

Expand Health Insurance Coverage to All Children regardless of Immigration Status for a Stronger and Vibrant New Mexico

THE PROBLEM

Children lacking health insurance *Now* harms our future

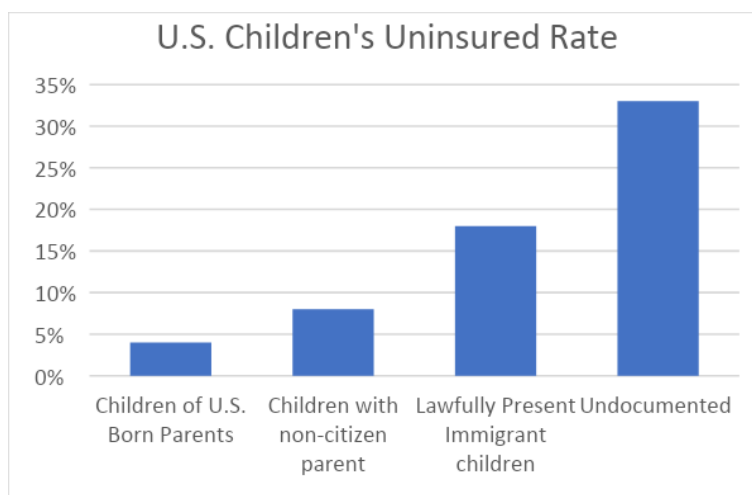
In the United States today, a large percentage of the population is uninsured. In New Mexico, data from 2016 showed that 5.7% of all children were uninsured.¹ The COVID-19 pandemic has highlighted the ways social inequities are exacerbated in times of stress, especially for children of all race/ethnic backgrounds. Providing insurance to all New Mexicans under the age of 19 would improve their physical and mental health now thereby investing in our state's future well-being.

- One in four children in the U.S. has an immigrant parent and the majority of these children are citizens. While most of the uninsured are U.S. citizens, **non-citizens are the most likely to be uninsured.**² While children of U.S.-born parents have an uninsured rate of 4%, this rises to 8% for citizen children with a non-citizenship parent, 18% of lawfully present immigrant children, and 33% of undocumented children who are uninsured.²
- Research shows that health insurance enables families to access needed care, providing protection from unaffordable medical costs, and promoting the growth and development of children.²
- Changes to immigration policy are contributing to growing fears among families to access health insurance for which they are eligible. For example, the Public Charge rule has made families afraid of accessing Medicaid for their citizen children.²
- Immigrant families cited disproportionate COVID-19-related impacts on **children's mental health** (anxiety, depression, sleep issues).³

Immigrant Children are more likely to be under and uninsured

Having an immigrant parent is a defining characteristic of uninsured children. Almost half (42%) of uninsured children have immigrant parents. By citizenship status, citizen children in immigrant families are 29% of all uninsured children while non-citizen children account for another 13%.⁴ In the state of New Mexico, most children in immigrant families are citizens and live in families with income well above the poverty line.

- Being uninsured impacts individuals, families and communities. The process is dynamic: for example, employment status and income affect insurance, which effects health status. Which, in turn can impact employment status.⁵
- Uninsured people are much more likely to go without medical care than insured people.⁵ Uninsured people also receive lower quality of care.
- When one member of a family lacks access to insurance, the entire family is at risk of being hit with enormous medical costs.⁵



- Community impacts of insurance include overcrowded emergency rooms, lower concentration of medical services in particular neighborhoods or communities⁵ and disparate impacts of public health emergencies, for example the COVID-19 epidemic.

POLICY CONTEXT

Immigrant children are a growing share of all American children

Children of immigrants represent a growing share of all American children, and they are increasingly dispersed across the United States. Protecting and preserving the public health requires policymakers to confront the challenge of providing access to health care for these families. Adequate health insurance coverage is a critical first step to accessible, quality health care; yet obtaining this coverage is far more burdensome for children in immigrant families than for their native-born peers. Immigrant families face difficulties in securing job-based insurance, and their eligibility for public health coverage is limited. Immigration concerns and language barriers inhibit enrollment in programs for which families are eligible, and a lack of culturally and linguistically appropriate services further limits access to quality care. Major efforts are needed to increase the number of immigrant children with access to quality health care now.

Immigrants contribute much more to the economy than they receive in public benefits

All immigrants have a significant, positive impact on the economy. For example, payments from legal immigrants will add more than \$600 billion to the Social Security fund over the next 75 years.⁶ And despite popular narratives about undocumented immigrants being a burden on US taxpayers, a study by the Institute on Taxation and Economic Policy found that undocumented immigrants contribute approximately 8% of their income to state and local taxes each year--an estimated \$11.74 billion.⁷ Undocumented immigrants are not eligible for most government-sponsored services, therefore the lion's share of these tax contributions are not dispensed back to them in the form of benefits. A study reported in the Journal of General Internal Medicine found that from 2000-2011, undocumented immigrants in the U.S. contributed \$2.2 to \$3.8 billion more than they withdrew from Medicare.⁸ In 2017, in New Mexico, ITEP estimated that contributions to state and local taxes each year by undocumented immigrants exceed \$67,000,000.⁷

Legal immigrants will add more than **\$600 billion** to the Social Security Fund over the next 75 years.



In New Mexico undocumented immigrants contribute more than **\$67 million** through state and local taxes



Hostile social climate has detrimental effect on immigrant health

The impacts of trauma exposure throughout the migration process and post-resettlement stressors put Latinx/@ immigrant families living in the U.S. at increased risk for experiencing depression, anxiety, and post-traumatic stress symptoms.⁹⁻¹¹ The recent social, legal, and economic context of uncertainty, discrimination, stigma, lack of access to resources, fear of deportation and resulting family separation has also had a critical impact on Latinx/@ immigrants' mental health in the U.S.¹²⁻¹⁴ In this context, possibilities for social inclusion and meaningful integration have constricted, while psychological distress and other negative health outcomes among immigrants have increased. A social climate pervaded by fear and discriminatory rhetoric can have negative impacts on immigrants' integration into society.

COVID-19 has had disproportionate impacts on immigrant health

Although the current Latinx population in the U.S. is 18.5%, 29.5% of COVID-19 cases in which race/ethnicity is known affect Latinx people.¹⁵ This disparity is compounded by differences in disease severity and prognosis with Latinx people 3.9 times more likely to be hospitalized than whites.¹⁶ There are also

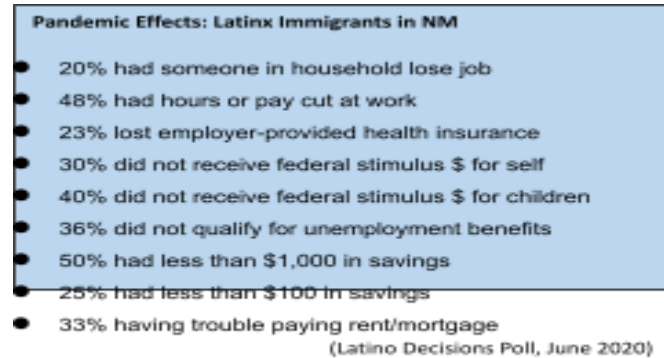
disparities in economic impact, with 72% of Latinx reporting serious financial problems as a result of the pandemic (versus 36% of whites).¹⁷ Latinx immigrants are much more likely to be essential workers, face language barriers, live in multigenerational homes, face racism and discrimination, and have barriers to accessing health care (including immigration status). In these ways, COVID-19 has exacerbated existing disparities for Latinx immigrants that can be improved by removing barriers to care.

One partner in our team, Immigrant Well-being Project, conducted interviews with its participants, all Spanish-speaking Latinx immigrants, in May 2020, asking specifically how the COVID-19 pandemic had impacted their lives. A majority of participants describe the negative impacts the pandemic has had on various aspects of their lives, including:

- overall uncertainty (general life, the future, possible health effects of COVID-19)
- economic impacts (unemployment, reduction of hours/income, exposure to the virus in the workplace, bills, and no stimulus checks)
- safety (risky to go in public, feeling trapped inside)
- education (technology gaps limit access to online school; fear of kids falling behind; working parents not able to provide necessary supports to children in virtual school)
- parents stated that **children were most affected by the pandemic** (anxiety/depression, sleeping more, decrease in energy)³

Furthermore, participants expressed feeling anxiety, worry, stress, fear, panic and desperation related to the financial, social and emotional toll of the pandemic. This is confirmed by research that shows mental health consequences of the pandemic are severe and worsening. At the same time, the pandemic has resulted in disruptions of mental health services,¹⁸ especially those that are community-based (9).¹⁹

All New Mexicans will benefit from policies that remove barriers to enhance immigrants' ability to survive and even thrive in New Mexico.



POLICY OPTIONS

Option 1-Expand NM Medicaid and the Children's Health Insurance Program

Provide access to Medicaid and the Children's Health Insurance Program (CHIP), regardless of immigration status, for all New Mexican children under age 19 who meet all other eligibility requirements.

- ✓ **Six states plus Washington D.C.** have enacted legislation to cover all children, regardless of immigration status. Sixteen states provide prenatal care to women through CHIP regardless of immigration status.
 - o California implemented SB 75, which provided children under 19 for the full scope of Medi-Cal benefits regardless of immigration status, as long as they met all other eligibility requirements. With an organized plan to reach community members, an additional 43,310 newly eligible children were able to access full Medi-Cal benefits.²⁰
 - o This policy change must be conducted with a coordinated effort to educate immigrant and mixed status families once the policy change occurs in order to address widespread fear of negative consequences related to accessing care (even care for which they are eligible) and provide accurate information on how it may affect their family's access to other programs and immigration status.
 - o In the 2021 legislative session the House amended House Bill 112, expanding eligibility for non-citizens to receive indigent care, prohibiting discrimination based on immigration status. Expanding CHIP to provide eligibility for all New Mexicans, regardless of immigration status, moves us further in the direction of non-discriminatory health care access in New Mexico.

Option 2-Expanding Community Health Workers Reimbursement and Certification

Enable Community Health Workers (CHWs) to expand ability to charge and receive reimbursement for community-based health services. CHWs who complete required training for Comprehensive Community Support Services (CCSS) are allowed to bill for some services, if they are employed by a CCSS certified organization. The CCSS training must be provided by UNM or through the State. In New Mexico, CCSS training is offered at no cost and some qualifications must be met before receiving the training (e.g. 18 years or older, have a degree and/or minimum experience in relevant field, etc.). There are similarities in required CHW certification courses and CCSS training and there may be opportunities to streamline the system, enabling certification of overlapping competencies so that CHWs can automatically be considered eligible to provide CCSS.

Who We Are

This policy brief is product of a collaboration between the Immigrant Well-being Project's collaborative partnership with Centro Sávila, Encuentro, New Mexico Dream Team, and New Mexico Immigrant Law Center to address immigrant and refugee health disparities. The collaboration includes team members from *Abriendo Mis Alas*, a pilot research project of the TREE Center to address mental health disparities of Latinx immigrant women. This effort benefited from the perspectives of participants in the TREE Center Policy Dialogues.

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“When I resolve my immigration status... I do not care about the salary or other things, but I do care about getting medical access.” - Claudia

“Well, I don’t think mental health has affected me because... already with what I went through [immigration to a new country], this does not do much to me. But yes [for] my children, the young people I think are perhaps the most affected...they have anxiety. My son has a lot of anxiety attacks. He already had to go see a doctor, and he prescribed medicine. And my daughter, the girl, has anxiety, but she likes to eat a lot. And now...she sleeps a lot, a lot.”

- Anamaria