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Healthcare Reform and Undocumented Immigrants

Case Author

Gibran Minero

MD Candidate (2014), Harvard Medical School

Case Mentor

Alexander R. Green, MD, MPH

Associate Director, Disparities Solutions Center, Senior Scientist,
Institute for Health Policy, Massachusetts General Hospital, Assistant
Professor of Medicine and Cross-Cultural Care Committee Chair,
Harvard Medical School

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GIBRAN MINERO
ALEXANDER R. GREEN, MD, MPH

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PPACA and Healthcare Reform

When President Obama addressed Congress regarding his proposal for health care reform on September 2009, he emphatically stated that the reforms “would not apply to those who are here illegally.” In response, Republican Congressman Joe Wilson of South Carolina shouted “You lie!”¹ Democratic lawmakers stated from the outset that undocumented immigrants would not be included because it was politically impossible and would “sidetrack” healthcare reform. PPACA explicitly excludes undocumented immigrants from the individual mandate, from accessing publicly funded insurance such as Medicaid, from qualifying for insurance subsidies, and from purchasing private insurance through the insurance exchanges. The Congressional Budget Office estimates that by 2016 there will be approximately 23 million Americans who are uninsured and that one third of them will be undocumented immigrants.² Healthcare reform will fail to solve the lack of healthcare access for the underserved unless it addresses the needs of undocumented immigrants, who will compose a larger and larger portion of the uninsured and underinsured.³

Demographics

According to the Department of Homeland Security, about 11 million undocumented immigrants live in the United States. They make up approximately 4% of the nation’s population and 5.4% of the work force.^{4,5} 76% of undocumented immigrants are Hispanic, 59% are from Mexico and 11% are from Asia. California, Texas, Florida, and New York alone account for about half of the illegal immigrant population in the US.⁵ Approximately half of undocumented immigrant households are composed of couples with children, and seven out of ten of those children are US citizens by birth.⁵

Healthcare Access

Low income immigrant children are four times more likely than low income US born children to lack a usual source of care, while low income immigrant adults are twice as likely than their US born counterparts to have no usual source of care.⁶ After controlling for insurance status and other confounding factors, undocumented Mexicans, when compared to US born Mexicans, were significantly more likely to report having difficulty obtaining care, were less likely to have a usual source of care, and reported attending 1.6 fewer physician visits yearly.⁷ 59% of undocumented adults and 55% of the children of undocumented immigrants are uninsured, which is four times the uninsured rate of US born adults.⁵ The majority of undocumented immigrants who receive healthcare services do so from safety net providers such as hospital emergency departments, community health clinics, and migrant and public health centers.¹ The

only type of care hospitals can provide undocumented immigrants and be partly reimbursed for is emergency care.

There is evidence that undocumented immigrants are at increased risk compared to the general population for various health problems, especially infectious diseases. Undocumented immigrants and their children frequently lack basic preventive care and immunizations, and the harsh conditions under which they work and live are detrimental to their health.^{8,9} Fear of immigration authorities and lack of knowledge prevent undocumented immigrants from seeking care for their children even when they are US citizens by birth. This affects not only the health of immigrants, but also the rest of the community because it leads to spread of communicable diseases. Furthermore, there is evidence the elimination of funding for public health programs leads to worse health outcomes and increased costs. A study concerning prenatal care for undocumented immigrants found that those without access to prenatal care had higher short term and long term costs, significantly increased costs of postnatal care, were four times more likely to deliver low birth weight infants, and seven times more likely to deliver premature infants.¹⁰ However, most states do not cover prenatal care or family planning for undocumented immigrant women.¹¹

Healthcare Spending

A review of health care spending from 1999 to 2006 found that compared to adult naturalized citizens, immigrant noncitizens (including undocumented immigrants) had significantly lower healthcare costs, and that immigrants do not contribute disproportionately to high costs for Medicare and other public programs.¹² In general immigrants are younger and healthier than native born Americans, and they tend to avoid going to the doctor.¹¹ Studies have shown that insuring the undocumented would enlarge the insured pool with younger and healthier people, effectively spreading the risks and costs of healthcare.¹³ Immigrants are less likely to access primary care services and preventive medical care than US born citizens even after controlling for race, ethnicity, insurance status, income, and health status.¹⁴ A study found that per capita expenses were 86% lower for uninsured immigrant children than for uninsured children born in the US, but costs of emergency department care were three times higher.¹⁵ Allowing undocumented immigrants to receive primary care services would result in better health and would be more cost effective.

Recent analyses indicate that immigrants contribute more to the economy in taxes than they receive in public benefits, although this is subject to debate.⁸ For example, the Center for American Progress notes that undocumented immigrants contribute financially to public programs without being able to benefit from them, noting that undocumented immigrants “contribute \$7 billion in Social Security tax revenues and roughly \$1.5 billion in Medicare taxes annually.”¹⁶ Nearly every dollar illegal immigrants earn is spent immediately and about 8 million US jobs are dependent on economic activity by illegal immigrants.¹⁷ A study in JAMA found that in North Carolina less than 1% of Medicaid spending goes to care for illegal immigrants and the vast majority of this covers services associated with childbirth.¹⁸ While undocumented immigrants make up approximately 4% of the population, they account for only 1.5% of medical costs.¹⁹

Mini-Case

Mrs. Gutierrez is a 55-year-old woman from Guatemala who is currently working as a maid. She resides in Arizona where she has lived for the last twenty years as an undocumented worker. Like the majority of undocumented immigrants in the US, Mrs. Gutierrez is uninsured. Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996, it has become increasingly difficult for both documented and undocumented immigrants to access federal, state and local public programs. Although it was intended to reduce illegal immigration and protect public resources, the restrictions imposed by PRWORA on undocumented immigrants' access to health services have placed an undue burden on healthcare providers and threatened public health.²⁰ However, some state and local funds and charities continue to provide a limited number health services. Mrs. Gutierrez recently heard from a friend that a local community clinic offers free yearly mammograms and pap smears. She excitedly asks her friend whether she can also get a regular physical and speak to a physician at the clinic, but is disappointed to find out that no primary care services besides the screening tests are available. Mrs. Gutierrez's pap smear is normal but her mammogram is highly suggestive of a malignant mass. She is afraid and upset that the clinic cannot provide her with the biopsy they say is necessary to confirm the diagnosis.²¹ Previously, there were a few charity funds the community health center could access to provide for its neediest patients, but after the anti-immigrant sentiment spurred by the passage of SB1070, many charities that previously provided funds and programs for Hispanics have drastically scaled back those efforts for fear of prosecution and loss of funding.^{22,23} A social worker is finally able to tap into one of the charity funds and makes a call to a local private hospital to refer Mrs. Gutierrez for a biopsy. The biopsy confirms that the mass is malignant. You are the Chief of Oncology at the local private hospital where Mrs. Gutierrez received her biopsy. At a follow-up appointment, the Spanish interpreter explains that Mrs. Gutierrez has been diagnosed with breast cancer, but is uninsured and has no money to pay for treatment out of pocket. She asks whether treatment can be provided free of charge or at a reduced cost and whether there are any other local, state or federal funds that can be used to pay for her treatment. You know Arizona has no state funds to provide the costly cancer treatment for Mrs. Gutierrez, but also realize your hospital is the only one providing oncology services for many miles.

Questions to consider

1. What would you do in this case? What are the ethical dilemmas posed by this problem and by your decision? What principles underlie your decision? Consider the effects on the patient and on the sustainability of your hospital.
2. What are the practical issues underlying the different approaches you might take to solving this situation?
3. Who has the responsibility of addressing the medical needs of undocumented immigrants? What should be the role of hospitals and healthcare professionals, and of local, state and federal government?
4. What are some policies and strategies that could be implemented to more effectively address the healthcare needs of undocumented immigrants? What are possible solutions that could be implemented or resources that could be accessed at the hospital level or by groups of healthcare providers to help patients like Mrs. Gutierrez?

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