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Issue At A Glance:

Healthcare Coverage for Immigrants in the U.S.

Despite the contributions immigrants make to the United States, many of them face barriers to obtaining healthcare coverage. This brief provides an overview of the history and trends in policies affecting healthcare coverage for immigrants in the United States.

Introduction

Since the founding of the country, immigrants have been central to the United States. Currently, foreign-born immigrants make up about 14% of the U.S. population and contribute to 17% of the country's GDP output[1] while making up most of the labor in key areas like construction and healthcare. Despite their outsized contributions, accessing benefits such as health insurance and social support with immigration status is, unfortunately, a significant challenge and will likely be even more challenging in the future.

Today, most Americans afford healthcare via private insurance through work or through the Affordable Care Act (ACA) Marketplace. For those who do not have private coverage, the government offers Medicare for older adults, the Children's Health Insurance Program (CHIP) for children, or Medicaid for low income adults and children.[3] Social and health services like these benefit from those with immigration status who pay more into the system but use less than the average citizen.[4] Many state and federal policies have restricted immigrants' access to the benefits, although they pay taxes that fund the programs. As immigrants still have a necessary role in America's society and economy, their health and well-being are more than a humanitarian interest for the U.S. and reviewing recent policies offers guidance for caring for these essential members of our country.

Key Healthcare Policies For Immigrants

1996 Lawful immigrants are required to wait 5 years to qualify for Medicaid.

1997 CHIP ensures children have primary/preventative care. CHIPRA (2009) removes the 5 year wait period.

2010 The ACA improves access to insurance for lawful immigrants.

2024 Twelve states offer children Medicaid/CHIP regardless of immigration status with more expansive policies proposed in several states.

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Medicaid and CHIP

Medicaid was introduced alongside Medicare in 1965 as a joint federal-state program to provide medical assistance to low-income individuals. The program initially emphasized care for dependent children and their mothers, the disabled, and the elderly. In 1997, the Children's Health Insurance Plan (CHIP) was added to cover children in families with incomes too high for Medicaid but not enough for private insurance. These two programs became important safety nets for many Americans, but these benefits are not equally available to those with immigration status.

While the federal government provides the funding for Medicaid/CHIP, the qualification requirements are established by each state.[5] Therefore, states like California offer Medicaid (known as Medi-Cal in California) to low-income individuals regardless of immigration status while other states only offer Medicaid/CHIP for citizens.[6] Another significant challenge is a 5-year wait period established by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in which refugees and immigrants must wait 5 years after entering the U.S before they can qualify for Medicaid, CHIP, and the ACA Marketplace.[7] Through the Children's Health Insurance Program Reauthorization Act (CHIPRA), however, states can elect to receive federal funding to provide CHIP during the wait period for children. Nevertheless, immigrants in the U.S. find their ability to get healthcare varies by state, and, in some cases, they have no insurance options at all.

Sample Medicaid Eligibility Difference by State

State	Eligibility for Lawfully Present Immigrants	Eligibility for Undocumented Immigrants
California	Covers all lawfully present immigrants, including those who have been in the U.S. for less than five years. Also covers those classified as Deferred Action for Childhood Arrivals (DACA) recipients.	Offers Medi-Cal for all ages, regardless of immigration status, if the applicant meets other eligibility criteria.
Illinois	Covers all lawfully present immigrants, including those with less than five years in the U.S. Also covers DACA recipients.	Offers Medicaid to undocumented seniors aged 65+.
Florida	Limits coverage to lawfully present immigrants who have been in the U.S. for more than five years. No coverage for DACA recipients.	Does not cover undocumented immigrants.
Texas	Limits coverage to lawfully present immigrants who have been in the U.S. for more than five years. No coverage for DACA recipients.	Does not cover undocumented immigrants.

History of Immigrant Healthcare Policies

1990's: Major Restrictions and Reforms

This decade was marked by expansion of benefits including CHIP, Supplemental Nutrition Assistance Program (SNAP), and a couple of cash-assistance programs. These changes were counteracted by anti-immigrant policies, such as the PRWORA with its wait period requirement. Uninsured rates for all children at this time dropped from 14% to 7%, but PRWORA created gaps in coverage for many lawful immigrants with part of this attributed to a "chilling effect" in which immigrants disenrolled or avoided services out of confusion or fear of immigration consequences.[7]

2000's: Partial Restoration and State Initiatives

Despite the restrictions of the 1990's, many states used their own funds to expand or continue coverage for immigrants, and many began printing materials in more languages. Shortly after, however, the Deficit Reduction Act sought to recoup some funds from public health programs by allowing states to charge higher copays and premiums for Medicaid, directly harming the low-income beneficiaries.[8] It also mandated evidence of U.S. citizenship for Medicaid applicants.[9] In 2009, states that elected for the new CHIPRA option removed the five-year wait period for immigrant children, filling much of the gap created in 1996.[10] Even still, disparities for immigrants persisted.

2010's: ACA, DACA, and Public Charge

The ACA was a big step for immigrant health. It allowed lawful immigrants to enroll in health plans from the ACA Marketplace; offered premium tax credits and lower copayments; and removed the wait period for plans in the ACA Marketplace.[11]

While newly opened Marketplaces and financial assistance were beneficial, there were still restrictions for Medicaid. The wait period remained for Medicaid with the Marketplace plans still out of reach for some low-income individuals and undocumented immigrants. Deferred Action for Childhood Arrivals (DACA), children of undocumented immigrants who can hold work permits but must renew every two years or be deported, were also ineligible for Medicaid under federal law.[12] Between 2019 and 2022, the Public Charge rule counted non-emergency Medicaid as a public benefit. Under this rule, any immigrant receiving Medicaid for more than 12 months faced denial of admission to the U.S. or adjustment of their status. While the rule has reverted, a renewed "chilling effect" continues to keep many from utilizing lifesaving services.[13]

2020-Present

Since the 2022 Public Charge Rule change, programs have continued to expand coverage. As of 2024, 12 states offer Medicaid or CHIP to children regardless of immigration status, and California became the first state to expand Medicaid to undocumented immigrants. The goal for these programs is to drive down uninsured rates, reduce spending on emergency room visits, and keep all members of the community healthy and productive.[14]

Some argue that healthcare should be a right, but regardless of humanitarian beliefs, increasing coverage has found people healthier and more financially secure. States like California are absorbing the cost of expansion now but hope that a robust and diverse population provides a return on the investment.

Conclusion

Immigrants contribute significantly and broadly to the country yet face barriers in accessing healthcare coverage. Limited healthcare access leads to an over-reliance on more expensive services, such as emergency room care. Providing proper healthcare for immigrants reduces spending on preventable diseases, promotes financial stability, supports integration, and most importantly, betters the health and equity of our peers.

According to research, best practices exist for effective policymaking for this population. Since collecting reliable data on immigrants is made difficult by the lack of documentation for some and the chilling effect discourages enrollment in surveys or programs, developing better data-gathering systems for immigrants includes partnering with trusted community organizations; ensuring privacy and anonymity; using culturally and linguistically appropriate materials; and building trust through transparency and compensation for participation. With improved data on this population, evidence-based policies can be built using similar principles. Policymakers should work with existing communities, be culturally aware, advocate for equity, address past mistakes, work with those trained on immigration issues, and build towards integration. These practices demonstrate humanity in supporting the neighbors with whom we live and work.

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Did you know?

Immigrants, who comprise 17% of the U.S. population, also contribute to healthcare by making up more than 18% of healthcare workers, 26% of physicians, and almost 40% of home health aides.[16]

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