kaiser commission on medicaid and the uninsured
KEY FACTS
THE HENRY J. KAISER FAMILY FOUNDATION
August 2003

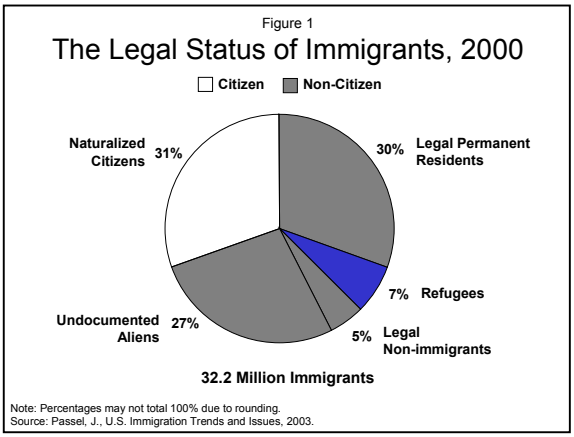
IMMIGRANTS' HEALTH CARE COVERAGE AND ACCESS

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 32 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 (73%) are here legally. Undocumented aliens, many of whom entered legally but overstayed their visas, account for 27 percent. Almost one-third are naturalized citizens and most immigrant families (85%) contain children that are U.S. citizens.

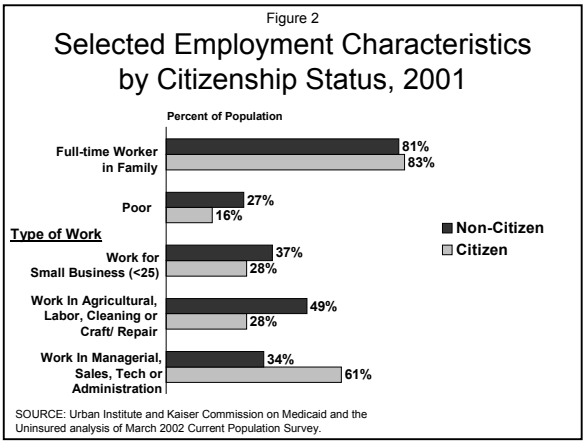
Figure 1
The Legal Status of Immigrants, 2000



Note: Percentages may not total 100% due to rounding.
Source: Passel, J., U.S. Immigration Trends and Issues, 2003.

Non-citizen families are much more likely to be poor than those in 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 (30%) 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 Employment Characteristics by Citizenship Status, 2001

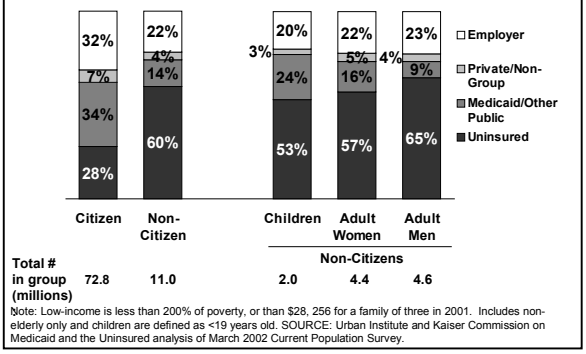


SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured analysis of March 2002 Current Population Survey.

IMMIGRANTS AND HEALTH COVERAGE

Lack of health insurance coverage is a major issue facing immigrant populations. Low-income non-citizens are more than twice as likely to be uninsured as low-income citizens. Of the 11 million low-income non-citizens, 60 percent had no health insurance in 2001 and only 13 percent received Medicaid. In contrast, about 28 percent of low-income citizens were uninsured and about 30 percent had Medicaid (Figure 3).

Figure 3
Health Insurance Coverage of the Low-Income Population by Citizenship Status, 2001



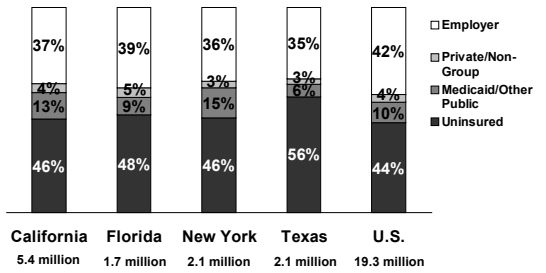
Note: Low-income is less than 200% of poverty, or than $28, 256 for a family of three in 2001. Includes non-elderly only and children are defined as <19 years old. SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured analysis of March 2002 Current Population Survey.

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. Low-income non-citizen children are much more likely to receive Medicaid than non-citizen adults because Medicaid typically covers children at higher income levels (Figure 3). However, Medicaid coverage has been declining for non-citizens --- in 1995, 19 percent of low-income non-citizens received Medicaid compared to 13 percent in 2001. Over the same time, uninsured rates for low-income non-citizens have increased from 54 to 60 percent. Non-citizens are more likely to be uninsured than citizens but they comprise only 21 percent of the 41 million uninsured in U.S in 2001.

A large factor influencing immigrants' coverage and access stems from policy changes restricting Medicaid coverage and the resulting confusion surrounding eligibility for Medicaid. 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, Noncitizens, by State, 2000-2001

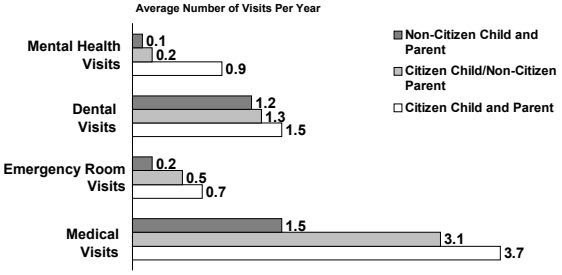


SOURCE: Urban Institute and the Kaiser Commission on Medicaid and the Uninsured, analysis of March 2001- 2002 Current Population Survey.

Immigrants' health coverage varies by state. Among the four states with the largest immigrant populations, uninsured non-citizens ranged from 46 percent in California and New York to 56 percent in Texas (Figure 4). Medicaid coverage of non-citizens also varied, with only 6 percent receiving Medicaid in Texas compared to 15 percent in New York. Some states decided to use state only funds to cover new immigrant children in Medicaid (18 states) or SCHIP (12 states), and pregnant women in Medicaid (19 states) even though federal Medicaid and SCHIP funding is prohibited for these populations of new immigrants.

Figure 5

Health Care Utilization for Low-Income Children, by Family 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

In addition to lack of health coverage, immigrants face multiple barriers to care and experience poorer access to health services than do native citizens. Thirty-seven percent of low-income non-citizens reported not having a usual source of care compared to 19 percent of low-income native citizens. 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. On average, non-citizen children had fewer medical, dental and mental health visits than citizen children (Figure 5).

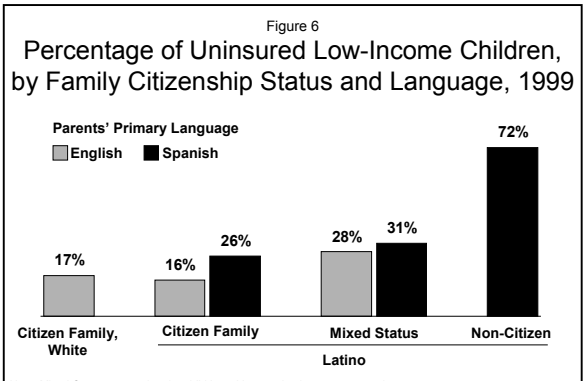
POLICY CHALLENGES

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. Legislation has passed the Senate to restore Medicaid benefits to some legal immigrants, however in the last Congress, these bills stalled despite bipartisan support.

Even for immigrants who remain eligible for Medicaid benefits, fear and confusion create barriers to enrollment and concern about becoming a public charge and thus ineligible for citizenship. These fears remain despite Department of Justice clarifications that have reiterated that Medicaid and SCHIP coverage are not to be used in public charge determinations and outreach work by community groups at the local level.

Figure 6

Percentage of Uninsured Low-Income Children, by Family Citizenship Status and Language, 1999



Note: Mixed Status means that the child is a citizen and at least one parent is not.
The sample size for Non-Citizen children in English-speaking families was too small for analysis.
Low-income is less than 200% of poverty, which is $30,520 for a family of three in 2003.
Data: 1999 National Survey of America's Families, Urban Institute; Source: Ku and Waidmann, 2003.

Linguistic issues also present barriers for many immigrants. According to the 2000 US Census, over 18 percent of the population speaks a language other than English at home. Guidance from HHS in 2000 required entities that receive federal funds, including Medicaid and SCHIP, to provide assistance for persons with limited English skills. This assistance may help facilitate coverage and access for immigrants. Research shows that language and citizenship status can affect children's health coverage. Over 70 percent of Latino children in non-citizen Spanish-speaking families were uninsured, compared to 26 percent of children in Latino citizen families who speak English (Figure 6). Improving coverage for immigrants is critical to addressing the nation's uninsured problem and to assure access to health care services for this population.

Additional copies of this fact sheet (#2231-03) are available at www.kff.org/kcmu.