

Eligibility for Government Insurance if Immigrant Provisions of Welfare Reform Are Repealed

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The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA; also known as the Welfare Reform Act) prevents states from using federal funds to provide Medicaid and State Children's Health Insurance Program (SCHIP) coverage for most immigrants who have resided in the United States for less than 5 years.^{1,2} Some states currently use "state-only" funds to provide Medicaid and SCHIP to recently arrived immigrant children, but others do not.^{3,4} Furthermore, although expansions of Medicaid and SCHIP to cover parents of enrolled children have been widely touted,^{5,6} under PRWORA, recently arrived immigrant parents would be excluded. Currently, considerable bipartisan political support exists for the repeal of these immigrant provisions of PRWORA.^{2,7}

METHODS

To estimate the number of uninsured children currently barred from Medicaid and SCHIP programs and the number of parents who would be excluded from government insurance expansion programs because of PRWORA's immigrant provisions, we analyzed data from the March 1999 and 2000 Current Population Surveys.⁸ We considered all persons born in the United States, foreign-born persons with at least 1 American parent, and those who had become naturalized as US citizens. All others were classified as noncitizens.

We assigned health insurance based on previously described methodology.⁹ We then used both person- and family-level sociodemographic information to model income eligibility for Medicaid and SCHIP. To the extent possible, we used state-specific qualification criteria appropriate for the survey year.¹⁰⁻¹⁴

State policies on coverage of immigrants at the time of our study were similarly compiled.^{4,15}

We randomly assigned noncitizen immigrants the status of documented or undocumented at the state level based on 1996 Immigration and Naturalization Service estimates.¹⁶ Persons assigned undocumented status are ineligible for Medicaid or SCHIP. We also provide a sensitivity analysis in which we assumed that the undocumented population is $\pm 50\%$ of our baseline figure.

We derived population estimates with Current Population Survey weights based on independent estimates of the population, including Immigration and Naturalization Service data.⁸ We calculated standard errors for 2-year data according to methods developed by the Census Bureau⁸ and present all standard errors greater than 2% of an estimated percentage or greater than 5% of a population estimate. For population estimates less than 1 million, we used rounding, and sums may not total exactly.

RESULTS

Among the 17.2 million immigrants who were not US citizens, 42.8% were uninsured, and 13.7% had public coverage (Table 1). Noncitizen immigrants made up 21.3% of the uninsured population in the United States. The majority of these uninsured immigrants, 64%, were Hispanic. Among the 4.9 million immigrants living in this country for less than 5 years, 50% were uninsured. However, even in states with large immigrant populations, recent immigrants made up only a small proportion of the uninsured: 8.8%, 9.2%, 5.9%, 8.7%, 7.0%, and 6.9% in California, New York, Texas, Florida, New Jersey, and Illinois, respectively.

Among the newly arrived immigrants who were not US citizens, there were approximately 1.1 million children (SE=80 000), of whom 43% (SE=2.7%), or 460 000 (SE=50 000), did not have health insurance. Of these uninsured children, 310 000 (SE=40 000) were legal immigrants (Figure 1). We found that the majority, 230 000 (SE=30 000), met income guidelines that would qualify them for Medicaid or SCHIP coverage, including 110 000 (SE=20 000) who lived in a state that already allowed them to qualify for Medicaid and SCHIP coverage. In our sensitiv-

ity analysis, we found that the number of uninsured children living in a state barring SCHIP and Medicaid coverage because of their recent arrival ranged from 100 000 to 140 000 (SE=20 000), depending on the number of undocumented children used in the models. Among the 250 000 (SE=30 000) newly arrived legal immigrant children eligible for SCHIP or Medicaid (based on each state's income and immigration criteria), 27% (SE=5.0%) were covered by private insurance, 27% were covered by government programs, and 46% (SE=5.5%) were uninsured.

We found that 3.8 million noncitizen adults in the United States had less than 5 years of residency. Two million lacked insurance coverage. We estimated that 1.4 million (SE=80 000) of these uninsured adults were here legally, and 330 000 (SE=40 000) had children. Among these parents, 50 000 (SE=14 000) already qualified for Medicaid based on their incomes but lived in a state barring recent immigrants from public coverage. Another 90 000 (SE=20 000) had children who were eligible for Medicaid or SCHIP and lived in a state that used its own funds to cover recent immigrants. Finally, 100 000 (SE=21 000) qualified only if immigration restrictions were repealed in conjunction with a SCHIP expansion to parents. A negligible number (<20 000) of childless adults would qualify for Medicaid if the ban on recent immigrants were repealed. Altogether, 250 000 immigrant parents (SE=40 000; sensitivity analyses=200 000-310 000) would benefit from a policy simultaneously expanding SCHIP to parents of eligible children and repealing immigration restrictions.

DISCUSSION

Lack of insurance among immigrants remains a major public health problem.¹⁷ Half of the quarter million legal recently arrived children who were SCHIP and Medicaid eligible and lived in states allowing coverage were uninsured. However, despite numerous concerns that PRWORA would worsen this crisis,^{18,19} we found that only 110 000 children are barred from SCHIP and Medicaid because of the immigrant provisions of this legislation. Other studies have also shown that PRWORA had a limited effect on Medic-

TABLE 1—Sociodemographic Characteristics of US Citizens and Immigrants Who Are Not Citizens^{a,b}

	Noncitizen Immigrants in US < 5 y, % (n = 4.9 Million)	Noncitizen Immigrants in US ≥ 5 y, % (n = 12.3 Million)	US Citizens, % (n = 245.5 Million)
Age, y			
< 18	21.4	9.9	27.3
18–44	66.3	61.7	38.5
45–64	10.1	21.4	21.9
≥ 65	2.3	7.0	12.3
Race/ethnicity			
White	23.0	18.1	74.3
Black	6.4	6.3	13.0
Hispanic	45.9	56.5	9.0
Asian	24.6	18.9	2.8
Other	0.2	0.2	0.9
Education			
< High school	49.3	49.1	38.3
High school graduate	18.5	21.7	24.5
≥ College	32.2	29.2	37.2
Poverty level			
< 100% FPL	36.1	28.7	14.4
100%–249% FPL	35.1	39.3	27.5
≥ 250% FPL	28.7	32.0	58.1
Health status			
Excellent/very good	69.3	58.6	66.2
Good/fair/poor	30.8	41.4	33.8
Work status, adults aged 18–64			
Full-time	54.0	59.7	63.7
Part-time	9.1	10.1	12.1
Unemployed	4.6	4.3	3.2
Not in labor force	32.2	25.8	20.5
Insurance coverage			
Private	40.9	44.6	64.1
Government	9.6	15.3	21.8
Uninsured	49.5	40.1	14.1

Note. FPL = federal poverty level.

^aAll persons born in the United States, foreign-born persons with at least 1 American parent, and those who had become naturalized are considered as US citizens. All others are noncitizens.

^bMarch 1999 and 2000 Current Population Surveys.

aid participation in this population.³ Thus, the primary result of PRWORA's immigrant provisions has been to shift the costs of this coverage to states. Given the current fiscal condition of states,²⁰ particularly those with large immigrant populations, the wisdom of such policies needs to be reconsidered.

Among adults, we found that if SCHIP programs were expanded to parents of eligible children, only about 250 000 recently arrived uninsured immigrant adults would be-

come eligible for coverage. Unfortunately, with the budget deficits many states are facing, it is unlikely that many states will continue to push for SCHIP expansions for low-income parents, immigrant or otherwise.

Caveats apply. First, we used Immigration and Naturalization Service data to assign undocumented status. These figures may be conservative.²¹ Given the inherent uncertainty in estimating this population, we thought it more appropriate to provide a sensitivity anal-

ysis. Second, state Medicaid and SCHIP policies are in a constant state of flux, and readers should be aware that our analysis was based on policies during 1998 and 1999.

Even after the events of September 11, 2001, support for legislation beneficial to immigrants continues.^{22,23} Compelling social justice arguments and our findings support legislative initiatives to repeal PRWORA provisions preventing federal funding of insurance programs for recent immigrants. ■

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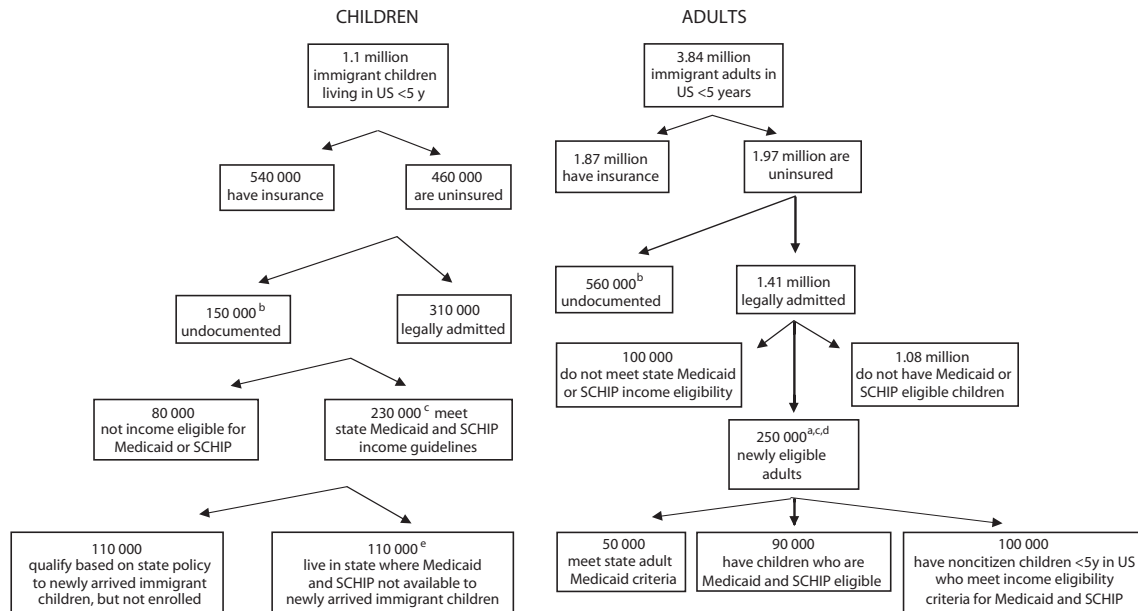
O. Carrasquillo co-developed the idea for the brief; assisted with the data analysis; wrote numerous drafts, including the final draft; and discussed the ideas at scientific meetings. D. H. Ferry conducted the data analysis, co-wrote the initial drafts of the manuscript, and provided articles and expertise concerning Medicaid and SCHIP eligibility issues. J. Edwards co-developed and refined the intellectual content, extensively edited the final drafts of the brief, and provided expertise concerning immigration, Medicaid, and SCHIP issues. S. Glied co-developed the idea for the brief, assisted with the data analysis, refined the intellectual content, contributed extensively to all drafts of the brief, and provided editorial expertise.

Human Participant Protection

This study was a secondary analysis of a publicly available data set without patient identifiers and thus was exempt from review.

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Note. ^aFor adults, our estimates show the number of uninsured adults that would be excluded from coverage by immigrant provisions of the Welfare Reform Act, if Medicaid and SCHIP were expanded to parents of eligible children.

^bWe randomly assigned noncitizen immigrants the status of documented or undocumented at the state level based on 1996 Immigration and Naturalization Service estimates. Such persons are ineligible for Medicaid or SCHIP.

^cNumbers may not add up because of rounding.

^dIn a sensitivity analysis (assuming that the undocumented population is $\pm 50\%$ of estimate), we found that this estimate of immigrant parents could range from 200 000 to 310 000 (SE = 40 000).

^eIn a sensitivity analysis (assuming that the undocumented population is $\pm 50\%$ of estimate), this estimate of the number of uninsured immigrant children living in a state barring SCHIP and Medicaid coverage because of their recent arrival ranged from 100 000 to 140 000 (SE = 20 000).

FIGURE 1—Number of uninsured immigrant children and adults currently and potentially^a excluded from Medicaid and State Children’s Health Insurance Program (SCHIP) coverage because of immigrant provisions of the Welfare Reform Act.

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