



# Left Behind: The Low-income Uninsured Who Are Not Eligible for the ACA Medicaid Expansion

Lynn A. Blewett, PhD

Professor Health Policy

Director, State Health Access Data Assistance Center

University of Minnesota, School of Public Health

Charity Care Affinity Group:  
Small Group Consultation  
San Diego, CA  
July 24<sup>th</sup>, 2013

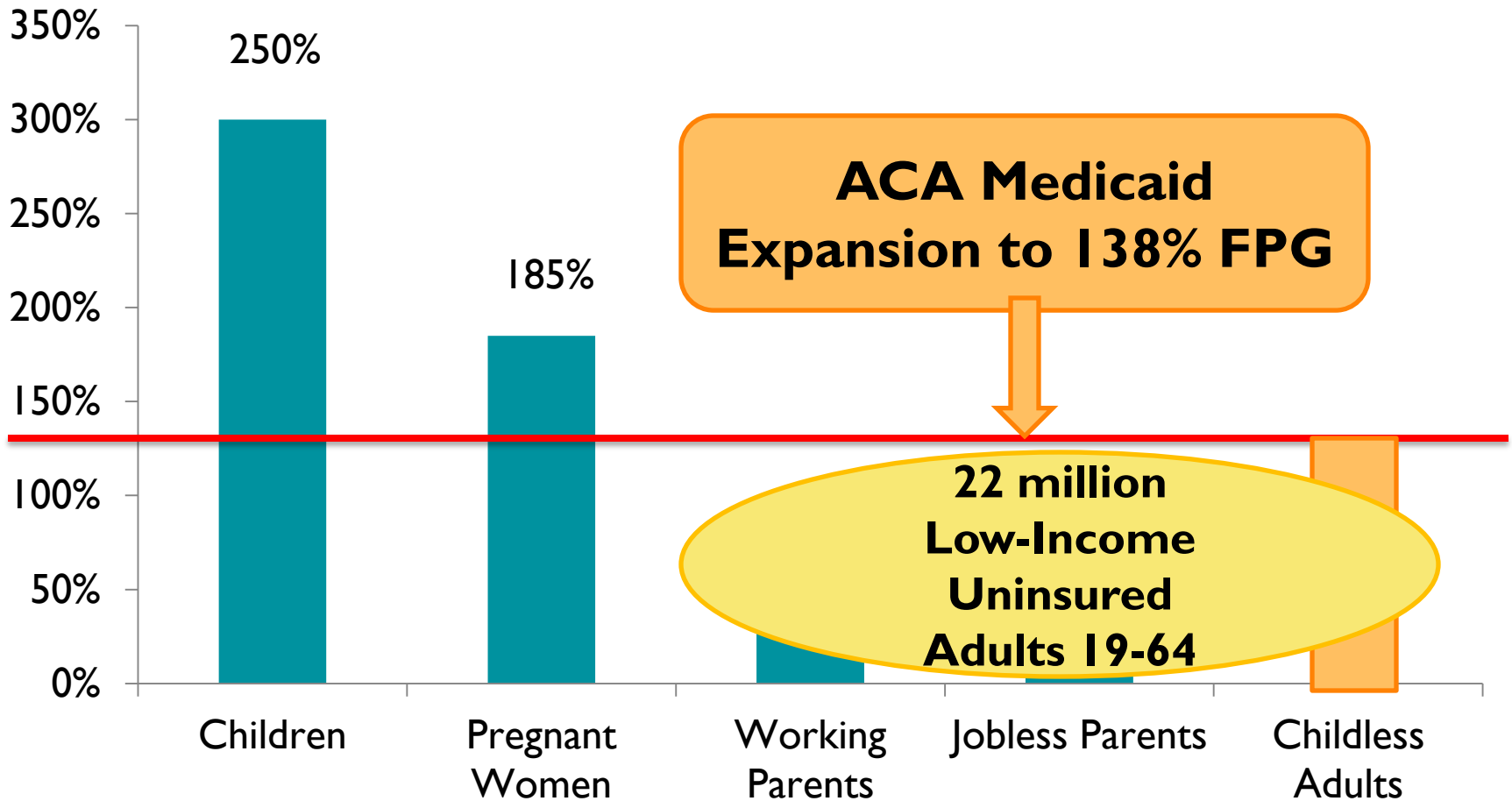
# Acknowledgments

- Brett Fried, MS
- Peter Graven
- Jessie Kemmick Pintor, MPH

# Overview

- ACA coverage expansions
- Immigrants and Medicaid/CHIP eligibility
- Who are left behind and where do they live?
- Demographics of low-income uninsured
- State-by-state Medicaid expansion and the remaining uninsured
- Policy implications and innovations across states

# ACA Access Expansion Categories – *IF all states expand*



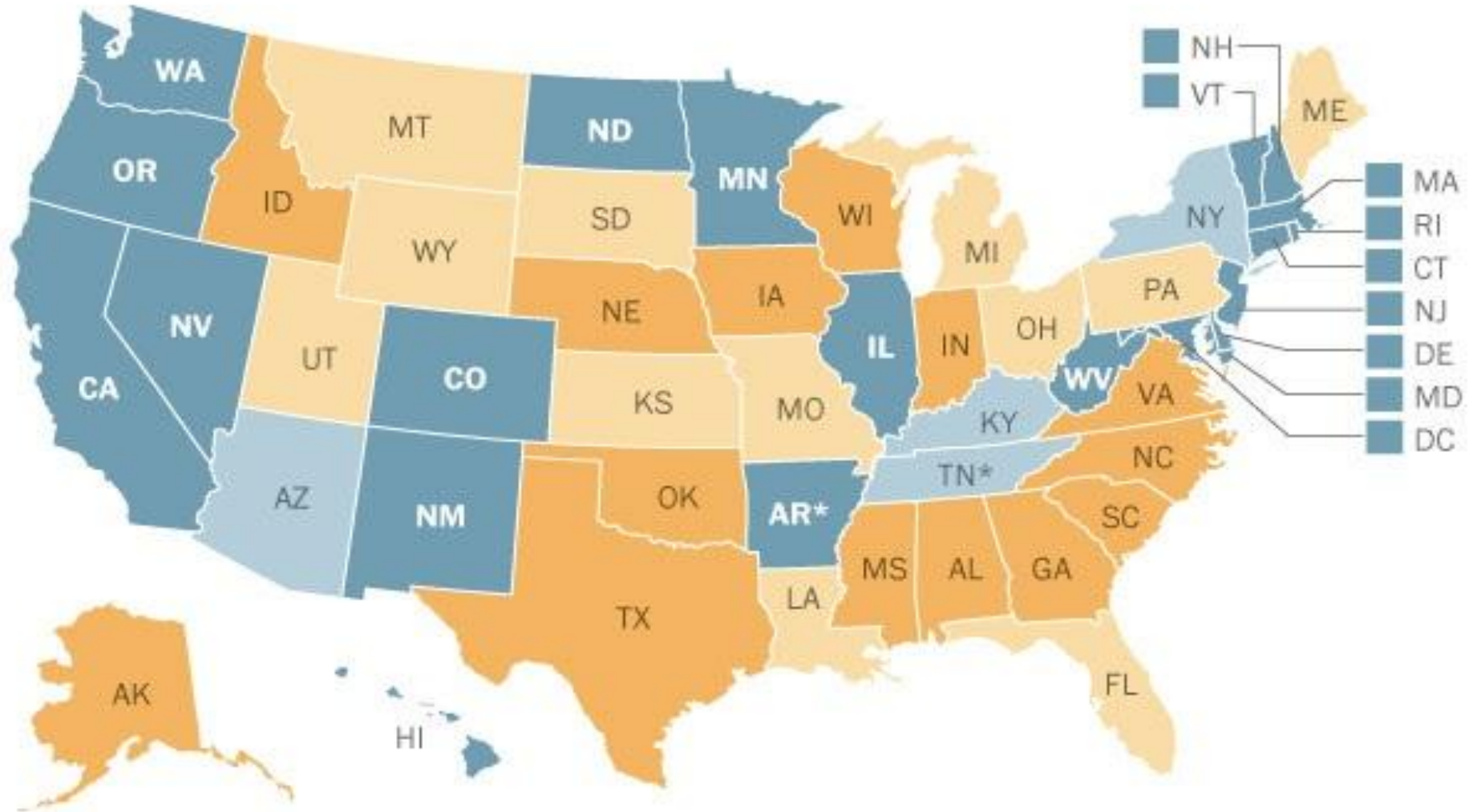
Source: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2012.

Will expand

Leaning yes

Leaning no

Will not expand



\*Arkansas is proposing to use Medicaid funds to pay for premium assistance through exchanges, pending federal approval; Tennessee has reached out to the federal government to consider a similar approach.

# Fewer than half of physicians accept Medicaid

## Five Poorest Cities

Detroit, MI	31%
Philadelphia, PA	42%
Baltimore, MD	44%
Indianapolis, IN	53%
Memphis, TN	54%

## Five Richest Cities

Washington, D.C.	31%
San Francisco, CA	36%
San Diego, CA	42%
Seattle, WA	47%
San Jose, CA	51%

# Medicaid Expansion-Income Eligibility Changes for ALL States

- Eligibility based on income only
  - No asset test
  - No categorical requirements (e.g., *pregnant, parent or disabled*)
- Income based on Modified Adjusted Gross Income (MAGI) -- Based on IRS Tax Definition
- Emergency Medical Assistance now at 138% of FPL

# What does national health reform mean for immigrants?

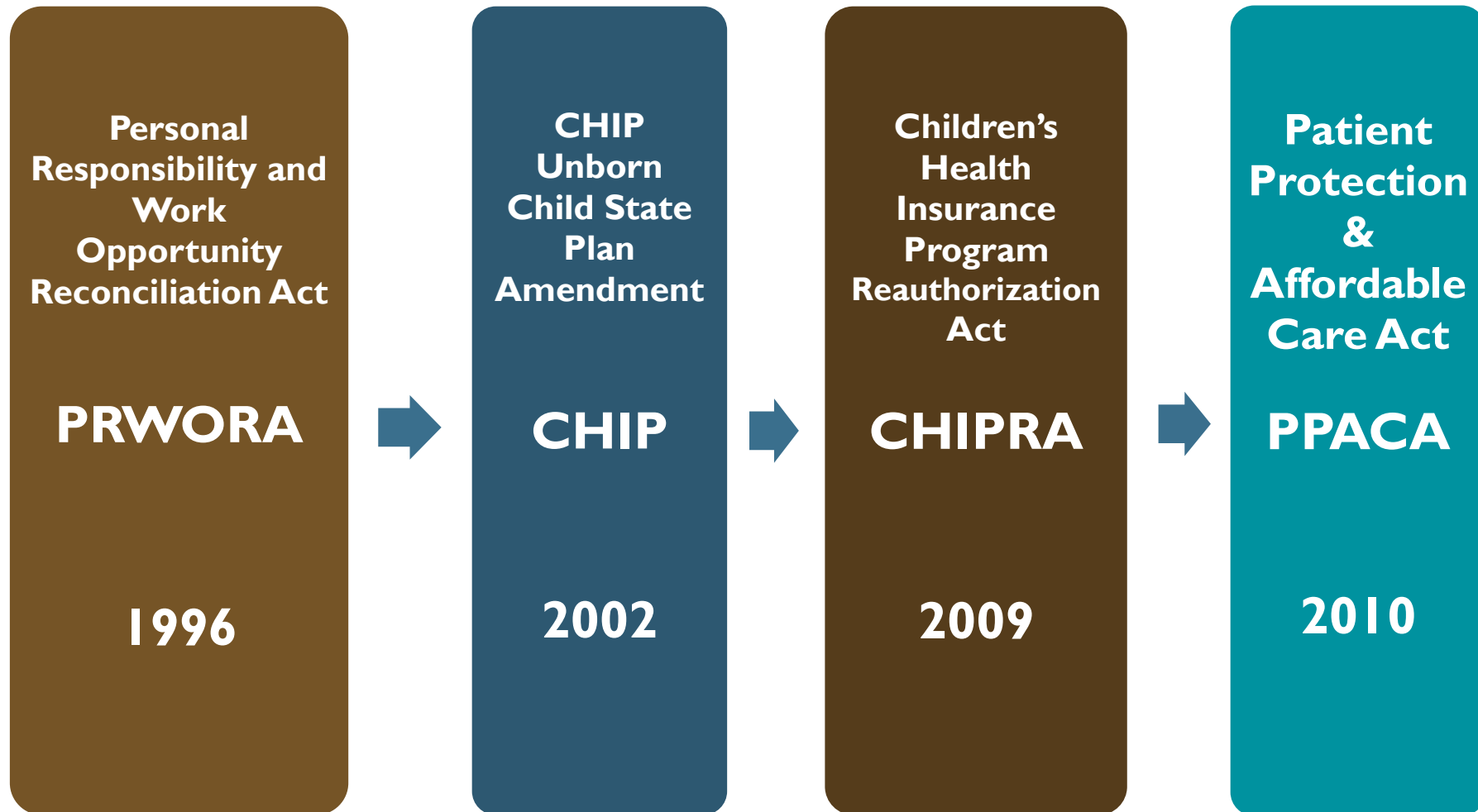
- For ***permanent legal residents***:
  - Waiting period of five years for Medicaid/CHIP eligibility
  - Required to purchase coverage under individual mandate provisions
  - Participation in new federal or state insurance exchanges will require verification of legal status and eligible for subsidies (*and we think 65+*)



# What does national health reform mean for immigrants?

- For ***unauthorized immigrants***:
  - Not eligible for Medicaid/CHIP, with some exceptions
  - Exempt from individual mandate provisions
  - Not allowed to participate in new federal or state health insurance exchanges

# Federal policies on immigrants' access to Medicaid/CHIP



# Welfare Reform 1996

- PRWORA made legal residents ineligible for federal “means-tested” public benefits until having resided legally in U.S. for 5 years
- Also deemed undocumented immigrants ineligible for state and local benefits
- States needed to enact special legislation after 1996 to in order to cover undocumented immigrants or those excluded under 5-year ban

# Unborn child option of 2002

- Provides federal match for funds to cover pregnant women regardless of immigration status-CHIP
- This option essentially covers services for the ***unborn child*** which has no immigration status
- 14 states currently receive federal matching funds through unborn child option for pregnant women

Source: Kaiser Commission on Medicaid and the Uninsured, 2009

# Children's Health Insurance Program Reauthorization Act - 2009

- Immigration Children's Health Improvement Act (ICHIA) included in CHIPRA
- States now eligible to receive federal matching funds to cover
  - income-eligible pregnant women,
  - children previously under 5-year



20 States



25 States

# Estimating additional coverage gaps for immigrants under ACA

- Difficult to estimate population not eligible for ACA because although national surveys include undocumented immigrants, most typically do not ask documentation status
- The Survey of Income & Program Participation (SIPP), a longitudinal household survey from the U.S. Census Bureau, does ask about immigration status
- However, the SIPP is not designed to produce state estimates, so we combine with the American Community Survey (ACS) which provides large state sample sizes

# Methods

- Estimate a model of immigration status in the 2009 SIPP
  - Use the parameters of the SIPP model to predict immigration status for adults in the 2009 ACS
  - Predictive model based on prior work at the US Census Bureau and Pew Hispanic Center
    - Variables included: year of entry, place of birth, income, age, race/ethnicity and household variables
- Calibrate the ACS predictions to match national estimates of unauthorized population by age and sex from the Office of Immigration Statistics
- Use Multiple Imputation (MI) methods to incorporate uncertainty in predicted immigration status

# Findings

- We estimate the following:
  - 1) The number of low-income (FPG $\leq$ 138%) immigrants excluded from 2014 Medicaid expansions (undocumented and immigrants subject to 5-year ban)
  - 2) Characteristics of excluded immigrants
  - 3) Distribution of excluded immigrants across states
    - In expansion/non-expansion states



# How many excluded non-elderly adults?

- Of the **50.6** million low-income non-elderly adults income eligible for Medicaid under 2014 Medicaid expansions *with all states expanding*:
  - **4.9 million** are likely to be undocumented immigrants or legal permanent residents subject to the 5-year ban
  - apx 10% of all low-income elderly

Source: SHADAC estimates, ACS, 2009

# Characteristics of Low-income Nonelderly Adults in U.S., by Predicted Immigration Status

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

	Citizens & “legally qualified” immigrants	Likely excluded immigrants	Difference	
Total	45.7 Million	4.9 Million		
Female	53.7%	50.5%	-3.2%	*
Age				
<b>19 to 44</b>	71.1%	<b>85.8%</b>	14.7%	*
45 to 64	29.0%	14.2%	-14.8%	*
Race/ethnicity				
White, non-Hispanic	56.6%	8.3%	-48.3%	*
Black, non-Hispanic	19.2%	5.9%	-13.3%	*
Asian, non-Hispanic	3.5%	13.4%	9.8%	*
Other, non-Hispanic	3.4%	1.2%	-2.2%	*
<b>Hispanic/Latino</b>	17.3%	<b>71.3%</b>	53.9%	*

Source: SHADAC estimates, ACS, 2009

\*Difference between eligible and ineligible estimates is statistically significant at the 5% level

# Characteristics of Low-income Nonelderly Adults in U.S., by Predicted Immigration Status

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

	Citizens & “legally qualified” immigrants	Likely excluded immigrants	Difference	
Total	45.7 Million	4.9 Million		
<b>Married</b>	22.1%	<b>48.2%</b>	26.1%	*
<b>Linguistically isolated</b>	4.6%	<b>49.0%</b>	44.4%	*
Highest education				
<b>Less than HS</b>	22.0%	<b>49.9%</b>	27.9%	*
HS grad/equivalent	62.8%	37.2%	-25.6%	*
College graduate	15.2%	12.9%	-2.3%	*
Not working – Unemployed or not in LF	42.7%	52.3%	-9.6%	*

Source: SHADAC estimates, ACS, 2009

\*Difference between eligible and ineligible estimates is statistically significant at the 5% level

# Characteristics of Low-income Nonelderly Adults in U.S., by Predicted Immigration Status

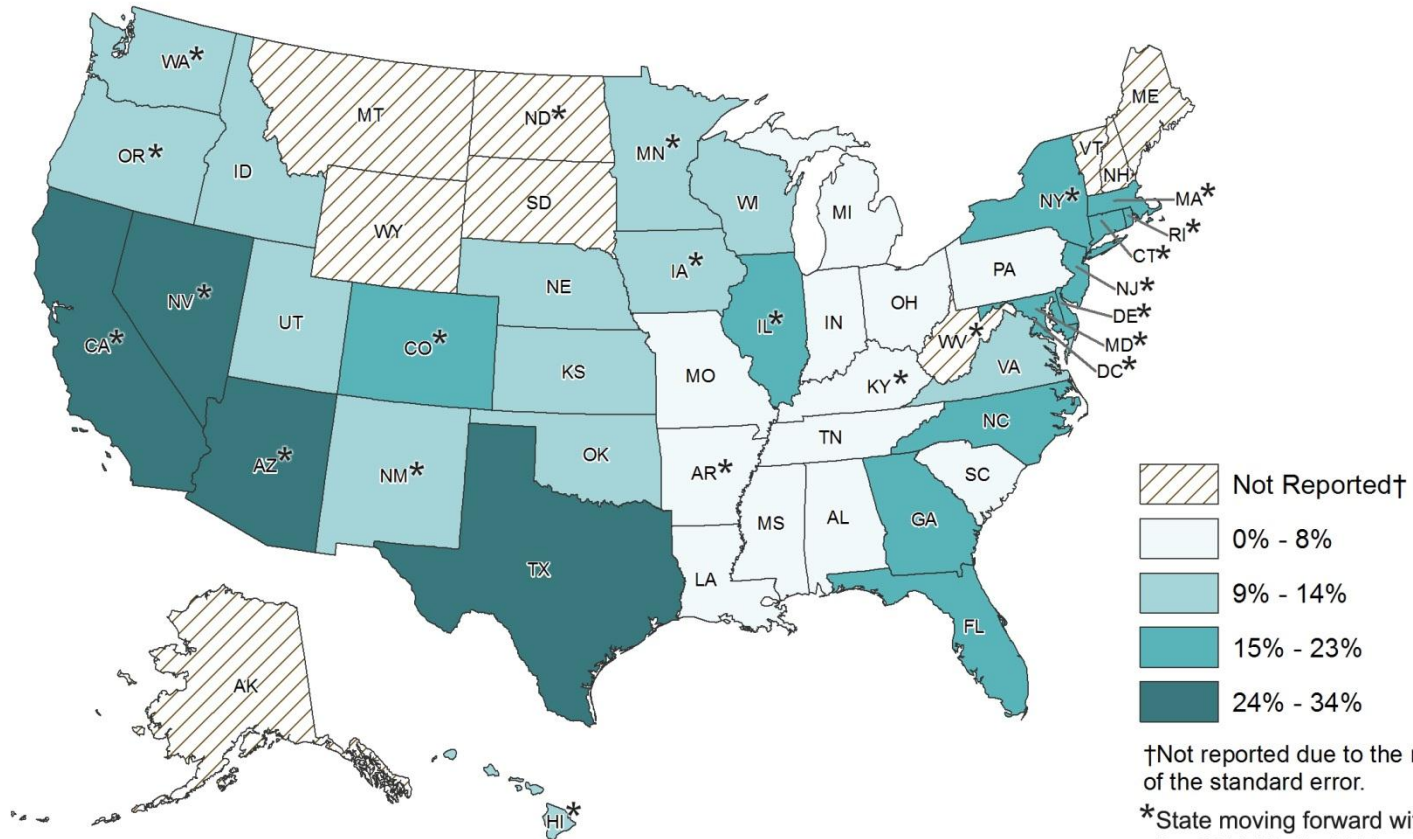
## All non-elderly adults with family income ≤138% FPG

	Citizens & “legally qualified” immigrants	Likely excluded immigrants	Difference	
Total	45.7 Million	4.9 Million		
Family income as % FPG				
At or below 50% FPG	43.6%	39.5%	-4.0%	*
51 to 100% FPG	33.1%	34.0%	0.9%	
<b>101 to 138% FPG</b>	23.4%	<b>26.4%</b>	3.0%	*
Insurance coverage				
<b>Uninsured</b>	37.6%	<b>69.4%</b>	31.8%	*
Employer coverage	27.5%	12.8%	-14.7%	*
Individual/direct purchase	6.9%	5.3%	-1.6%	*
Public coverage	28.1%	12.5%	-15.6%	*

Source: SHADAC estimates, ACS, 2009

\*Difference between eligible and ineligible estimates is statistically significant at the 5% level

# Percent of Uninsured Low Income Non-elderly Adults Who Are Not Eligible and Uninsured



# Recap

- Nationally, 1 in 10 low-income nonelderly adults not eligible for the Medicaid expansion due to their immigration status
- Need for safety net care will not be evenly distributed across states
  - As many as 1 in 5 in Texas and 1 in 4 in Nevada are not eligible plus not expanding
- Likely excluded immigrants, 1/2 live in linguistically isolated households; 1/2 have less than high school education

# Additional coverage shifts under ACA?

- Not everyone eligible for Medicaid will enroll
- *Legal permanent residents* excluded from Medicaid expansion will be eligible for the Basic Health Plan or income-dependent subsidies in exchanges AND will be subject to individual mandate
- *13% of immigrants excluded from Medicaid currently hold employer coverage*
  - Many of these immigrants work for small firms and risk losing coverage if their employer moves into the exchange
- Future of state initiatives directed toward immigrants unclear under tight state budgets

# Many moving parts – Impact of immigration reform on coverage eligibility

- Path to legal residency/citizenship could take at least a decade, most would remain ineligible for Medicaid and the exchanges under this provisional legal status
- Current House proposal requires immigrants to comply with the individual mandate, although they would remain ineligible for Medicaid **or the exchanges**
- DREAMers, - children/young adults receiving provisional status under the Deferred Action for Childhood Arrivals (DACA) not eligible for Medicaid or the exchanges





Sign up to receive our  
newsletter and updates at  
**[www.shadac.org](http://www.shadac.org)**



UNIVERSITY OF MINNESOTA

---

School of Public Health

