

# Health Care Access: Unprecedented Opportunities to Close the Enrollment Gap for Latino Families

Latinos are far [more likely to qualify for health programs](#) but not be insured, compared to non-Hispanic white people. Latinos\* are also disproportionately likely to be denied health coverage due to immigration status. The current environment offers remarkable opportunities to close enrollment gaps and eliminate barriers to access for Latinos. Engagement from community organizations can ensure Latinos benefit from these opportunities and that policymakers take additional steps to address coverage disparities.

## INTRODUCTION

Despite progress following the implementation of the ACA, Latinos continue to make up [a disproportionate share](#) of the total remaining uninsured population (37%). Unsurprisingly, Latinos also [suffered](#) disproportionately from the COVID-19 pandemic, in part because of limited access to health care. While Latinos remain more likely to be uninsured than non-Hispanic whites, increased APTCs and the temporary suspension of Medicaid terminations have kept the Latino uninsured rate stable during the pandemic.

Some states have also taken the initiative to cover more people, including by expanding access for the undocumented and implementing auto-enrollment [policies to reach the eligible](#) but uninsured.

### Key Terms

**Marketplace:** The online shopping and enrollment service for health insurance, created by the Affordable Care Act (ACA). In many states, the Marketplace is run by the federal government (at either [Healthcare.gov](#) or [CuidadodeSalud.gov](#)), but some states operate their own.

**Advanced Premium Tax Credits (APTCs):** A tax credit that helps lower the cost of your health insurance premiums, available for people who buy their own insurance on the ACA Marketplace.

\* The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout our materials 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. Our materials may also refer to this population as “Latinx” to represent the diversity of gender identities and expressions present in the community.

## CURRENT STATE

Latinos without health insurance now have extraordinary opportunities to enroll in health coverage, often at zero cost. Nearly 3 million Latinos are [uninsured but eligible](#) for Medicaid. Following the passage of the American Rescue Plan Act (ARPA), Latinos also make up around 30% of those uninsured but eligible for a subsidized health plan, and nearly [one-third](#) of those eligible for a plan where federal financial help pays the full premium cost (1.9 million individuals).

### **Recent years have seen important positive developments at the federal level and in many leading states:**

- The Biden administration also significantly increased investment in outreach and education for Open Enrollment, after years of severe cuts under the previous administration. More than [2.5 million](#) Latinos now buy their own insurance from the Marketplace, making up one in four Marketplace participants. That represents a 60% increase over Latino participation as of 2019.
- Nine states<sup>1</sup> have enacted so-called “Easy Enrollment” initiatives, through which state income tax filers can check a box on their return asking to have relevant information sent to the state’s health agencies to see if uninsured tax filers qualify for free or low-cost health insurance. Some states also want to give tax filers the option to be automatically enrolled into free insurance, if they qualify. Such an approach holds enormous promise for reaching eligible, uninsured Latinos. In 2020, the most recent year for which data are available, 91% of all Latinos without health insurance filed federal income tax returns, including 86% of uninsured Latinos with incomes below 150% of the federal poverty level.<sup>2</sup>
- Many states have taken the initiative to end health program discrimination based on immigration status. Currently, [five states](#) and the District of Columbia provide coverage for all income-eligible children, regardless of immigration status. Some states provide coverage, free of discrimination based on immigration status, for certain age groups. For example, California covers undocumented immigrants up to age 26 and above age 50; and beginning in 2024, undocumented Californians between the ages of 26-49 will also be eligible to enroll. In a less well-known example, Illinois now provides Medicaid coverage for non-citizens, including undocumented immigrants, ages 42 and older, as well as all children. Colorado covers undocumented immigrants through a program based on that state’s Marketplace, and Washington state has asked the Biden administration to approve a similar initiative.



## BEST PRACTICES/CASE STUDIES

Community-based organizations play a critical role in ensuring that the Latino population is aware of their health coverage options and the enrollment process.

### For example:

- AltaMed Health Services, an UnidosUS California-based affiliate and Federally Qualified Health Center in LA County, reaches its predominantly Latino patient base through targeted in-person and virtual outreach. Bilingual webinars provide critical information to consumers on enrollment dates, coverage options, and setting money aside for health costs. Additionally, AltaMed has trained its staff and providers on Medicaid rules and restrictions, equipping them to deliver culturally competent enrollment assistance. AltaMed's mobile health unit identifies potentially eligible patients, who are then connected with patient navigators to assist with enrollment. Through their education and outreach campaigns, AltaMed staff have enrolled over 33,000 individuals since 2020.
- In the San Antonio Texas region, the Health Collaborative is strategic about building rapport in the community, helping the organization reach consumers more effectively. Patients trust community-based navigators and educators to walk them through the enrollment process and subsequently respond well to regular check-ins for renewals. To reach more individuals, the Health Collaborative has developed close partnerships with community health workers and educators involved in COVID-19 efforts. A unique and efficient approach has involved partnering with faith-based organizations, such as local parishes, which allow the Health Collaborative to be present at parishioner-attended events. During the back-to-school season, they engage with school nurses when parents require interpretation support. Building community trust has been essential to the Health Collaborative's impact and ability to enroll Latinx consumers in health coverage.

## CONCLUSION AND RECOMMENDATIONS

Community organizations should urge federal and state policymakers to leverage key policy changes to help address the longstanding disparity in coverage rates for Latinos:

- Continued investment in culturally and linguistically responsive outreach and education, including for Navigators.
- Ending health programs' discrimination against undocumented immigrants by seeking federal waivers and providing state-only funding.
- Enacting Easy Enrollment policies allowing uninsured income tax filers to use their returns to jump-start enrollment into health coverage.

Community-based organizations should implement effective programmatic activities and culturally relevant outreach that targets potentially eligible Latino consumers.

### **These strategies include:**

- Deploying social media education campaigns that inform eligible consumers about important enrollment dates, health coverage options, and contact information for expert help with enrollment.
- Providing enrollment and application assistance in Spanish and other native languages to non-English speaking consumers, using toolkits for community partners who help consumers enroll in or change their health plan.
- Developing unique and effective partnerships with local organizations that serve the Latino community. These include faith-based organizations, schools, local free clinics, state health departments, businesses, street vendors, etc.

## KEY TAKEAWAYS

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- Recent federal policy changes and investments by the Biden administration, along with bold state actions to reach more people, create unprecedented opportunities to lower the Latino uninsured rate and advance health equity.
- Community-based organizations will play a critical role in educating the community and ensuring Latinos avail themselves of new coverage options, as well as pushing for continued and bolder action from state and federal policymakers.

## ABOUT THE AUTHORS

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UnidosUS, formerly the National Council of La Raza, is the largest Latino civil rights and advocacy organization in the United States.

## ACKNOWLEDGMENTS

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UnidosUS would like to give a special thanks to the Health Collaborative, Project Vida, and AltaMed Health Services, who provided their insights to develop the best practices portion of this fact sheet. Their role is critical in ensuring that the Latino population is aware of health coverage and enrollment options in their communities.

## ENDNOTES

- 1 Maryland was the first state to pass Easy Enrollment. Since then, California, Colorado, Illinois, Massachusetts, New Jersey, New Mexico, Pennsylvania, and Virginia have followed suit.
- 2 Analysis of Current Population Survey data for 2020, accessed through IPUMS-CPS, University of Minnesota, [www.ipums.org](http://www.ipums.org).