



## AAP Headquarters

141 Northwest Point Blvd  
Elk Grove Village, IL 60007-1019  
Phone: 847/434-4000  
Fax: 847/434-8000  
E-mail: kidsdocs@aap.org  
www.aap.org

## Reply to

### Department of Federal Affairs

Homer Building, Suite 400 N  
601 13th St NW  
Washington, DC 20005  
Phone: 202/347-8600  
Fax: 202/393-6137  
E-mail: kids1st@aap.org

## Executive Committee

### President

Thomas K. McInerney, MD, FAAP

### President-Elect

James M. Perrin, MD, FAAP

### Immediate Past President

Robert W. Block, MD, FAAP

### Executive Director/CEO

Errol R. Alden, MD, FAAP

## Board of Directors

### District I

Carole E. Allen, MD, FAAP  
Arlington, MA

### District II

Danielle Laraque, MD, FAAP  
Brooklyn, NY

### District III

David I. Bromberg, MD, FAAP  
Frederick, MD

### District IV

Francis E. Rushton, Jr, MD, FAAP  
Beaufort, SC

### District V

Marilyn J. Bull, MD, FAAP  
Indianapolis, IN

### District VI

Pamela K. Shaw, MD, FAAP  
Kansas City, KS

### District VII

Kenneth E. Matthews, MD, FAAP  
College Station, TX

### District VIII

Kyle Yasuda, MD, FAAP  
Seattle, WA

### District IX

Stuart A. Cohen, MD, MPH, FAAP  
San Diego, CA

### District X

Sara H. Goza, MD, FAAP  
Fayetteville, GA

April 25, 2013

The Honorable Robert Goodlatte  
Chairman  
Committee on the Judiciary  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Trey Gowdy  
Chairman  
Subcommittee on Immigration and  
Border Security  
Committee on the Judiciary  
U.S. House of Representatives  
Washington, DC 20515

The Honorable John Conyers, Jr.  
Ranking Member  
Committee on the Judiciary  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Zoe Lofgren  
Ranking Member  
Subcommittee on Immigration and  
Border Security  
Committee on the Judiciary  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Goodlatte, Ranking Member Conyers, Chairman Gowdy, and Ranking Member Lofgren:

On behalf of the American Academy of Pediatrics (AAP), a non-profit organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write to thank you for your recent attention to the need to reform our nation's immigration system. As children's health experts and advocates, we are concerned about the multiple barriers to accessing comprehensive, affordable, and culturally and linguistically effective health care services many children in immigrant communities face.

Immigrant children represent the fastest growing segment of the U.S. population; one in every four children lives in an immigrant family. Children of immigrant families, regardless of their own immigrant status, face a variety of challenges to their health and well-being, including poverty, lack of health insurance, low educational attainment, substandard housing, and language barriers. Since immigrant children represent a considerable part of our economic and social future, it is in our best interest to ensure they grow up to be physically and developmentally healthy.

**Every individual, including and especially every child, living in the United States should have health insurance coverage.** A lack of health insurance coverage for any family member can have negative impacts on the health of the entire family, so ensuring individual coverage will protect the health of our nation's children. As immigration reform is considered, it is critical that barriers to children's enrollment be addressed; policies that impose waiting periods, restrict eligibility, or impede enrollment should be eliminated. Immigrant children should have access to all public health insurance programs including Medicaid, CHIP, and programs within state health insurance exchanges. In order to best address the needs of immigrant children and their families, it is essential that enrollment processes be simple.

**All children, regardless of immigrant status, should have access to a comprehensive, coordinated, culturally and linguistically responsive, and continuous health services provided in a quality medical home.** In the health care setting, qualified interpretation services should be universally available and covered by health insurance in order to ensure that families receive the interpretation services required by law. This is especially important for children with chronic health care needs and emotional or behavioral problems.

**The health, well-being, and safety of children should be prioritized in all immigration proceedings.** Whenever possible, the separation of a child from his or her family and home should be prevented, and family reunions should be facilitated as quickly as possible. Furthermore, a child should not be expected to represent himself or herself in an immigration proceeding. Health care facilities should be seen as a safe space for children and their families; to accomplish this, neither health care facilities nor medical records should be used in any immigration enforcement action.

As you continue your important work to reform the nation's immigration system, I urge you to ensure that the health and well-being of children of immigrant families remains a top priority. If you have any additional questions or wish to discuss this matter further, please do not hesitate to contact Tamar Haro at 202-347-8600 or [tharo@aap.org](mailto:tharo@aap.org).

Sincerely,

A handwritten signature in cursive script that reads "Thomas K. McInerney, MD".

Thomas K. McInerney, MD, FAAP  
President

TKM/aam

CC: Members of the U.S. House of Representatives Committee on the Judiciary