kaiser commission on medicaid and the uninsured

KEY FACTS

THE HENRY J. KAISER FAMILY FOUNDATION

March 2001

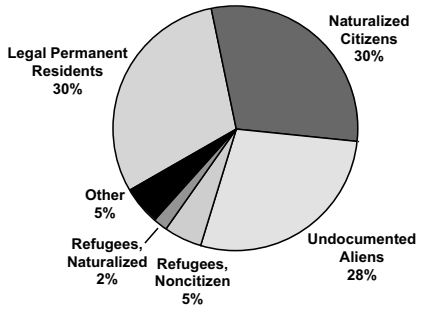
IMMIGRANTS' HEALTH CARE COVERAGE AND ACCESS

Immigrants are an integral part of the U.S. society, contributing both to the economy and diversity of the country. Despite their important role, immigrants disproportionately lack health coverage and receive fewer health services than native-born citizens. The disparities confronting immigrants are similar to those faced by low-income working families generally, but immigrants also face other barriers including the recent policy changes that have limited their ability to qualify for Medicaid. As policymakers discuss the nation's growing number of uninsured and issues of access and quality, coverage issues for the non-citizen U.S. population will need to be addressed.

IMMIGRANTS IN THE U.S.

In 2000, there were over 30 million foreign-born residents in the U.S (11% of the total U.S. population). These immigrants fall into one of several categories depending on how they came to the U.S. and their current citizenship status (Figure 1). Most immigrants (72%) are here legally. The other 28 percent are undocumented aliens, many of whom entered legally but overstayed their visas. Almost one-third are naturalized citizens and most immigrant families (85%) contain children that are U.S. citizens.

Figure 1
Legal Status of Immigrants, 2000

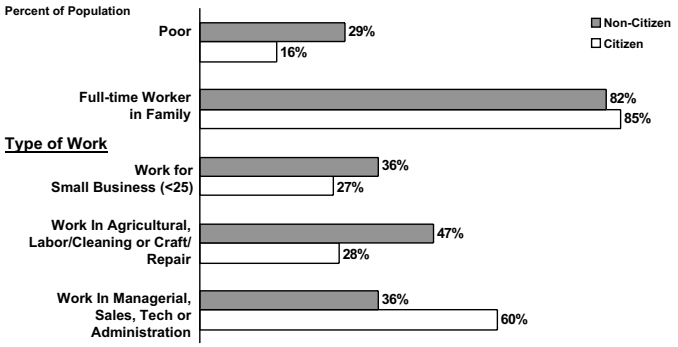


Total: 30.7 million immigrants

SOURCE: Passel, Urban Institute preliminary estimates based on Census 2000, March CPS 2000, and analytic estimates.

The two-thirds of immigrants who are in non-citizen families are much more likely to be poor than citizen families even though they are just as likely to have a full-time worker in their family. They are much more likely to work for a small business and work in agricultural, labor, and repair industries (Figure 2). Six states account for 7 in 10 immigrants: California was home for almost a third of all immigrants (31%) and another 40 percent resided in New York, Florida, Texas, Illinois, and New Jersey in 2000. North Carolina, Nevada, Kansas, and Indiana have all experienced large increases (more than 50%) in their immigrant population since 1995.

Figure 2
Selected Demographics by Citizenship Status, 1999

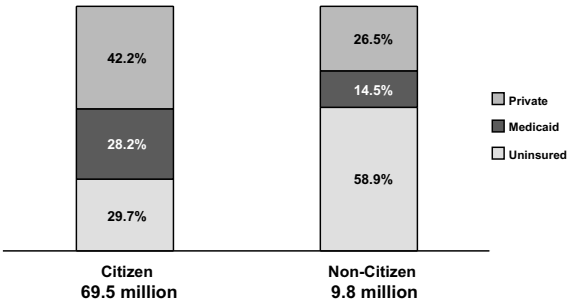


SOURCE: Urban Institute estimates based on March 2000 CPS data prepared for the Kaiser Commission on Medicaid and the Uninsured.

IMMIGRANTS AND HEALTH COVERAGE

Lack of health insurance coverage is a major issue facing immigrant populations. Low-income immigrants are twice as likely to be uninsured as low-income citizens. Of the 9.8 million low-income non-citizens, almost 59 percent had no health insurance in 1999 and only 15 percent received Medicaid. In contrast, about 30 percent of low-income citizens were uninsured and about 28 percent had Medicaid (Figure 3).

Figure 3
Health Insurance Coverage of the Low-Income Population, by Citizenship Status,1999



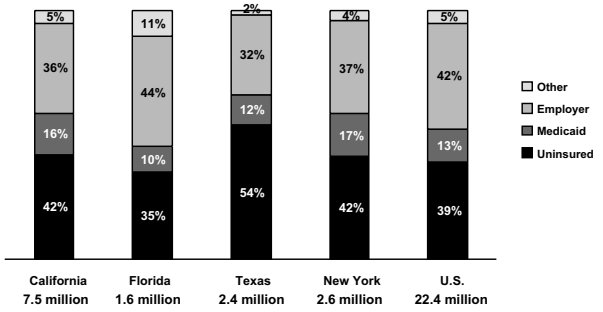
Note: Low-income is less than 200% of poverty. Low-income population is the non-elderly only.

SOURCE: Urban Institute estimates based on March 2000 CPS data prepared for the Kaiser Commission on Medicaid and the Uninsured.

Medicaid, the nation's major health coverage for low-income people, plays an important role for immigrants because of their high poverty rates and lack of workplace coverage. In 1995, 19 percent of low-income non-citizens received Medicaid but the share with Medicaid fell to 15 percent in 1999. At the same time, uninsured rates for low-income non-citizens increased 5 percent (from 54% to 59%). While immigrants are disproportionately likely to be uninsured, they comprise a small portion (18%) of the 42 million uninsured in U.S.

A large factor influencing immigrants' coverage and access stems from policy changes restricting Medicaid coverage and the resulting confusion surrounding eligibility for Medicaid and other benefits. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) fundamentally changed cash assistance, and the treatment of legal immigrants with regard to Medicaid. Previously, all legal permanent residents and other legal immigrants had the same access to public benefits, including Medicaid, as did U.S. citizens. However, welfare reform and other policies created a five-year ban on Medicaid for new immigrants (those arriving after August 1996) and also established the "deeming" of immigrant's sponsors' resources as part of the eligibility process for immigrants. Thus, many new immigrants are now excluded from coverage.

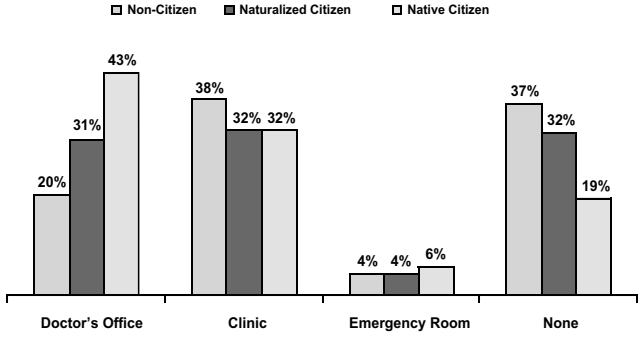
Figure 4
Health Insurance Coverage for Nonelderly Noncitizen Families, 1998



SOURCE: Urban Institute, 2000, based on the Current Population Survey, March 1999

Immigrant's health coverage varies by state. Among the four states with the largest immigrant populations, uninsured non-citizens ranged from 35 percent in Florida to 54 percent in Texas (Figure 4). Medicaid coverage of non-citizens also varied, with only 10 percent receiving Medicaid in Florida compared to 17 percent in New York. Some states decided to use state only funds to cover new immigrant children in Medicaid (13 states) or Children's Health Insurance Program (CHIP) (9 states) because Federal funding is prohibited.

Figure 5
Usual Source of Care for Low-Income Adults by Citizenship Status, 1997

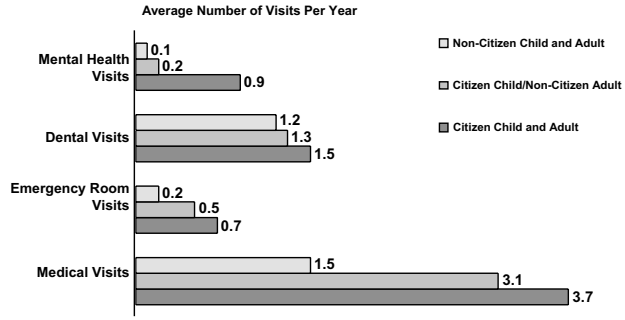


Note: Low-income is less than 200% of poverty.
Data: National Survey of America's Families, Urban Institute.
Source: Ku and Matani, 2001.

Immigrants And Access to Health Care Services

Immigrants face multiple barriers to care in addition to lack of health coverage and experience poorer access to health care services than do native citizens. For low-income adults, 37 percent of non-citizens reported not having a usual source of care compared to 19 percent of low-income native citizens (Figure 5). Even though non-citizens are more likely to be without a usual source of care, they were less likely to go to emergency rooms than citizens. In addition, non-citizen children on average had fewer medical, dental and mental health visits than citizen children (Figure 6).

Figure 6
Health Care Utilization for Low-Income Children, by Citizenship Status, 1997



Note: Low-income is less than 200% of poverty.
Data: National Survey of America's Families, Urban Institute.
SOURCE: Ku and Matani, 2001.

Policy Challenges

Immigrants' access and coverage disparities stem in part from specific policy changes that treat new legal immigrants differently from both existing immigrants and citizens when determining eligibility for Medicaid and other public benefits. Although legislation was introduced to restore Medicaid benefits to some legal immigrants last year, these bills stalled despite bipartisan support.

Even for immigrants who remain eligible for Medicaid benefits, fear and confusion about participating in public programs create barriers to enrollment and concern about becoming a public charge and ineligible for citizenship. Recent Department of Justice clarifications have reiterated that Medicaid and CHIP coverage are not to be used in public charge determinations. However, many immigrants are not aware of this ruling. In addition, many states are not complying with HCFA's directive that immigrant parents may not be asked for their citizenship or Social Security number when applying for health coverage for their children, which can create barriers to applying. As of November 1999, 39 states asked for parents' social security number and 29 states required parental citizenship information on children's health coverage applications.

Linguistic issues also present another barrier. In August 2000, guidance from HHS required entities that receive federal funds, including Medicaid and CHIP, to provide assistance for persons with limited English skills. This assistance may help facilitate coverage and access for immigrants but it is not clear if these policies are being implemented. Improving coverage for immigrants is critical to addressing the nation's uninsured problem.

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