

Senate Bill 376

Lawfully Residing Immigrants & Program Eligibility
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What does Senate Bill 376 do?

The legislation allows Indiana to use a specific, narrow federal permission to allow Medicaid or Children's Health Insurance Program (CHIP) eligibility for immigrant children and pregnant woman who are lawfully residing in the United States and meet all other program eligibility requirements.

Currently, these individuals must wait a full 5 years after becoming residents before they are eligible for Medicaid or CHIP, with emergency Medicaid as their only option. For those without other coverage options, this creates a major gap in accessing care such as developmental screenings, well-child visits and prenatal care. The immediate and long-term health risks can be catastrophic.

What does Senate Bill 376 not do?

The legislation does not make anyone automatically eligible for Medicaid or CHIP. A health coverage program application must be submitted and approved by the state, according to the same standards and eligibility requirements of all other Hoosiers. Undocumented immigrants, student and visitor Visa holders and DACA recipients are not eligible under this permission.

Who is impacted by Senate Bill 376?

Those who would become eligible by closing this gap are the most directly impacted, but many other entities benefit including:

- Hospitals that face uncompensated care costs for uninsured patients.
- Employers that value healthy employees but are unable to provide coverage.
- All Hoosiers relying on front line and agricultural workers, service providers and healthcare staff - leading industries employing recent immigrants.

Senate Bill 376 by the Numbers:

Who may gain health coverage?

- Children: 4,513 - 5,961
- 19-21 year olds: 475 - 627
- Pregnant women: 481 - 634

This equates to an approximately a 1/4 of 1% increase to Indiana enrollment.

What would Indiana's investment be?

The federal government will pay 76% of the cost for CHIP and 66% for Medicaid.

Estimated state costs are \$3.8 - 5 million per the LSA fiscal analysis, or up to about 1/5 of 1% of the 2023 state Medicaid budget.