Integrating health reform with immigration reform would improve the health outcomes of undocumented immigrants’ children, millions of whom are actually U.S. citizens.

The debate leading to the Patient Protection and Affordable Care Act (ACA) of 2010 resulted in excluding from coverage all undocumented immigrants and legal immigrants of less than five years. Already ineligible for Medicaid, undocumented immigrants were additionally barred from purchasing federally subsidized insurance through the new state-level exchanges.¹

Even young undocumented immigrants eligible to apply for work permits after the Deferred Action on Childhood Arrivals (DACA) program of 2012 are ineligible for the exchanges, Medicaid, or the Child Health Insurance Program (CHIP).

Immigration reform proposals outlining a “path to citizenship” include steps such as registration, background checks, and payment of fines and back taxes, and would require undocumented immigrants to “go to the back of the line of prospective immigrants.”² This means that those who are currently undocumented will remain reliant on safety-net health care for years, even after some become lawful, permanent residents.

With immigration reform and health reform proceeding along different tracks, health-care access is limited for adult undocumented immigrants and their children, citizens or not.

**Disparities in Care**

Unless undocumented immigrants find an opening in charity care, they have little access to hospice or dialysis. Their ineligibility for such programs as Medicare, Medicaid, or CHIP—the major sources of reimbursement for the providers—puts such services out of reach.¹¹

Undocumented immigrants’ most significant sources of care are safety-net facilities—public and not-for-profit hospitals, and community health centers. Patients who otherwise lack access to primary care often turn to federally qualified health centers (FQHCs) and migrant health centers—two types of not-for-profit organizations that the federal Health Resources and Services Administration funds.

Organized around family care, community health centers aim to fill a gap for undocumented patients. But although the ACA includes an $11 billion increase for FQHCs—and expansion of Medicaid may provide them with additional revenue—Medicaid reimbursements cannot support care to undocumented patients.

In 1986, with costs for the care of uninsured patients having shifted from private to public hospitals, Congress enacted the Emergency Medical Treatment and Active Labor Act (EMTALA).¹² Under the law, “any patient arriving at an Emergency Department in a hospital that participates in the Medicare program must be given an initial screening, and if found to be in need of emergency treatment (or in active labor), must be treated until stable.” Although EMTALA is not a funding mechanism, the emergency medical treatment of uninsured patients is sometimes covered under emergency Medicaid reimbursements.

Many observers worry that ACA will undermine public support for safety-net care because those who remain uninsured will be largely the undocumented.¹³ Meanwhile, chronically ill patients ineligible for public insurance already stretch the safety net with their reliance on costly emergency departments.¹⁴

Research shows that citizen children born of undocumented immigrant parents lack reliable access to health care even when insurance and care are available.¹⁵ Although emergency departments
are often the only option, undocumented adults and their children are less likely to use them. They also are less likely to visit providers as outpatients or to use mental-health or dental services.\textsuperscript{16} When they do use health services, they tend to pay out of pocket. Moreover, their misunderstanding of eligibility, difficulty obtaining information in their language, and fear of authorities keep parents from enrolling children in programs.\textsuperscript{17}

According to the Agency for Healthcare Research and Quality 2011 \textit{National Healthcare Disparities Report}, Hispanics have less access to health care than non-Hispanic whites, receive poorer care, and are twice as likely to report financial and insurance reasons for not having care. Hispanics who are undocumented are less likely than citizens to have a usual source of care (58 percent vs. 79 percent) or to get annual checks of their blood pressure (67 percent vs. 87 percent) and cholesterol (56 percent vs. 83 percent).\textsuperscript{18}

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The nation’s long-standing public interest in the health and welfare of children requires us to think in terms of whole families and whole populations, rather than immigration status. After all, immigrants contribute to the health-care system but collect little, and the ACA may remove the few services available to them.

Public debate about immigration reform should recognize that existing health-care policies and piecemeal remedies can hurt children, and that hurts society.

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Endnotes


