



THE AFFORDABLE CARE ACT

What's in it for Utah Immigrants?

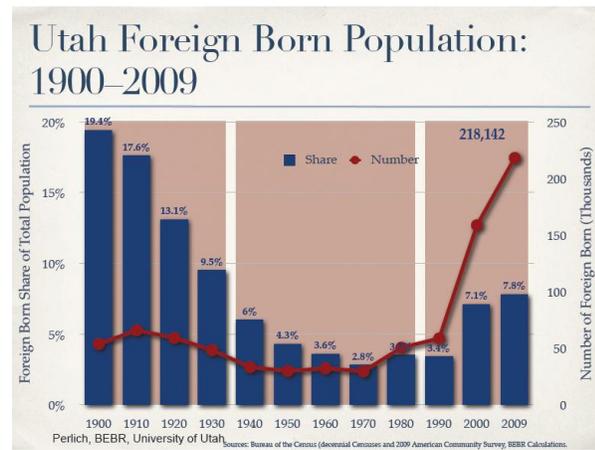
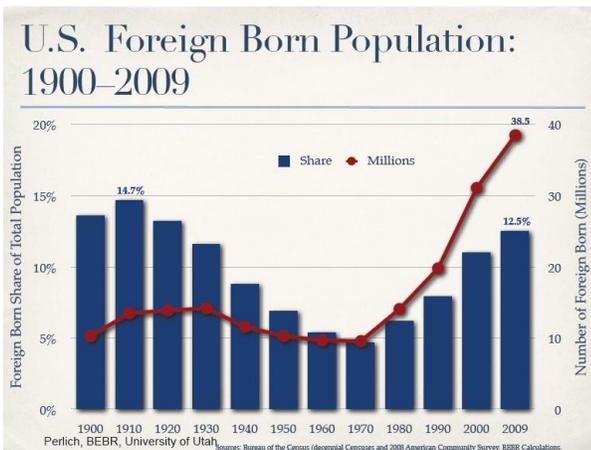
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Background

The Affordable Care Act (ACA), or federal health reform, became law in 2010. Whether immigrants benefit from the ACA or not largely depends on their immigration status. This paper provides a breakdown of how newcomers with different immigration statuses will be impacted by the ACA.

Recent Census estimates show that nearly 8% of Utah's population (or 226,440 individuals) is foreign-born and 12.5% of all Americans are foreign born. How this number breaks down by immigration status is a murky area for demographers, but the most recent estimate of undocumented immigrants living in Utah is about 110,000.ⁱ According to the Utah Refugee Services Office there are approximately 25,000 refugees living in Utah.ⁱⁱ The balance (over 83,000) is split between naturalized citizens and legal permanent residents.



What's in the ACA for Different Immigrant Populations

Naturalized Citizens

Naturalized citizens will get the same protections, benefits, and new public and private health insurance coverage options as U.S.-born citizens as these changes unfold to full implementation in 2014. They will get the same consumer protections as well, such as preventive care with no cost-sharing; guaranteed coverage and fair pricing regardless of pre-existing conditions; no lifetime limits, and no *rescissions* (when the insurance company cancels your policy because you get sick). Many will qualify for premium tax credits to purchase coverage. Medicaid coverage will be available to all citizens under 65 with an income up to 133% of the federal poverty level. Families with children who are eligible for CHIP will be able to continue with that coverage through 2019. Starting in 2010 young adults aging out of the foster care system will maintain Medicaid coverage until age 26.

Legal Permanent Residents

The ACA offers help to legal permanent residents (LPRs), but with some important limitations. LPRs will be subject to the “personal responsibility provision” that will require them to carry insurance in 2014. At that time they will be eligible to buy insurance from insurance exchanges and to apply for premium tax credits. They can also apply for the pre-existing condition insurance plans (PCIP) and “basic health plans” offered by some states. Unfortunately, the federal Medicaid/CHIP eligibility restrictions for the LPR population remain the same, including the 5-year waiting period for low-income LPRs’ eligibility. States have the option to lift this 5-year waiting period, though they must cover their usual share of the cost (*details at right*)—Utah’s portion is roughly 30¢ of every dollar.

ICHIA (Immigrant Children’s Health Improvement Act)

Historically there has been a five year ban on Medicaid and CHIP eligibility for new immigrants, including children and pregnant women. A provision of the Children's Health Insurance Program Reauthorization Act of 2009, the Immigrant Children's Health Improvement Act (ICHIA), gives states the option, along with financial incentives, to lift the 5-year waiting period on Medicaid and CHIP eligibility for legal permanent resident children and pregnant women. This state option continues under the ACA. Utah has yet to fully explore this option.¹

Refugees

Most refugees will gain the same protections as legal permanent residents, including the same consumer protections listed above. They will also qualify for Medicaid, or for children with household income between 100-200% of the federal poverty level, for CHIP. Higher up the income scale, refugees will qualify for premium tax credits to subsidize the cost of insurance coverage on the exchanges. In addition, those in the Unaccompanied Refugee Minors program aging out of the foster care system in 2010 will be able to maintain Medicaid coverage until age 26. It is worth noting that many refugees are eligible now for Medicaid or CHIP for children but not enrolled. These barriers to enrollment for refugees and other legal residents will not magically disappear in 2014, when the coverage expansions go into effect, though the process for qualifying for these programs will become more simplified getting closer to 2014. Beyond these standard simplification measures and processes, it will be up to states and communities to help refugees and their citizen children take advantage of the new coverage opportunities.

Undocumented Immigrants

Immigrants who are undocumented have no protections or access to coverage under the ACA. However, lawfully present children of undocumented immigrants will be eligible, just as they are today, to purchase insurance on state insurance exchanges and to access the premium tax credits. Many will qualify for Medicaid or the Children’s Health Insurance Program or CHIP. Immigrants who are undocumented will continue to be eligible for Medicaid coverage of emergency room services until the patient is stabilized. Though access may be limited, they may continue to seek care via safety-net health care providers. Community Health Centers’ capacity to serve the uninsured will be somewhat enhanced under the ACA.

Some of the information for this issue brief came from <http://www.nilc.org/immspbs/health/index.htm>.

New Citizenship Verification Requirements for the Private Insurance Market

It is expected that state health insurance exchanges will be the portal through which many small businesses and individuals will access affordable health care coverage. As a one-stop shop for health care coverage, the exchanges will also link people to premium and tax-based subsidies to help them pay for health insurance. The ACA requires verification of lawful citizenship for everyone enrolling in the exchanges. The verification process will happen through the Social Security Administration or the Department of Homeland Security. The ACA thus sets a new precedent for immigration status verification in the private insurance market.

Conclusion

The ACA brings many new opportunities for legal immigrants, lawfully present children of undocumented immigrants, and refugees to gain health care coverage and the consumer protections everyone needs. Safety net health care programs, such as community health centers will continue to play a vital role in serving the health care needs of undocumented immigrants and reducing the burden on Utah's emergency rooms.

ⁱ Pew Hispanic Center, Demographic Profile of Hispanics in Utah, 2009, <http://pewhispanic.org/states/?stateid=UT>.

ⁱⁱ Email Communication from Gerald Brown, Refugee Services Office, Department of Workforce Services, September 15, 2011.