

HB21-1150: CREATE THE COLORADO OFFICE OF NEW AMERICANS
Concerning the creation of the Colorado Office of New Americans.

Details

Bill Sponsors:	House – Jodeh (D) Senate – None
Committee:	House State, Civic, Military, & Veterans Affairs House Finance
Bill History:	3/3/2021- Introduced 4/8/2021- Hearing in House State, Civic, Military, & Veterans Affairs Committee
Next Action:	Hearing in House Finance Committee

Bill Summary

The bill creates the Colorado Office of New Americans (ONA). The ONA serves as the point of contact for immigrant-serving state agencies, private sector organizations, and the public about immigrant issues in Colorado. As its main priority, the ONA is required to implement a statewide strategy to facilitate economic stability and promote successful economic, social, linguistic, and cultural integration by investing in the success of immigrants in Colorado.

Issue Summary

Immigrants and Refugees¹

Lawfully present immigrants are noncitizens who are lawfully residing in the United States (U.S.). This group includes legal permanent residents (LPRs, i.e., “green card” holders), refugees, asylees, and other individuals who are authorized to live in the U.S. temporarily or permanently. Undocumented immigrants are foreign-born individuals residing in the U.S. without authorization. This latter group includes individuals who entered the country without authorization and individuals who entered the country lawfully and stayed after their visa or status expired.

Contextualizing Immigrants in the United States²

Immigrants are more likely to be active labor force participants than U.S.-born citizens - 83.0% of the country’s foreign-born population are between 16-64 years old, compared to just 64.3% of the U.S.-born population. This means that immigrants have a heavy presence in the U.S. economy, as workers, entrepreneurs, consumers, and taxpayers. Nationally, immigrants are more likely to hold an advanced degree than those born in the U.S., yet are simultaneously more likely to have less than a high school education. Thus, immigrants fill the workforces at both ends of the workforce skill spectrum - from science, technology, engineering, and math to agriculture, hospitality, and service industries. Immigrants are also filling the demand for health care jobs as millions of baby boomers age. Immigrants are twice as likely as the U.S.-born to work as home health aides, and also are twice as likely to be surgeons and doctors. Additionally, over recent decades, over 40 million immigrants have revitalized neighborhoods across the country, increasing housing wealth by \$3.7 trillion.

¹ Kaiser Family Foundation, “Health Coverage of Immigrants”, March 18,2020. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>

² New American Economy, “Immigrants and the Economy in Colorado”, 2021. <https://www.newamericaneconomy.org/locations/colorado/>

Contextualizing Immigrants in Colorado²

According to the New American Economy, a bipartisan research and advocacy organization, in 2019, Colorado had 537,334 immigrant residents, constituting 9.3% of the state's population. In addition, 43,684 of these immigrants were entrepreneurs. Colorado immigrant households earned a total of \$21.3 billion, paid \$5.8 billion in federal, state, and local taxes and had a spending power of \$15.6 billion in the same year. Immigrants also have a presence in the state's housing market, with 129,565 immigrants being homeowners. Foreign-born homeowners represent only 9.8% of recent homebuyers. The housing wealth held by these individuals and families amounted to \$56.6 billion, while immigrant-led families paid \$1.4 billion in rent. Please note that these figures may differ from the ones included in the legislative declaration of the bill, as some of their numbers are from different sources, different years, or have been rounded.

Colorado Refugee Services Program³

The Colorado Refugee Services Program (CRSP), housed within the Colorado Department of Human Services (DHS), aims to ensure the effective resettlement of refugees and to promote refugee advancement past self-sufficiency and to long-term integration. CRSP is responsible for the statewide coordination of refugee resettlement under the authority of the Refugee Act of 1980. The program and its network of contracts and partners focus on refugee resettlement, English as a second language, career pathway planning, health and wellness, youth services, and older adult services.

Immigration and Health Disparities

Health disparities are inequities in the quality of health, health care, and health outcomes experienced by groups based on social, racial, ethnic, economic, and environmental characteristics. Many factors contribute to health disparities, including genetics, access to care, quality of care, community features (e.g., inadequate access to healthy foods, poverty, limited personal support systems, and transportation), environmental conditions (e.g., poor air quality), language barriers, and health behaviors. These social, economic, and environmental conditions where people live, learn, work and play are known as social determinants of health.⁴ Health disparities account for significant costs to states and communities. According to a 2018 study by the W.K. Kellogg Foundation and Altarum, health disparities cost \$42 billion in lowered productivity and \$93 billion in excess medical costs each year.⁵ Additionally, those without access to health insurance and affordable care most often turn to emergency care, which is much more costly than primary care, preventative measures and care management.³

When immigrants and refugees first arrive to the United States, they face barriers to full economic, social, and political participation in their new communities. Some of these barriers minimize over time; however, full integration into the economic and social fabric takes time, often more than one generation. Second generation children of immigrants and refugees often narrow the gap significantly between their families and U.S. born non-hispanic whites, in terms of residential segregation, educational attainment, occupational status, wealth and home ownership. English-proficiency has virtually become a requirement for advancement in all such aspects of integration into U.S. communities.⁶

Extensive scientific research has revealed that anti-immigration policies and burdensome integration efforts restrict access to health services among the immigrant population and negatively affect mental health. Undocumented immigrants are more likely to screen positive for anxiety, depression, and post-traumatic stress disorder (PTSD), compared to documented immigrants and citizens. Such mental disorders are among

³ Colorado Department of Human Services, "Colorado Refugee Services Program", 2021. <https://cdhs.colorado.gov/crsp>

⁴ National Conference of State Legislatures, "Health Disparities Overview", November 16, 2020. <https://www.ncsl.org/research/health/health-disparities-overview.aspx>

⁵ Altarum, "The Business Case for Racial Equity: A Strategy for Growth", April 24, 2018. <https://altarum.org/RacialEquity2018>

⁶ Migration Policy Institute, "Immigrants in the United States: How well are they integrating into society", May 2011. <https://www.wilsoncenter.org/sites/default/files/media/documents/event/integration-Jimenez.pdf>

the leading causes of diminished productivity and impaired social functioning. Conversely, smooth integration into the U.S. and local communities is key for facilitating better health access and outcomes for immigrants.⁷

Cultural Barriers to Immigrant Health Insurance and Care Accessibility⁸

Language. About 30% of foreign-born U.S. residents do not speak English or do not know it well. Patients are less willing to seek medical care if they know they will have difficulty communicating their needs to health care professionals.

Differing Cultural Norms and Perceptions. The medical care system in the U.S., as well as its more complex sphere of managed care, is organized differently than many immigrants' home countries. Thus, immigrants are much less likely to have a primary care provider than native-born U.S. citizens. Additionally, immigrants may hold different views regarding the necessity and appropriateness of medical care, as well as of the role of mental health treatment.

Legal Status. Undocumented immigrants frequently worry that seeking medical care may expose their status and facilitate their deportation. Legally authorized immigrants also worry that using medical benefits may jeopardize their legal status and/or their ability to gain citizenship or permanent residency.

Legal and Regulatory Barriers to Immigrant Health Insurance and Care Accessibility

In the U.S., fewer than 1 in 10 citizens are uninsured, compared with 23% of lawfully present immigrants and more than four in ten (45%) undocumented immigrants. Coverage declines due to federal policy have important implications for the health and well-being of families and the financial stability of the health care system.⁹ The higher uninsured rate among noncitizens reflects limited access to employer-sponsored coverage; eligibility restrictions for Medicaid, the Children's Health Insurance Program (known as the Child Health Plan Plus [CHP+] in Colorado), and Affordable Care Act (ACA) Marketplace coverage; as well as barriers to enrollment in these programs and plans among eligible individuals.

Lawfully present immigrants may qualify for Medicaid and CHP+, but are subject to certain eligibility restrictions. In general, lawfully present immigrants must have a "qualified" immigration status to be eligible and most must wait five years before they may enroll. Some immigrants with qualified status, such as refugees and asylees, do not have to wait five years before enrolling. Some immigrants, such as those with temporary protected status, are lawfully present but do not have a qualified status and are not eligible to enroll in Medicaid or CHIP regardless of their length of time in the country. For children and pregnant women, states can eliminate the five-year wait and extend coverage to lawfully present immigrants without a qualified status. Over half of states have taken up this option for children and nearly half have elected the option for pregnant women.¹¹ Effective July 1, 2016, Colorado eliminated the five-year bar for all lawfully residing pregnant women and children in Colorado who qualify for Health FirstColorado (Colorado's Medicaid Program) or CHP+.¹⁰ Lawfully present immigrants may be eligible for coverage through the ACA Marketplace, but limited language skills make it difficult to navigate options.¹¹

⁷ U.S. National Library of Medicine, "Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review", June 2015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074451/>

⁸ Migration Policy Institute, "Health Care for Immigrant Families: Current Policies and Issues", June 2013. <https://www.migrationpolicy.org/sites/default/files/publications/COI-HealthCare.pdf>

⁹ Kaiser Family Foundation, "Health Coverage of Immigrants", March 18, 2020. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>

¹⁰ Colorado Department of Health Care Policy and Financing, "Elimination of Five-Year Bar for Lawfully Residing Pregnant Women and Children", June 29, 2016. <https://www.colorado.gov/pacific/sites/default/files/Elimination%20of%20Five-Year%20Bar%20for%20Lawfully%20Residing%20Pregnant%20Women%20and%20Children.pdf>

¹¹ HealthCare.Gov, "Health Care Coverage for Immigrants", 2020. <https://www.healthcare.gov/immigrants/coverage/>

Undocumented immigrants are not eligible to buy Marketplace health coverage, or for premium tax credits and other savings on Marketplace plans.⁸ Most undocumented individuals in Colorado are only eligible for Emergency Medicaid.¹² Emergency Medicaid only covers services for a 'life or limb threatening emergency' and labor and delivery for pregnant women. For those pregnant women, it does not cover any prenatal or postnatal care. Documentation provided by a doctor regarding the emergency and a completed application is needed to apply for emergency coverage.¹³

Other State Efforts to Integrate Immigrants¹⁴

The California Legislature passed a law creating the position of Director of Immigrant Integration in the Governor's office to coordinate immigrant services and monitor the implementation of immigration assistance programs. An Illinois resolution directed the Bilingual Advisory Task Force to investigate professional certification standards for foreign-language educational interpreters and help immigrant parents be more involved in their children's education. Rhode Island directed a Senate task force to study evaluating and certifying foreign-trained professionals.

At least 27 states have passed legislation funding immigrant integration programs that teach English or advance biliteracy. Iowa's Education Funding and Operations law, passed in 2017, includes funds to provide services including English and integration assistance to refugees. Washington state passed bipartisan legislation establishing the K-12 dual language grant program in the state's public and state-tribal schools. The Washington law is designed to help students whose first language is not English achieve proficiency in both English and their native language. These programs allow immigrants to integrate into their local communities at a quicker pace.

This Legislation

Legislative Declaration

The bill finds and declares the numerical and economical significance of immigrants and refugees in Colorado, as well as their increasing propensity to become U.S. citizens.

- Immigrants and refugees constitute more than 10% of the Colorado population, or 500,000 individuals. Native-born Americans with at least 1 immigrant parent constitute over 11% of the Colorado population, or over 600,000 individuals.
- Immigrants and refugees are an important part of Colorado's economy and taxbase.
 - Immigrant-led Colorado households paid 1.5 billion dollars in state and local taxes and infused over 14 billion dollars into the Colorado economy in 2018
 - Over 35,000 immigrant and refugee entrepreneurs employ more than 100,000 people
 - Immigrants and refugees have a large presence in Colorado's economic sectors, making up:
 - Over 13% of Colorado's science, technology, engineering and math workforce
 - 17% of the manufacturing workforce
 - 19% of the administrative & support, waste management, remediation services workforce
- Immigrants and refugees in Colorado are becoming U.S. citizens at an increasing rate
 - Colorado's naturalization rate has increased 77% between 2017-2019
 - 113,873 Coloradans are currently eligible to naturalize.
- Integrating and including immigrants and refugees in Colorado communities will enrich the entire state.

¹² 10 CCR 2505-10 8.100 section 8.1.00.3.G.1v

¹³ Colorado Consumer Health Initiative, "Health Coverage Resources", 2019. <https://cohealthinitiative.org/need-help/health-coverage-resources/>

¹⁴ National Conference of State Legislatures, "State Efforts to Help Immigrants Integrate", December 2017. <https://www.ncsl.org/research/immigration/state-efforts-to-help-immigrants-integrate.aspx>

- The Colorado Office of New Americans (ONA) will be key to further this effort, as it will centralize the state programs, initiatives, and policies focused on integrating immigrants and facilitating their economic stability. The ONA will also hopefully grow to be able to give grants to local immigrant-focused, community-based organizations.
 - The ONA will be funded by gifts, grants, and donations through the 2022-2023 fiscal year but the ONA could also be funded by an appropriation before or during the 2022 regular legislative session

Definitions

Department: Colorado Department of Labor and Employment

Immigrant or New American: A person who has or will arrive to the United States as an immigrant or refugee, including their children. This includes refugees, asylees, special immigrant visa holders, victims of trafficking, Federal Deferred Action for Childhood Arrival Program recipients (DACA recipients), and all other immigrants and individuals hoping for U.S. citizenship, safety, or reunification with family.

Integration: A dynamic, two-way process in which immigrants and New Americans and their new communities collaborate to form safe, cohesive, and vibrant communities while also preserving cultural identities.

ONA: The Colorado Office of New Americans

Establishing the Colorado Office of New Americans

The Office of New Americans (ONA) will be created and housed within the Colorado Department of Labor and Employment (CDLE). The director of the ONA will be appointed by the Executive Director of CDLE. The ONA Director will have full capacity to work with the Office of the Governor and to convene other state agencies. The ONA Director will staff the ONA, considering applicants' personal and professional experiences within the immigrant community to make hiring decisions. The ONA is to convene stakeholders, CDLE, the Governor's office, the Department of Human Services (DHS), the Department of Regulatory Agencies (DORA), and the Department of Public Health and Environment (CDPHE) in order to develop a recommendation to the Governor's office on what state agencies or offices are best suited to administer the Colorado Refugee Services Program. The ONA shall complete draft recommendation by January 1, 2022 and provide the final recommendation to the Governor's office by one year after the effective date of this bill. The CDLE will report on the ONA and the recommendations during its annual SMART Act hearing.¹⁵ The legislative committee can make a recommendation that a legislator sponsor appropriate legislation regarding the Colorado Refugee Services Program.

The ONA's duties are as follows:

- Implement a statewide strategy to facilitate the economic stability of immigrants, as well as to promote their successful economic, social, linguistic, and cultural integration into Colorado.
- Field any and all immigrant-related issues/questions/concerns from immigrant-serving state agencies, private sector organizations and the public.
- Identify and address issues related to immigrant integration
- Foster enhanced inclusion for immigrants
- Ensure equitable opportunities and access to services for immigrants
- Establish and work with a community advisory committee that can provide input to the state from Colorado's immigrant communities.
- Work directly with immigrant populations to hear and address their concerns and obstacles in accessing services

¹⁵Enacted in 2010 and extensively revised in 2013, Colorado's SMART Government Act includes requirements for state departments to create publicly-available annual strategic/performance plans and present them to the General Assembly.

- Coordinate with the Colorado Refugee Services Program¹⁶ to align it with the goals of the ONA
- Manage or direct any other relevant programs that might exist or be created in the future, including immigrant-focused state programs, initiatives, and policies that might exist or be created in the future.
- Coordinate with and make recommendations to the Governor, the General Assembly and state agencies on ways to improve policies and programs to support immigrant integration across the state, such as
 - Recommending changes in the organization, management, programs and budget of state agencies
 - Coordinating with state agencies and public-private partnerships
 - Serving as a resource for community-based organizations that serve immigrants
 - Creating a private-public program to build-up immigrant-serving nonprofits statewide
 - Recommending and participating in cultural competency and diversity, equity and inclusion training for state departments
- Use state and federal data to inform the state's efforts to advance the economic stability and integration for immigrants. Data will never be used or shared solely for civil immigration enforcement
- Advise the Governor, state agencies, and the General Assembly on any immigrant issue
- When sufficient funds are available the ONA shall:
 - Sponsor studies, symposia, research, and factual reports to gain and share insight with the Governor, state agencies, and General Assembly on issues concerning immigrants in Colorado.
 - Analyze economic and demographic trends to make policy and programmatic trends to the Governor, state agencies, and the General Assembly.
 - Ensure that ONA's system, vital documents, and communications are accessible to all Coloradans, regardless of English proficiency or disabilities. This includes ensuring ONA exceeds compliance to the Americans with Disabilities Act of 1990¹⁷ and the Colorado Anti-Discrimination Act¹⁸
 - Promote integration activities among immigrants, using a model similar to the Family Resource Center Program, with the goal of implementing immigrant support through community-based initiatives and nonprofit organizations where immigrants and immigrant families can access formal and informal support to promote their health, economic well-being, and integration. Including:
 - *Economic opportunities*: workforce development, entrepreneurship and higher education, naturalization
 - *Increased access*: connecting immigrants to local, state, and federal resources, English language learning programs, referrals to community-based programs
 - *State education and outreach*: promoting and celebrating immigrants' successes and contributions to Colorado

By November 1, 2022, and every year thereafter, ONA's Director, or their designee, will submit a yearly report to the General Assembly regarding the ONA's activities, information, and programmatic data. To minimize costs, the ONA is allowed to incorporate or append this report to any other reports it must develop.

Funding of the ONA

The Colorado General Assembly may appropriate money from the General Fund, or any other available source, for the ONA. The ONA may also seek, accept and expend grants, gifts or donations.

ONA within CDLE

The bill adds the ONA, the ONA director, and ONA functions as a division or program operate under CDLE.

¹⁶ Established by C.R.S § 26-2-138

¹⁷ 42 U.S.C. § 12102. <https://www.law.cornell.edu/uscode/text/42/12101>

¹⁸ C.R.S. § 24-34-601 et al.

Refugee Services Program

The bill requires the program to assist the ONA with carrying out its duties and goals, including the sharing of outcomes, partnerships, and alignment of mission and purpose

Effective Date

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Reasons to Support

This bill creates administrative efficiency, and will likely decrease redundancy, as it organizes and coordinates all immigrant support and integration efforts within one entity. Thus, an Office of New Americans will help service agencies better serve their client population. The ONA would improve the ability of refugees and immigrants to integrate smoothly and more successfully into Colorado. Such coordination of services for immigrant integration will facilitate better health outcomes for the immigrant communities across the state by aiding in addressing factors related to health care social determinants of health.

The immigrant population faces unique, complex challenges as well as extra barriers, but with targeted assistance, they may have equitable opportunity for contributing to the economic strength of the state and promoting healthy families and communities.

Supporters

- City of Aurora
- Colorado Coalition for the Homeless
- Colorado Immigrant Rights Coalition
- FWD.us
- International Rescue Committee
- JEWISHcolorado
- World Education Services

Reasons to Oppose

This bill may create additional strain on state finances and potentially adds administrative burden on the Colorado Department of Labor and Employment. Immigrant and refugee integration may be considered a personal and community-level responsibility, rather than an appropriate task for state government. Additionally, the ONA's extensive list of responsibilities may overextend the availability of funds and staffing. Some may assert that there are other populations in need of assistance to facilitate economic stability, and assistance for those individuals should be prioritized.

Opponents

- No opposition has been made public at this time.

Other Considerations

One consideration is whether it make sense to put the ONA in a separate department from the Colorado Refugee Services Program, as the separation of agencies could erect barriers to make it more difficult to maximize coordination of approaches and services.

Organizations Monitoring the Bill

- Colorado Farm Bureau

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a

special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.