

medicaid  
and the uninsured

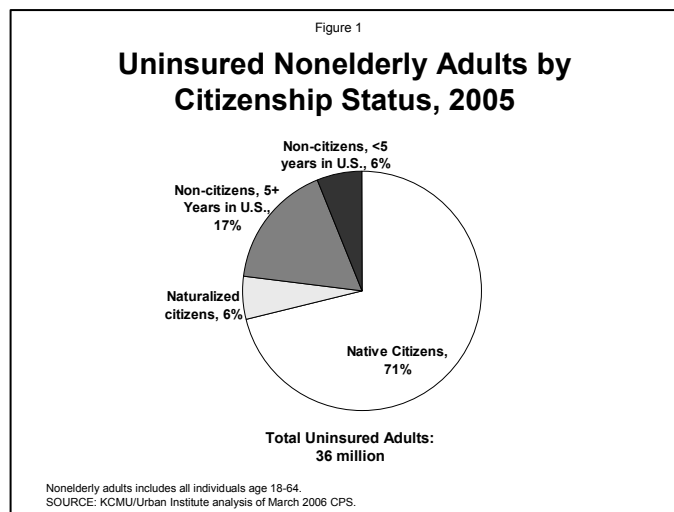
June 2007

Health Insurance Coverage and Access to Care for Low-Income Non-Citizen Adults

by Karyn Schwartz and Samantha Artiga

Recently, there has been interest at both the federal and state level in expanding health coverage, including several universal coverage plans. As efforts to expand coverage move forward, assessing the coverage needs of low-income non-citizen adults, who have a very high uninsured rate due to limited access to both private and public coverage, will be an important consideration. Overall, non-citizen adults account for just under one quarter of non-elderly uninsured adults (Figure 1). About 73% of these uninsured non-citizen adults are low-income (below 200% of the poverty level). Expanding coverage options for these adults is key to assuring their access to necessary care and protecting their families' financial security.

This brief analyzes health insurance coverage and access for low-income non-citizen adults and provides insight into the obstacles they face in obtaining coverage and receiving care.<sup>1</sup> It finds that, largely due to their high uninsured rate, low-income non-citizen adults have very poor access to care. Having insurance significantly improves their access to care and increases their likelihood of receiving preventive care, but, even with insurance, they continue to face access barriers. Although they have more limited access to care, low-income non-citizen adults are not relying on the emergency room for their care. Instead, many rely on clinics and health centers.



**CHARACTERISTICS OF IMMIGRANT ADULTS**

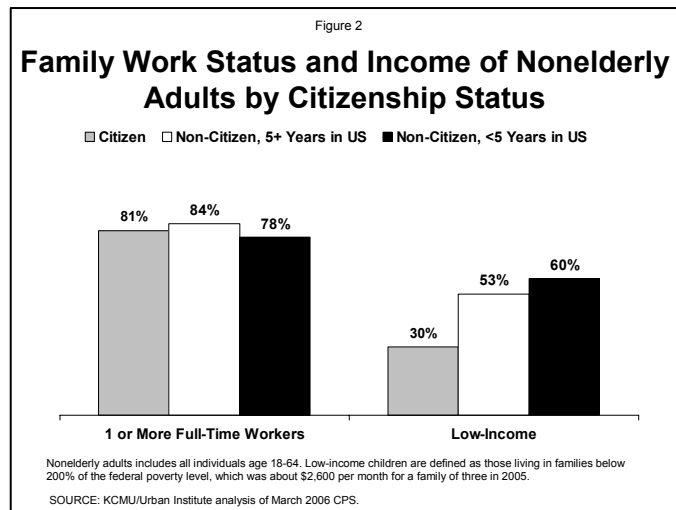
Immigrants make up 16% of all nonelderly adults in the United States. Immigrant adults are concentrated in certain areas of the country, and over half of all immigrant adults resided in California, Texas, New York, and Florida in 2005. However, the areas in which immigrants reside are changing. The states experiencing the highest growth rates of immigrants through the 1990s were areas that historically had relatively few immigrants, such as North Carolina, Georgia, Nevada, and Arkansas.<sup>2</sup>

<sup>1</sup> A companion brief, Health Insurance Coverage and Access to Care for Low-Income Non-Citizen Children, is available at <http://www.kff.org/medicaid/7643.cfm>.

<sup>2</sup> Urban Institute Immigration Studies Program, "The Dispersal of Immigrants in the 1990s," November 2002.

About 18 million of the total 29 million immigrant adults were non-citizens in 2005. These include legal permanent residents (immigrants with green cards), refugees, temporary immigrants, and undocumented immigrants. The majority of non-citizen adults are Hispanic (61%), 18% are Asian/Pacific Islander, 15% are white and 6% are black. Six in ten (60%) non-citizen adults come from Mexico, Central America, or the Caribbean; 11% from Asia; 7% from South America; and the remaining 22% come from other regions.

Non-citizens are about as likely as citizens to live in a family with a full-time worker, with over three-quarters in working families. However, a much higher percentage of non-citizen adults are in low-income families (Figure 2).



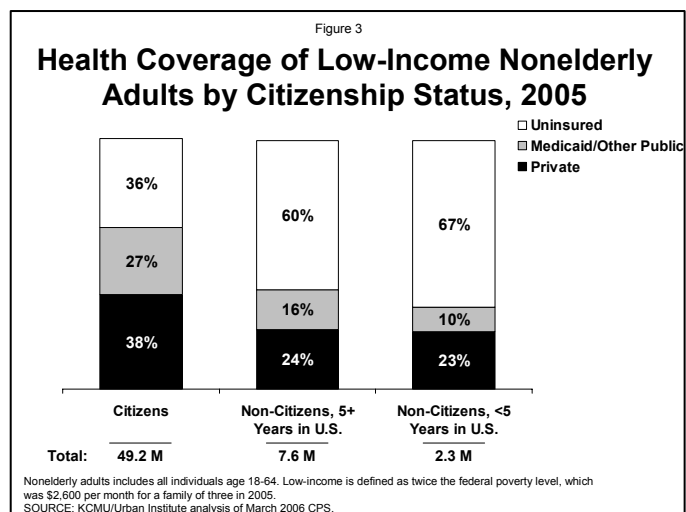
## HEALTH COVERAGE

Low-income non-citizen adults are much more likely to be uninsured than their citizen counterparts. Low-income non-citizens who have been in the U.S. for less than five years are the least likely to have health coverage, with two in three (67%) uninsured (Figure 3). The high uninsured rate among low-income non-citizen adults is driven by low rates of both public and private coverage.

### Low-income non-citizen adults have very limited access to Medicaid coverage.

Overall, Medicaid eligibility for low-income adults is restricted. Low-income parents are much less likely to be eligible for Medicaid than their children due to low income eligibility levels for parents. Further, adults without dependent children generally are not eligible for Medicaid regardless of their income. Low-income non-citizen adults face additional restrictions on their eligibility for Medicaid coverage.

Following the 1996 welfare reform law, almost all legal immigrants became ineligible for federally-matched Medicaid coverage during their first five years of residence in the United States. After five years, they become eligible if they meet the program's other eligibility requirements. Undocumented immigrants and temporary immigrants are generally ineligible for Medicaid regardless of their length of residence in the country, a restriction that had been in place prior to welfare reform.

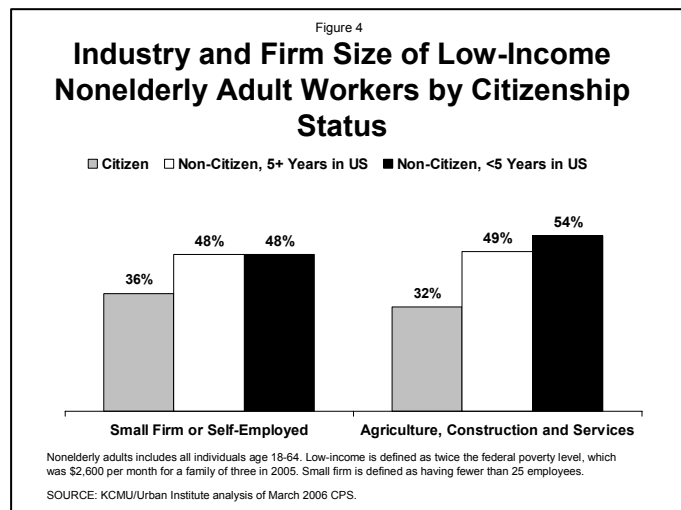


Under federal law, immigrants, both legal and undocumented, who meet all of the Medicaid eligibility requirements except for the immigrant restrictions, are eligible to receive Emergency Medicaid. However, this coverage is limited to treatment for medical emergencies not preventive or routine services. Additionally, federal law requires hospitals to screen and stabilize all individuals, including immigrants, who seek care in their emergency room, but again this law does not provide for any preventive and routine services.

To help address these prohibitions on federal matching funds for coverage of immigrants, some states provide coverage with state-only funds. As of 2007, 17 states provided fully state-funded coverage to cover at least some non-pregnant adult immigrants who are not eligible for Medicaid due to the immigrant eligibility restrictions. However, in some cases, this coverage is only available to limited groups of immigrants and/or the benefits provided are more limited than Medicaid. In the absence of these state-funded programs, recent legal immigrants and undocumented immigrants have few if any public coverage options, regardless of their income.

**Few low-income non-citizen adults have access to employer-sponsored coverage.**

The majority (71%) of low-income non-citizen adults live in families with at least one full-time worker. However, they tend to work in low-wage jobs and in firms and industries that do not offer health insurance. Low-income non-citizen workers are more likely than their citizen counterparts to be self-employed or work in small firms, which are less likely to offer health insurance. Further, one half of low-income non-citizen workers are employed in agriculture, construction or service industries, compared to about one third of low-income citizens (Figure 4).



These three industries have the lowest rates of employer-sponsored coverage. Only about one quarter of low-income workers in agriculture, construction or service industries have employer-sponsored coverage, compared to about 35% of all low-income workers and 70% of workers overall.

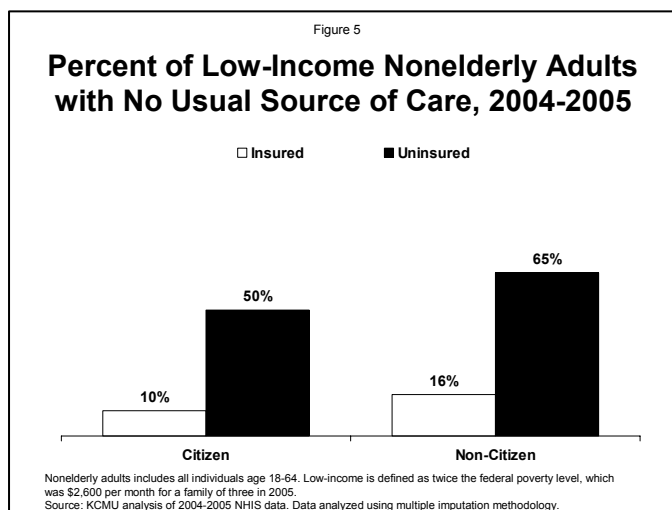
**ACCESS TO CARE**

A sizable body of research shows that health insurance improves adults’ access to care, which ultimately impacts their health and their families’ financial security. This section analyzes the impact of insurance on access to care for low-income non-citizen adults.<sup>3</sup>

<sup>3</sup> Access data is from NHIS and all differences discussed in the text are statistically significant at p<0.05, except where noted.

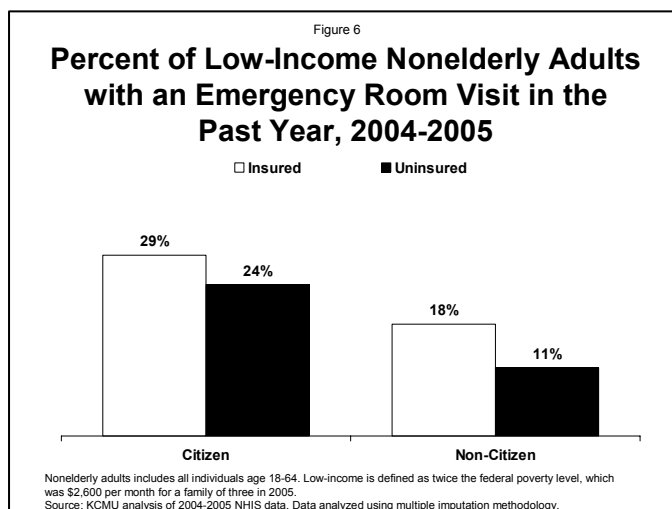
**Insured low-income non-citizen adults were more likely to have a usual source of care than those who were uninsured.**

Among low-income adults, non-citizens were more likely than citizens to lack a usual source of care. Insurance dramatically improved the likelihood that a low-income adult had a usual source of care, with about two in three uninsured low-income non-citizen adults lacking a medical home compared to only 16% of those with insurance (Figure 5).



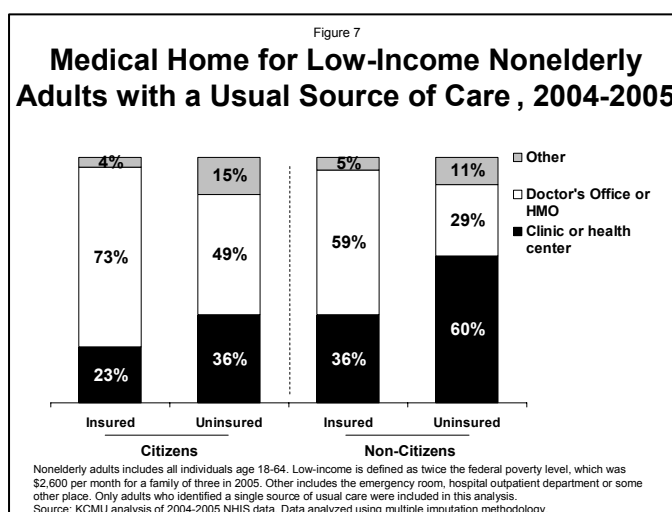
**Although low-income non-citizen adults were less likely to have a usual source of care, they had lower rates of emergency room use than did citizens.**

Regardless of insurance status, low-income non-citizens were less likely than low-income citizens to report an emergency room visit in the past year. Uninsured low-income non-citizens were the least likely to use the emergency room with only about one in ten reporting a visit in the past year. Emergency room use was higher for those with coverage, but insured non-citizens were still less likely to use the emergency room than citizens (Figure 6).



**Uninsured low-income non-citizen adults primarily relied on clinics or health centers for their care.**

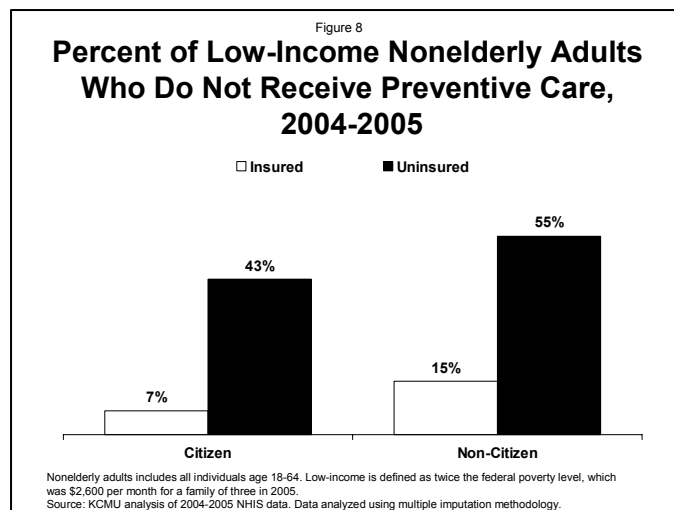
Among adults with a usual source of care, low-income non-citizens were significantly more likely than low-income citizens to depend on a clinic for that care. Clinics and health centers were a particularly important source of care for uninsured low-income non-citizens, as six in ten relied on them as their medical home (Figure 7). In contrast, the majority of insured low-income non-citizen adults relied on a doctor's office or HMO. However, still more than one in



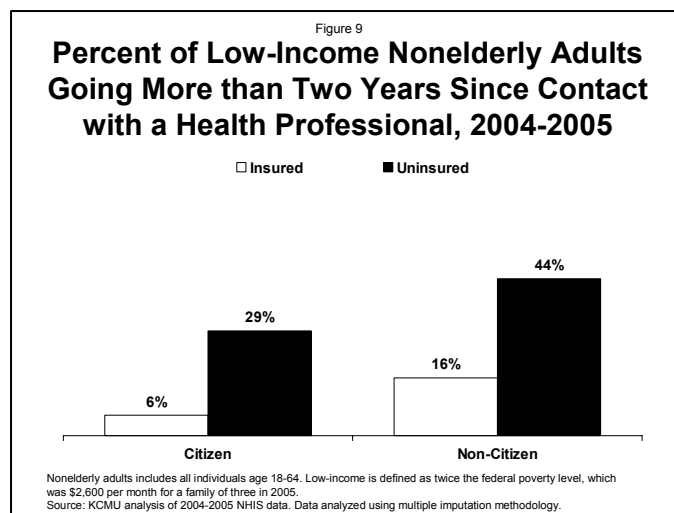
three of those with coverage had a clinic or health center as their medical home, suggesting that clinics remain an important source of care for insured low-income non-citizens.

**Insured low-income non-citizens were more likely to receive preventive care and to have seen a health provider in the past two years than those without coverage.**

Low-income non-citizen adults were more than twice as likely as low-income citizens to report going without preventive care.<sup>4</sup> Having health insurance dramatically increased the likelihood that an adult received preventive care. While more than half of uninsured low-income non-citizens did not receive preventive care, that proportion dropped to 15% among those with coverage ((Figure 8). However, insured non-citizens remained more likely than their citizen counterparts to go without preventive care, suggesting that they may continue to face increased barriers to care even when they are insured.



Low-income non-citizen adults were also more likely than low-income citizens to go for more than two years without seeing or talking to a health professional. Among non-citizens, those with health insurance were much more likely to have seen a doctor in the past two years (Figure 9). Uninsured low-income non-citizens fared very poorly, with more than four in ten going for two or more years without contact with a health professional. Even among those with a chronic condition, 25% of uninsured low-income non-citizens had gone for more than two years without seeing or talking to a health professional.<sup>5</sup> However, insured low-income non-citizens remained about three times as likely as insured low-income citizens to go for two or more years without contact with a health professional. Language and cultural barriers may make it more difficult for these adults to connect with a provider even when they are insured.



<sup>4</sup> Adults reported to not receive preventive care are those adults who responded “doesn’t get preventive care anywhere” when asked where he or she usually goes for preventive care.

<sup>5</sup> Adults with chronic conditions include adults who had ever been told they had diabetes, cancer, hypertension, a heart condition, a stroke, emphysema, or still have asthma.

## IMPLICATIONS

Low-income non-citizen adults are at particularly high risk for being uninsured due to very limited access to both private and public coverage. Even though they are as likely as low-income citizens to be in a working family, low-income non-citizens are more likely to work in jobs and industries that do not offer health coverage. Public coverage could help fill this gap, but low-income non-citizen adults have very limited access to Medicaid due to overall limited eligibility for adults and specific eligibility restrictions for immigrants that bar most recent immigrants from Medicaid.

In an effort to address the federal restrictions on Medicaid eligibility for recent immigrants, currently, 17 states provide state-funded coverage to at least some recent immigrant adults who are excluded from Medicaid. However, some of these programs only cover limited groups of immigrants and/or provide limited benefits. Further, the stability and financing of these programs is compromised in times of fiscal stress.

Largely as a result of their high uninsured rates, low-income non-citizen adults have very poor access to care. Having insurance significantly improves their access to care, but, even with insurance, it appears they continue to face other access barriers, which may include language and cultural differences. Although they have more limited access to care, low-income non-citizens are not relying on the emergency room for their care. Instead, many rely on clinics and health centers, particularly those who are uninsured.

With the goal of improving health, access to care and reducing the stress and financial risks of being uninsured, proposals and plans are emerging at both the state and federal level to expand health insurance coverage. Most recently, a few states have moved forward with coverage expansion proposals that would provide new opportunities for immigrants to obtain health insurance. Addressing the health coverage needs of low-income non-citizens will be an important piece of future efforts to expand coverage and reduce the number of uninsured.

1330 G STREET NW, WASHINGTON, DC 20005  
PHONE: (202) 347-5270, FAX: (202) 347-5274  
WEBSITE: WWW.KFF.ORG/KCMU

Additional copies of this report (#7651) are available  
on the Kaiser Family Foundation's website at [www.kff.org](http://www.kff.org).



The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.