

Latinos Have Gained Protection from Unaffordable Health Care Costs, but More Help Is Needed*

Latinos have achieved tremendous progress obtaining insurance that protects them from high health care costs.

Thanks to the Affordable Care Act (ACA), **more than 9 million Latinos[†] have insurance today** who would otherwise be uninsured. The Inflation Reduction Act of 2022, combined with the Biden-Harris administration's unprecedented outreach to Hispanic communities across America, enabled further progress:

- **Between 2021 and 2023, 2 million additional Latinos gained health insurance coverage.[‡]**
- **The Inflation Reduction Act provided financial assistance that cut premium costs by more than \$800 a year** for people who buy their own health insurance. This assistance helped double the number of Latinos buying health coverage from the ACA Marketplace.
- **The Inflation Reduction Act also cut insulin costs to \$35 a month** for people covered through Medicare—an important protection for Latinos, who are especially likely to suffer serious harm from diabetes. For the first time, the federal government is negotiating with drug companies for lower prices. And starting next year, no one covered through Medicare will need to pay more than \$2,000 a year for their medications.

* Stan Dorn, Director, Health Policy Project at UnidosUS.

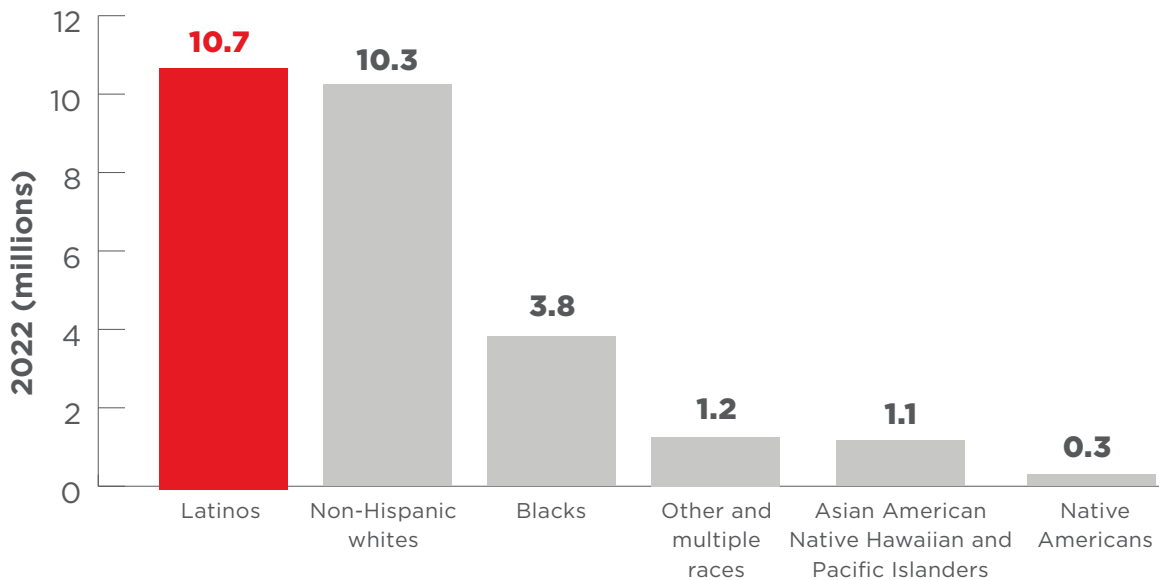
† The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

‡ UnidosUS analysis of Health Insurance estimates from the National Center for Health Statistics, 2024, and population projections for July 1, 2023, by the U.S. Census Bureau 2024.

Too many Latinos remain uninsured or have coverage with high deductibles that make health care unaffordable.

Nearly 11 million Latinos have no health insurance—more than any other racial or ethnic group (Figure 1). As a result, millions of Latinos cannot afford to obtain essential health care; and uninsured Hispanics who experience medical emergencies get hit with large medical bills that can devastate family finances.

Figure 1.
Number of people who have no health insurance, by race and ethnicity



Source: UnidosUS analysis of American Community Survey data for 2022, accessed through IPUMS USA, University of Minnesota, www.ipums.org.

Millions of other Latinos have insurance, but they face high deductibles that make health care unaffordable.

- **Nearly 4 million Latinos with health benefits at work have high-deductible coverage.*** Before insurance covers any medical treatment, individuals must pay at least \$1,400 for health care, and families must pay at least \$2,800. Nearly a third (30%) of all Hispanics with employer-sponsored insurance are in these high-deductible plans—a larger proportion than with any other race or ethnicity.

* This is the estimated number of Latinos with employer-sponsored insurance who have high-deductible coverage and do not have a health savings account or other fund that covers services subject to the deductible. UnidosUS analysis of data from the 2022 National Health Interview Survey (NHIS), accessed via IPUMS, University of Minnesota, www.ipums.org (IPUMS).

- **Out of the 4 million Latinos who buy their own insurance on the ACA Marketplace, more than a million are enrolled in plans with high deductibles** that average [more than \\$5,000](#).*
- **In high-deductible plans, many people with chronic diseases cannot afford the services they need.** Low-income people with diabetes, for example, often [go without doctor visits and other preventive care because of cost](#), spiking rates of [hospitalization, blindness and heart and kidney disease](#). And the financial effects can be ruinous. Every year, [a fourth of people with chronic illness in high-deductible employer plans spend their life savings for care](#).

Many factors contribute to Latinos' health insurance gaps.

More than people of any other race or ethnicity, Latinos work at jobs without health benefits. Almost half of Latino workers do not get health insurance on the job, compared to just a quarter of non-Hispanic whites.†

More than half of uninsured Latinos are eligible for but not enrolled in Medicaid or ACA Marketplace plans. This gap

results from administrative burdens required to get and keep coverage, lack of accurate information and limited funding for trusted community organizations to help uninsured families meet the administrative requirements for program participation.

30% of uninsured Latinos are ineligible for help because of immigration status.

Many are lawfully present immigrants who are ineligible because their authorization began less than five years ago. Others are undocumented immigrants. Medicaid covers their hospital emergency care, but not the services that could prevent medical emergencies in the first place.

A million uninsured Latinos would qualify for Medicaid if their states expanded eligibility as allowed by the ACA. These Latinos live in one of the 10 states, including Alabama, Florida, Georgia and Texas, that stubbornly refuse to insure low-income adults, as allowed by the ACA.



* UnidosUS analysis of data from ASPE imputing race and ethnicity into federal Marketplace enrollment and CMS data about average deductibles in [healthcare.gov](#) plans and self-described race and ethnicity among enrollees in State-Based Marketplaces.

† UnidosUS analysis of 2022 American Community Service data, accessed through IPUMS.

America's leaders should build on recent progress.

Seven steps are needed to further strengthen health coverage for Latinos and make health care more affordable:

1. **Help Latinos overcome administrative burdens that deny health care to eligible families:**
 - a) **Eliminate needless paperwork.** Information in government hands should be used to qualify people for health programs, whenever possible. To obtain health care, no one should be required to tell the government what it already knows. For example, almost 90% of uninsured Latinos could qualify for coverage if income tax returns and Supplemental Nutrition Assistance Program (SNAP) benefits automatically made people eligible.*
 - b) **Let trusted community partners help families enroll and retain coverage.** Such partners need access to [online portals](#) that let them upload documents, complete forms, and monitor families' applications and renewals. They also need funding so their staff can shoulder administrative burdens for overstretched, under-resourced community members who face challenges meeting the full set of administrative requirements.
 - c) **Give states financial incentives to cover all eligible families.** States that exceed specific target outcomes should receive bonuses. Those that fall short should have a small portion of federal funding placed on hold, until they improve their performance, with families protected from paperwork-driven coverage loss until the problems are fixed.
2. **Make permanent the financial assistance that now helps people buy their own insurance.** Unless Congress extends Inflation Reduction Act assistance beyond 2025, premium costs will skyrocket. Millions of people, including numerous Latinos, will be forced to drop their health insurance.
3. **Provide health care to low-income adults who are uninsured because their states stubbornly refuse to accept federal money to expand Medicaid.** For example, such adults could be made eligible for federal financial assistance to buy Marketplace coverage, increased to provide additional help that makes care affordable to people in poverty.
4. **End arbitrary limits on immigrants' health care eligibility.** Congress should immediately pass the [Lift the Bar Act](#) and the [Health Equity and Access Under the Law Act \(HEAL\)](#). Both bills would qualify lawfully present immigrants for help, without waiting periods. The latter bill would also create a new Medicaid option for states to ensure that everyone in their community qualifies for health care.

* UnidosUS analysis of March Current Population Survey data for 2022, accessed via IPUMS. Note that, under the approach we suggest, these new pathways to eligibility would supplement rather than replace current pathways, so people could continue to qualify for additional help based on changes in household circumstances since the most recent tax return was filed.



5. **Provide health care accounts to help low-wage workers who are enrolled in high-deductible employer plans.** When companies don't fund Health Savings Accounts or similar benefits, Medicaid should have the option to create accounts for low-wage workers that cover services subject to deductibles.
6. **Use Executive authority to lower deductibles in Marketplace plans,** by taking two steps:
 - a) **Crack down on insurance company violations of ACA pricing rules.** The ACA requires insurance premiums to reflect the generosity of coverage, not the characteristics of people expected to enroll in each plan. Insurance companies' failure to follow this rule raises consumer costs by roughly [\\$6 billion a year](#). Clear federal guidance would lead more states to enact policies like those in New Mexico and Texas, which have moved numerous Latinos and others from high-deductible coverage to plans with much lower deductibles. In addition, federal authorities need to fix plan payment systems that reward insurance companies for breaking the rules.
 - b) **Give consumers more accurate information about coverage generosity.** Marketplace plans are classified as Gold, Silver and Bronze, based on coverage generosity. Consumers are told that they cover, respectively, 80%, 70% and 60% of costs. But that information is misleading. Very few enrollees have insurance companies that pay the promised percentage of costs. A handful of people with chronic illness distort the classification system, making coverage seem far more generous than it truly is. The classification system needs to change for metal levels to reflect the experience of typical enrollees. That would cut deductibles for plans at every level and give consumers better information.
7. **Extend to all Americans the Inflation Reduction Act's safeguards that cut prescription drug costs,** which are currently limited to older adults and people with disabilities who rely on Medicare for their health care.

In the 20 states with the most Hispanic residents, Latinos have made incredible gains, but too many still lack health insurance.

As Table 1 shows, numerous Latinos in each state have health insurance today, thanks to the ACA, combined with the Inflation Reduction Act and recent federal policy changes. Nevertheless, too many Latinos remain uninsured.

In addition, health inequity continues to be a serious problem. Compared to non-Hispanic whites, Latinos are far more likely to lack health insurance. The Latino community has made great progress, but more must be done.

Table 1. People without health insurance in 2022, by state, race, ethnicity and impact of the ACA and recent federal policy changes

State	Latinos who are insured, due to the ACA and recent federal policies	Number of people who remain uninsured			Percentage of residents under age 65 who are uninsured		
		Latino	Non-Hispanic white	All state residents	Latino	Non-Hispanic white	All state residents
Arizona	239,000	398,000	209,000	731,000	19%	8%	13%
California	2,773,000	1,619,000	402,000	2,412,000	12%	4%	8%
Colorado	197,000	175,000	168,000	394,000	15%	6%	8%
Connecticut	64,000	72,000	57,000	175,000	12%	3%	6%
Florida	1,012,000	973,000	851,000	2,370,000	19%	11%	14%
Georgia	201,000	315,000	444,000	1,227,000	30%	11%	14%
Illinois	276,000	338,000	278,000	798,000	16%	5%	8%
Maryland	74,000	158,000	75,000	348,000	24%	3%	7%
Massachusetts	47,000	40,000	73,000	156,000	5%	2%	3%
Michigan	64,000	60,000	279,000	447,000	12%	5%	6%
Nevada	146,000	183,000	85,000	342,000	21%	8%	13%
New Jersey	248,000	336,000	124,000	605,000	19%	4%	8%
New Mexico	133,000	102,000	37,000	168,000	11%	7%	10%
New York	471,000	358,000	296,000	901,000	11%	4%	6%
North Carolina	165,000	296,000	399,000	961,000	29%	8%	11%
Oregon	111,000	87,000	131,000	248,000	15%	6%	7%
Pennsylvania	116,000	115,000	405,000	662,000	11%	6%	7%
Texas	1,199,000	3,029,000	1,018,000	4,797,000	28%	11%	19%
Virginia	116,000	171,000	204,000	539,000	21%	5%	8%
Washington	156,000	159,000	192,000	445,000	16%	5%	7%

Source: UnidosUS analysis of American Community Survey data for 2010 and 2022, accessed via IPUMS, University of Minnesota, www.ipums.org (IPUMS). Note: To estimate the number of Latinos who are insured due to the Affordable Care Act's passage in 2010 and more recent federal policy changes, for each state we compared the percentage of uninsured Latinos under age 65 in 2010 and 2022, and applied the resulting percentage reduction to the total population of Latinos under age 65 in 2022.

About UnidosUS

UnidosUS is a nonprofit, nonpartisan organization that serves as the nation's largest Hispanic civil rights and advocacy organization. Since 1968, we have challenged the social, economic, and political barriers that affect Latinos through our unique combination of expert research, advocacy, programs, and an [Affiliate Network](#) of nearly 300 community-based organizations across the United States and Puerto Rico. We believe in an America where economic, political, and social progress is a reality for all Latinos, and we collaborate across communities to achieve it.

For more information on UnidosUS, visit www.unidosus.org, or follow us on [Facebook](#), [Instagram](#), [LinkedIn](#) and [X](#).