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Summary: Five Basic Facts on Immigrants and Their Health Care

As discussions on national health care reform move to the forefront, some have focused on the role of immigrants in the health care system. To address questions about how immigrants use and affect the health care system, key facts about immigrants and health care are summarized below.

The primary reason most immigrants come to the U.S. is employment, not health care.

U.S. demand for workers has always been the primary driver of immigration. Most non-citizen immigrants (83%) are in working families, and they are just as likely as citizens to have at least one full-time worker in the family. However, because non-citizens tend to be employed in low-wage jobs that do not offer health insurance, they are much more likely than citizens to be low-income and they are significantly less likely to have employer-based health coverage. They also have more limited access to public health coverage due to eligibility restrictions.

Non-citizens are much more likely to be uninsured than citizens, but they are not the primary factor driving the nation's uninsured problem.

Due to their limited access to employer-based health coverage and restrictions for public coverage, non-citizens (legal and undocumented) are far more likely to be uninsured than citizens (47% vs. 15%). However, because non-citizens represent a relatively small share of the U.S. population, they are not the primary cause of the nation's growing uninsured problem. Although legal and undocumented non-citizens accounted for 22% of the nonelderly uninsured in 2006, citizens still made up the bulk of the uninsured (78%). Further, the majority (76%-80%) of the growth in the number of uninsured from 2000 to 2006 occurred among citizens, not legal and undocumented non-citizens.

Federal law generally bars undocumented immigrants and recent legal immigrants from receiving Medicaid and SCHIP coverage.

Undocumented and temporary immigrants have generally been restricted from enrolling in Medicaid and SCHIP since the programs' inception. Further, since 1996, most legal non-citizens have not been eligible for Medicaid and SCHIP for the first five years they reside in the U.S. After five years, they can enroll if they meet the programs' other eligibility requirements. Although many non-citizens are precluded from Medicaid and SCHIP, emergency treatment is available to all immigrants, and some states use state-only funds to cover some low-income immigrants who are excluded from Medicaid and SCHIP under the federal restrictions.

Non-citizens receive significantly less health care than citizens.

Largely due to their higher uninsured rate, non-citizens are much less likely than citizens to have a usual source of care, to have had any recent contact with a health professional, or to receive preventive or primary care. As a result of their lower use of care, non-citizens have significantly lower per capita health care expenditures than citizens. In 2005, average annual per capita health care expenditures for non-citizens were \$1,797 versus \$3,702 for citizens.

Non-citizens are significantly less likely to use the emergency room than citizens.

Even though non-citizens have poorer access to care and receive less primary care than citizens, they are significantly less likely than citizens to use the emergency room. Some 13% of adult non-citizens report an emergency room visit in the past year compared to 20% of citizens. Further, communities with low rates of emergency department use tend to have much *higher* concentrations of non-citizens than areas with high rates of emergency room use.

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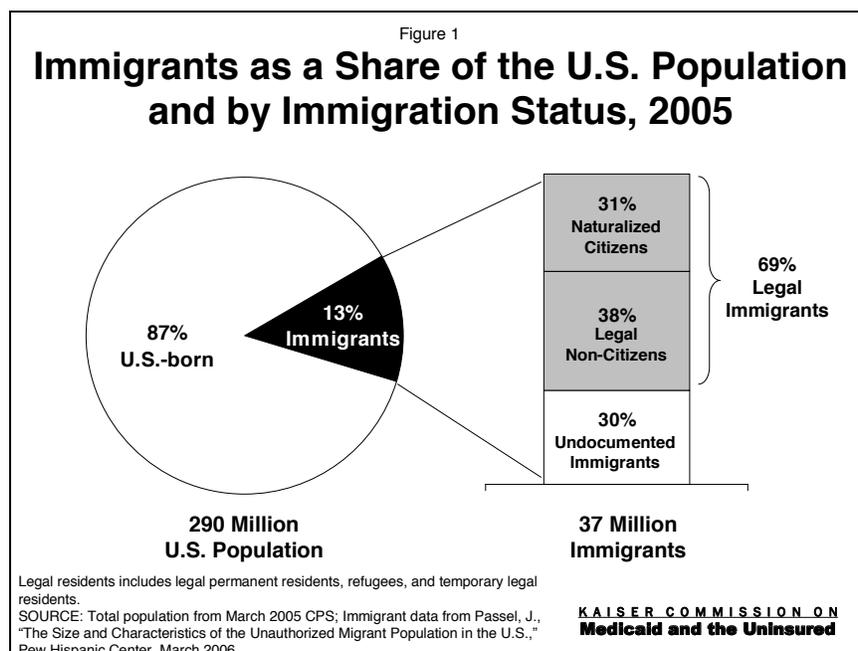
Five Basic Facts on Immigrants and Their Health Care

As discussions on national health care reform move to the forefront, some have focused on the role of immigrants in the health care system, including their impact on the nation's uninsured problem, their participation in public health coverage programs, and their use of hospital emergency rooms. To address questions about how immigrants use and affect the health care system, this brief draws on available research and data to highlight key facts about immigrants' health coverage and care from a national perspective.

Background

In 2006, there were 37 million foreign-born immigrants living in the United States from many different countries and regions of the world. Individuals born in Mexico are the largest group from a single country, comprising nearly a third (31%) of immigrants in 2006.¹ Those from a mix of Asian countries made up 24% of immigrants, another 14% were born in other Central or South American countries, 9% came from the Caribbean, and the remaining 22% hail from other areas such as the Middle East, Africa, Europe, and the Ukraine.²

Immigrants make up about 13% of the total U.S. population (Figure 1). The large majority of immigrants—69%—are here legally.³ These include naturalized citizens as well as legal non-citizens, such as immigrants with “green cards” (legal permanent residents) and refugees, asylees, and other humanitarian immigrants (see Exhibit 1, next page). There is no data that provides a direct count of undocumented immigrants, but researchers estimate that about 11-12 million immigrants are undocumented, accounting for 30% of all immigrants.⁴



**Exhibit 1:
Citizenship Terms Used in this Brief**

Immigrant: A foreign-born individual residing in the U.S; includes naturalized citizens as well as non-citizens who fall into a number of different immigration categories.

Naturalized citizen: A foreign-born individual who has lawfully become a U.S. citizen and has all the rights of a U.S.-born citizen, except for being eligible to be President or Vice President of the U.S.

Non-citizen: A foreign-born individual residing in the U.S. who has not obtained citizenship.

- Over half (56%) of non-citizens are legal immigrants, including legal permanent residents (those with “green cards”); refugees, asylees, and other humanitarian immigrants; and lawfully present temporary immigrants.⁵
- It is estimated that the remaining 44% of non-citizens are undocumented immigrants.⁶

Undocumented immigrant: A foreign-born individual residing in the U.S. who is not a legal resident.

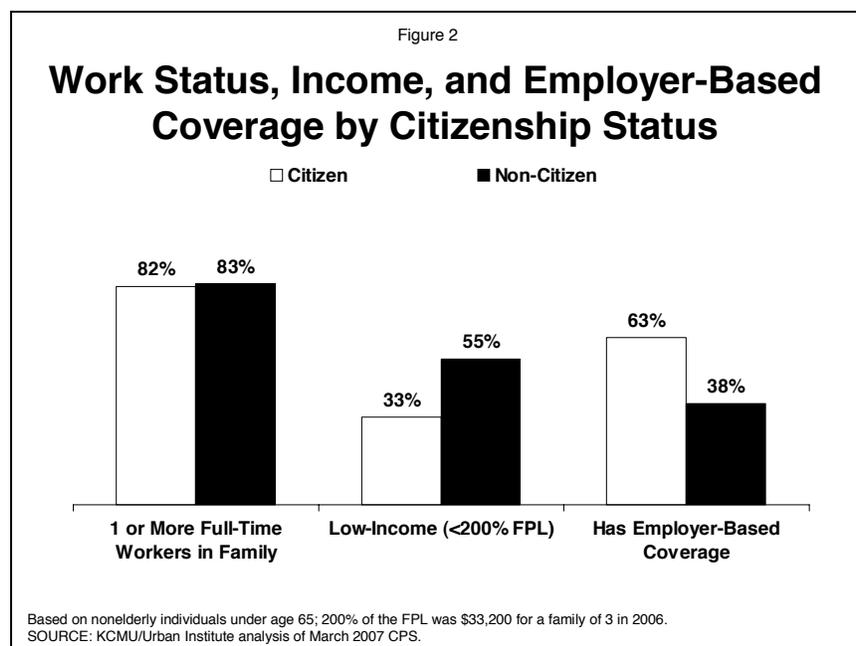
- Undocumented immigrants include those who entered the U.S. without authorization, as well as those who were admitted temporarily and have stayed after their visa expired. Individuals who overstayed their visas are estimated to account for 25%-40% of undocumented immigrants.⁷
- Additionally, an estimated 1-1.5 million undocumented immigrants fall into a “quasi-legal” category, such as people with temporary protective status, those with extended voluntary departure, those who have applied for asylum, and those waiting for “green cards” or legal permanent resident status.⁸

The primary reason most immigrants come to the U.S. is employment, not health care.

U.S. demand for workers has always been the primary driver of immigration. Immigration levels are closely tied to changes in the U.S. economy, increasing during economic booms and decreasing during downturns.⁹ Changes in immigration levels are more closely tied to changes in the U.S. economy than they are to economic trends in immigrants' host countries, pointing to the strong pull of U.S. job opportunities.¹⁰ There is little evidence that public benefits, such as public health insurance, draw immigrants into the country or particular states. In fact, states with newly emerging immigrant populations are often states with the least generous social welfare programs.¹¹

Reflecting the close relationship between employment opportunities and immigration, the large majority of non-citizen immigrants are in working families, and they are just as likely as citizens to have at least one full-time worker in the family (Figure 2). Overall, nearly one out of every ten non-elderly workers in the country was a non-citizen in 2006, and non-citizens accounted for 20% of construction workers, 18% of agricultural workers, and 11% of service workers.

Although non-citizens are just as likely to be in working families as citizens, they tend to be employed in low-wage labor or service jobs that often do not offer health insurance. As such, non-citizens are much more likely than citizens to be in low-income families, and they are significantly less likely to have employer-based health coverage. Low-income immigrants also face increased federal restrictions on eligibility for Medicaid and SCHIP, which limit their ability to obtain public health coverage.

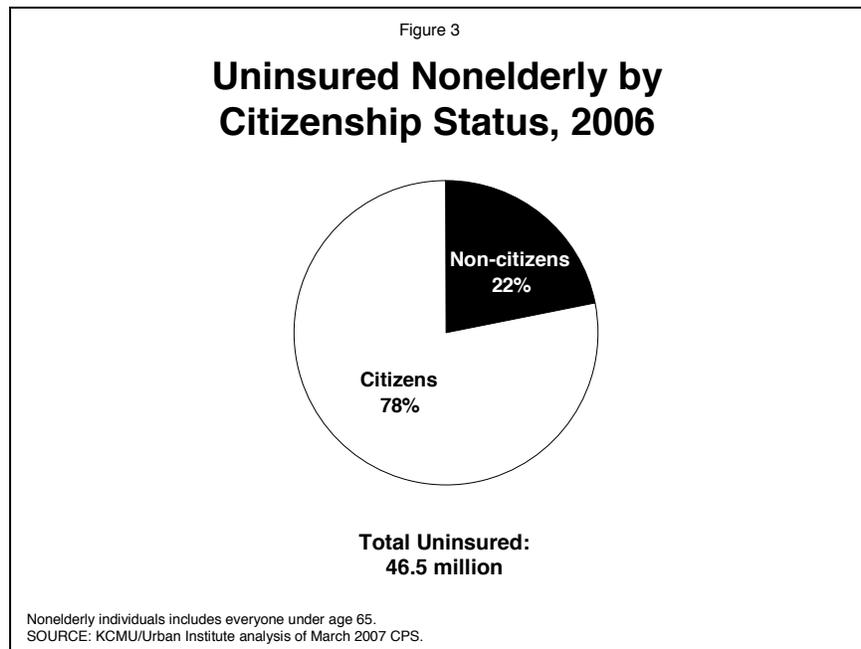


Non-citizens are much more likely to be uninsured than citizens, but they are not the primary factor driving the nation’s uninsured problem.

The number of uninsured in the U.S. has grown steadily by over nine million since 2000 due to declines in employer-sponsored coverage that largely affected the low-income population. In 2006, 46.5 million nonelderly individuals were uninsured in the U.S.

Due to their limited access to employer-based health coverage as well as their limited eligibility for public coverage, lack of health insurance is a substantial problem for non-citizens. Non-citizens (legal and undocumented) are far more likely to be uninsured than citizens (47% vs. 15%).¹² Uninsured rates among undocumented non-citizen immigrants are estimated to be even higher at 59% for adults.¹³

However, even with their high uninsured rate, non-citizens are not the primary cause of the nation’s uninsured problem because they represent a relatively small share of the U.S. population. Together, legal and undocumented non-citizens accounted for 22% of the nonelderly uninsured in 2006, but citizens still made up the bulk of the uninsured (78%) (Figure 3). Further, the majority (76%-80%) of the growth in the number of uninsured between 2000 and 2006 occurred among citizens, with both legal and undocumented non-citizens accounting for the remaining 20%-24% of the growth.¹⁴



Federal law generally bars undocumented immigrants and recent legal immigrants from receiving Medicaid and SCHIP coverage.

Even with their high uninsured rate, federal law prohibits many non-citizen immigrants from receiving public health coverage. Undocumented and temporary immigrants have generally been restricted from enrolling in Medicaid and SCHIP, our nation's health coverage programs for low-income people, since the programs' inception (Figure 4). Further, since 1996, most legal non-citizens have not been eligible for Medicaid and SCHIP for the first five years they reside in the U.S. After five years, they can enroll if they meet the other eligibility requirements.

Although many non-citizens are precluded from enrolling in Medicaid and SCHIP, emergency treatment is available to all immigrants, regardless of their status. The Emergency Medical Treatment and Labor Act requires hospitals to screen and stabilize all individuals, including immigrants, who seek care in an emergency room, regardless of their ability to pay. In addition, undocumented, temporary, and recent legal immigrants can receive Emergency Medicaid, which pays for emergency treatment, if they meet the program's other eligibility requirements.

Some states also have chosen to use state-only funds to provide coverage to some groups of low-income immigrants who are excluded from Medicaid and SCHIP under the federal restrictions.¹⁵ Further, since 2002, states have had the option to use federal SCHIP funds to cover prenatal care for pregnant women without regard to their immigration status. Under this option, states essentially extend eligibility to the unborn child, which is not considered to have any immigration status.

Despite the federal Medicaid eligibility limits for non-citizens, the Deficit Reduction Act of 2005 newly required citizens to provide documentary proof of citizenship, such as an original birth certificate or passport, to enroll in or renew Medicaid coverage.¹⁶ The law did not change the documentation requirements for eligible non-citizens. To date, states are reporting losses of and delays in coverage for eligible citizens as well as increased administrative burdens due to the new requirement.¹⁷ Further, state survey results indicate that fewer ineligible non-citizens were receiving Medicaid than the federal government originally estimated.¹⁸

Figure 4

Federal Medicaid and SCHIP Immigrant Eligibility Restrictions

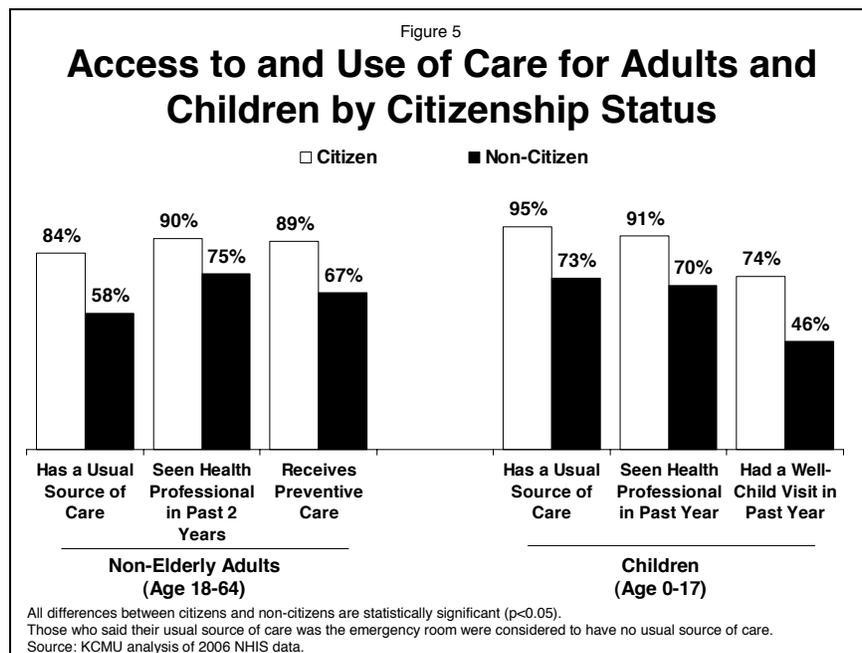
- Undocumented and temporary immigrants are generally ineligible for Medicaid and SCHIP.
- Most legal immigrants are barred from Medicaid and SCHIP for the first five years they reside in the U.S.
- Emergency Medicaid is available to undocumented, temporary, and recent legal immigrants who meet other program eligibility requirements.
- States have the option to use SCHIP funds to provide prenatal care to pregnant women regardless of immigration status.

Non-citizens receive significantly less health care than citizens.

Health insurance makes a real difference in when, where, and whether a person gets health care when they need it. Largely due to their higher uninsured rate, non-citizens are much less likely than citizens to have a usual source of care, to have had any recent contact with a health professional, or to receive preventive or primary care (Figure 5).¹⁹ Further, analyses of immigrants in California have found that undocumented immigrants receive even less care than other non-citizens.²⁰ For example, one recent study of immigrants in Los Angeles County found that utilization was lowest for undocumented immigrants with nearly one in three (32%) never receiving a check-up and 17% never having seen a doctor.²¹

Although the higher uninsured rate for non-citizens explains much of these differences in care, even among insured individuals, non-citizens continue to have poorer access and receive less care.²² This suggests that non-citizens may also face other access barriers, such as language and cultural differences. Further, some of the lower use of care may reflect that immigrants, especially undocumented immigrants, on average, tend to be younger and less likely to report health problems than native citizens.²³

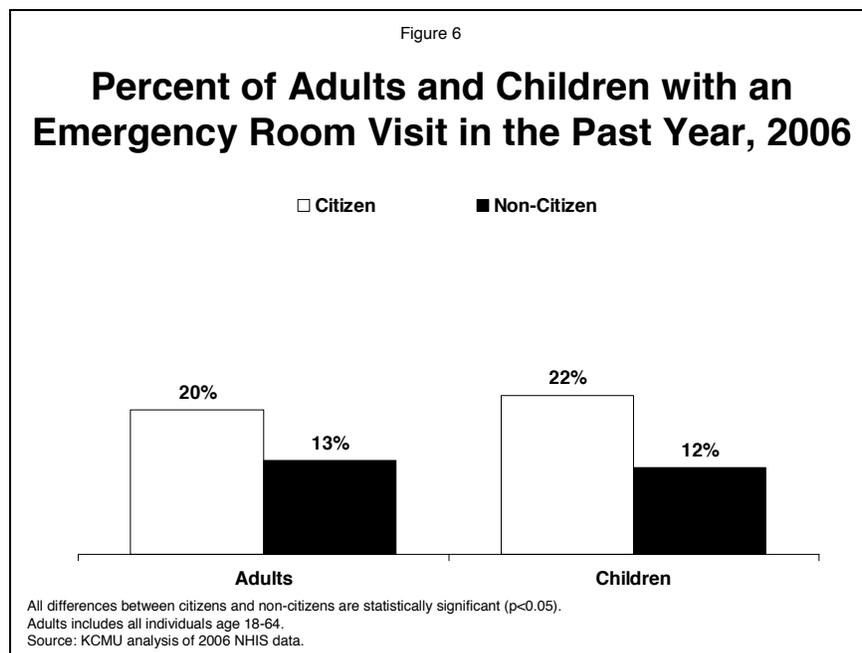
As a result of their lower use of care, non-citizens have significantly lower per capita health care expenditures than citizens. In 2005, average annual per capita health care expenditures for non-citizens were \$1,797 versus \$3,702 for citizens.²⁴ These differences in expenditures persist among the privately and publicly insured and the uninsured.²⁵



Non-citizens are significantly less likely to use the emergency room than citizens.

There has been growing concern about increased demand for and use of emergency rooms in recent years. However, data show limited use of the emergency room by non-citizens. Even though non-citizens have poorer access to care and receive less primary care than citizens, they are significantly less likely than citizens to use the emergency room (Figure 6).²⁶ Further, among Latinos in California, undocumented immigrants are even less likely than other non-citizens to use the emergency room, even after controlling for differences such as age, health status, insurance status, and income.²⁷ Consistent with these findings, communities with low rates of emergency department use tend to have much *higher* concentrations of non-citizens than areas with high rates of emergency room use.²⁸

Research shows that much of the increased use of emergency rooms actually comes from insured individuals and those with significant health care needs. For example, most of the increase in the annual number of emergency department visits from the mid-1990s through 2001 was due to increased use by insured people, especially the privately insured.²⁹ Further, frequent users of the emergency room tend to be people with chronic conditions, such as the elderly and people with disabilities, who appear to use the emergency room because they require more care, not as a “substitute” for primary care.³⁰



Conclusion

Immigrants primarily come to the U.S. for employment, and recent immigrants tend to work in low-wage jobs that do not offer health insurance. Most recent immigrants also do not have access to public coverage through Medicaid and SCHIP, as federal law generally prohibits them from enrolling in these programs. As a result, non-citizens have a very high uninsured rate, which causes them to have poorer access to care and to receive less care than citizens. However, because they represent a relatively small share of the U.S. population, they are not the primary driver of the nation's growing uninsured problem. Further, even though they face greater barriers to obtaining care and receive less primary care than citizens, they have low rates of emergency room use and are significantly less likely to use the emergency room than citizens.

ENDNOTES

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