

Immigrants and the U.S. Health Care System September 2006

As the debate over changes to our country's immigration system continues, immigrants and their advocates are dismayed by the tendency among some critics to blame all of our nation's ills—including our health insurance crisis-- on immigrant populations. Accusations that immigrants use health care services for which they are not eligible, or use them more often than everyone else are now commonplace. Statements like these generally are based on uninformed assumptions and are rarely substantiated. Here, we provide research-based information about immigrants' use of health care in the U.S. Consider the facts:

FACT: Undocumented immigrants have very little access to publicly funded health care programs and are reluctant to use services because of fear, and confusion over eligibility rules.

Health services available to undocumented immigrants are limited in most states to emergency services or to services that protect the public health (such as immunizations). Yet many undocumented immigrants do not seek even this limited care because of other barriers such as fear, confusion about eligibility rules and language issues.ⁱ Research has shown that immigrants are much less likely to use emergency rooms than native-born citizens.ⁱⁱ

FACT: The majority of the people who lack insurance are U.S. citizens. Unauthorized immigrants make up only a fraction of the uninsured population. Currently, 46 million people lack health insurance in the United States, an increase of 6 million since 2000.ⁱⁱⁱ Seventy-four percent of the uninsured nationally, are U.S. citizens. Individuals, even when employed, lack health insurance due to a variety of factors, including rising health care costs and a decline in job-based insurance.^{iv}

In California, three out of four uninsured individuals are in working families-- a number that is consistent with national trends in declining job-based health coverage.^v Low-wage workers are more likely than other workers to lack insurance. Since immigrants are disproportionately represented in the low-wage workforce, lack of

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insurance is a persistent problem for low-wage immigrant workers, with cost a dominant factor in their ability to obtain individual coverage.^{vi}

FACT: Health care expenditures are lower for immigrants than for U.S.-born individuals. According to a study reported on in the American Journal of Public Health in August 2005, immigrants do not impose a disproportionate financial burden on the U.S. health care system.^{vii} In fact, per capita total health care expenditures of immigrants were 55% lower than those of U.S. born persons.^{viii} Even after controlling for the effects of race/ethnicity, income, insurance status and health status, immigrants are much less likely to use primary and preventative medical, hospital, emergency and dental services than citizens.^{ix}

Immigrants underutilize health services for a variety of reasons, including the lack of access to job-based health insurance, confusion about immigration and eligibility rules, and the lack of culturally and linguistically competent services.^x For these and other reasons, many immigrants go without routine, preventive care, and seek medical attention only when their symptoms prevent them from being able to work.

FACT: The root causes of our nation's failing health care system are lack of insurance and skyrocketing medical costs, not unauthorized immigration. Our health care system is failing because more and more people are unable to afford health insurance and the costs of providing health care have increased. Access to health insurance is primarily employment based. However, millions of people in the United States are self-employed or work for employers who do not offer health insurance as a benefit. Many of those who do have job-based insurance are finding it more difficult to pay for rising premiums, especially as costs rise for other necessities such as housing.

According to a 2005 report by the Kaiser Commission on Medicaid and the Uninsured, other factors such as declining job-based health insurance and changes in the economy and labor market-- not immigration trends-- are responsible for the large growth of the uninsured.^{xi}

FACT: Restricting access to health care for immigrants does not deter immigration to the United States; it simply places

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communities and public health at risk. Immigrants do not come to our country to obtain health care; they come to find work.^{xii} Restricting access to health coverage for immigrants has had no effect on immigration levels or settlement patterns.

Policies that restrict access to health coverage based on immigration status endanger individual and public health, increase health care costs, and inevitably harm U.S. citizen children. According to U.S. census data, 85% of immigrant families with children are mixed status families, with at least one immigrant parent and at least one citizen child.^{xiii}

It is critical that all Californians be able to seek and receive medical attention to stop the spread of disease and to control dangerous health epidemics. Public health immunization programs are critical to this effort. Moreover, preventive care is cost effective; prenatal care and early diagnosis and treatment of asthma, for example, have been proven to be cost-effective and to protect public health.^{xiv} The consequences of limiting or terminating immigrants' access to health care are costly and endanger families, communities and health care systems.

FACT: Immigrants are drawn to states where jobs are available, not to states that provide generous health services for their residents. When the federal laws restricting immigrant eligibility for public benefits passed in 1996, some states decided to invest in protecting the health of immigrants who were rendered ineligible for federal benefits. Immigrants did not flock to these states. In fact, states with the least generous public benefits programs have been those that witnessed the fastest growth of their foreign-born populations.^{xv} Research among undocumented immigrants shows that the vast majority come to the U.S. to find work, not to obtain access to health care or social services.^{xvi}

CONCLUSION

Improving access to health coverage for all families who live, work, and pay taxes in California communities is the only effective approach to protecting public health. Having affordable health insurance encourages individuals to seek preventive care and facilitates the treatment of simple problems before they become medical emergencies.^{xvii} Researchers estimate that the cost of insuring all of California's

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uninsured population would require an increase of only 6% (\$842 million) in current spending on the uninsured and an increase of less than 1% of overall health care spending in the state.^{xviii}

It is time for California to invest in effective health policies that strengthen our communities and protect public health.

ⁱ California Immigrant Welfare Collaborative. Final Report, “*Health Care Barriers Survey*,” 2002.

ⁱⁱ Huang, JZ, Yu SM, Ledsy R. “*Health Status and Health Service Access and Use Among Children in U.S. Immigrant Families*,” American Journal of Public Health, April 2006, pg 634-640 Vol. 96, No.4

ⁱⁱⁱ Graves, John and Long, Sharon K. “*Why Do People Lack Health Insurance?*” Urban Institute, May 2006. <http://www.urban.org/url.cfm?ID=411317>

^{iv} “*Health Insurance Coverage in America: 2004 Data Update*,” The Kaiser Commission on Medicaid and the Uninsured, November 2005, pages 20, and 6.

^v “*The State of Health Insurance in California: Findings from the 2003 California Health Interview Survey*.” UCLA Center for Health Policy Research, August 2005

^{vi} Graves and Long, p. 3

^{vii} Mohanty, Woodhalnder, Himmelstein, Pati, Carrasquillo & Bor. “*Health Care Expenditures of Immigrants in the United States: A Nationally Representative Analysis*,” 2005 Harvard/Columbia University. American Journal of Public Health. Vol. 95, No. 8

^{viii} *ibid*.

^{ix} Ku, Leighton. “*Why Immigrants Lack Adequate Access to Health Care and Health Insurance*,” Migration Information Source, September 2006.

^x California Immigrant Welfare Collaborative. Final Report, “*Health Care Barriers Survey*,” 2002.

^{xi} “*Are Immigrants Responsible for Most of the growth of the Uninsured?*” Website address: <http://www.kff.org/uninsured/upload/Are-Immigrants-Responsible-for-Most-of-the-Growth-of-the-Uninsured-issue-brief-executive-summary.pdf>

^{xii} Passell, Jeffrey and Zimmerman, Wendy. “*Are Immigrants Leaving California? Settlement Patterns of Immigrants in the Late 1990s*.”

http://www.urban.org/Uploadedpdf/are_immigrants_leaving_ca.pdf Also, “*The New Americans: Economic, Demographic, and Fiscal Effects of Immigration*,” Commission on Behavioral and Social Sciences and Education (1997) ppgs 1-434. [pg 55].

^{xiii} Randy Capps, Michael Fix, et al., “*The Health and Well-being of Young Children of Immigrants*,” Urban Institute, 2004.

^{xiv} Henderson, J. “The Cost-effectiveness of Prenatal Care,” Health Care Financing Review, Summer 1994, 15(4): 21-23 and Bolton MB, Tilley BC, Kuder J, Reeves T, Schultz LR. “*The Cost and Effectiveness of an Education Program for Adults who have Asthma*.” J Gen Intern Med 1991; 6: 401-7,

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^{xv} “*Are Immigrants Leaving California? Settlement Patterns of Immigrants in the late 1990s.*” Jeffrey Passel and Windy Zimmerman, Urban Institute, Washington D.C. (2001) pg. 21

^{xvi} Berk ML, Schur CL, Chavez L., Frankel, M. “*Health Care Use Among Undocumented Latino Immigrants.*” Health Affairs. July/August 2000.

^{xvii} “*The Uninsured and Their Access to Health Care,*” the Kaiser Commission on Medicaid and the Uninsured,” (Washington, D.C. (2005). Page 2.

^{xviii} Kominsky, F. Gerald, Roby, H. Dylan & Kincheloe, R. Jennifer, “*Cost of Insuring California’s Uninsured,*” May 2005. UCLA Health Policy Research Brief

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