

OVERCOMING IMMIGRANT BARRIERS TO COVERAGE: OPTIONS FOR HEALTH CARE WHEN MAJOR PROGRAMS DON'T CUT IT

Immigrants in the U.S. are disproportionately uninsured compared to their native-born counterparts. In 2010, 34.1% of all immigrants lacked health coverage. A variety of factors contribute to this: immigrants are less likely to have access to employer-sponsored health insurance and they face statutory restrictions to numerous public coverage programs, including a minimum five-year waiting period that applies to most lawfully present individuals for Medicaid, Children's Health Insurance Program (CHIP), and Medicare. While health care reform provided access to the new insurance marketplaces (exchanges) for many lawfully present immigrants, all of these barriers still exist. Additionally, the health care reform law included an unprecedented bar to private coverage by disallowing undocumented immigrants from purchasing full-priced coverage in the exchanges that become operational in 2014. Informal barriers, such as confusion about complex eligibility rules, can prevent eligible people from enrolling in programs. With these challenges, we know that immigrants—both those barred outright and those who face enrollment barriers—may fall through the cracks. This document identifies several notable options to provide alternative coverage or care opportunities for immigrant families who cannot access traditional forms of coverage in the future health care reform system.

Basic Health Program

Health care reform gives states the option to implement a [Basic Health Program \(BHP\)](#), a program that has the potential to grant access to health coverage to lawfully present immigrants and their families. This program would allow states to offer coverage for lawfully present immigrants with incomes below 133% of the federal poverty level (FPL) that are barred from Medicaid due to immigration status. Additionally, the program would cover adults—and children ineligible for the Children's Health Insurance Program—with incomes between 133% and 200% of the federal poverty level.

A BHP could effectively expand access to health coverage for lawfully present low-income immigrants who have been subject to the five-year waiting period for Medicaid. In addition, states benefit by drawing a generous state match for individuals on the program. BHP would be required to offer the same essential set of benefits and coverage that consumers would receive with plans in the Exchanges.

Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs), also known as community health centers, are nonprofit, community-run centers that offer high-quality health care to vulnerable communities. These centers are particularly important to populations at risk of uninsurance because they are not permitted to deny someone access based on background, lack of insurance, or ability to pay. In many cases, residents in the area of a community center can receive comprehensive primary care, including preventive services, prenatal care, and counseling services. In 2009, 20 million people were served by the approximately 1,200 FQHCs throughout the nation, 38% of whom did not have insurance. Of those served, 864,996 were migrant or seasonal farmworkers, a portion of the immigrant population that community health centers serve.

Emergency Medicaid

Individuals who would otherwise be eligible for full-scope Medicaid services, but are restricted due to their immigration status, can receive Emergency Medicaid coverage for treatment in the sudden onset of medical emergencies. For many years, this has been one way that immigrants barred from Medicaid have been able to escape the debilitating costs of life-threatening circumstances. In 2014, Emergency Medicaid will follow the track of the Medicaid expansion and be available to cover almost any individual whose income is 133% below the federal poverty level, but who remains disqualified from Medicaid due to immigration status. This service is for people experiencing medical emergencies whose health would be in jeopardy in the absence of immediate medical attention. It should not be confused with coverage for other emergency room care.

State-by-State Programs

When all else fails, there may be programs within your state that recognize that it's better to offer care up front for immigrants than to leave them in danger of poor health. Many states and localities throughout the country use their own funds to offer Medicaid and CHIP look-alike programs or basic coverage plans that offer insurance for certain immigrants facing federal restrictions to health coverage. While it's expected that states will be adjusting state-funded plans over the upcoming years, most states have recognized the economic and health benefits of providing preventive and primary care benefits to their populations. These programs vary by state, much like a state's Medicaid program. For more information, see [this resource](#) from the National Immigration Law Center.

Free and Reduced Price Health Clinics

Free and reduced price health clinics provide a range of medical, dental, pharmacy, and behavioral health services to the uninsured, regardless of ability to pay. Some offer full scope services ranging from preventive to urgent care like Federally Qualified Health Centers, and others offer select services, filling a health care gap such as dental care, public health, or pharmacy services. Unlike FQHCs, most free and reduced price health clinics are run predominately by volunteers. Individuals who are seeking health care in their community [can click here](#) to find a free clinic.

Hospital Charity Care and Community Benefits

Many individuals who are uninsured are not given access to private care. Others who are uninsured are forced to delay care or forgo needed care until their health conditions are very serious. When that happens, hospitals are there to serve people in need, but the costs of that care may be crippling to a family's budget.

The government has established rules indicating that hospitals are eligible for a break in their taxes if they provide community benefits, such as charity care to the communities surrounding them. These benefits are available to people in need, regardless of immigration status. Even though they provide great services, these policies are often inconsistent from hospital to hospital and not publicized widely, meaning that those most in need who qualify don't always gain access to the financial relief.

Health care reform set standards for nonprofit hospitals' charity care policies. These hospitals will have to develop discounted rates for services and who is eligible, generally at prices comparable to insured patients' premiums, and inform patients and the public that this financial assistance is available. Excessive billing and debt collection practices will also be eliminated. Beginning in 2012, hospitals will also be required to conduct community health needs assessments to seek and incorporate community input and adopt strategies that identify the direct impact of their charity care and community benefits policies. Thus, these community benefits may be an option when all else fails.