

REPORT DOCUMENTS GROWING DISPARITIES IN HEALTH CARE COVERAGE BETWEEN IMMIGRANT AND CITIZEN CHILDREN AS CONGRESS DEBATES IMMIGRANT CARE LEGISLATION

A report recently released by the Kaiser Commission on Medicaid and the Uninsured finds that low-income immigrant children are much less likely than citizen children to have health insurance and that this disparity grew much wider in the wake of restrictions Congress placed on many legal immigrants' eligibility for Medicaid in 1996.¹ These troubling findings come at the same time as Congress is deciding whether to give states the option to restore Medicaid and SCHIP coverage for legal immigrant children and pregnant women, a move that could help address this growing disparity.

Background

Congress eliminated Medicaid coverage for many legal immigrants in 1996, primarily by barring most legal immigrants from receiving Medicaid during their first five years in the United States. The restrictions also apply to SCHIP, which was created in 1997. In response to calls from states, health care providers, and many others to lift the restrictions, the Senate passed a provision earlier this year — as part of its Medicare prescription drug bill — with strong bipartisan support that would give states the option to restore Medicaid or SCHIP coverage to legal immigrant children and pregnant women. The House version of the prescription drug bill does not include this provision. The House-Senate conference committee appointed to reconcile the differences between the two bills will likely decide whether to include the provision in final legislation sometime in the coming weeks.

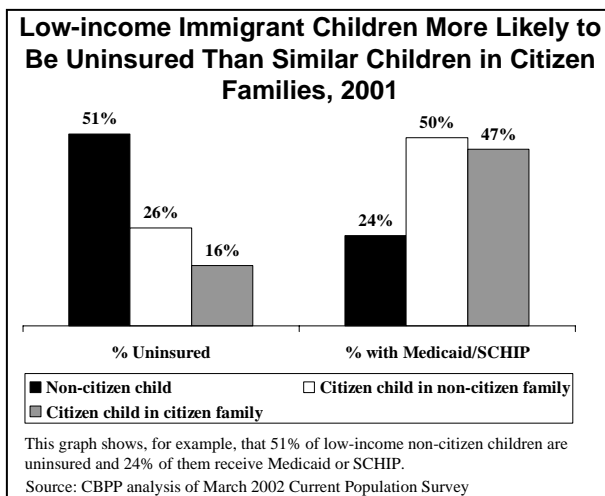
Kaiser Report Documents Growing Disparities in Health Care Coverage Between Low-Income Immigrant and Citizen Children

The Kaiser report documents a significant increase between 1996 and 2001 in the proportion of low-income citizen children with health insurance coverage. Over the same time period, however, the proportion of low-income *noncitizen children with coverage declined* significantly. (As used here, "low-income" children are children living in families with incomes below 200 percent of the poverty line). The increase in coverage for citizen children is due in large part to the adoption of SCHIP by Congress in 1997, recent expansions in Medicaid, and vigorous outreach efforts by states and other to enroll eligible children. Unfortunately, as the report shows, immigrant children have not benefited from these efforts, most likely because of

¹ Leighton Ku and Timothy Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population*, Kaiser Commission on Medicaid and the Uninsured, August 2003. Table 2. (Available at www.kff.org). The report examines how race, ethnicity, citizenship status, and English language proficiency interact to affect the insurance status and health access of low-income people, including low-income immigrants.

the restrictions placed on immigrant eligibility for Medicaid and SCHIP, and related barriers that make it difficult for immigrant families to access health insurance.

- The proportion of low-income non-citizen children who are uninsured *rose* by 7.8 percentage points between 1995 (before the enactment of the 1996 law) and 2001. This is equivalent to a one-sixth increase in the share of non-citizen children who are uninsured.
- In contrast, the proportion of low-income children living in citizen families who lack health coverage *dropped* 2.4 percentage points during the same 1995 to 2001 period, which is equivalent to a one-eighth reduction in the share that are uninsured.²
- The increase in insurance coverage for citizen children was primarily due to the recent growth in children’s Medicaid and SCHIP enrollment, while the main factor explaining the loss of coverage for non-citizen children was a sharp reduction in Medicaid and SCHIP coverage.
- As shown in the figure, more than half (51 percent) of low-income non-citizen children are uninsured, compared to about one-sixth (16 percent) of children in citizen families. About one-quarter (26%) of U.S.-born citizen children whose parents are non-citizen immigrants are uninsured.
- Low-income non-citizen children are about three times as likely to be uninsured as similar children in citizen families.
- About one-quarter (24 percent) of low-income non-citizen children participate in Medicaid or SCHIP, compared to about half of the citizen children (50 percent for citizen children in non-citizen families and 47 percent for citizen children in citizen families).



² The 1996 law restricts eligibility for children who are legal non-citizen immigrants. Children who are citizens, including both those whose parents are citizens and those whose parents are not citizens, remain eligible for Medicaid and SCHIP. Changes in the percent uninsured non-citizen children and the percent uninsured children in citizen families were statistically significant at a 90 percent or better level; there was not a statistically significant change for citizen children living in non-citizen families.

- Low-income non-citizen children are about half as likely to receive Medicaid or SCHIP as similar citizen children. This is because a large share of the non-citizen children are ineligible for Medicaid or SCHIP.

The Senate provision had the support of a broad bipartisan majority of Senators; an effort to drop the provision was defeated by a 64-33 margin. It— would allow states to restore coverage for legal immigrant children and pregnant women from FY 2005 to FY 2007.³ According to the Congressional Budget Office about 155,000 children and 60,000 pregnant women would receive coverage if the provision was adopted. The provision has the support of the National Governors Association, the National Conference of State Legislatures and a broad coalition of health care providers, consumer and civil rights organizations.

Despite the nation's current economic problems, recent expansions of SCHIP and Medicaid coverage have been successful in achieving the goals of lowering the number of uninsured children in the United States. Enactment of the Senate provision to help legal immigrant children and pregnant women gain Medicaid and SCHIP coverage would help expand health insurance coverage for one of the most disadvantaged groups of children, most of whom will grow up to become American citizens.

³ The immigrant provisions expire at the end of FY 2007, which is the same year that authorization for the SCHIP program expires. An extension of the immigrant provisions could thus be addressed when SCHIP is reauthorized.