

Health and the Latino Community: A Framework for Assessing Health Reform Proposals*

Every person in the United States should have access to quality, affordable health coverage and care. Recent reforms to the nation's health care system, such as the Affordable Care Act (ACA), have resulted in significant progress toward this goal: four million Latino[†] adults and 600,000 Latino children gained health coverage. Millions more benefited from robust consumer protections.¹

Despite this progress, Latinos face continued disparities, with nearly 19% lacking coverage in 2019 compared to only 6.3% of non-Hispanic Whites.² The COVID-19 pandemic will likely exacerbate this disparity, as preliminary data show a rise in the Latino uninsured rate during the pandemic to around 23% in July 2020.³ Latinos also experience disparities in access to and quality of care and are more likely to be affected by certain health conditions.⁴

The nation's well-being and economy are increasingly reliant on Latino contributions and will falter if Latinos cannot remain healthy. Many complex factors come together to result in the approximately 11 million uninsured Latinos, including lower rates of employer-sponsored insurance, continued high costs of coverage and care, certain states' refusal to expand Medicaid programs, long-standing immigrant restrictions, and recent anti-immigrant rhetoric and policy changes. Not only is covering as many people as possible just, but medical and public health experts agree that doing so is beneficial for the nation's health and economy.⁵

Even as the country faces an unprecedented health crisis, debate continues on how to best cover more people. Broad questions about the federal government's role in controlling health care costs, eligibility for existing and new coverage pathways, and if public or private coverage is the best path to expanding access will be debated

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† The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. This document may also refer to this population as "Latinx" to represent the diversity of gender identities and expressions that are present in the community.

for years to come. However, for any plan to be successful, policymakers would be wise to examine why the nation's 60 million Latinos are more likely to be uninsured and address those challenges. UnidosUS developed this framework to 1) better inform health policy debates by identifying the key barriers to health coverage; 2) surface solutions that take into account the unique situation facing Latino families, workers, and children; and 3) assess how well health reform proposals will lay a foundation for a stronger system that leaves no one out.

Health Reform in Brief: A Latino Perspective

UnidosUS and its Affiliates* have worked to help strengthen and protect health coverage gains made over the past decade and ensure that more people have access to quality, affordable health coverage and care. Through this experience, UnidosUS is uniquely positioned to highlight authentic and community-informed health priorities for Latinos, which support our fundamental belief that systemic reforms must address barriers that prevent access to quality health coverage and care and must not leave the most vulnerable worse off. While not exhaustive, the following framework includes priorities related to some of the most significant barriers to quality, affordable coverage for the Latino community. Based on our experience and understanding of the status of the Latino community and health system today, in our view:

1) All children should have health insurance coverage. Before the pandemic, Latino children were nearly twice as likely to be uninsured as non-Latino

children.⁶ Since 2017, the Latino child uninsured rate steadily moved in the wrong direction, rising to a high of 9.2% in 2019 and threatening progress made in preceding years.⁷ Latino children's uninsured rates are impacted by several factors, including barriers to enrollment and renewal in Medicaid and the Children's Health Insurance Program (CHIP), trends associated with parents' loss of coverage, the affordability of private or employer-sponsored insurance, the social and political climate (e.g., recent anti-immigrant rhetoric and policy changes), and inadequate culturally and linguistically competent outreach.⁸ Since many uninsured Latino children are U.S. citizens and eligible for existing programs, targeted outreach could help reach many of these children.⁹ More than 85% of Latinos believe that Congress and the new administration should guarantee health coverage for all children, regardless of immigration status.¹⁰

Providing coverage to all children is not only the right thing to do, it makes economic sense. By 2050, Latino children are projected to represent nearly one in three children in the country, and they will become the next generation of workers and professionals.¹¹ The costs associated with covering all children are estimated to increase expenditures modestly but will significantly increase their productivity as adults.¹² Additionally, public health insurance expansion leads to improvement in high school completion rates and educational attainment.¹³

2) All adults should be eligible for coverage regardless of citizenship status. All people, including the 11 million Latinos* who remain uninsured, should be eligible for some form of meaningful, affordable coverage. While states currently have various

* UnidosUS has a robust Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico. Many of those Affiliates provide critical health services to millions of Latinos each year.

options to expand coverage, including Medicaid expansion and the Immigrant Children's Health Improvement Act (ICHIA) option, many Latinos live in states that have not adopted these expansions. Latinos would make up nearly 30% of those gaining eligibility if all states expanded Medicaid.¹⁴ Still, Medicaid expansion alone would not meet the coverage needs of millions of lawful and undocumented Latino immigrants because of immigration-based restrictions on existing federal and state programs. During the COVID-19 pandemic, Congress established various means by which otherwise uninsured individuals could access affordable testing and treatment and implicitly acknowledged the importance of meeting these individuals' health needs during a crisis and the necessity of providing everyone care to keep the nation healthy. Their need for quality, affordable health coverage will not cease with the end of the COVID-19 pandemic.

Because Hispanics are, on average, both younger and healthier than the average American, their participation in health plans has been mentioned as one way to help strengthen risk pools, stabilize insurance markets, and lower costs.¹⁵ While reaching more young adults was a key part of the Centers for Medicare and Medicaid Services' (CMS) strategy to strengthen insurance markets, young Latinos with Deferred Action for Childhood Arrivals (DACA) status remain ineligible for the ACA Marketplace or Medicaid/CHIP, undermining this goal.¹⁶

3) Reforms should not result in a higher number of uninsured individuals. Future proposals for health reform must cover

all of the individuals currently insured. Recent health reforms expanded coverage to approximately 20 million people, provided protections for individuals with preexisting conditions, allowed for Medicaid expansion, and permitted lawful immigrants to purchase coverage through the ACA Marketplace and qualify for financial assistance. Latinos support these aspects of the current system and remain deeply concerned about the possibility that these protections and others could be eliminated.¹⁷ While new health reforms may require trade-offs, they must not come at the expense of quality coverage for the most vulnerable or financially insecure.

Reforms must protect workers with employer-sponsored coverage from becoming uninsured⁺ and allow states to retain the option to provide coverage for all residents, regardless of their immigration status. Some states have taken action to cover as many people as possible, including Illinois, which recently approved expanding Medicaid to undocumented seniors. California has also expanded its Medicaid program to cover all income-eligible children and undocumented young adults up to age 26. Protecting existing coverage not only benefits these individuals, health providers have supported expanded coverage and warned that lack of health coverage and delayed treatment might be costly and dangerous for the nation.¹⁸

4) Quality coverage must be affordable. Affordable coverage remains out of reach for many Latinos who are eligible to buy health insurance due to various factors, including the inability of existing cost-sharing assistance to sufficiently reduce premium costs or reach those most in

* The 11 million uninsured Latinos includes citizens, as well as lawful immigrants, undocumented immigrants, and individuals with Deferred Action for Childhood Arrivals status. Both Latino citizens and non-citizens are more likely to be uninsured than non-Hispanic White, Black, or Asian peers of either category.

† Immigrant Latinos often have fewer coverage options and, if insured, largely rely on private employer-sponsored coverage.

need; eligibility barriers that prevent the inclusion of younger, healthier individuals; and high out-of-pocket costs. Additionally, state decisions to forgo Medicaid expansion have circumvented one of the ACA's designs for delivering affordable health coverage to many low-income individuals and left approximately 600,000 Latinos without an affordable option.¹⁹

Even among those with coverage, the high cost of health care services also contributes to worse health outcomes. More than one in five Hispanic adults report going without needed care due to cost, compared to one in 10 White adults, and 38% report lacking a usual source of care, compared to 17% of White adults.²⁰ More affordable coverage for more people can benefit the nation in a variety of ways. Consequences of lack of coverage and delaying care include the transfer costs of uncompensated care, diminished workforce productivity, and diminished population health (including higher rates of vaccine-preventable illnesses).²¹

5) The health system must protect the civil rights of workers and families.

Health care is a civil rights issue. Since 1964, Title VI of the Civil Rights Act has guaranteed that no one may be discriminated against in federal programs, such as Medicaid or CHIP, based on their race, color, or national origin.²² More recently, additional civil rights protections have been implemented, including Executive Order 13166 and Section 1557 of the ACA.²³ Civil rights protections can also play a vital role in coverage for limited English proficient (LEP) Latinos. After the implementation of the ACA and additional civil rights protections for LEP individuals, the uninsured rate of LEP individuals decreased from 50% to 34.6%.²⁴

The Trump administration weakened these protections amid a national health crisis by stripping away language protections, including those for notice

and tagline requirements that help patients learn about their rights and key information. Civil rights provisions that have proven successful in the past must be reinstated and enforced to protect access. Although COVID-19 has made the need for access to key information in a language one understands even more urgent, guaranteeing access to linguistically competent care has always been essential, improving a patient's ability to adhere to a prescribed course of treatment, improving long-term well-being, and reducing readmissions.²⁵

6) Coverage and care must be high quality. While it is essential that policymakers remove barriers to affordable health coverage, simply having coverage is not enough. The quality of coverage and care an individual receives is also critical. For example, the essential health benefits that plans are required to cover help improve the quality of care Latinos receive, but dental, hearing, and vision services are not covered for many private plans. It is also essential that network requirements and reimbursement policies for health coverage support the development and maintenance of culturally responsive and linguistically competent provider networks, so they are better prepared to serve a diverse population. Congress's recent decision to explicitly expand coverage for COVID-19 testing demonstrates that benefits can and should be responsive to communities' health needs.

Additionally, the pandemic has exposed long-standing systemic barriers, which only reinforces the need to collect and publicly report demographic health data disaggregated by race, ethnicity, age, and other factors. Such data collection is necessary to ensure that future health reforms address persistent health disparities and target policy and resources accordingly.



Conclusion

The importance of everyone having access to quality, affordable health coverage and care has never been clearer. The pandemic has brought focus to many disparities, including a health system that is not working for millions of Latinos. Although long-term solutions are necessary to address systemic inequities, UnidosUS has shared our immediate health priorities with the new administration, outlining actions it can take to meet Latinos' most pressing needs during this crisis.

When the health crisis is over, the need for affordable, quality health coverage and care will persist. Even as policymakers debate larger health reforms, the new leadership of the U.S. Department of Health and Human Services has the opportunity to focus on increasing access to and enrollment in health coverage for more people within the existing system.

To build a stronger and more equitable health system, Congress and the administration must address the long-standing systemic barriers keeping coverage out of reach for too many, including a disproportionate share of Latinos. Latino voters were the second-largest voting bloc behind White voters in 2020 and expect their elected officials to deliver on their priorities, including health and well-being.²⁶ While ideology and specific reform proposals will vary widely, the priorities we have laid out in this framework will help all policymakers design and implement systemic health reforms that are responsive to Latinos' needs.

About UnidosUS

UnidosUS, previously known as NCLR (National Council of La Raza), is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers that affect Latinos at the national and local levels.

For more than 50 years, UnidosUS has united communities and different groups seeking common ground through collaboration, and that share a desire to make our country stronger. For more information on UnidosUS, visit www.unidosus.org, or follow us on [Facebook](#), [Instagram](#), and [Twitter](#).

Endnotes

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