

## **Public Policy, Immigrants & Uninsurance: Chipping Away at Disparities?**

### **Introduction**

Uninsured individuals face unnecessary and preventable barriers to health care access (IOM, 2003). Given the well-known and significant health benefits of health insurance coverage, maintaining eligibility for vulnerable and underserved populations, such as immigrants and children, is particularly important (Kullgren, 2003). In addition, the higher relative cost of the type of care required by uninsured individuals when they do seek care makes reform on public program eligibility a priority as a strategy to contain rising health care cost in the United States. Immigrants face additional barriers to health care access because of cultural differences, language barriers and higher rates of poverty; therefore, health insurance coverage is particularly important within this population. Individuals with health insurance coverage are more likely to obtain preventive care on a regular basis and are more likely to obtain immediate treatment for acute illness and injury, resulting in poorer health outcomes for patients (KFF, 2003). Additionally, emergency care and treatment of disease late in the disease progression is more expensive and less effective than preventive care (KFF, 2003).

The passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) left a large number of immigrants ineligible for health insurance coverage through public programs such as Medicare and Medicaid regardless of legal status (Loue et al. 2000). The gap in coverage for immigrants was due in part to the five year waiting period established under PRWORA that barred immigrants residing in the United States for five years or less from enrolling in any public program.

In 1997, the State Children's Health Insurance Program (SCHIP) was adopted to provide federal matching funds for states to offer health insurance coverage to families with children. However, this program was subject to the five year waiting period introduced by PRWORA thereby excluding recent immigrant children from the program. Despite these restrictions in policy at the federal level, many states elected to maintain public program eligibility for certain groups subject to the waiting period, often including recent immigrant children and pregnant women.

On February 4<sup>th</sup>, 2009 SCHIP (now known simply as CHIP) was extended and expanded with the passage of the Children's Health Insurance Program Reauthorization Act (CHIPRA) (KFF, 2009). An additional \$33 billion in federal funding was authorized to provide health coverage to low-income children not eligible for Medicaid. The reauthorization also allows states to offer coverage to legal permanent resident children and pregnant women during their first five years in the county, lifting the limitation placed on Medicare and Medicaid coverage by PRWORA in 1996 (KFF, 2009). Allocation of federal funds for CHIP matching for legal permanent resident children has the potential to decrease uninsurance rates in this particularly vulnerable population.

### **Methods**

#### ***a. Data Source and Sample***

This paper used data from the CPS-ASEC to explore variation in health insurance coverage for children in recent immigrant families relative to children in established immigrant families. Children in U.S.-born families were used as a control group.

The CPS is a monthly survey conducted by the Census Bureau and the U.S. Bureau of Labor Statistics to collect labor statistics of the civilian noninstitutional population in the United States. The 2009 CPS-ASEC sampled approximately 90,000 households. The ASEC supplement is conducted annually in conjunction with the basic CPS to collect additional data on work experience, income, noncash benefits, migration and health insurance.

Estimates from the 1994-1995 CPS-ASEC and the 2000-2001 were pooled to improve reliability. These estimates represent health insurance coverage for the years 1993-1995 and 1999-2000. The universe for this analysis was restricted to children under 19 years of age. Children in immigrant families were the target group and children in U.S. born families served as a control group. The objective of this analysis is to determine if children in recent immigrant families experienced a significant decline in health insurance coverage relative to children in established immigrant families after enactment of the PRWORA and whether any significant difference exists dependent on state-level policies regarding public health insurance eligibility.

ASEC data was obtained via the Minnesota Population Center's Integrated Public Use Microdata Set-CPS (IPUMS-CPS) online data extract system. IPUMS-CPS provides harmonized microdata thereby increasing the comparability of responses and variables over time.

### ***Measures***

The primary outcome for children in immigrant families was health insurance coverage status. For insured children, their insurance coverage status was further coded as either 1) covered by private insurance or 2) covered by public insurance.

Health insurance coverage was coded into three exhaustive categories: private, public or uninsured. Private coverage is comprised of individuals reporting employer sponsored, privately purchased, or military insurance. Military insurance includes those with coverage through CHAMPUS, TRICARE, VA or any other military insurance. Public coverage is comprised of individuals reporting Medicaid, Medicare, SCHIP/CHIP or any other public insurance. Individuals reporting both private and public health insurance coverage in the past year were classified as covered by public health insurance. Uninsurance is comprised of individuals classified as "not covered" in a constructed variable that determines if an individual has any insurance, whether public or private. This is a variable constructed by the State Health Access Data Center (SHADAC) at the University of Minnesota. The creation of this variable allows for comparability in uninsurance across years. In the years 2000, a verification question was added to the CPS-ASEC to definitively classify uninsured individuals. Prior to the availability of this SHADAC-constructed variable, uninsurance was imputed for years prior to 2000.

### ***Independent Variables***

Parental immigration status/birthplace was used to define immigrant families because it has been suggested that parental characteristics are a more appropriate measure of a children's likelihood of insurance coverage than the immigration status of the child themselves. (Buchmueller 2007). Immigrant families were defined as those with all parents in the household

reporting a foreign birthplace. To define families as recent or established immigrants, year of immigration was used to calculate families that had been in the country for five years or less or more than five years from the year the survey was conducted. Citizenship status was determined for both the children and the parents in the families in the universe of the sample. Children were also classified based on nativity- either first or second generation immigrants dependent on father's and mother's birthplace.

Poverty status in the CPS-ASEC is calculated using the income total for all family members compared to an income threshold set based on the number of people in the household. Income is further adjusted based on family size, number of children in the household and the age of the individual identified as the head of the household. For the purposes of this study, families were differentiated into three categories. Low-income families were defined as below 200 percent of the federal poverty level, middle-income families were defined as between 200-399 percent of the federal poverty level and high-income families were defined as having an income of 400 percent of the federal poverty level or greater.

Educational status was defined dependent on the highest educational level attained by the parents in the household. Marital status was defined based on the response of the family reference person. Persons reporting being widowed, divorced, separated or never married were considered single. Families with a married parent present were further categorized into households with one parent present and households with both parents present.

States were classified as either providing health insurance coverage for recent immigrants during the year the survey was conducted or not providing such coverage. Below is a list of the states that provided coverage in each year.

An analyses of recently released IPUMS-CPS 2009 will be conducted to provide post-CHIPRA enactment insurance estimates to determine if lifting the five year waiting period had a significant impact on insurance coverage for recent immigrant children. This analysis will be appended as soon as the data become available in the next several months.

## Results

**Table 1. Health insurance status of children in immigrant and U.S. born families before and after enactment of PRWORA: Current Population Survey-Annual Social and Economic Supplement**

	Mean	SE	95% CI		Unweighted Observations
			LCI	UCI	
<b>State extends eligibility</b>					
Recent Immigrant ( $\leq 5$ years)	-	-	-	-	-
Established Immigrant ( $>5$ years)	-	-	-	-	-
Not an immigrant	-	-	-	-	-
<b>State does not extend eligibility</b>					
Recent Immigrant ( $\leq 5$ years)	-	-	-	-	-
Established Immigrant ( $>5$ years)	-	-	-	-	-
Not an immigrant	-	-	-	-	-
<b>Total</b>					
Recent Immigrant ( $\leq 5$ years)	-	-	-	-	-
Established Immigrant ( $>5$ years)	-	-	-	-	-
Not an immigrant	-	-	-	-	-

**NOTE:**

Data are rates  $\pm$  SE. Rates were compared (vertically) between immigration states within each state of residence.

<sup>a,b</sup> rates with different letters were significantly different ( $P < 0.05$ ); rates sharing the same letter were indistinguishable.

Standard errors produced from Taylor Series Linearization.

Data from 94/95/96 and 06/07/08 Current Population Survey data person files

Estimates and standard errors account for probability of selection, stratification and clustering.

Recent immigrant children are defined as living in the country for 5 years or less, established immigrant children are defined as living in the country for more than 5 years and native children are defined as born a U.S. citizen.

## References:

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