

Access to Benefits is Essential for Families in North Carolina to Thrive



For over 25 years, a policy passed in 1996 has arbitrarily denied lawfully present immigrant families access to critical health and social services, such as Medicaid, CHIP, and SNAP.

An estimated **106,700 people in North Carolina** are excluded from Medicaid & CHIP coverage.¹

- ▶ Over **64,100** are green card holders
- ▶ Over **20,400** are DACA recipients
- ▶ Over **22,100** are TPS holders



In NC, there are **168,500 people** living in immigrant families with low incomes where at least one member of the household is excluded from SNAP eligibility because of their status.²

Nationwide, an estimated over 3.4 million immigrants authorized to be in the United States face barriers to public benefits eligibility due to their immigration status.

Barriers to immigrants hurt communities of color.

Nearly 10% of Black people in America are immigrants, and immigrants account for 24% of Native Hawaiians and Pacific Islanders, 33% of Latinos, and 65% of Asian Americans.³

In NC the uninsured rate for noncitizens is **over six times higher** than U.S. citizens —**43%, compared to 7%** — likely because many are excluded from public health care programs.⁴

In North Carolina, over **435,000 children** live in a mixed status family.

Over **59,000 children** have a parent who faces barriers to public benefits because of their immigration status and are more likely to live in low-income households.⁵



of children in NC live in a mixed status family.⁶

Despite the vast majority of children in mixed status families being U.S. citizens themselves, they are over

2X less likely

to access health coverage they may be eligible for in part due to their parent's immigration status.⁷

25% of children in low-income households in the state had an immigrant parent in 2022.⁸



These exclusions hurt not only immigrant families, but also local and state governments, hospitals, food banks, and direct service organizations. Immigrant families' needs for health, food, and shelter do not go away; they only get shifted. **Congress must repeal these restrictions by passing:**

The LIFT the BAR Act (H.R. 4170/S. 2038) to repeal the 1996 restrictions on lawfully present immigrants' eligibility for public benefits, aligning the federal safety net's eligibility standards with the Affordable Care Act.

¹ Estimates based on CLASP analysis of Office of Homeland Security Statistics 2018-2022 Lawful Permanent Resident State Profiles, accounting for the number of refugees/asylees in each state and state policies which impact public benefit eligibility. The estimates of pregnant individuals were calculated by using the 2022 general fertility rate.

² Migration Policy Institute, SNAP Access and Participation in U.S.-Born and Immigrant Households, https://www.migrationpolicy.org/sites/default/files/publications/mpl_snap_brief_2023_final.pdf

³ Analysis of 2020 American Community Survey 5-year Public Use Microdata File by AAPI Data, <https://aapidata.com/wp-content/uploads/2024/02/State-AANHPIs-National-June2022.pdf>

⁴ American Community Survey 2022 Data
⁵ National Center for Children in Poverty, Immigration Profiles, <https://www.nccp.org/immigration-profiles/>; Center for American Progress, Temporary Protected Status: State-by-State Fact Sheets, <https://www.americanprogress.org/article/temporary-protected-status-state-by-state-fact-sheets/>; Center for American Progress, What We Know About DACA Recipients, by State, <https://www.americanprogress.org/article/known-daca-recipients-state/>

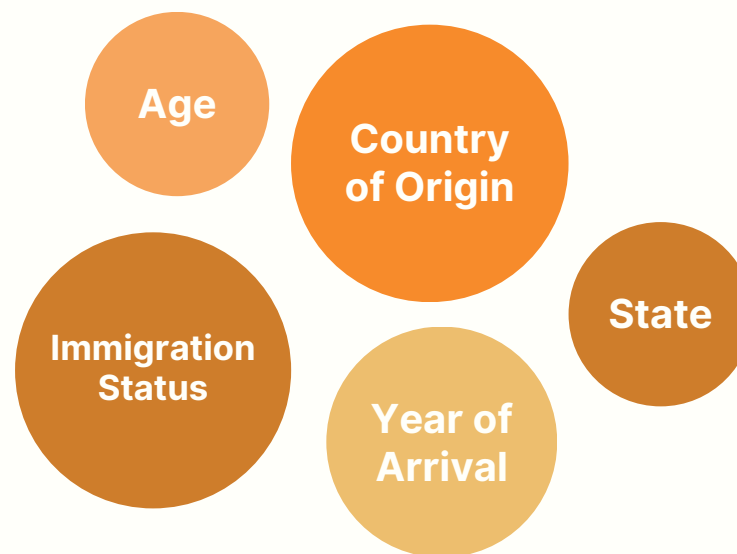
North Carolina Policies Limit Exclusions But Still Leave Many Out

North Carolina adopted the state option to waive the five year waiting period for Medicaid and CHIP for pregnant people and children who are lawful residing. While this was a great step forward in improving access to critical public benefits for some, other authorized immigrants, such as DACA recipients, still remain ineligible.

County-Based System Creates Inconsistencies in Access

North Carolina is one of ten states that administers public benefit programs like Medicaid and SNAP through a county-based system instead of a statewide system. The county-based system creates unique challenges based on county capacity to provide assistance and training. It also creates the potential for policies to be understood and implemented differently based on interpretation. Inaccurate interpretations of these policies means that someone goes without benefits they need and are eligible for.

Immigrants face a complicated and constantly changing patchwork of eligibility for benefit programs including, but not limited to:



“Some counties may say that [clients] are not eligible based on their interpretation of that piece of policy; [but] that other counties may say that they are. We all try our best to work with the same guidelines, but there is always a grey area on how you interpret certain things.”

-North Carolina county HHS stakeholder⁹

Barriers to Public Benefits Hurt North Carolina Workers and Industries

North Carolina has the sixth highest number of migrant farmworkers in the nation, but because of the restrictions in place, migrant farmworkers, with few exceptions, are ineligible to receive Medicaid and CHIP for themselves or their families.

Even when immigrants or their children are eligible for coverage, the the confusing patchwork of eligibility leaves families without the ability to get access to the benefits they need.



Less than 20% of migrant farmworkers in the state have health coverage.¹⁰

1/6

of North Carolina's economy relies on the agriculture industry.¹¹

“The farmworkers are not here long enough for the institution to get the paperwork through, to get the kid covered.”

-Staff member, North Carolina community-based organization

Supporting the LIFT the BAR Act (H.R. 4170/S. 2038) is critical in providing North Carolina with the resources it needs to ensure all families in the state can thrive.

⁶ Migration Policy Institute, Children in U.S. Immigrant Families, <https://www.migrationpolicy.org/programs/data-hub/charts/children-immigrant-families?width=1000&height=850&iframe=true>
⁷ Kaiser Family Foundation, Health Coverage of Immigrants, <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>
⁸ Migration Policy Institute, State Immigration Profiles, <https://www.migrationpolicy.org/programs/data-hub/state-immigration-data-profiles>
⁹ Urban Institute, Supporting North Carolina's Immigrant Families, <https://www.urban.org/sites/default/files/2023-11/Supporting%20North%20Carolina's%20Immigrant%20Families.pdf>
¹⁰ NC Farmworker Health Program, <https://ncfhp.ncdhhs.gov/farmworker-health-facts/>
¹¹ NC Chamber, [https://ncchamber.com/issue/agriculture-agribusiness/#:~:text=With%20its%20\\$2491.7%20billion%20annual,of%20our%20state%27s%20overall%20income.](https://ncchamber.com/issue/agriculture-agribusiness/#:~:text=With%20its%20$2491.7%20billion%20annual,of%20our%20state%27s%20overall%20income.)