

### Immigrants and Coverage Affordable Care Act

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#### Overview

- Citizenship/Immigrant Definitions
- Estimates of foreign-born in the U.S. by type of immigration status – US and WA
- Impact of Affordable Care Act coverage expansions
- Implication for state policy and local safetynet programs

### Some definitions

Legally-Resident Immigrants		
Legal Permanent Resident or Legal Alien	Noncitizen, legally admitted	-Has authorization to work in U.S. ( <i>Green Card holders</i> ) -Married to US citizen
Asylees/Refugees	Noncitizen, legally admitted	-Admitted for fear of prosecution in home country
Non-Immigrants		
Non-Citizen Temporary Immigrants	Noncitizen, temporary visitor, legally admitted	-Travelers, business people, students, others
Non-Legal Immigrants		
Unauthorized (non-legal) Alien	Noncitizen, no legal authorization	-Entered with no or false documents -0verstayed temp visa

#### A few more definitions.....

- Natural-born citizen: someone born in the U.S. or born to U.S. citizen parent (s) living in another country
- A naturalized citizen: someone born in a foreign country, but took a series of steps and was granted citizenship.
  - Has been a legal resident of the U.S. at least 5 yrs.
  - Is age 18 or older
  - Has knowledge of the English language and history of the U.S.

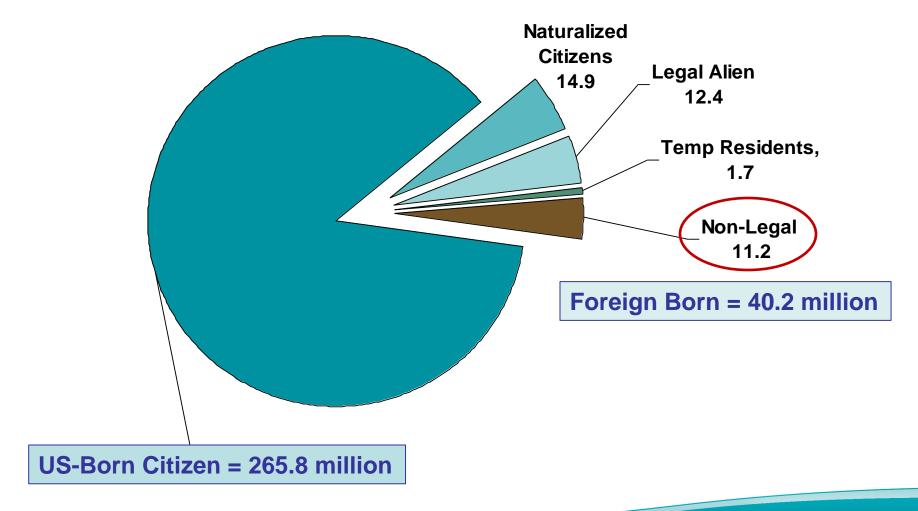


naturalized citizens have all the rights and responsibilities of a U.S. citizen, except are barred from serving as President or Vice President

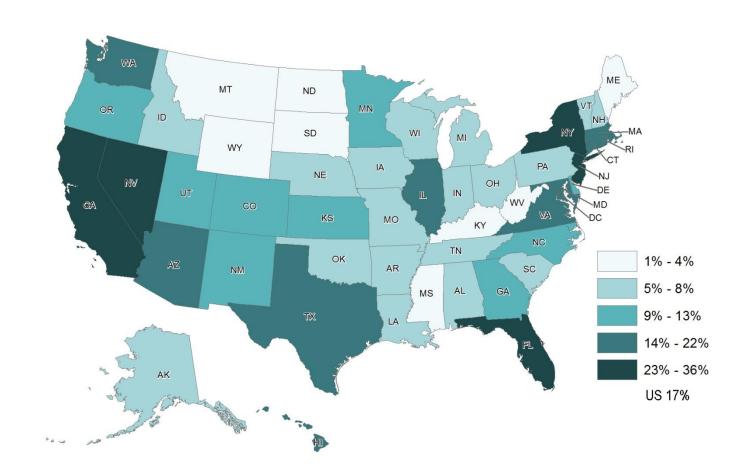
#### US Population by Citizenship Status and an ACA preview

= Foreign Born Citizens **Non-Citizens** 5 yr. Legal **Immigrants** Ban, HIX **U.S.-Born citizens** Full **ACA** Benefits Non-**Immigrants** No **Benefits** Non-Legal **Immigrants Naturalized citizens** 

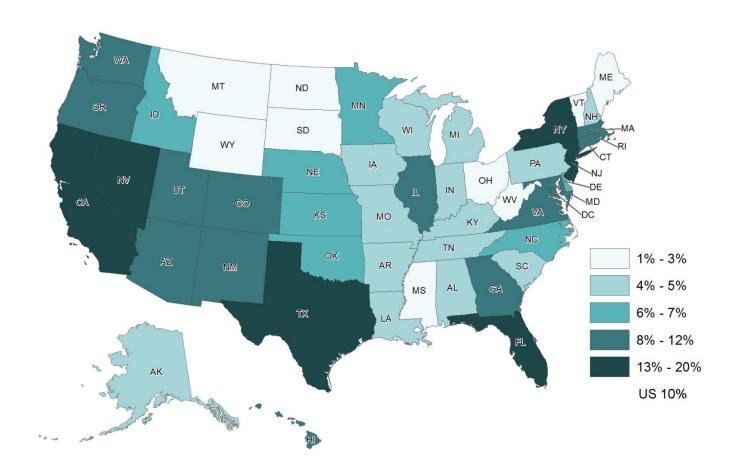
## Foreign-Born Persons in the US (2010, in millions)



## Percent of Non-Elderly Adults who were Foreign Born, 2010

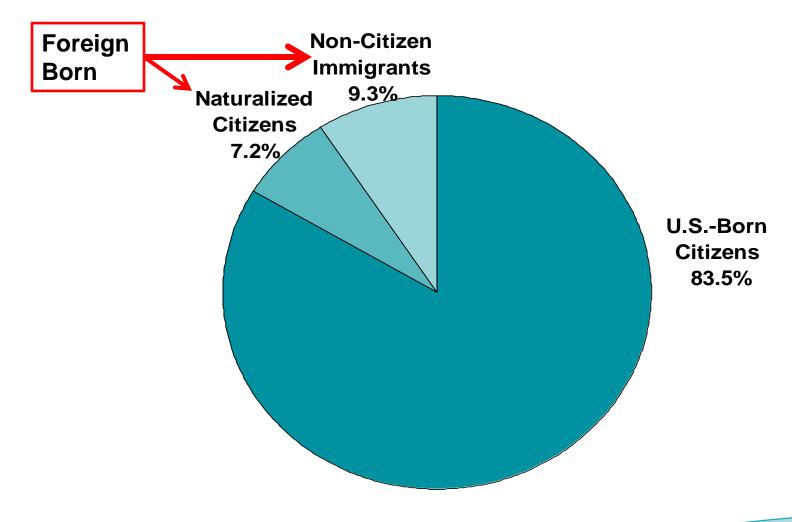


## Percent of Non-Elderly Adults who were Non-Citizens, 2010



### Washington State

## Non-Elderly Adults (age 19-65) by Citizenship Status, Washington State 2010



## Characteristics of Non-Elderly Adults (age 19 to 64) State of Washington 2010

	U.S. Born Citizens	Foreign Born Citizens	Non-Citizens
Total	3,504,939	303,154	388,610
Percent	83.5%	7.2%	9.3%
Age			
19 to 25	15.9%	7.8%	17.0%
26 to 34	18.9%	16.6%	29.3%
35 to 44	20.3%	26.9%	28.6%
45 to 54	23.8%	27.1%	16.5%
55 to 64	21.1%	21.6%	8.5%
Race/Ethnicity			
Hispanic	5.3%	16.8%	46.6%
White non-Hispanic	84.3%	24.8%	21.9%
Black Alone non-Hispanic	3.1%	5.4%	3.9%
Asian Alone non-Hispanic	2.0%	49.5%	25.8%
Multiple/Other non-Hispanic	5.3%	3.4%	1.9%

Source: Estimates based on analysis of American Community Survey by SHADAC 2012

## Characteristics of Non-Elderly Adults (age 19 to 64) Washington State 2010

	U.S. Born Citizens	Foreign Born Citizens	Non-Citizens
Educational Attainment			
<high school<="" th=""><th>6.5%</th><th>15.2%</th><th>35.2%</th></high>	6.5%	15.2%	35.2%
High School	24.1%	19.2%	22.0%
Some College	39.8%	31.7%	17.9%
College of More	29.7%	33.8%	24.9%
Income			
0-138 FPG	23.8%	19.5%	43.0%
139-200 FPG	8.5%	10.0%	13.5%
201-400 FPG	26.3%	29.3%	20.4%
400+ FPG	41.4%	41.3%	23.1%
<b>Employment Status</b>			
Full-Time	60.0%	64.4%	54.3%
Part-Time	23.0%	22.8%	30.2%
Not working	17.0%	12.8%	15.5%

### Characteristics of Non-Elderly Adults (age 19 to 64) Washington State 2010

	U.S. Born Citizens	Foreign Born Citizens	Non-Citizens
Insurance Coverage			
Employer	66.8%	64.5%	39.9%
Direct Purchase	7.3%	7.5%	6.3%
Public	9.2%	8.1%	8.4%
Uninsured	16.7%	19.9%	45.4%
Health Status*			
Poor/Fair Health	11.1%	9.0%	8.9%

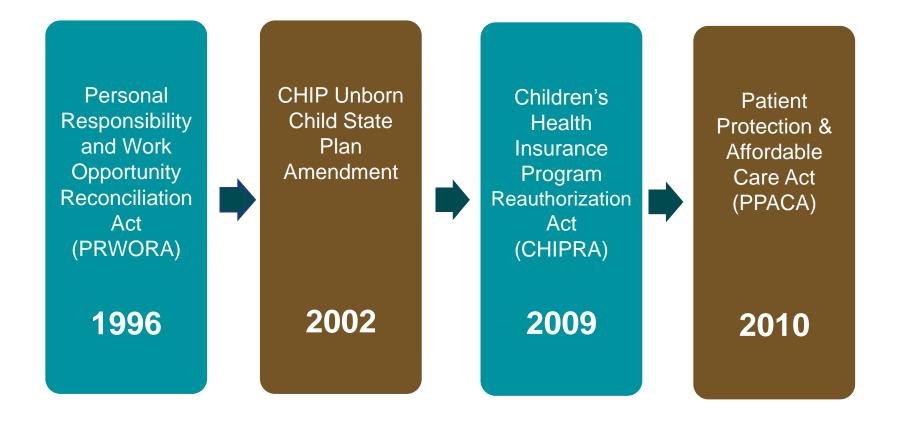
Sources: American Community Survey as analyzed by SHADAC, 2010. (\*) Current Population Survey as analyzed by SHADAC, 2011.

### Summary of differences between U.S Born and Foreign Born non-elderly Adults - WA

- Non-Citizens are more likely to be
  - Young
  - Hispanic
  - Working part-time
  - Low income
  - Less likely to have graduated from high school
  - More likely to be uninsured
  - Health status not significantly different

## Federal policies on immigrant access to coverage

### Federal policies on immigrants' access to coverage



### PRWORA 1996 and the Infamous Five-year Ban

- PRWORA made legal immigrants 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 in order to cover undocumented immigrants or those excluded under 5-year ban

#### CHIP Un-Born Child Option of 2002

 Provides federal match for funds to cover pregnant women regardless of immigration status

- This option essentially covers services for the un-born child which has no immigration status
- 14 states currently receive funds through the unborn child option

### Immigration Children's Health Improvement Act

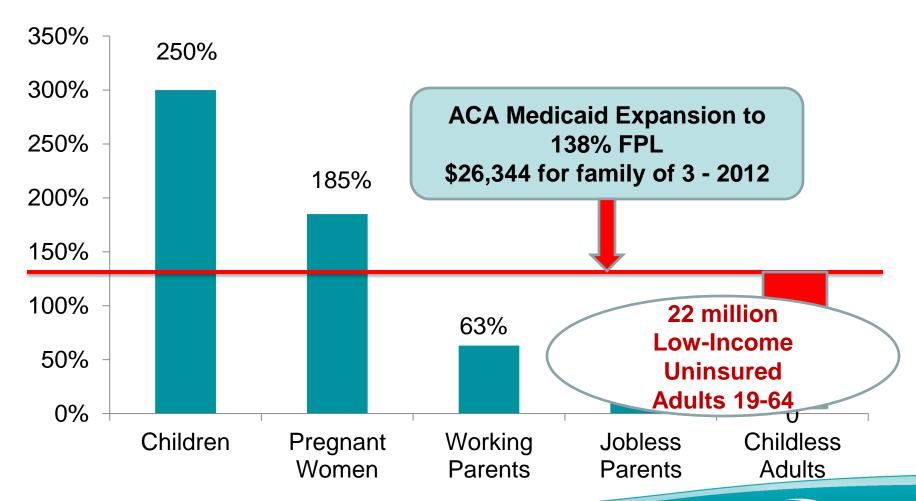
- Included as part of CHIPRA- Children's Health Insurance Program Reauthorization Act- 2009
- As of 2009, states now eligible to receive federal matching funds to cover income-eligible pregnant women and children previously under 5-year ban
  - 17 States and the District of Columbia have chosen to cover both pregnant women and children under this law
  - 5 States have chosen to cover children under this law
  - 1 State has chosen just to cover pregnant women under this law

### Affordable Care Act

### Key provision of the ACA

- Medicaid expansion and uniform eligibility now optional
- 2. Private insurance market
- 3. Temporary high-risk pool
- 4. Health insurance exchange
- 5. Individual and employer mandate with penalties
- 6. Delivery system and payment reform

## U.S. Medicaid/CHIP Income Eligibility Thresholds-2012





### **Exceptions to the Individual Mandate**

- Financial hardship
- Religious objections
- American Indians and Alaska Natives
- Incarcerated individuals
- Those for whom the lowest cost plan option exceeds 8% of income, and
- Those whose income is below the tax filing threshold

## What does national health reform mean for immigrants?

- Naturalized citizens
  - Same access as US-born citizens
- For legal immigrants:
  - Waiting period of five years for Medicaid/CHIP eligibility stands
  - Required to purchase coverage under individual mandate provisions with associated tax penalties
  - May participate in new federal or state or federal health insurance exchange and receive tax credits
  - Exchange application will require verification of legal status

### For Non-Legal Immigrants

 Cannot participate in Health Insurance Exchange even if willing to purchase at full cost

Exempt from the Individual Mandate (no penalties assessed for not having coverage)

Not eligible for Medicare, Medicaid or CHIP

 Remain eligible for emergency Medicaid if lowincome

### Children born in U.S. to non-legal parent(s)

Children are considered U.S. Citizen

- Eligible for Health Insurance Exchange with subsidies and tax credits
  - Verification of U.S. citizenship and income required
- May be eligible for Medicaid and CHIP for lowincome
  - Verification of U.S. citizenship and income required

# Subsidy Amount in the Exchange by FPL

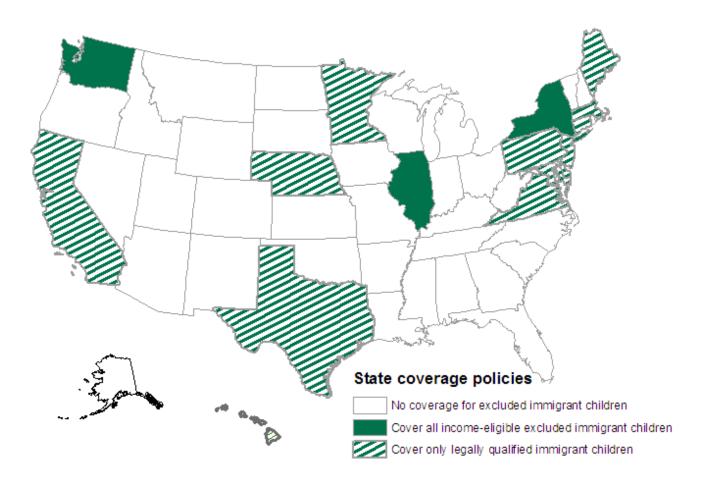
Average 2011 US Premium for Single Coverage \$5,429



## State initiatives to cover excluded immigrant children

- Before 2009, all coverage extended to excluded immigrant children was state-funded (no federal match)
  - 17 states extended coverage to legal immigrant children residing in U.S. < 5 years</li>
  - Only 4 of these states cover undocumented children (IL, MA, NY, DC)
  - Some counties in CA cover undocumented children

## State initiatives to cover excluded immigrant children



Source: Kaiser Commission on Medicaid and the Uninsured, 2009

### Key Summary Points

- A substantial number of immigrants are excluded from ACA expansions and the five year ban lives on
- Legal immigrants are not eligible for Medicaid for five years, but will be mandated to purchase coverage and allowed to participate in exchanges
- Some states have made efforts to cover children regardless of immigration status
- Remaining uninsured immigrants are likely to continue to seek care at CHCs and in community hospitals as uncompensated charity care
  - Remember EMTALA

#### How can states address coverage gaps?

- Understanding the estimated scope of the population without coverage will help states and safety-net providers develop strategies on how to cover the gaps
  - -Who are they, where do they live, where do they get care now?
  - -Use data/information to better target new safetynet programs
- Leverage new FQHC/CHC funding
- As federal Medicare and Medicaid Disproportionate Share Payments (DSP) are reduced over time – continue to assess financial needs of public safety net hospitals

## Consider alternative safetynet programs e.g. Local Access to Care Programs (LACPs)

- Nevada Access to Healthcare Network
- Massachusetts Health Safety Net
- Healthy San Francisco

Local Non-Profit organization to develop network of providers who contractually agree to provider free or reduced cost care to an enrolled population

### Concluding thoughts

- Even with full ACA implementation and before Medicaid expansions were ruled as optional by the Supreme Court

   there were still going to be 20 Million uninsured
- Still a significant need for safetynet services, providers, systems
- Non-legal immigrants are here and have health care needs – do we continue to ignore their needs?
- We still pay for their care in inefficient and costly ways
  - Uncompensated care in community hospitals, state/local funding of public hospitals

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