

**AMENDMENT TO RULES COMMITTEE PRINT**

**119–33**

**OFFERED BY MRS. RAMIREZ OF ILLINOIS**

At the end of subtitle B of title XVII, insert the following new section:

1 **SEC. 17\_\_ . MEDICAL NECESSITY DEFERRED ACTION FOR**  
2 **MEDICALLY FRAGILE CHILDREN AND QUALI-**  
3 **FYING CAREGIVERS.**

4 (a) MANDATORY CONSIDERATION OF DEFERRED AC-  
5 TION.—Not later than 90 days after receiving an applica-  
6 tion for deferred action under this section, along with a  
7 certification described in subsection (b), on behalf of a  
8 medically fragile child, the Secretary of Homeland Secu-  
9 rity shall grant deferred action such child and to each  
10 qualifying caregiver designated in such application, unless  
11 the Secretary determines, based on clear and convincing  
12 evidence, that—

13 (1) the child or a qualifying caregiver of the  
14 child has been convicted of an aggravated felony or  
15 poses a substantial threat to national security; or

16 (2) the certification described in subsection (b)  
17 is fraudulent or based on materially false informa-  
18 tion.

1 (b) PHYSICIAN CERTIFICATION.—A certification de-  
2 scribed in this subsection is a certification submitted by  
3 a qualified physician that includes—

4 (1) a description of the medically fragile child’s  
5 medical condition, treatment regimen, and prognosis;

6 (2) the qualified physician’s clinical assessment  
7 of the medical consequences of interruption of care  
8 or removal from the United States;

9 (3) for any qualifying caregiver, a description of  
10 the caregiver’s role in the child’s medical manage-  
11 ment and the medical consequences of disruption of  
12 that caregiver relationship;

13 (4) the physician’s name, credentials, license in-  
14 formation, and contact information; and

15 (5) the physician’s attestation, under penalty of  
16 perjury, that the certification is true and accurate to  
17 the best of the physician’s professional knowledge  
18 and judgment.

19 (c) DURATION; RENEWAL.—

20 (1) INITIAL TERM.—A grant of deferred action  
21 under this section shall be valid for a period of two  
22 years.

23 (2) RENEWAL.—The Secretary shall renew the  
24 grant of deferred action under this section for addi-  
25 tional 2-year periods if an application for such re-

1 newal is submitted on behalf of a medically-fragile  
2 child, along with an updated certification described  
3 in subsection (b) if the Secretary determines that  
4 the child remains eligible for deferred action.

5 (3) EMPLOYMENT AUTHORIZATION.—An indi-  
6 vidual granted deferred action under this section is  
7 eligible for employment authorization under section  
8 274A(h)(3) of the Immigration and Nationality Act  
9 (8 U.S.C. 1324a(h)(3)).

10 (d) QUALIFIED CAREGIVER LIMITATION.—Not more  
11 than 2 qualified caregivers of a medically fragile child may  
12 be granted deferred action under this section unless a  
13 qualified physician certifies under subsection (b) that an  
14 additional caregiver is necessary for the medical manage-  
15 ment of the serious medical condition with which the child  
16 has been diagnosed.

17 (e) PROCEDURAL PROTECTIONS.—

18 (1) STAY OF REMOVAL DURING ADJUDICA-  
19 TION.—The Secretary may not remove a medically  
20 fragile child or a qualifying caregiver of such child  
21 while an application submitted under this section is  
22 pending.

23 (2) PROTECTION OF INFORMATION.—Informa-  
24 tion submitted in connection with an application  
25 under this section, including medical records and

1 physician certifications, shall be used solely for the  
2 purpose of adjudicating the application and may not  
3 used to enforce the immigration laws or be shared  
4 with U.S. Immigration and Customs Enforcement,  
5 U.S. Customs and Border Protection, or any other  
6 entity for the purpose of enforcing the immigration  
7 laws.

8 (f) RELATIONSHIP TO OTHER FORMS OF RELIEF.—  
9 Nothing in this section may be construed to—

10 (1) limit the eligibility of any individual for any  
11 other form of immigration relief, protection, or ben-  
12 efit for which the individual may qualify; or

13 (2) limit the authority of the Secretary to grant  
14 deferred action or other forms of prosecutorial dis-  
15 cretion in cases not described in this section.

16 (g) IMPLEMENTATION.—Not later than 180 days  
17 after the date of enactment of this section, the Secretary  
18 of Homeland Security, in consultation with the Secretary  
19 of Health and Human Services, shall promulgate regula-  
20 tions and issue forms necessary to implement this section.

21 (h) REPORTING.—Not later than one year after the  
22 date of enactment of this section, and annually thereafter,  
23 the Secretary of Homeland Security shall submit to the  
24 Committee on the Judiciary of the Senate and the Com-

1 mittee on the Judiciary of the House of Representatives  
2 a report containing—

3 (1) the number of applications received under  
4 this section;

5 (2) the number of applications granted and de-  
6 nied, with reasons for denial in aggregated form;

7 (3) the average time for adjudication of an ap-  
8 plication under this section; and

9 (4) demographic data on applicants in aggre-  
10 gated and de-identified form.

11 (i) DEFINITIONS.—In this section:

12 (1) The terms “aggravated felony” and “immi-  
13 gration laws” have the meanings given such terms in  
14 section 101 of the Immigration and Nationality Act  
15 (8 U.S.C. 1101).

16 (2) The term “medically fragile child” means  
17 an individual under 21 years of age who has been  
18 diagnosed by a qualified physician with serious med-  
19 ical condition for which interruption of ongoing med-  
20 ical care or removal from the United States would  
21 be reasonably likely to result in—

22 (A) death;

23 (B) severe or permanent disability;

24 (C) significant deterioration of the child’s  
25 medical condition; or

1 (D) loss of access to medical care that is  
2 unavailable or inaccessible in the country of re-  
3 moval.

4 (3) The term “serious medical condition” in-  
5 cludes—

6 (A) pediatric cancer requiring active treat-  
7 ment;

8 (B) end-stage renal disease requiring dialy-  
9 sis;

10 (C) organ transplantation status requiring  
11 ongoing immunosuppressive management;

12 (D) a congenital cardiac condition requir-  
13 ing active medical or surgical management;

14 (E) a neurological condition requiring ac-  
15 tive treatment; and

16 (F) other serious chronic conditions requir-  
17 ing ongoing specialty pediatric care, as deter-  
18 mined by a qualified physician.

19 (4) The term “qualifying caregiver” means an  
20 individual who—

21 (A) is a parent, legal guardian, or primary  
22 caregiver of a medically fragile child; and

23 (B) has been certified by a qualified physi-  
24 cian treating the medically fragile child as pro-  
25 viding care essential to the medical treatment,

1 recovery, or daily medical management of the  
2 child, such that the caregiver's removal or de-  
3 tention would be reasonably likely to disrupt the  
4 child's medical care.

5 (5) The term "qualified physician" means a  
6 physician licensed to practice medicine in the United  
7 States who—

8 (A) is—

9 (i) board-certified or board-eligible in  
10 pediatrics or a pediatric subspecialty rel-  
11 evant to the child's serious medical condi-  
12 tion;

13 (ii) board-certified or board-eligible in  
14 family medicine with documented experi-  
15 ence providing pediatric care, including on-  
16 going care of children with chronic or com-  
17 plex medical conditions; or

18 (iii) board-certified or board-eligible in  
19 another medical specialty directly relevant  
20 to the child's condition if pediatric sub-  
21 specialty care is not reasonably available;  
22 and

23 (B) has provided medical care to the medi-  
24 cally fragile child within the preceding twelve

1 months or has reviewed the child's complete  
2 medical records.

