



THE KAISER COMMISSION ON Medicaid and the Uninsured

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Contact: Rakesh Singh or Jennifer Morales
(202) 347-5270

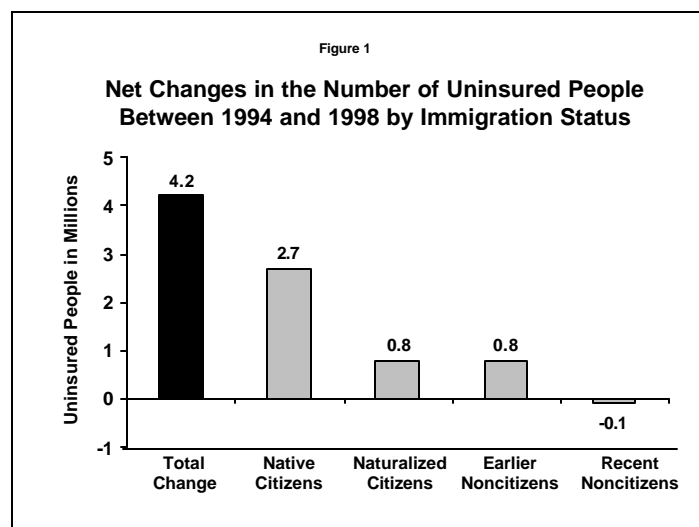
RECENT IMMIGRANTS HAVE HAD LITTLE IMPACT ON THE GROWTH IN AMERICA'S UNINSURED POPULATION

The Number of Uninsured Recent Immigrants Actually Declined between 1994 and 1998

Washington, DC—A new report, *Is Immigration Responsible for the Growth in the Number of Uninsured?* (Pub.#2221), finds the increase in America's uninsured population between 1994 and 1998 had little to do with recent immigrants. Some analysts have attributed the 1990's growth in the uninsured population to high immigration rates, but the findings of this new study tell a different story. The report examines health insurance data of immigrants who had been in the country 4 years or less in 1994 and 1998 and finds 100,000 fewer uninsured recent immigrants in 1998 (Figure 1). The Kaiser Commission on Medicaid and the Uninsured released the report today as part of a briefing packet on immigrant health care.

Addressing health needs of an increasingly diverse populace is a major challenge for the nation and individual states, especially those with large immigrant communities. Over 70 percent of immigrants reside in California, New York, Florida, Texas, New Jersey, and Illinois, but several other states have seen explosive growth in their immigrant population. North Carolina, Nevada, Kansas, and Indiana had at least a 50 percent increase in their immigrant population from 1995 to 1999.

"Immigrants have very high uninsured rates, but represent only a small portion of the nation's 42 million uninsured. They are more likely to be uninsured than other groups, because they are often poor, employed in low-wage jobs that don't offer health coverage, and have limited access to Medicaid coverage," said Diane Rowland, Sc.D., Executive Director of the Kaiser Commission on Medicaid and the Uninsured.



Assessing Welfare Policy Changes and Their Impact

Lack of access to public health insurance contributes to high rates of uninsurance among immigrants. In fact, 58 percent of low-income immigrants are uninsured. Although Medicaid has traditionally served as the safety-net health coverage program for low-income populations, the welfare reform legislation of 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), now restricts Medicaid coverage for most new legal immigrants.

Substantial changes to immigrant eligibility have created complexity and confusion about available health coverage. The policy brief, *Medicaid Eligibility and Citizenship Status: Policy Implications for Immigrant Populations* (Pub.#2201), outlines the categories of immigrants defined by the law, their eligibility for certain programs and services, what type of verification is required for enrollment, and key issues such as how “public charge” laws apply to Medicaid. (“Public charge” refers to the practice of requiring non-citizen residents to repay any public benefits they have received or risk losing their residency status in the United States.) The brief discusses how more outreach will be required to overcome these barriers to enrollment.

Immigrants’ Access to Health Care After Welfare Reform: Findings from Focus Groups in Four Cities (Pub.#1608) gauges immigrants’ knowledge of and attitudes towards public programs, especially health programs. In areas with substantial immigrant populations (Los Angeles, CA; Miami, FL; New York, NY; and San Antonio, TX), focus groups conducted with several immigrant groups reveal that they face special barriers in obtaining health coverage and in gaining access to services.

Some of the key issues highlighted by quotes drawn from the focus groups:

- **Fear** – “I heard that those services would not be available to any immigrant, that they would check on that when you make your application to be a citizen, and that will affect all people trying to apply for citizenship.” (Mexican, San Antonio)
- **Language** – “For people that don’t speak English it is difficult, because they don’t have translators. No one speaks Spanish there.” (Central American, Los Angeles)
- **Enrollment process** – “Too many forms to fill out; a lot of times the interviewing, the process is difficult.” (Cantonese, New York)
- **Concept of insurance** – “If they’re charging you a premium and you never use it, you lose the money.” (Cuban, Miami)
- **Cost** – “I went to see the doctor after I fell down, to get an x-ray. They told me to go to the emergency room, but I didn’t because we would have to pay \$1,500. Now look at my hand. It was because of the money, because I couldn’t afford it.” (Central American, Los Angeles)

Health Care for Immigrants After Welfare Reform

Despite the federal action to limit immigrant eligibility for Medicaid, some states do provide some form of access to health care services to this population. *Caring for Immigrants: Health Care Safety Nets in Los Angeles, New York, Miami, and Houston* (Pub.#2227), draws from site visits in large cities in four states with large immigrant communities. Cities are providing limited health insurance coverage and are enhancing their safety network of providers, including public and nonprofit hospitals and clinics that offer free or discounted

care. The report finds providers' financial pressures have increased with fewer Medicaid patients and a rising number of uninsured patients, as well as competition from the private sector for insured patients.

While welfare reform has increased the financial burden on providers and state governments, some are finding ways to overcome traditional barriers to care for immigrants. Partnerships among community groups, religious organizations and foundations are helping with modest initiatives, but the report concludes that the changing nature of the economy makes it unclear whether current measures are sufficient or can be sustained.

Three additional publications are available in the briefing packet released today:

- A chart pack, *Immigrants' Health Care: Coverage and Access* (Pub.#2203),
- A fact sheet, *Immigrants' Health Care Coverage and Access* (Pub.#2231), and
- The *Health Affairs* journal article, "Left Out: Immigrants' Access to Health Care and Insurance," funded by the Kaiser Commission and authored by Leighton Ku and Sheetal Matani.

All the reports are in the briefing packet, *Immigrants: Coverage and Access* (Pub.#2241) available by calling the KFF publications request line at (800) 656-4533. You may also find the reports on the Kaiser Family Foundation website at www.kff.org/kcmu.

The Kaiser Commission on Medicaid and the Uninsured (KCMU) serves as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is a major initiative of the Henry J. Kaiser Family Foundation and is based at the Foundation's Washington, DC office. The Kaiser Family Foundation, based in Menlo Park, California, is an independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

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