Children of Immigrants and Healthcare Coverage

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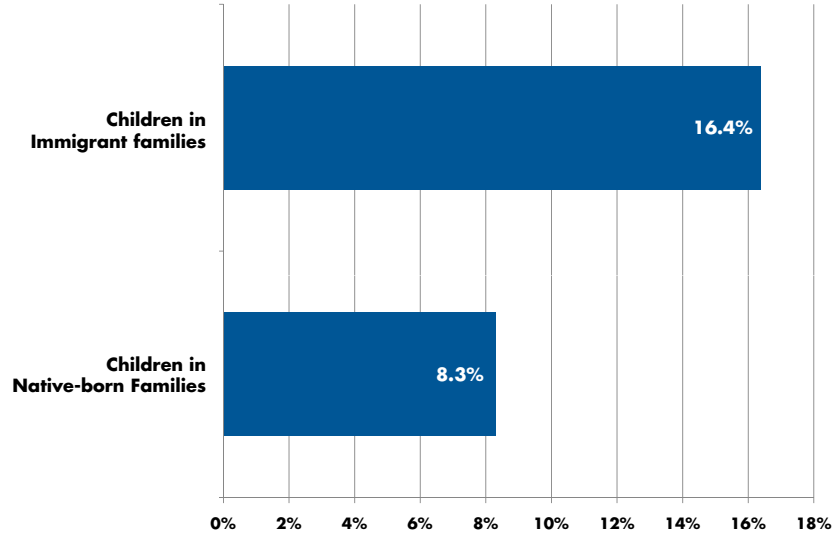
In recent years, Congress has focused significant attention on groundbreaking legislation to improve health care access and coverage, including important advances for our nation's children. Despite these gains, however, the needs of immigrant families have gone largely ignored. While the Children's Health Insurance Program Reauthorization Act (CHIPRA), passed in 2009, and the Affordable Care Act (ACA), passed in March 2010, included key provisions that will improve the health and well-being of millions of children in low-income families, the reach of these new laws will be more limited for children in immigrant families despite the evidence that this population faces significant barriers in having their health care needs met.

While children of immigrants begin life comparatively healthy, at older ages they are less healthy than children in native-born families and twice as likely as the native group to be uninsured (17.0 percent versus 8.1 percent). Furthermore, unauthorized immigrant children are four times more likely to lack insurance and significantly more likely to have no usual source of care other than the emergency room.[1] Both CHIPRA and the ACA provide important advances for children, but there is much more work to be done to ensure that high quality health coverage is available to the children and families with the greatest need, including children of immigrants.

Since 1997, the Children's Health Insurance Program (CHIP) has been providing health coverage to children in low-income families whose income is too high to qualify for Medicaid, but who do not earn enough to purchase private health insurance. Currently, more than seven million children are covered by CHIP. Passage of CHIPRA in 2009, legislation that renewed and improved the program, provided important new benefits for children in immigrant families. In addition to improvements in the systems that facilitate enrollment and outreach, CHIPRA eliminated the five-year waiting period for lawfully present immigrant children and pregnant women, providing states the option to cover these vulnerable immigrants under CHIP and Medicaid.

Percent Not Covered by Health Insurance
for Children Ages 0-17, by Immigrant Origin: 2010



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The passage of the ACA was a great victory in making health insurance more accessible to low-income families, including the preservation of the successful CHIP program through 2015. The new law also includes important provisions to simplify and streamline enrollment processes, an essential component for increasing enrollment among vulnerable populations, including immigrants. For instance, the law establishes a "no wrong door" approach to coverage by creating a single entry point for all applications to secure health coverage with or without subsidies through the new health insurance Exchanges, and Medicaid or CHIP. The law also requires that enrollment and renewal processes for Exchange subsidies, Medicaid, and CHIP be fully integrated, ensuring that eligible individuals are able to get enrolled in Medicaid and CHIP when they apply for Exchange coverage (and vice versa).

However, despite these important gains, the ACA still falls short of closing the health disparity gap for many immigrant children and families. While lawfully present immigrants will be able to purchase coverage through the new state insurance Exchanges, those who would otherwise qualify for safety net programs like Medicaid or CHIP will continue to be subject to the five-year waiting period, including those lawfully present pregnant women and children living in states that choose not to waive the waiting period.[2] Furthermore, 1.0 million unauthorized immigrant children will continue to be ineligible for public coverage and also will be prohibited from obtaining coverage even at full cost through the exchanges. As a result, it is expected that many immigrant children and families will have to rely on emergency room care as well as public hospitals, health centers and other clinics that provide affordable care regardless of a patient's coverage or ability to pay.[3]

The ACA specifically allows U.S. citizen children in immigrant families to obtain Exchange coverage through a child-only option and continues to provide qualifying U.S. citizen and lawfully present children access to Medicaid and CHIP. However, it is important to note that the current anti-immigrant climate and the reluctance of many undocumented and lawfully present immigrants to seek health benefits for themselves or their family members may greatly limit the extent to which U.S. citizen children receive the coverage to which they are entitled.

As the ACA is implemented, it is critical that policymakers work to reduce barriers to coverage facing children of immigrants. All consumer information provided through the ACA should be culturally appropriate and accessible to limited English proficient and low-literate individuals, and the process for verifying citizenship or immigration status for coverage should be streamlined to minimize the burden of providing documentation. Furthermore, to maximize the benefit to immigrant families of the ACA's child-only option, administrative rules and guidance will need to be issued to ensure that immigrant families are not deterred from applying on behalf of their children. For instance, eligibility questions will need to be designed so as not require unnecessary information about a parent or other family member's immigration status, and outreach efforts will need to be specifically designed to reach the immigrant population.

Finally, to truly provide coverage for *all* children, health insurance coverage must eventually be provided to children regardless of their immigration status, including unauthorized children. In the interim, given that unauthorized immigrant children and families will remain uninsured under the ACA, the existing health care safety net, which includes public hospitals and community health centers, should be protected. For instance, the creation of additional federally qualified health centers (FQHCs), which serve all residents regardless of insurance status, should be targeted at communities where many low-income individuals, including immigrants, will continue to be uninsured.[4]

CITATIONS:

1 Huang, Z., Yu S., Ledsky R. (2006). "Health status and health service access and use among children in U.S. immigrant families." *American Journal of Public Health* 96(4):634-40.

2 National Immigration Law Center. "How are immigrants included in health care reform?" April 2010.

3 National Immigration Law Center. "Healthcare Reform, Immigrants, and the Safety Net." September 2010.

4 Ibid.