

The Truth About Health Care Use Among Immigrants

The debate on immigration has led to many questions about the impact of reforming the current system in the U.S. While it is fair to examine the effects of immigration, several ideas pushed forward during the debate have unfairly perpetuated myths about immigrants and their use of public health care and other work supports or benefits. Some people are less interested in moving toward a comprehensive solution. Instead, they are creating venues to bash immigrants and are playing on unfounded fears that immigration reform will lead to fewer resources. This document seeks to set the record straight about immigrants' use of health care and the costs associated with it at the national level.

The data in this document represent a range of the available studies on immigrants; however, most data about immigrants' interaction with all levels of the health care system continue to be limited. It is also difficult to determine the costs of health care services used by immigrants, particularly those who are undocumented. For instance, a General Accounting Office report on hospitals' uncompensated care costs resulting from care given to undocumented immigrants was unable to determine what proportion of uncompensated care cost was attributable to undocumented immigrants.¹ In general, most federal funding that allows for provision of services for immigrants is directed toward health care providers and cannot be disaggregated by immigration status.²

Immigrants' Access to Health Care

Most immigrants face multiple barriers and restrictions to federal and state health care programs and a lack of available employer-sponsored health insurance. More than one-third (34%) of immigrants are uninsured.³ Of those who are noncitizens, more than two-fifths (44%) were without insurance in 2005.⁴ This is partially a result of the lack of available employer-based health insurance, despite a strong immigrant presence in the workforce. Only 38% of noncitizens have employer-based health insurance, compared with 62% of citizens.⁵ In addition, immigrants are shut out of many federal programs. Since 1996, most legal immigrants have been restricted from federal means-tested programs, such as Medicaid and the State Children's Health Insurance Program (SCHIP). Of those legal immigrants who are deemed "qualified" under federal law, the majority must wait five years before receiving federally-funded benefits, and face additional barriers that hinder access to safety-net services. Moreover, undocumented immigrants are banned from the majority of federal health care services, with limited access to emergency Medicaid and some basic public health services. *The high uninsurance rates among immigrants deeply inhibit their ability to access health services.*

Noncitizens are far less likely to use all types of health care services than citizens. The overwhelming majority of evidence shows that immigrants, regardless of immigration status, use less health services than their peers. In particular, use of emergency room services is lower among immigrants, one of the few major federal health care programs that undocumented and other "not-qualified" immigrants can access. A RAND study of immigrants in L.A. County found that immigrant families are much less likely to have sought out medical treatment in the past year. Further, only half of the undocumented population had seen a doctor in the past year.⁶ This was also true of children in immigrant families, regardless of a child's citizenship status.⁷ A recent *Health Affairs*

article noted that only 6.3% of noncitizens used hospital emergency services in 2003, compared to 31.8% of citizens.⁸ Further, a University of California, Los Angeles (UCLA) study of California's Mexican migrant community, one of the poorest and most uninsured communities in California, showed that recent Mexican migrants (those living in the U.S. less than ten years), were less likely to have visited the emergency room than U.S.-born Whites.⁹ Approximately 20% of U.S.-born White adults visited the emergency room in 2000, compared to 9.8% of recent Mexican migrants.

Numerous studies show that immigrant health care costs, including emergency care, are significantly lower than their U.S.-citizen counterparts. A 2005 study in the *American Journal of Public Health* analyzing data from the Medical Expenditure Panel Survey (MEPS) found that per capita expenditures on health care services were lower for immigrants. U.S.-born citizens' health care costs were more than double that of immigrants (\$2,546 per capita for U.S.-born citizens vs. \$1,139 per capita for immigrants). Immigrants' emergency care costs were about one-third of U.S.-born citizens (\$33 vs. \$91 per capita, respectively). Publicly-funded health expenditures were also significantly lower for immigrants than for citizens.¹⁰ Further, it is estimated that the total medical spending on immigrants represents a fraction of spending on native-born citizens. In particular, spending on undocumented immigrants was approximately 6/1000 of spending on U.S.-born citizens. Furthermore, the vast majority of spending could be attributed to out-of-pocket costs coverage by the immigrants or costs to private insurers, rather than public insurance programs.¹¹

The meager health care programs for which immigrants are eligible are outweighed by their contributions to the U.S. economy and society as a whole. Immigrants pay taxes, fill many of the nation's labor needs, serve in the military, and make many other significant contributions to the U.S. Recent data suggest that immigration stimulates investments in the economy and promotes higher wages for all Americans. Analysis by the American Immigration Law Foundation found that the average yearly wages of native-born workers rose 1.8% from 1990 to 2004 as a consequence of immigration.¹² Furthermore, in 2002, the Social Security Administration noted that nine million filed W-2s landed in the suspense file, accounting for \$56 billion in earnings, or about 1.5% of total reported wage.¹³ This suspense file is mainly attributed to undocumented immigrants. The file's continued growth generates \$6 billion to \$7 billion in Social Security tax revenue and an additional \$1.5 billion in Medicare taxes. Furthermore, the IRS has noted that it appears that persons filing with Individual Taxpayer Identification Numbers (ITINs), another grouping whose filings are primarily of immigrants, has reached record numbers in the past two years and will continue to grow for tax year 2006.¹⁴

Conclusion

Immigrants make vast contributions to the nation, yet their ability to be full participants within society is limited if they do not have the opportunity to sustain good health. The current barriers to health care already keep many immigrants and their families from accessing care in times of need. If immigrant families face additional restrictions to health care, they will suffer serious risk to their well-being and the nation could face grave public health consequences.

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Endnotes

1. U.S. General Accounting Office, *Undocumented Aliens: Questions Persist About Their Impact on Hospitals' Uncompensated Care Costs (GAO-04-472)*. Washington, DC: May 2004.
2. For instance, Section 1011 of the Medicare Modernization Act (P.L. 108-173), legislation championed by Senator Jon Kyl (R-AZ), provided hospitals reimbursement for emergency services given to undocumented immigrants, Mexican citizens with a "laser visa," or persons paroled into the U.S. for medical treatment. This funding is directly provided to hospitals and does not represent actual costs of services provided to the undocumented alone. In addition, the proxies used to determine eligibility for reimbursement are an inaccurate representation of how many undocumented immigrants were provided services.
3. U.S. Census Bureau, "Health Insurance Coverage Status by Nativity, Citizenship, and Duration of Residence for All People: 2005," Table HI09 . 2005. Available online at: http://pubdb3.census.gov/macro/032006/health/h09_000.htm
4. *Ibid.*
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13. Porter, Eduardo, "Illegal Immigrants Are Bolstering Social Security with Billions," *The New York Times*, April 5, 2005.
14. Bernstein, Nina, "Tax Returns Rise for Immigrants in U.S. Illegally," *The New York Times*, April 16, 2007.