

medicaid
and the uninsured

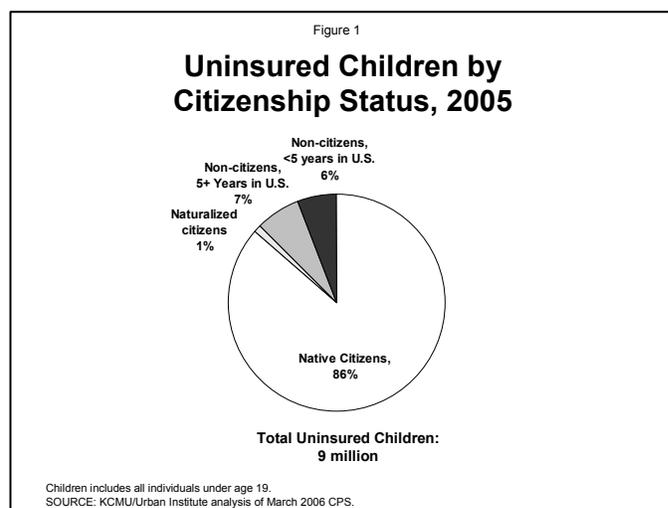
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Health Insurance Coverage and Access to Care for Low-Income Non-Citizen Children

by Samantha Artiga and Karyn Schwartz

There has been increasing discussion about expanding health coverage for low-income children as the Congress moves to reauthorize the State Children's Health Insurance Program (SCHIP) and an increasing number of states pursue broad coverage expansion initiatives. Health insurance is important for the healthy development of children, as it is key to assuring their access to necessary and cost-effective preventive, screening, and treatment services. Of the 9 million children uninsured in 2005, about 13% or roughly 1 million were non-citizen children (Figure 1).

This brief examines health coverage and access to care for low-income non-citizen children to provide insight into the challenges they face in obtaining health insurance and accessing care. Largely due to a high uninsured rate, low-income non-citizen children have very poor access to care, with many lacking a regular provider and going without preventive care.



CHARACTERISTICS OF IMMIGRANT CHILDREN

Immigrant children make up 4% of the nation's 78 million children. As with immigrants overall, immigrant children are concentrated in certain areas of the country. Although over half of all immigrant children lived in California, Texas, New York, and Florida in 2005, the areas in which immigrants reside are changing. The states experiencing the highest growth rates of immigrants through the 1990s were areas that historically had relatively few immigrants, such as North Carolina, Georgia, Nevada, and Arkansas.¹

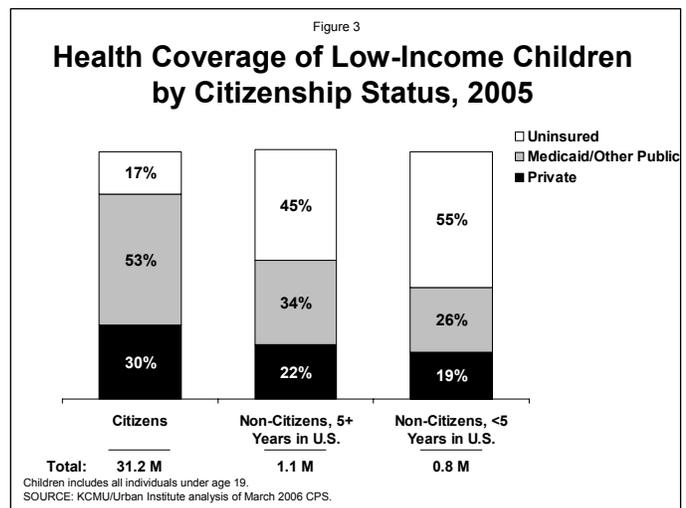
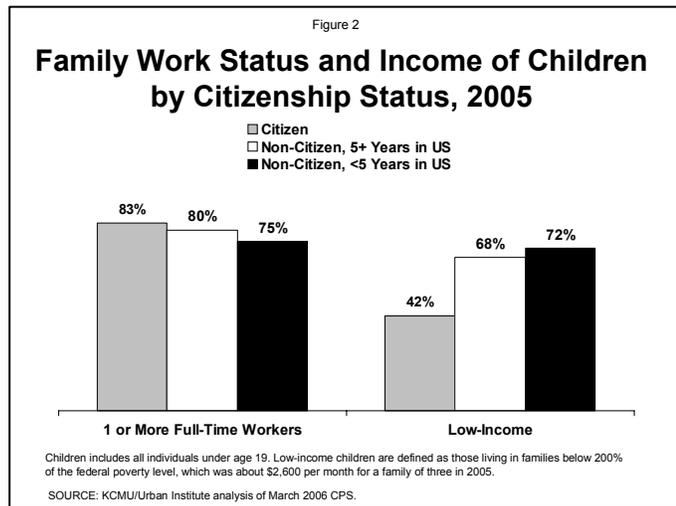
About 2.8 million of the total 3.3 million immigrant children in the United States were non-citizens in 2005. These include legal permanent residents (immigrants with green cards), refugees, temporary immigrants (e.g., under a student visa), and undocumented immigrants. The majority of non-citizen children are Hispanic (59%), 17% are Asian/Pacific Islander, 14% are white, and 9% are black. Six in ten (61%) come from Mexico, Central America, or the Caribbean; 10% from Asia; 9% from South America; and the remaining 20% from other regions.

¹ Urban Institute Immigration Studies Program, "The Dispersal of Immigrants in the 1990s," November 2002.

Nearly eight in ten non-citizen children live in a family with at least one full-time worker. While non-citizen children are about as likely as citizen children to live in a family with a full-time worker, their families are much more likely to be low-income (below 200% of poverty or \$2,600 per month for a family of three in 2005) (Figure 2).

HEALTH COVERAGE

One of the key challenges facing low-income non-citizen children is lack of health insurance. Among low-income non-citizen children, 55% who were recent immigrants and 45% of those residing in the country for at least five years were uninsured (Figure 3). In contrast, less than one in five (17%) low-income citizen children lacked coverage. The primary reason low-income non-citizen children have a higher uninsured rate is that they are much less likely to be covered by Medicaid due to restrictions on Medicaid and SCHIP eligibility for recent immigrants.



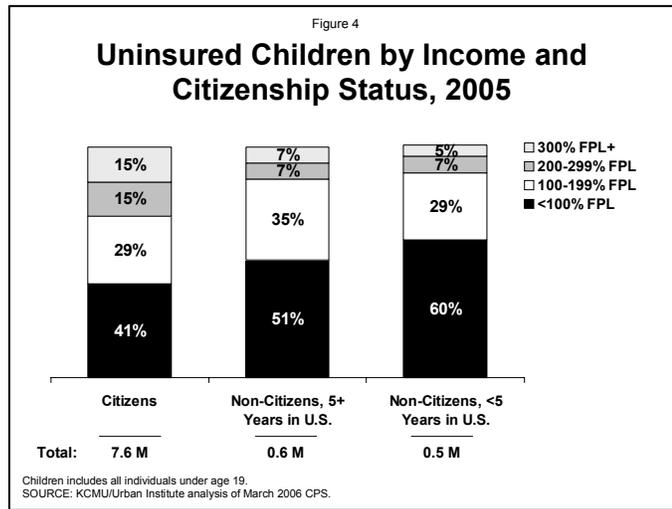
Following the 1996 welfare reform law, almost all legal immigrants became ineligible for federally-matched Medicaid coverage during their first five years of residence in the United States. After five years, they become eligible if they meet the programs' other eligibility requirements. These restrictions also apply to SCHIP, which was enacted in 1997. Undocumented immigrants and temporary immigrants are generally ineligible for Medicaid and SCHIP regardless of their length of residence in the country, a restriction that has been in place since prior to welfare reform.

Federal law requires that immigrants, both legal and undocumented, who meet all of the Medicaid eligibility requirements except for the immigrant restrictions, can receive Emergency Medicaid. However, this only covers treatment for a medical emergency not preventive or routine services. Additionally, under federal law, hospitals are required to screen and stabilize all individuals, including immigrants, who seek care in their emergency room, but again this does not provide for any preventive and routine services.

To help address these prohibitions on federal matching funds for coverage of immigrants, some states provide coverage with state-only funds. As of 2006, 22 states provided fully state-funded coverage to at least some immigrants who are ineligible for Medicaid or SCHIP. In some cases,

this coverage is only available to certain groups of immigrants and/or the benefits provided are more limited than Medicaid. In the absence of these state-funded programs, recent legal immigrants and undocumented immigrants do not have any public coverage options, regardless of their income.

In addition to their lower rates of Medicaid coverage, low-income non-citizen children also have lower rates of private coverage because their parents tend to be employed in low-wage jobs and in industries, occupations, and firms that often do not offer health coverage. The majority of uninsured non-citizen children live in families with at least one full-time worker (73%), but over half of the families are poor, and nearly nine in ten are low-income (less than 200% of poverty) (Figure 4).



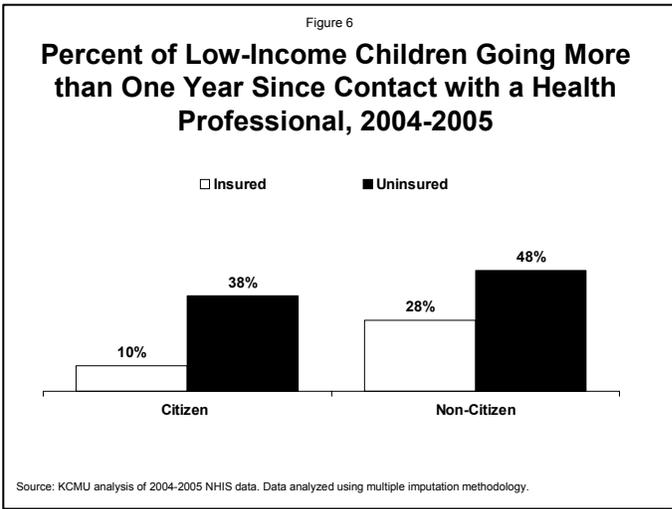
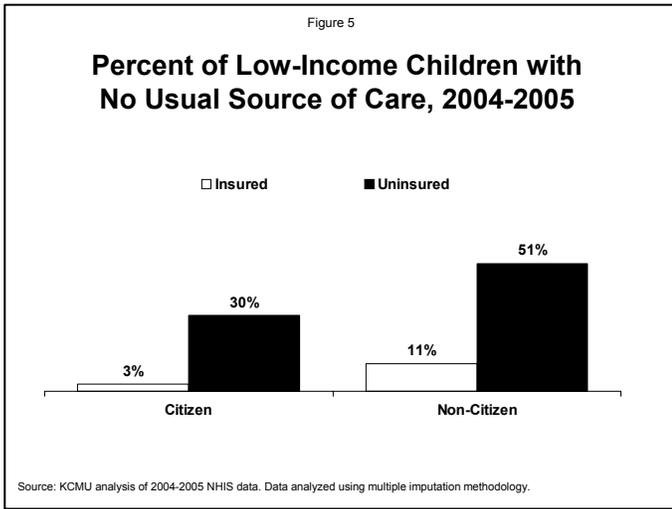
ACCESS TO CARE

A substantial amount of research shows that health insurance makes a significant difference in children’s ability to access necessary care, which ultimately impacts their health and well-being as well as their families’ financial security. This section examines the impact of insurance on access to care for low-income non-citizen children.²

Low-income non-citizen children with health insurance were significantly more likely to be connected to sources of care than those who were uninsured.

Among low-income children, non-citizen children were more likely than citizen children to lack a usual source of care and to go more than one year without seeing a health professional. Uninsured non-citizen children fared the worst along these measures with about half reporting no usual source of care and going more than one year without seeing a provider (Figures 5 and 6). Low-income non-citizen children with insurance fared significantly better with only 11% reporting no usual source of care, but still more than one in four (28%) did not see a doctor in the past year, suggesting they continue to face barriers connecting with a provider even when they have insurance.

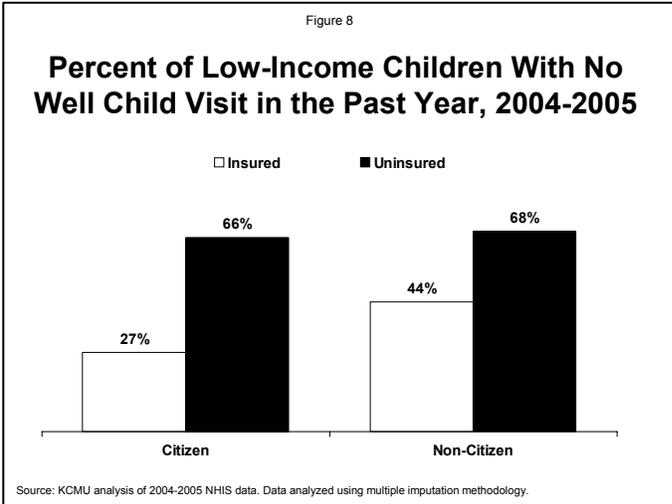
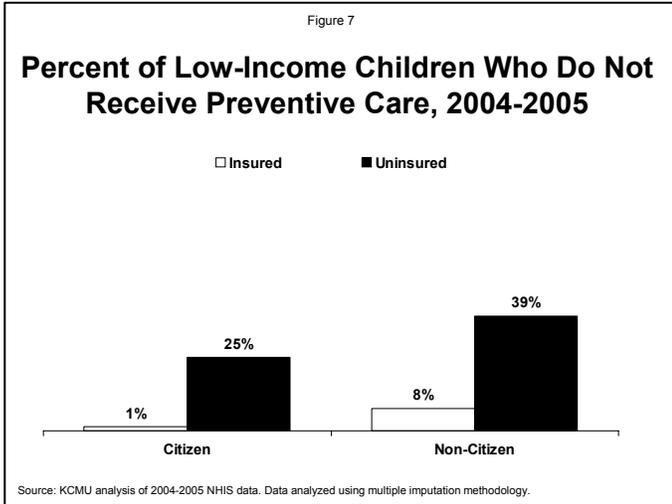
² All differences that are discussed in the text are statistically significant at $p < 0.05$, except where noted. Access data is for children under age 18.



Insured low-income non-citizen children were much more likely to receive preventive care and well-child visits than their uninsured counterparts.

Low-income non-citizen children were more likely than their citizen counterparts to report going without preventive care.³ Having insurance significantly reduced the likelihood of a low-income non-citizen child experiencing this problem, with only 8% of those with coverage not receiving preventive care compared to 39% who were uninsured (Figure 7).

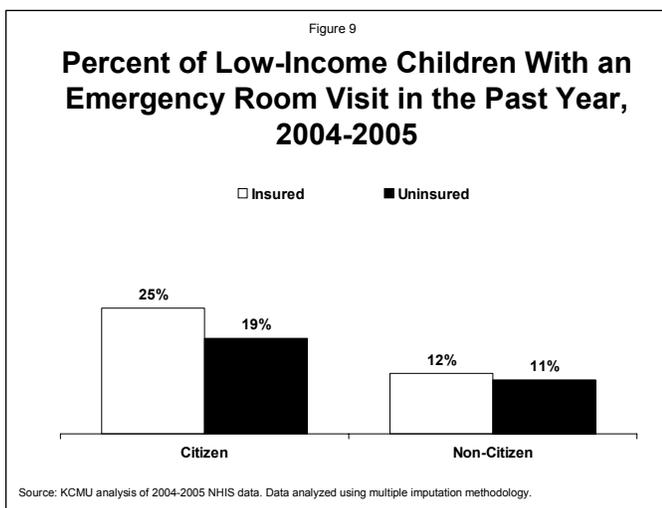
Further, nearly seven in ten uninsured low-income children went without a well-child visit in the past year, regardless of their citizenship status (Figure 8). As was true for citizen children, having insurance significantly reduced the likelihood of a non-citizen child going without a well-child visit, but still more than four in ten (44%) reported no visit, suggesting they continue to face some barriers even with coverage.



³ Children reported to not receive preventative care are those children for whom a knowledgeable adult (typically a parent or guardian) responded “doesn’t get preventative care anywhere” when asked where the child usually goes for preventative care.

Even with their more limited access to care, low-income non-citizen children did not rely on the emergency room for their care.

Low-income non-citizen children were less than half as likely as their citizen counterparts to have visited an emergency room in the past year. The insurance status of low-income non-citizen children was not associated with any significant differences in their likelihood of having an emergency room visit (Figure 9).



IMPLICATIONS

Recognizing the importance of health coverage for assuring children access to preventive and other health care for a healthy start in life, there currently is significant focus at the national and state level on reducing the number of uninsured children. Largely because of their high uninsured rate, low-income non-citizen children have particularly poor access to care, with many lacking a regular provider and going without preventive care. Most low-income non-citizen children are in working families where parents are employed in low-wage jobs that do not offer health insurance. Although public coverage could help fill this gap, federal restrictions bar most immigrants from Medicaid and SCHIP for the first five years they reside in the country, which significantly decreases their public coverage options.

Currently, 22 states provide state-funded coverage for immigrants who are excluded from Medicaid and SCHIP, but these programs vary in scope of benefits and groups of immigrants covered and the stability of their financing is compromised in times of fiscal stress. Most recently, some states have included immigrant children as part of broad coverage expansion proposals, with Illinois and Washington enacting coverage plans that cover all children regardless of immigration status and California proposing to cover all children, including undocumented immigrant children, with family incomes up to 300% of poverty. By covering all children without regard to their citizenship status, these initiatives will increase insurance options for non-citizen children and provide simplified eligibility rules that will make it easier for all children, both citizen and non-citizen, to enroll in coverage. In the absence of changes to the federal Medicaid and SCHIP immigrant eligibility restrictions, more states and communities will face increased pressure to address how low-income non-citizen children obtain coverage to help assure their access to needed care and preventive services.

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