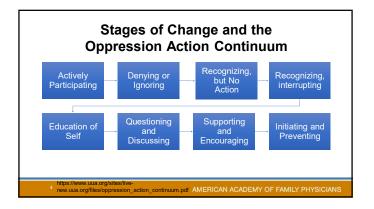


Mark Humphrey, MD MPH and Kimberly Humphrey, MSW



### **Learning Objectives**

- 1. Build an understanding of the complex circumstances impacting DACA recipient abilities to become family physicians.
- 1. Describe immigration public policy debates in the United States and provide historical context to current concerns surrounding DACA recipients.
- 1. Communicate orally and in writing your knowledge, thoughts and positions about DACA recipients' access to state medicals schools and their ability to hold state medical license.
- 1. Advocate for particular policy choices using the knowledge and skills gained in this presentation.

### Deferred Action for Childhood Arrivals

- June 2012: DACA was created by executive order by Obama with approximately 800,000 who have applied
- September 2017: No new applications for DACA would be accepted, when Trump rescinded DACA.
- June 2019: California judge rules that individuals with DACA or past DACA recipients can continue to renew their benefits on a two-year basis

https://www.ilrc.org/daca-timeline-infographic AMERICAN ACADEMY OF FAMILY PHYSICIANS

### **Agenda**

- Background
- · Case Study South Carolina
- Intro to Advocacy
- · Small groups (1)
- · Advocacy Case Study South Carolina
- · Small groups (2)
- · Conclusions

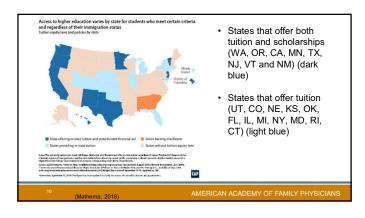
### **DACA** Requirements

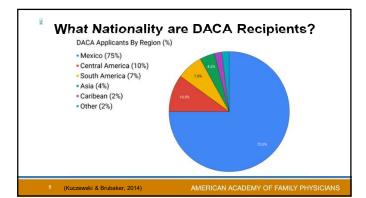
What Are The Requirements For DACA?

- Under 31 years old as of June 15, 2012
- First came to the United States before your 16th birthday
   Have lived continuously in the United States from June 15, 2007 until present
- Were physically present in the United States on June 15, 2012 and at the time they applied
- . Came to the United States without documents before June 15, 2012, or their lawful status expired as of June 15, 2012
- Are currently studying, or graduated from high school or earned a certificate of completion of high school or GED, or have been honorably discharged from the Coast Guard or military (technical and trade school completion also qualifies):
- Have NOT been convicted of a felony, certain significant misdemeanors (including a single DUI), or three or more misdemeanors of any kind.

### **DACA** continued

- · States are able to legislate whether DACA recipients have the ability to attend college, receive scholarships and practice their profession.
- •This gives states an unique ability to step in and set state laws since there is not an overarching federal law pertaining to DACA
- · Change can happen!





### **Current US Presidential Administration Policies** ·Action/policy on this topic is very political -"Legal immigration has be greatly decreased -"Illegal immigration must be stopped" Increasing tension at our southern border Over-politicized focus on the immigration debate • The U.S. Supreme Court cases scheduled for November 12, 2019 Regents of the University of California v. DHS Batalla Vidal v. Nielsen -NAACP v. Trump.

### Current Atmosphere for DACA Students and Medical Schools

- Approx. 70 medical schools indicate they accept DACA student applications
  - . Some Case-by-case basis
- -Others have broad defined policies
- Paying for tuition is big concern
- Not eligible for Federal student loans
   20 states that offer in-state tuition
   16 states allow access to state scholarships
- 10 states permit professional licenses for DACA recipients (CA, FL, IL, MN, NE, NV, SD, UT WV and WY)

### **DACA Students to Physicians**

•690,000 DACA individuals in the United States

Variable allowance for in-state tuition, scholarships, and licenses.

-2/3rd are under 25 years old

State level

- •Research states that DACA recipients are more likely to serve and practice in underserved communities (Kuczewski & Brubaker, 2014)
- DACA students are largely underrepresented minorities themselves and likely to return to and serve their communities, which are often low-income, health professional shortage areas (Balderas-Medina Anaya, del

### **DACA Students to Physicians**

- Research has found where you train as a student and resident determines where you practice medicine (Osby, 2017)
- •The American Medical Association (AMA) estimates that DACA could introduce 5,400 previously ineligible physicians into the health system in the coming decades

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### South Carolina Bill H.3404

- Sponsored by Neal Collins (R-Pickens)
- •The bill has bipartisan support with 50 co-sponsors
- •2018 legislative session it was heard at committee but did not get presented at fill committee.
- There are 6,400 DACA recipients in South Carolina
- •https://www.34for3404.com

6 (NCSL, 2017)

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### **Barriers for DACA Students Wanting to Pursue Medicine**

- Admission to a medical school in the state where they live is not always possible
- Cost of the schooling and lack of available scholarships
- Inability to practice medicine in their home state
- Current political landscape
- •The system is hard to navigate, it is necessary to find a community for resources.

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### **South Carolina Medical Schools**

- States schools do not accept or do not give in-state tuition
- •When asked why site the state law prohibiting DACA beneficiaries from practicing in the state
- Personal Example

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### **South Carolina**

- Fastest Hispanic population growth among Southeastern states

  —Third fastest growth in the nation (IHPR at USC Institute for Families in Society, 2018)
- Will need an additional 815 primary care physicians by 2030 (Robert Graham Center, 2010)
- Every county has at least one designated medically underserved community (SCDHEC, 2014)
- Current state law prohibits in-state tuition, state scholarships and state licensure

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# Stages of Change and the Oppression Action Continuum Actively Participating Denying or Ignoring Dut No Action Recognizing, but No Action Recognizing, interrupting Participating and Discussing Supporting and Encouraging Preventing Initiating and Preventing https://www.uua.org/sites/live-new.uua.

### **Small Group Activity #1**

Questions to discuss: (10-15 minutes)

- ·Why did you attend this session?
- •Where are you on the Oppression Action Continuum?
- •What have been some of your successes/struggles
- How does your university/health care system/state respond to DACA recipients?
  - -National Conference of State Legislatures http://www.ncsl.org/research/immigration/deferred-
- action.aspx Migration Policy Institute MPI https://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles
- https://www.naspa.org/rpi/posts/can-states-provide-access-update-on-in-state-tuition-policies-for-undocumen

### Case Study in Advocacy: **South Carolina**

- · Inquiring about admissions policy
- · Letter to Medical School Dean
- · Learned of HB3404
- · Sent emails and infographic to state legislators
- · Followed the bills as it moved, then stalled in the SC House
- · Waiting till next session begins
- · Examples of emails and letters in the app

### **Audience Experiences**

- · Personal efforts
- · Success stories
- Struggles

### **Small Group Session #2**

• Work on either an infographic, email or letter to the editor (10-15min)

Things to consider when writing:

- · What about this topic resonates with you individually?
- · Why is this topic important to your community or state?
- · Who are the key groups in your state already doing work on this topic?
- · What rules does your local paper have?

### Other States and Schools

What is happening in other states

- California
- Minnesota

Other Medical Schools

•I ovola

### Resources

- Scholarship List
- Residency Info and FAQs for Residencies
- Info on Professional License
- State Information and State Data
- South Carolina Information from Hispanic Alliance

### **Conclusions**

- Each of us are at different places on the Action Continuum
- DACA beneficiaries are one small part of the larger immigration debate
- Having a voice in local, state and national policy making does not have to take a lot of time or special talents
- Politicians tend to be more responsive locally and when framed in local impacts
- These same steps can be used on any topic

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## References AMC. (2917, September SD, AAMC Statement on Announcement to Rescind CAAC Executive Action. Rainteved from Association of American Medical Colleges: <a href="https://docs.news.com/docs/news/american/docs/news/am



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### Sample Advocacy Email

Rep Rose,

I have been following House Bill 3404 and realize we are past the normal cross-over time frame for bills to make it to the Senate. I appreciate your support for this bill. As a family and preventive medicine physician that works as clinical faculty at UofSC School of Medicine - Columbia, I see the need for more physicians, especially primary care physicians, that come from a diverse background. When I asked our school of medicine admissions committee why they do not consider DACA beneficiaries for admission, they cited that the state does not allow DACA beneficiaries to hold a medicine license and it was a charge from the state to have our school produce more physicians for South Carolina. In their minds, under current law - without passage of HB3404, if they admitted a DACA beneficiary, that would be taking the seat of a student who could actual stay in SC to practice medicine. I think the admissions committee would consider changing their policy if this bill were passed. Again, thanks for your time and support of HB3404, please let me know how else I may assist in your efforts.

Best Regards,

Mark Humphrey MD, MPH

Local Address Columbia, SC 29205 Local Phone

### Rep Collins,

I have been following House Bill 3404 and realize we are past the normal cross-over time frame for bills to make it to the Senate. I appreciate your work on this bill and wonder how I might help give my support. As a family and preventive medicine physician that works as clinical faculty at UofSC School of Medicine - Columbia, I see the need for more physicians, especially primary care physicians, that come from a diverse background. When I asked our school of medicine admissions committee why they do not consider DACA beneficiaries for admission, they cited that the state does not allow them to practice medicine and it was a charge from the state to have our school produce more physicians for South Carolina. In their minds, under current law without passage of HB3404, if they admitted a DACA beneficiary, that would be taking the seat of a student who could actual stay in SC to practice medicine. I think the admissions committee would consider changing their policy if this bill were passed. Again, thanks for your time and support of HB3404, please let me know how else I may assist in your efforts.

Best Regards,

Mark Humphrey MD, MPH

### Why South Carolina's Medical Schools and Residencies Need H.3404

### The most diverse patient population in history

SOUTH CAROLINA HAS THE FASTEST HISPANIC POPULATION GROWTH AMONG SOUTHEASTERN STATES AND THE 3RD FASTEST GROWTH IN THE NATION

South Carolina has the opportunity to lead the Southeast in innovative ways to solve our healthcare problem

Association of American Medical Colleges (AAMC) states that the United States will be short more than 120,000 physicians by 2030

THIS DEFICIT WILL BE ACUTELY FELT IN THE SOUTH,
WHICH ALREADY HAS FEWER DOCTORS THAN OTHER
AREAS OF THE COUNTRY

The American Medical Association (AMA) estimates that DACA could introduce **5,400** previously ineligible physicians into the health system in the coming decades

### Every county in South Carolina has areas that are designated as medically underserved

DACA STUDENTS ARE MORE LIKELY TO RETURN TO AND SERVE THEIR COMMUNITIES, WHICH ARE OFTEN LOW-INCOME, HEALTH PROFESSIONAL SHORTAGE AREAS

Darrell G. Kirch, President and CEO of AAMC, states "Many DACA recipients are bilingual and understand the barriers to access and health challenges that immigrants face"

A N STREET STREET

Academic medicine has the responsibility to produce a workforce that is able to attend to the needs of the diverse patient and community population.

A 2018 STUDY AMONG DACA RECIPIENTS FOUND
THAT 90 PERCENT ARE WORKING AND
CONTRIBUTING TO THEIR STATE'S ECONOMY

### How to Help

THAT DACA RECIPIENTS CAN PLAY IN THE
HEALTHCARE SYSTEM AND ECONOMY

HEALTHCARE SYSTEM AND ECONOMY

Give support to H.3404 and the importance of the bill to include all

three provisions including in-state tuition, scholarships and professional licensure.