



Left out under Federal Health Reform: Undocumented immigrant adults excluded from ACA Medicaid expansions

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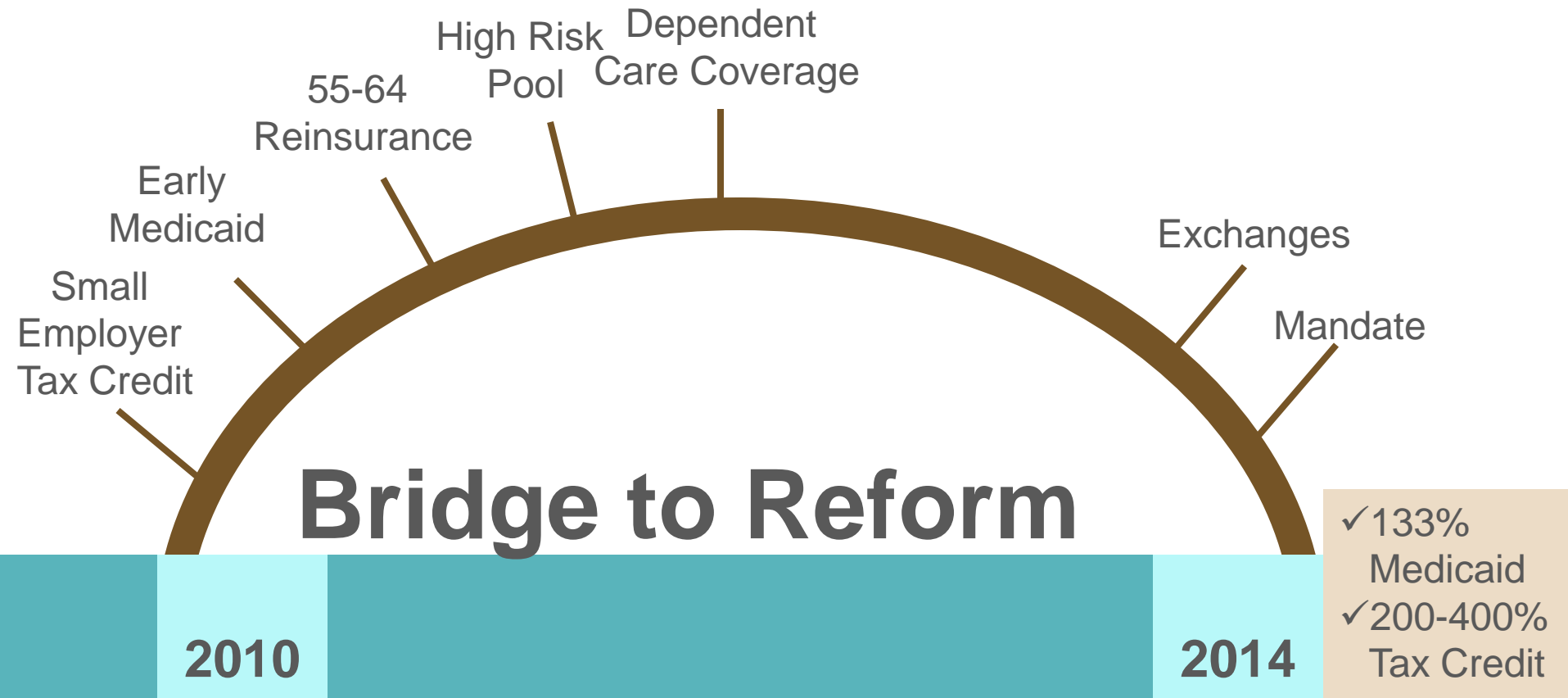
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Medicaid Expansion in ACA

- New mandatory eligibility group for low-income individuals – 2014 implementation date



Newly covered include children 6-19, parents of covered children, childless adults

- Includes *all persons* with family incomes up to 133% (effective 138%) of the FPL who are ***not***:
 - Age 65 and older
 - Eligible for Part A Medicare or enrolled in Part B
 - Legal residents who have resided in the U.S. < 5 years
 - **Undocumented immigrants or legal immigrants subject to 5-year ban**

What does national health reform mean for undocumented immigrants?

- Continuation of Medicaid/CHIP exclusion
 - Exceptions:
 - Emergency services for income-eligible undocumented immigrants
 - States have option of covering prenatal care for pregnant women **including undocumented** under CHIP
- Exemption from individual mandate
- Cannot participate in new federal or state health insurance exchanges

Who are undocumented immigrants?

- Individuals who enter the country without approval by immigration authorities
- Individuals who violate the terms of a temporary admission
 - i.e. overstaying tourist/student visa without adjusting immigration status

Source: Congressional Budget Office. (2007). The Impact of Unauthorized Immigrants on the Budgets of State and Local Governments. Washington DC.

How many undocumented immigrants reside in the U.S.? (1)

- Lack of data
 - No direct estimates as immigrant status not asked in national surveys
 - Need for estimation methods to fill gaps in data
 - Few sources of indirect estimates
 - Jeff Passel & colleagues at Pew Hispanic Center
 - Dept. of Homeland Security (Hoefler et al.)
 - Census Bureau (estimates not available)
- Sensitivity of data that *is* available

How many undocumented immigrants reside in the U.S.? (2)

- **11.2 million people in 2010**
 - 1 million children
- **4% of total U.S. population**
- **5.2% of workforce**
 - 8 million workers

Source: Passel & Cohn. (2011). Unauthorized immigrant population: National and state trends, 2010. Washington, DC: Pew Hispanic Center.

Why should we care about immigrants' access to care?

- High rates of uninsurance
- A substantial number of immigrants are excluded from ACA expansions
- Access to coverage and care likely to worsen under ACA
- Remaining uninsured immigrants are likely to continue to seek care at CHCs and public hospitals

Research objectives

- Using 2008 American Community Survey (ACS) data, we estimate:
 - 1) The number of low-income (FPG \leq 138%) immigrants excluded from 2014 Medicaid expansions (undocumented immigrants)
 - 2) Characteristics of excluded immigrants
 - 3) Distribution of excluded immigrants across states

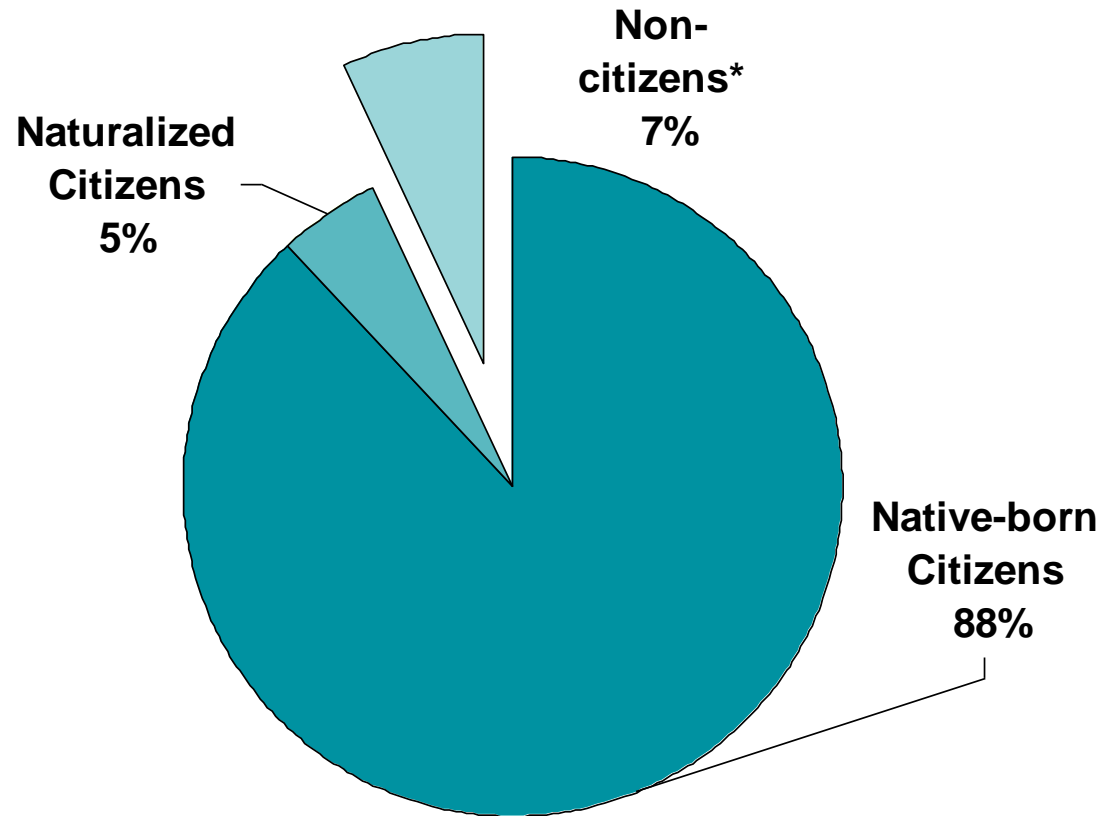
Data and Approach

- 2008 American Community Survey (ACS)
 - Large national survey with state-representative samples
 - Provides data on demographic, socioeconomic, and geographic characteristics of U.S. population
 - We restrict sample to civilian/non-institutionalized, low-income ($\leq 138\%$ FPG), non-elderly adults (18-64) (N=280,130)

Immigration Status

- ACS asks about citizenship, country of origin, and years in the U.S., but does not ask immigration status
- SHADAC assigns immigration status to non-citizens whose legal status is unknown

U.S. Population by Citizenship Status



Source: ACS, 2008.

Three-Step Method for Assigning Immigration Status

1. Assign status as “legal” to those highly likely to be citizens, permanent residents, or legal immigrants
 - U.S. born citizens
 - Foreign-born residents who:
 - arrived prior to 1980
 - report naturalized citizenship
 - work in occupations requiring legal status
 - participate in public programs requiring legal status
 - are likely legal under the Temporary Protected Status program, given country of birth and year of entry into the US
- Remainder of sample assigned “unknown” legal status

Source: Passel, J. (2006). The Size and Characteristics of the Unauthorized Migrant Population in the U.S. Estimates Based on the March 2005 Current Population Survey.

Washington DC: Pew Hispanic Center.

Three-Step Method for Assigning Immigration Status

2. Predict legal vs. undocumented status for those in ACS using external data source
 - Predictive model from Urban Institute based on 2004 Current Population Survey file that includes estimates of legal status based on PHC framework
 - Use model coefficients to predict probability of legal status for ACS sample
3. Benchmark to PHC results for share of undocumented in each state

Preliminary Findings

- How many *non-elderly adults are estimated to be eligible for Medicaid* under 2014 income rules?
33.6 million low-income non-elderly adults
- How many *of those low-income adults are likely to be undocumented immigrants*?
11% or 3.7 million

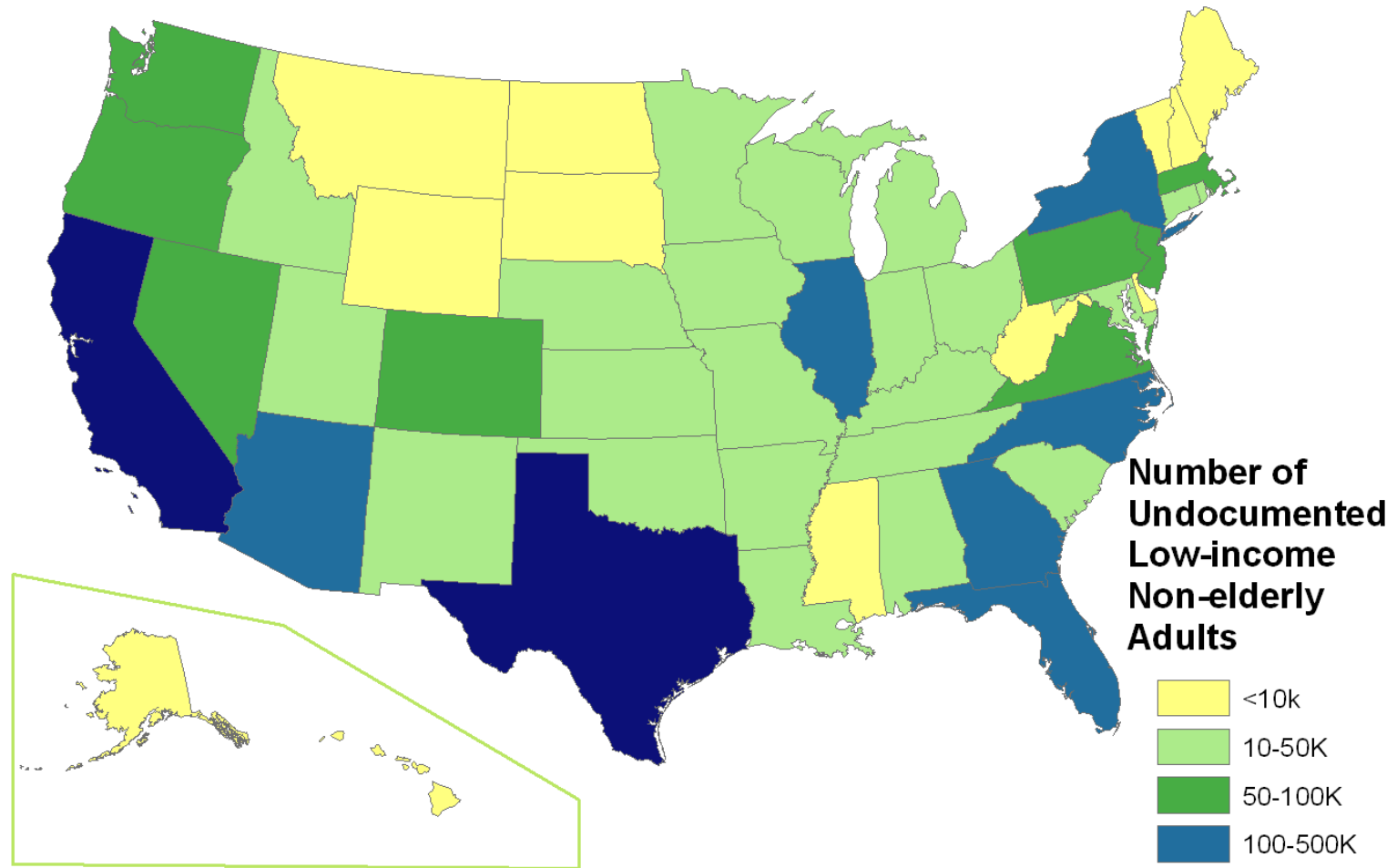
Characteristics of Low-income Non-elderly Adults in U.S., by Assigned Legal Status

All non-elderly adults with family income $\leq 138\%$ FPG

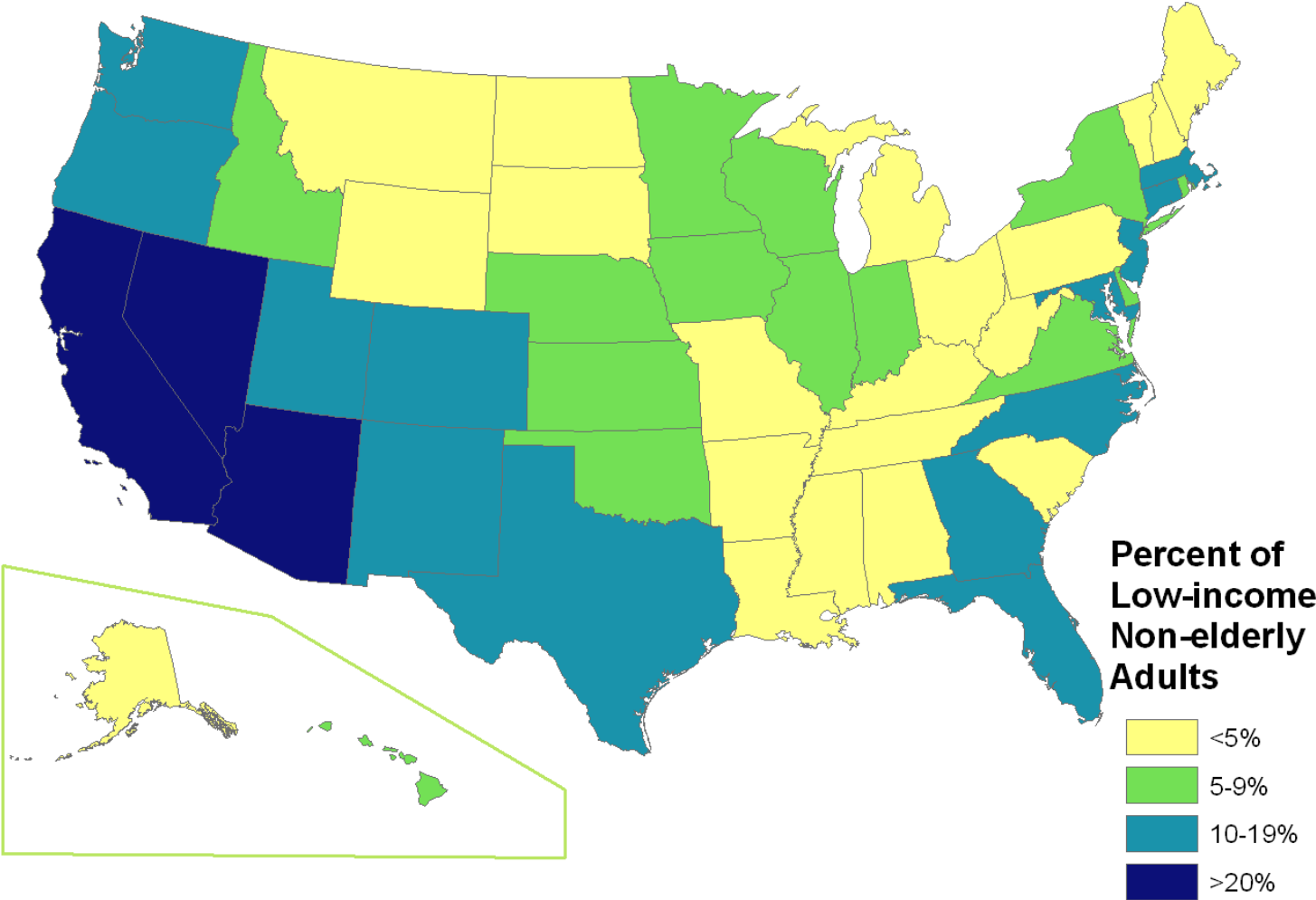
	Citizens & “Assigned Legal” Immigrants†	Likely Undocumented Immigrants
Total	30.0 Million	3.7 Million
Female	58%	52%
Age		
18 to 44	69%	86%
45 to 64	31%	14%
Married	29%	56%
Children under 19 in household	49%	76%
Anyone in family worked last year	67%	81%
Insurance		
Public	32%	13%
Private	33%	17%
Uninsured	35%	69%
Lives in metropolitan area	71%	90%

†Includes those who report birth/naturalized citizenship, permanent residents, and immigrants assigned “likely legal” status

Number of low-income undocumented adults by state



Proportion of low-income adults who are undocumented *within* each state



Limitations

- *Preliminary* estimates
- Do not address the 5-year waiting period for Medicaid eligibility for legal residents
- Assignment of legal foreign-born population likely includes legal residents who have resided in U.S. for less than 5 years
 - Our estimate is conservative
 - But legal residents will be able to purchase through exchanges

Conclusions

- First estimates of the number of low-income (per FPG) non-elderly adults excluded from 2014 Medicaid expansions because of their immigration status
- A substantial number of income-eligible undocumented immigrants will not be covered
 - Up to an estimated **3.7 million** adults
- In three states, more than 1 in 5 low-income non-elderly adults will not be eligible

Policy Implications

- Need for safety net care will not be evenly distributed across states
 - States with disproportionate number: CA, TX
 - States with disproportionate share: CA, AZ, NV
- Understanding the likely scope of the population without coverage will help states and safety-net providers prepare for the safety net under reform.
- Implications for states will depend on the share of undocumented immigrants among low-income adults and capacity of the safety-net within states.

Next steps

- Currently working with demographer to update model
- Further examine health care access, use, and expenditures of undocumented immigrants
- Assess capacity of safety-net clinics/providers to fill this gap

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