

Access to Care for Immigrant Populations

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Immigrant Families Make up an Important Share of the U.S. Population

- According to the 2000 Census, there are over 30 million immigrants in the US, representing 11 percent of the total population.

Immigrant Numbers at Peak -- Percentage is Not

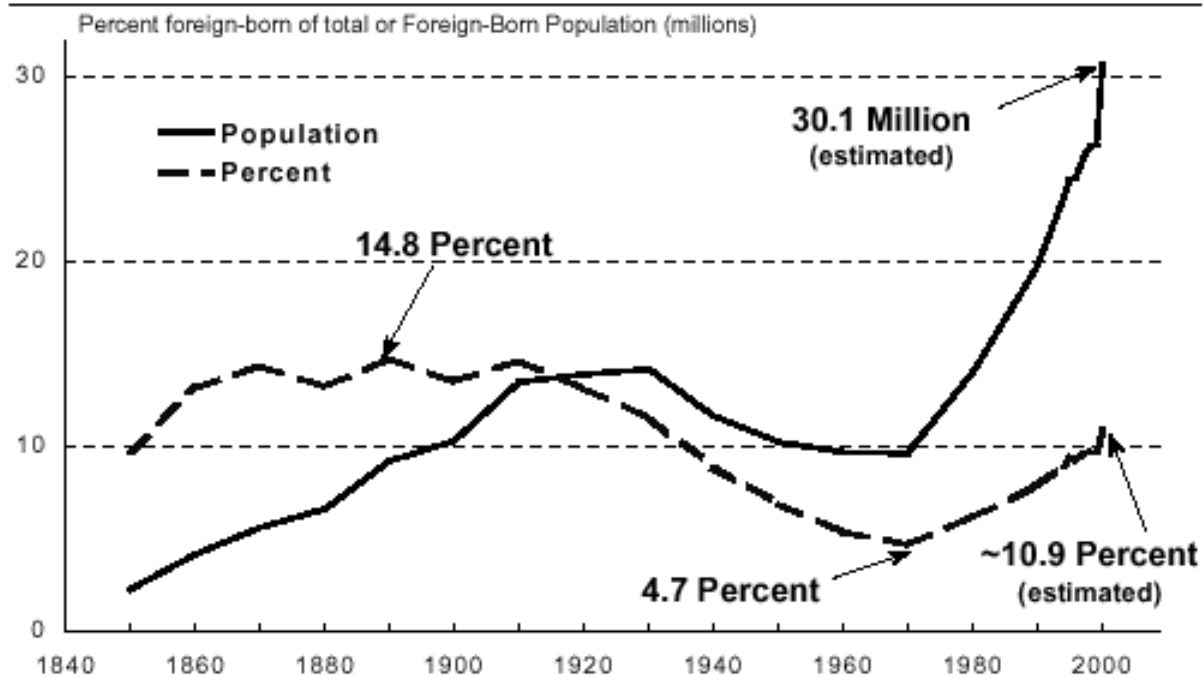
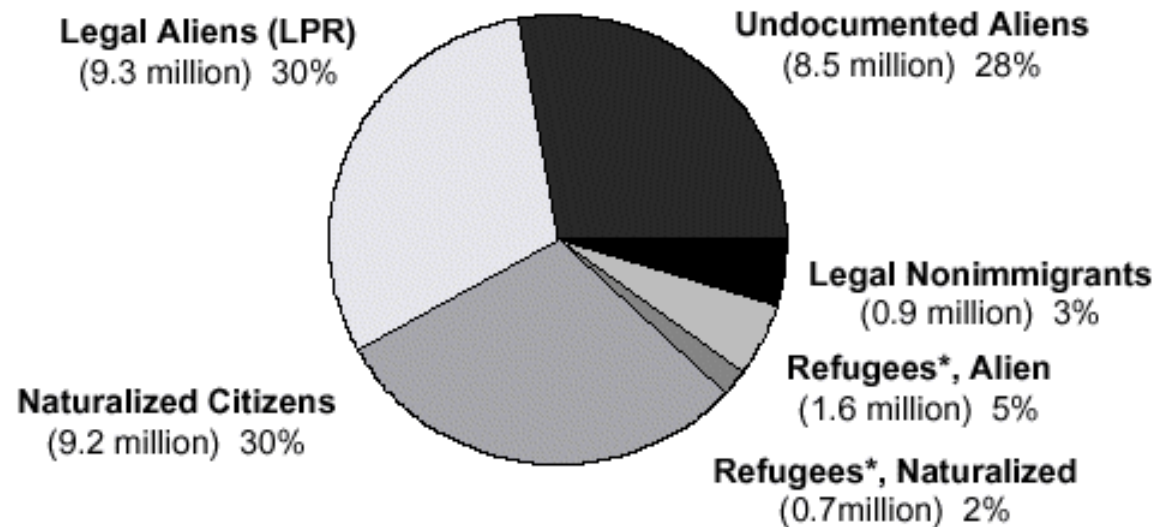


Figure 2. Foreign-Born Population: 1850-2000

Source: Decennial Census data, Urban Institute estimates,
and CPS tabulations.

Legal Status of Immigrants



~30.1 Million Foreign-Born
(Based on March 2000 CPS & Census 2000)
(Preliminary)
* Entered 1980 or later

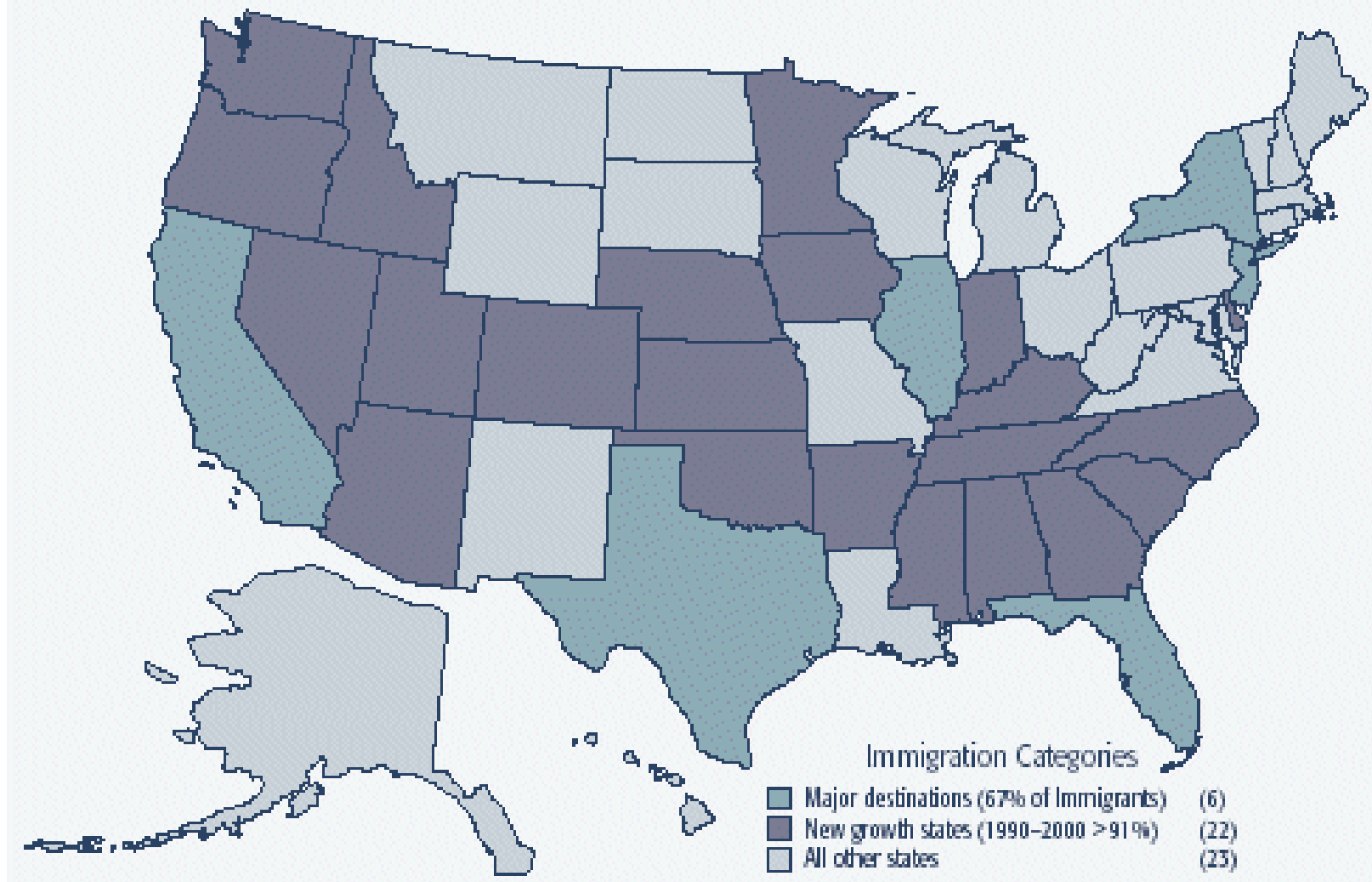
Figure 4. Legal Status of the Foreign-Born Population, 2000

Source: Urban Institute.

New Immigration Centers Emerge in 1990s

- Immigrants are settling in communities throughout the U.S.
- During the 1990s, the immigrant population in "new immigrant" states grew twice as fast (61 percent vs. 31 percent) as the immigrant population in the 6 states that receive the greatest numbers of immigrants.

New Immigration Growth Centers



Source: Analysis of 1990 and 2000 U.S. Census data, Urban Institute, 2002.

Immigrant Families

- 85 percent of immigrant families with children are mixed status families (families in which at least one parent is a non-citizen and one child is a citizen).
- 1 in 5 children in the U.S. is the native- or foreign-born child of an immigrant.
- 1 in 4 low-income children lives in an immigrant household.

Immigrants Contribute Significantly to the U.S. Economy

- In 2000 the foreign-born population accounted for 15 percent of the total civilian labor force.
- New immigrants accounted for 50.3 percent in the growth in the labor force between 1990 and 2001.

Immigrants Rely Disproportionately on Low-Wage, Low-Benefit Jobs

- Even though 15 percent of all workers are non-citizens, almost 20 percent of all low-wage workers who live in low-income families with children are non-citizens.
- In 2000, nearly 50 percent of immigrant workers earned less than 200 percent of the minimum wage, compared with 32 percent of native-born workers.
- Only 26 percent of immigrants have job-based health insurance.

Legacies of 1996 Welfare Law

- New restrictions on immigrant eligibility for public health insurance (Medicaid and SCHIP)
- New barriers that prevent many immigrants from securing health insurance, even if they are eligible.

New Eligibility Restrictions to federally-funded Medicaid and SCHIP under 1996 Welfare Law

1996 Welfare Law --

- Restricted this health coverage to “qualified” immigrants
- Imposed a 5 year bar (waiting period) on most “qualified” immigrants who entered US after 8/22/96

“Qualified” Immigrants:

Long term, lawful immigrants –

- Lawful Permanent Residents (LPR) (green cards)
- Refugees
- Asylees
- Persons granted withholding of removal/deportation
- Persons paroled into the U.S. for at least one year
- Cuban/Haitian entrants
- Certain “battered spouses and children”

Positive State Responses to Eligibility Restrictions

- Over 20 states have decided to establish state-funded replacement programs to continue Medicaid and/or SCHIP coverage to immigrants ineligible under the 1996 law.
- Many programs provide coverage to a broader group of lawfully residing immigrants than those defined as “qualified” immigrants. Several states have adopted an option to provide prenatal care regardless of status, and a smaller number provide coverage to children regardless of status
- Many programs provide coverage without imposing a 5 year waiting period.

Health-Related Programs Without Immigration Status Restrictions

- Emergency Medicaid and other emergency medical services
- Immunizations, testing and treatment for symptoms of communicable diseases
- Community Health Center services
- Other programs delivered at the community level, that do not condition assistance on income or resources and are necessary to protect life or safety

Emergency Medicaid

Available regardless of immigration status to people otherwise eligible for Medicaid, for treatment of an emergency medical condition, defined as:

a medical condition (including labor and delivery) with acute symptoms of such severity that the lack of immediate medical treatment could reasonably result in:

- serious jeopardy to the patient's health, or
- serious impairment to bodily functions, or
- serious dysfunction of any bodily organ or part.

Barriers

Even if an immigrant is eligible for benefits, there may be barriers that deter or prevent access to health insurance and services.

Barriers

- **Confusion about Eligibility:** Immigrants may assume that they are not eligible due to confusion and misinformation about the rules.
- **Lack of Language Access:** Reluctance or inability to use services because of a lack of interpreters and translated material.

Barriers: Public Charge

- **Public Charge:** Fear that DHS will deny a person lawful permanent residency (a “green card”) because of his/her use of benefits/services.
 - This fear is almost entirely unfounded: use of health services or Medicaid may not be considered when determining “public charge.”
 - The only exception is Medicaid for long-term, institutionalized care.

Barriers: Fear of Reporting

- **Verification/Reporting:** Undocumented immigrants may fear that if they or a family member applies for benefits, they will be reported to the Department of Homeland Security (DHS).
- This fear is largely unfounded for health services.
 - There are no individualized reporting requirements for application to Medicaid/CHIP or use of emergency services.
 - There are privacy rules that generally prevent reporting of immigration status information in certain programs, such as Medicaid.

New Twists on Fear of Reporting

CMS recently published guidance on Section 1011 of 2003 Medicare Bill.

Section 1011 provides new money (\$250 million/year) to hospitals and other emergency providers who provided otherwise uncompensated care to undocumented immigrants.

The catch: providers must submit reimbursement based on individual patient questionnaires. Providers are prohibited from “directly” asking patients whether they are undocumented, but the “indirect” questions will certainly be perceived by some patients to be questions regarding immigration status. A chilling effect is feared.

New Twists on Fear of Reporting

- State Anti-Immigrant Initiatives
- Arizona's Proposition 200 (2004) requires state and local government employees to verify immigrant status of applicants for state/local public benefits and to report to DHS the names of immigrants discovered to be in violation of immigration law.
- The law has been interpreted to apply only to a very limited range of programs, none of which include health services; however there has been a clear chilling effect on use of health services
- Copy-cat propositions will appear on the 2006 ballots in numerous states.

Eligibility Restrictions and Barriers Have Affected Immigrants' Use of Health Benefits and Services

- 14 percent of native citizens are uninsured, compared with 40 percent of long-term non-citizens and 50 percent of recent non-citizens.
- From 1996 to 2000, low-income non-citizens' enrollment in Medicaid decreased from 17 percent to 14.1 percent.
- The children of immigrants are more likely to be uninsured (**22 percent versus 10 percent**) and more likely to have no usual source of medical care (**14 percent versus 4 percent**);

Advocacy Issue: ICHIA

- The Immigrant Children's Health Improvement Act would give states the option of providing health coverage to lawfully residing immigrant children and pregnant women under Medicaid or the SCHIP without imposing an arbitrary five year waiting period.
- Approximately 20 states currently provide health coverage to some groups of lawfully residing immigrants during their first five years.
- The cost-effectiveness of providing preventative care is particularly profound for children and pregnant women.
- ICHIA, which has been introduced in both the House and Senate, provides fiscal relief to these states and would also encourage other states to provide health coverage.

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