers can help you. You do not need a SSN to be eligible.

**I am here on a temporary visa, and do not plan to become an immigrant. Can I use public insurance benefits?**

New York State is very generous with its public health insurance benefits, and allows some non-immigrants to enroll in certain programs, including the Prenatal Care Assistance Program (PCAP), and Child Health Plus (CHP). In certain cases, temporary visa holders who have

not applied to become lawful permanent residents (“green card” holders) may experience difficulties re-entering the U.S. if they have used PCAP or CHP. While New York State has no problem with a non-immigrant temporary visa holder enrolling in PCAP or CHP, the United States Department of State, which controls temporary visas, may view enrollment as violating the conditions of the temporary visa. Individuals’ whose temporary visas have expired are generally considered to be undocumented, and are likely to experience difficulties re-entering the U.S. regardless of whether or not they ever used public benefits. Undocumented immigrants, and individuals who are applying for permanent residence are encouraged to enroll in PCAP and CHP, while non-immigrant temporary visa holders are urged to be cautious.

**Where can I get help with choosing and enrolling in public insurance programs?**

Organizations throughout the state have facilitated enrollers who provide free assistance to help you determine whether or not you qualify for public health insurance programs like Medicaid, Family Health Plus and Child Health Plus, and the Prenatal Care Assistance Program. Facilitated enrollers work for community-based organizations, health plans, and health care providers, and can help you to complete the application materials and to assemble the documentation you need in order to apply for coverage.

**CONCERNS ABOUT IMMIGRATION STATUS**

**Will I be reported to the immigration authorities for using public health insurance?**

The law protects your privacy in applying for government health insurance, and does not allow or require Medicaid and the social services offices, facilitated enrollers, HMOs, or any other health care or insurance worker to report you to immigration authorities (ICE/USCIS/INS) if you do not

have proof that you are a lawful resident. In other words, the government's rules protect you from having your immigration status and the status of your family members reported to immigration authorities when you try to obtain medical care and public health coverage including Medicaid, Family Health Plus, PCAP, ADAP, Child Health Plus, and Emergency Medicaid. Be aware that any immigration documents you do provide in connection with an application for public health insurance may be checked with immigration services to make sure the document is authentic. Individuals are advised not to use false documents or make false statements when applying for programs and services. Immigrants who commit benefits fraud risk serious immigration and financial consequences.

**I am a refugee and want to apply for public benefits. How would that affect me when I apply for my lawful permanent residence?**

Refugees and people granted asylum can use ANY public benefits including cash welfare, health care, food programs, and other programs without hurting their chances of getting their lawful permanent residence (green card) or citizenship. Remember: refugees and asylees are never considered to be a public charge, regardless of their use of government benefits.

**I have HIV and want to get lawful permanent residence. Can I apply for public benefits?**

The U.S. government discriminates in its immigration policy against people who are infected with HIV (the human immunodeficiency virus). However, certain individuals with HIV are able to sign an "HIV waiver," allowing them to apply for lawful permanent residence if they have specific family or business relationships in the U.S. As a condition of getting the waiver, the HIV-positive person must promise not to use government public benefits. Several advocacy organizations help

HIV-positive individuals who are in the process of immigrating to understand which public health insurance programs they can access safely.

The AIDS Drug Assistance Program (ADAP) is a public health insurance program that provides life-saving medication to people living with HIV, including undocumented immigrants. If you are an undocumented immigrant who is using ADAP, you should contact one of the organizations listed under HIV/AIDS in the "Referrals" section at the end of the Guide before applying for permanent residence in the U.S.

For refugees and asylees, HIV is not a barrier to immigration, permanent residence, or naturalization. Refugees and persons granted asylum can use any public benefit program, including Medicaid and ADAP, as long as they meet the income and other requirements.

**I am afraid to apply for citizenship because I received public benefits before. What can I do?**

Immigrants are not denied U.S. citizenship for lawfully receiving benefits, including cash welfare, health care, food stamps, WIC, and benefits from other programs. Public charge determinations do not apply to citizenship applicants. Lawfully receiving benefits means that you were eligible for the benefits you received, and that you did not provide false information or false documents in order to get the benefits.

**PUBLIC CHARGE**

**What does public charge mean?**

Public charge is the way the immigration service describes someone who has, or who may be likely in the future to become, dependent on the government for their basic needs, generally by getting cash public assistance. People who are determined

to be a public charge will not be admitted for permanent residence in the U.S., which means they will not be able to get a green card. Public charge determinations are made by the immigration service about someone who is applying for permanent residence based on sponsorship by a family member or, in certain limited cases, by an employer.

Refugees, asylees, and other immigrants with humanitarian status are always exempt from the public charge test, and cannot be considered a public charge, even if they use cash public assistance. A spouse or child who has been abused by her or his sponsoring citizen or lawful permanent resident relative can also use cash public assistance without being considered to be a public charge, if the benefits are connected to the abuse.

Public charge determinations do not apply to applicants for citizenship.

**How does the government determine if I am a public charge?**

When the United States Bureau of Citizenship and Immigration Services (BCIS, formerly INS) officers evaluate whether someone who applies for permanent residence is or may become a public charge, they will consider your age, health (including HIV status), family status, assets, resources, financial status, education, and skills. Certain circumstances, such as mental or physical disabilities, or advanced age, may lead the government to conclude that it would become responsible for supporting you in the future, and could result in a public charge determination.

Again, public charge determinations only apply to certain immigrants who have applied for permanent resident status, and relate to whether or not an individual can become a permanent resident.

**What benefits are considered evidence that a person who is trying to immigrate may become a public charge?**

Receiving cash welfare assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and General Assistance (GA) may lead the government to determine that someone is a public charge. Institutionalization for long-term care in a nursing home or psychiatric facility paid for through Medicaid could result in a public charge determination. However, advocates are not aware of any situations where an applicant for permanent residence was removed from a nursing home or psychiatric facility and deported as a result of being found to be a public charge.

**Once I've applied for a green card, what benefits can I access that do NOT count as public charge?**

You can use Medicaid, Child Health Plus (CHP), Family Health Plus (FHP), prenatal care, other free or low-cost medical care including emergency care, Food Stamps, school meals, and other food assistance, public housing, disaster relief, child care services, job training, transportation vouchers, and unemployment compensation. Again, the only situation where using Medicaid can result in a public charge determination is if the immigrant is residing long-term in a nursing home or psychiatric facility, and even then it does not result in deportation.

**ISSUES FACING SPONSORS OF IMMIGRANTS**

**What does signing an Affidavit of Support mean?**

You become an immigrant's "sponsor" when you sign an Affidavit of Support; usually you do this for a relative. The Affidavit of Support (form I-864) in use since December 1997 is a legally binding document in which you promise to financially

support the immigrant. The affidavits used prior to December 1997 are not legally enforceable, and sponsors who signed the old forms are not held responsible for supporting the immigrants they sponsored.

**How much money do I have to make to sponsor my relative?**

A sponsor must prove he or she has an annual income of at least 125 percent of the federal poverty income line. The poverty level is based on the number of members in your family. For example, 125 percent of the federal poverty income level is defined in 2006 as \$20,789 total annual income for a family with three members. If you do not earn enough money, you may find another individual who earns enough or has enough assets to sign the Affidavit of Support as a co-sponsor or joint sponsor. This co- or joint sponsor must be willing to sign the Affidavit of Support form I-864, and accept legally binding financial responsibility for the immigrant.

**Can I sponsor my child to come to the United States if I receive Medicaid?**

Using benefits does not prevent U.S. citizens or lawful permanent residents from sponsoring relatives. However, your child may need an additional sponsor if your income is below 125 percent of the federal poverty level.

**Do I have to support my relative if I sponsor him/her?**

The Affidavit of Support I-864 is a legally binding document in which you promise to support your relative if needed. Currently, the government is not asking sponsors to repay the cost of health benefits used by their sponsored relatives. However, if you signed the Affidavit of Support (I-864) after December 19, 1997, you may be liable in the future for the cost of certain benefits that your family member receives (this is called “sponsor

liability”). The federal benefits that sponsors may be asked to repay in the future are: Medicaid, SCHIP (State Children’s Health Insurance Program), food stamps, TANF (Temporary Assistance to Needy Families), and SSI (Supplemental Security Income). However, sponsors will not be held liable if a relative uses Emergency Medicaid and certain other benefits. Again, sponsor liability cannot become an issue with affidavits of support issued prior to December 1997.

**How long will I be responsible for a relative who I sponsor for permanent residence?**

You will be responsible for the support of your relative until he or she becomes a citizen; or can be credited with at least 40 qualifying quarters of work. A “quarter” is a three-month period of time. Most people earning even a very limited annual income can earn four quarters of work credit every year. However, no credit will be given to the immigrant if he or she uses certain public benefits like Medicaid, food stamps, or cash assistance during a particular quarter. The immigrant can also get credit for work performed by his/her spouse during the period they are married, or work performed by the immigrant’s parents while the immigrant was under 18 years of age. The responsibility also ends if the sponsored immigrant abandons his or her permanent resident status or dies.

**Do I have to pay back the cost of public benefits I receive?**

No, recipients are not asked to pay back benefits, except in some cases if they provided false information or false documents to get the benefit.

However, if you have a sponsor who signed form I-864, your sponsor may someday be held liable for the cost of certain government benefits you use, such as Medicaid, food stamps, Supplemental Security Income (SSI), and Temporary Assistance

## Review Questions

The information in this section is explained in more detail earlier in the guide.

for Needy Families (TANF). This is referred to as “sponsor liability.” We know of no current government efforts to collect money from sponsors for benefits that an immigrant receives; however, there is no guarantee that the government may not do so in the future.

### **Do I have a right to emergency care?**

All immigrants have the right to be treated at an Emergency Room if they have a medical emergency. Anyone with a medical emergency has the right to an ambulance (emergency medical transportation), regardless of immigration status or ability to pay. You will be billed for these services, and if you are not insured you will need to contact the provider’s billing, financial counseling, social work, or patient relations staff to negotiate your bill.

### **Do I have a right to non-emergency care if I am uninsured?**

All uninsured New Yorkers, including people who are undocumented, can receive health care from federally funded Community Health Centers, and from public hospitals, including the hospitals, health centers and clinics maintained by New York City’s Health and Hospitals Corporation (HHC). These medical providers are not permitted to turn away patients who cannot pay for care, even if a patient’s medical condition is not an emergency.

### **Do I have to pay for medical care?**

Care at hospitals and clinics is rarely free. These facilities will help you to apply for public insurance programs, or can arrange for reduced rates; but in order to do so, you must share personal information such as your income.

### **Will the Emergency Room report me to the immigration authorities (ICE/USCIS/INS)?**

No one is supposed to report you to the immigration authorities (USCIS/INS) for using medical

care, including Emergency Room care. Hospital workers, Medicaid eligibility workers, ambulance drivers and health department staff must keep your information confidential, and have no authority or obligation to share this information. You and your family members should not be reported to immigration authorities for trying to enroll in government health insurance, including Medicaid, Family Health Plus, PCAP, ADAP, CHIP and Emergency Medicaid. However, the information you provide may be verified, and it is important to avoid benefits fraud; therefore do not to share false information or documents.

### **I am an undocumented adult who does not have insurance. What should I tell people at the hospital or clinic about my immigration status?**

You are not required to document your immigration status before receiving care. If you are undocumented and uninsured, you can say that you do not think you are eligible for regular Medicaid, and ask for information about the health care provider’s sliding fee scale, fee reduction, and charity care programs. You are not required to disclose your immigration status to health care providers. If you are receiving emergency care, ask the hospital to help you to apply for Emergency Medicaid.

### **When I come to the hospital or clinic I’m asked for a Social Security Number. What if I don’t have one?**

The hospital or clinic is trying to figure out whether or not you might be eligible for public health insurance. You should not be turned away, even if you do not have a Social Security Number. See the answer to the previous question.

### **Can I enroll in a public health insurance program if I am an immigrant?**

Many immigrants are allowed to use public (government) health insurance programs to pay

for the cost of their medical care. All categories of immigrants in New York State, including undocumented immigrants, are permitted to use Child Health Plus (for those younger than 19) and PCAP (for pregnant women). Emergency Medicaid is available to cover medical emergencies for lower-income, undocumented immigrants. All categories of lower-income legal immigrants in New York State are permitted to use Medicaid and Family Health Plus. All of these programs are now available regardless of how long a person has been in the country. Each program has its own rules about income and resources.

Some immigrants are not eligible for any public health insurance other than Emergency Medicaid, even though they have little income. For example, an adult immigrant who is undocumented is only eligible for public health insurance if she experiences an emergency or is pregnant.

**Will I have to pay back the cost of Medicaid I used before I can adjust status (or become a citizen, or get work authorization)?**

No. You will only be asked to pay back public health insurance costs if you provided false information or false documents when you applied for coverage.

**REFERRALS AND RESOURCES**

The following organizations can answer many of your questions, and provide referrals and free assistance. Many of these organizations provide services in languages other than English, so if you need help in a language other than English, be sure to ask for it when you call.

**Crisis Hotlines**

Suicide Prevention Hotline  
800-543-3638 or 212-673-3000

Poison Hotline 212-764-7667

800-222-1222 (outside New York City)  
Domestic Violence Hotline -  
Sanctuary for Families  
212-349-6009

Rape Crisis Hotline - 24 hours a day  
212-577-7777

National HIV/AIDS Hotline  
800-342-AIDS (2437)  
800-344-7432  
(24 hrs. a day 7 days a week)

GMHC HIV/AIDS Hotline, outside New York  
City call 800-243-7692,  
inside New York City call 212-807-6655

**INFORMATION AND ASSISTANCE**

**General Health Referrals**

Directory of Hospitals in New York State  
<http://www.health.state.ny.us/nysdoh/hospital/main.html>

New York Department of Health and  
Mental Hygiene  
<http://www.ci.nyc.ny.us/html/doh/home.html>

Directory of Community Health Centers <http://ask.hrsa.gov/pc>, or call the Community Health  
Care Association of New York State at (212) 279-  
9686 (English and Spanish).

**Public Hospitals**

New York City Health and Hospitals Corporation  
(HHC) Telephone: 311  
<http://www.ci.nyc.ny.us/html/hhc/home.html>

Erie County Medical Center, Buffalo  
716-898-3000

Helen Hayes Hospital, West Haverstraw,

Rockland County  
845-947-3000

The Hospital, Sydney, Rockland County  
607-561-2100  
Lewis County General Hospital, Lowville  
315-376-5200

Massena Memorial Hospital, St. Lawrence  
County 315-764-1711

Monroe Community Hospital, Rochester  
585-760-6500  
Nassau University Medical Center, East Meadow  
516-572-0123

Summit Park Hospital – Rockland County  
Infirmary, Pomona  
845-364-2753

SUNY Downstate – University Hospital of  
Brooklyn 718-270-1000

University Hospital – SUNY, Stony Brook,  
Suffolk County 631-444-4000

University Hospital - SUNY, Syracuse  
315-464-4240

Westchester Medical Center, Valhalla  
914-493-7000

Wyoming County Community Hospital, Warsaw  
585-786-2233

**Immigration**

New York Immigration Hotline  
800-566-7636

This is a nonprofit service throughout New  
York State, and is not connected with the  
U.S. government.

Catholic Charities, Archdiocese of New York  
212-795-6860

Catholic Migration Office  
718-236-3000  
Hebrew Immigrant Aid Society (HIAS)  
212-613-1419

Legal Aid Society – Immigration Unit  
212-440-4300  
800-954-0254 (outside New York City)

New York Association for New Americans  
(NYANA) 212-425-5051

New York Legal Assistance Group (NYLAG)  
212-750-0800

Catholic Legal Immigration Network (CLINIC)  
Detention and Prison Issues  
212-826-6251

### **Mental Health**

Mental Health Association - Crisis and Referral  
Hotline:  
800-LIFE-NET (800-543-3638)  
877-AYUDESE (877-298-3373) Spanish  
877-990-8585 Chinese  
Other languages 800-543-3638 and ask for a  
translator.

NY City Dept of Health and Mental Hygiene  
(Mental health services for children and adoles-  
cents) 311

NY State Office of Mental Health - Customer  
Relations (for information about mental health  
services anywhere in NY State)  
800-597-8481

Asian American Behavioral Health – Service

Directory for Metro NY  
<http://www.asianmentalhealth.org/aabhSD.asp>

### **Domestic Violence**

Sanctuary for Families - Domestic Violence  
Hotline 212-349-6009

Safe Horizon – Domestic Violence Hotline  
800-621-4673

New York State Coalition Against Domestic  
Violence  
800-942-6906 English  
800-942-6908 Spanish

### **Disability**

Disability Advocates, Inc. (Albany)  
518-432-7861

Directory of Independent Living Centers:  
<http://www.nysilc.org/directory.htm>

### **Reproductive Health**

Planned Parenthood - Appointments  
212-965-7000  
<http://www.plannedparenthood.org>

### **Alcohol and Drug Abuse**

Al-Anon  
800-356-9996 or 800-344-2666

Alcoholics Anonymous  
212-870-3400

Marijuana Anonymous  
212-459-4423

Narcotics Anonymous  
212-929-6262

National Council on Alcoholism and  
Drug Dependence Hopeline

800-622-2255

### **Cancer**

Cancer Care 800-813-4673

### **Public Insurance**

HealthStat 888-692-6116  
(Information on Medicaid, Family Health Plus,  
and Child Health Plus eligibility, locations where  
you can enroll, and contact information for facili-  
tated enrollers)  
[http://www.nyc.gov/html/hia/html/public\\_insurance/enroll.shtml](http://www.nyc.gov/html/hia/html/public_insurance/enroll.shtml)

New York Medicaid CHOICE  
800-505-5678  
(Assistance with Medicaid managed care  
enrollment, exemptions and exclusions)

Social Security Administration  
800-772-1213  
(Information on Medicare)  
<http://medicare.gov/basics/overview.asp>

Family Health Plus, including enrollment  
assistance  
877-934-7587  
[www.health.state.ny.us/nysdoh/fhplus/where.htm](http://www.health.state.ny.us/nysdoh/fhplus/where.htm)

Child Health Plus Resource Hotline  
800-698-4543

New York State Department of Health, Medicaid  
Reference Guide: <http://www.health.state.ny.us/nysdoh/medicaid/mrg/index.htm>

New York State Medicaid Helpline  
800-541-2831

NY City Human Resources Administration  
(How to apply for Medicaid)  
877-472-8411

ADAP (AIDS Drug Assistance Program)  
800-542-2437

HIV Uninsured Care Programs Hotline  
800-542-2437

EPIC (Elder Pharmaceutical Insurance Coverage)  
800-332-3742  
<http://www.health.state.ny.us/nysdoh/epic/faq.htm>

**Health Advocacy and Legal Assistance**

Health Access, Communication Barriers,  
Discrimination  
Legal Aid Society - Health Law Hotline  
212-577-3575

New York Lawyers for the Public Interest  
(NYLPI) 212-244-4664

New York Legal Assistance Group (NYLAG)  
212-750-0800

NY State Attorney General's Health Care Bureau  
- Patients Rights Helpline  
800-771-7755, for quality of care problems or  
barriers to care at hospitals, or for problems with a  
private insurance company, press option 3.  
<http://www.oag.state.ny.us>

To file a complaint against a hospital with the  
government, contact:  
US Office for Civil Rights, Regional Director  
212-264-3313

NY State Department of Health –  
Hospital Complaint Section  
800-804-5447

NY State Department of Health –  
Nursing Home Complaints

888-201-4563

If you were turned away from an Emergency  
Room while experiencing a medical emergency in  
New York City, you can also contact the nonprofit,  
non-governmental Commission on the Public's  
Health System 212-246-0803

**Domestic Violence**

Sanctuary for Families -  
Domestic Violence Hotline  
212-349-6009

**Disability**

CIDNY (Center for the Independence of the  
Disabled - NY)  
212-674-2300 or TTY 212-674-5619

**HIV/AIDS**

Gay Men's Health Crisis (GMHC)  
HIV/AIDS Hotline, Outside New York City call  
800-243-7692,  
Inside NYC call 212-807-6655  
Legal Services 212-367-1040

Client Advocacy Hotline 212-367-1125  
<http://www.gmhc.org>

Safe Horizon  
718-899-1233, extension 129

HIV Law Project  
212-577-3001

Legal Aid  
212-577-3575

African Services Committee  
212-222-3882

**Homelessness**

Legal Aid Society - Homeless Unit  
800-649-9125

Care for the Homeless  
212-366-4459

Legal Services for New York City  
212-431-7200

Insurance (Including Managed Care)  
Legal Aid Society - Health Law Hotline  
212-577-3575

NY State Department of Health –  
Managed Care Complaints  
800-206-8125

NY State Attorney General's Health Care Bureau  
- Patients Rights Helpline  
800-771-7755, for problems with a private insur-  
ance company, press option 3.  
<http://www.oag.state.ny.us>

Managed Care Consumer Assistance Program  
(MCCAP) 212-614-5400

Medicare Rights Center  
800-333-4114

**Mental Health**

MFY Legal Services - New York City Residents  
212-417-3830

Urban Justice Center - Mental Health Project  
(NY City) 646-602-5672

## **Acknowledgements**

Know Your Rights: The Immigrant and Refugee Guide to Affordable Health Care in New York State, is a free publication of the New York Immigration Coalition. All rights reserved July 2004, May 2006 (revised edition).

This guide may be reprinted or posted electronically without permission, in part or in its entirety, only on the following conditions: 1) no alterations may be made to the contents, 2) the New York Immigration Coalition must be explicitly credited, and 3) the information must be provided free of charge.

Written and researched by Adam Gurvitch, Sandra Opdycke, and Su Yon Yi. Updated in May 2006 by Maysoun Freij and Jenny Rejeske.

The New York Immigration Coalition (NYIC) is grateful to the following experts who reviewed drafts of the guide and provided helpful suggestions: Barbara Weiner and Trilby de Jung of the Empire Justice Center (formerly known as the Greater Upstate Law Project), Elisabeth Benjamin and Liliana Vaamonde, formerly of the Legal Aid Society - Health Law Unit, and Judy Wessler of the Commission on the Public's Health System in New York City (CPHS). Thanks also to the New York City Health and Hospitals Corporation (HHC) for reviewing an earlier NYIC publication Rights to Health Care for Uninsured Immigrants, which has been incorporated in the guide, and to New York Lawyers for the Public Interest (NYLPI) and Judy Wessler for allowing us to adapt information from their manual Health Care for the Uninsured.

Laws and policies change frequently; the information in this guide is not legal advice.

This guide is made possible by generous funding from the United Hospital Fund, New York Community Trust - Fund for New Americans, New York State Bureau of Refugee and Immigrant Affairs (BRIA), Altman Foundation, and the Baisley Powell Elebash Fund.

Design and printing donated by the New York Times.

Copyright 2006 The New York Immigration Coalition  
137-139 West 25th Street, 12th Floor  
New York, NY 10001  
[www.thenyic.org](http://www.thenyic.org)