

# Eliminating Structural Barriers Can Improve Latino People's Access to Health Coverage

OCTOBER 5, 2021, 9:11 AM | BY [KYLE HAYES](#)

[Leer en español](#)<sup>[1]</sup>

The uninsured rate among Latino people is alarmingly high, CBPP analysis of 2019 American Community Survey<sup>[2]</sup> data shows. In 2019, 38 percent of uninsured people under age 65 were Latino, nearly double the 20 percent Latino share of the non-elderly population. And between 2018 and 2019, the uninsured rate for non-elderly Latino people increased<sup>[3]</sup> from 17.9 percent to 18.7 percent, the largest increase of any major racial or ethnic group and an erosion<sup>[4]</sup> of earlier gains under the Affordable Care Act (ACA). Policymakers should respond by expanding eligibility for Medicaid and ACA marketplace coverage in the Build Back Better legislation, and the Biden Administration should maximize access to existing coverage opportunities for people who are Latino.

The high Latino uninsured rate reflects several factors. Latino people are less likely<sup>[5]</sup> to have coverage through their jobs than the overall non-elderly population. Additionally, they often face barriers to enrolling in health insurance affordability programs such as Medicaid, the Children's Health Insurance Program (CHIP), and the ACA marketplaces. Strict immigration-related eligibility restrictions block some Latino people from enrolling, while others may not know these programs exist or may fear that enrolling would negatively affect their families. Still others may have tried to enroll but encountered procedural hurdles.

The President and Congress can address these and other structural barriers by:

- Extending health coverage to people in the Medicaid "coverage gap"**<sup>[6]</sup>. Latino people make up 28 percent of the 2.2 million people with incomes below the poverty line who don't have any path to health coverage because they live in one of the 12 states that haven't adopted the ACA's Medicaid expansion. (These states' non-elderly population is 17 percent Latino.) Also in non-expansion states, health coverage rates are lower<sup>[7]</sup> for Latino children than for other children, and this gap is growing. Non-expansion states should adopt the expansion, and federal policymakers should create a federal fallback that guarantees coverage to people in the coverage gap, as has been proposed<sup>[8]</sup> in the Build Back Better legislation.
- Eliminating immigration-related eligibility restrictions in Medicaid and CHIP**. Thirty-three percent<sup>[9]</sup> of the 60.5 million Latino people in the United States were born outside of this country, including people who are now U.S. citizens and others who are not. This means that blocking people from enrolling in a program based on their immigration status harms many people who are Latino. Many immigrants lawfully residing in this country can't receive Medicaid or CHIP due to eligibility restrictions enacted in 1996<sup>[10]</sup>. Individuals must have a "qualified" immigration status to meet the law's eligibility requirement. Many people in the country lawfully (such as those with Temporary Protected Status) are not within the "qualified" definition, and many other people with a "qualified" status (including lawful permanent residents) are barred from these programs for five or more years after obtaining this status. As has been proposed<sup>[11]</sup>, policymakers should eliminate these restrictions and allow people lawfully present in this country to receive Medicaid and CHIP. Policymakers should also pursue immigration reforms that provide people without a documented status a path toward citizenship.
- Ending the bar on health coverage eligibility for people granted relief under the Deferred Action for Childhood Arrivals (DACA) program**. People granted deferred action by the federal government are lawfully present in the country and are eligible to purchase health insurance in the ACA marketplaces *unless* their deferred action status was granted under DACA. The same is true for coverage under Medicaid and CHIP in states that have adopted the option of providing coverage for lawfully residing children or pregnant people. The Biden Administration should eliminate<sup>[12]</sup> this carve-out for those with DACA and allow people with DACA to qualify for health coverage.

- **Reaffirming that enrolling in health coverage won't harm a person's ability to pass a "public charge" assessment when they apply for an immigration status.** The Trump Administration's public charge rules and other harsh immigration-related policies sowed fear<sup>[13]</sup> among immigrants and their family members. Three in ten adults in families with low incomes that include immigrants and children reported<sup>[14]</sup> that they or a family member avoided a noncash public benefit or other help with basic needs in 2020, despite tremendous hardship due to the COVID-19 pandemic and economic crisis. The Trump Administration public charge rules are no longer in effect, but people are still afraid. While the Biden Administration has taken important steps to notify<sup>[15]</sup> states of this change, the Administration should also issue new rules as quickly as possible to reduce uncertainty among families — as well as immigration attorneys and others whom people go to with immigration-related concerns.
- **Conducting robust outreach and enrollment assistance to restore trust among immigrants and their families.** The Trump Administration not only pursued immigration policies that eroded trust in government among immigrants and their families, but also slashed outreach and enrollment assistance for health coverage programs, making it harder for people to enroll. The Biden Administration should invest heavily in building awareness of health coverage programs (as well as economic security programs such as SNAP) using communication vehicles with a proven track record of reaching Latino people. The Administration should also seek out opportunities to enlist and fund trusted community-based groups to conduct outreach and application assistance. This outreach should be designed to reach people with limited English proficiency. Adults who speak Spanish and have limited English proficiency have high uninsured rates<sup>[16]</sup>. Additionally, the Administration should conduct in-language outreach and seek in-language media coverage to raise awareness and meet the language needs among groups that are eligible but not enrolled.
- **Improving application processes to avoid deterring eligible people from signing up for coverage.** The Biden Administration's February executive order<sup>[17]</sup> instructed federal agencies to improve benefit application processes to ensure equitable access to health coverage programs. The Administration should advance policies to ensure that applications, related correspondence, and tools for accessing health coverage (including the ACA marketplace website Healthcare.gov) are free of barriers. Many people are deterred<sup>[18]</sup> from completing application-related processes for reasons such as fear of providing information that's later used to harm their families. Some applications request information that's unnecessary and can deter applicants, such as a Social Security number for a spouse who isn't applying for benefits. The Biden Administration should continue efforts to address these and other administrative barriers.

Furthermore, Congress should provide parity in Medicaid funding<sup>[19]</sup> for Puerto Rico and other U.S. territories. Because their Medicaid funding is inadequate, the territories don't cover all the benefits provided to people in the states, and they cover fewer people. A permanent solution that provides stable and adequate funding would increase access to health care for territory residents by allowing them to be covered with the same benefits and at the same eligibility levels as they would be in the states.

<sup>[1]</sup> <https://www.cbpp.org/blog/eliminar-obstaculos-estructurales-puede-mejorar-el-acceso-de-las-personas-latinas-a-la>

<sup>[2]</sup> <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>

<sup>[3]</sup> <https://www.cbpp.org/research/health/uninsured-rate-rose-again-in-2019-further-eroding-earlier-progress>

<sup>[4]</sup> <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/>

<sup>[5]</sup> <https://www.kff.org/other/state-indicator/nonelderly-employer-coverage-rate-by-raceethnicity/?currentTimeframe=0&print=true&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>[6]</sup> <https://www.cbpp.org/research/health/closing-medicaid-coverage-gap-would-help-diverse-group-and-narrow-racial>

<sup>[7]</sup> <https://ccf.georgetown.edu/2021/06/29/expanding-medicaid-would-help-close-coverage-gap-for-latino-children-and-parents/>

<sup>[8]</sup> <https://www.cbpp.org/research/health/build-back-better-legislation-would-close-the-medicaid-coverage-gap>

<sup>[9]</sup> <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states-2020>

<sup>[10]</sup> <https://www.nilc.org/wp-content/uploads/2015/12/overview-immeligfedprograms-2015-12-09.pdf>

<sup>[11]</sup> [https://jayapal.house.gov/wp-content/uploads/2021/09/Jayapal\\_Lift-the-Bar-Act.pdf](https://jayapal.house.gov/wp-content/uploads/2021/09/Jayapal_Lift-the-Bar-Act.pdf)

<sup>[12]</sup> <https://www.unidosus.org/publications/supporting-people-with-daca-and-boosting-our-economic-recovery-by-extending-access-to-affordable-health-care/?preview=true>

<sup>[13]</sup> <https://www.cbpp.org/research/poverty-and-inequality/administration-actions-against-immigrant-families-harming-children>

<sup>[14]</sup> [https://www.urban.org/sites/default/files/publication/104279/many-immigrant-families-with-children-continued-avoiding-benefits-despite-hardships\\_0.pdf](https://www.urban.org/sites/default/files/publication/104279/many-immigrant-families-with-children-continued-avoiding-benefits-despite-hardships_0.pdf)

<sup>[15]</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/cib072221.pdf>

<sup>[16]</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7757700/>

<sup>[17]</sup> <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/02/02/executive-order-restoring-faith-in-our-legal-immigration-systems-and-strengthening-integration-and-inclusion-efforts-for-new-americans/>

<sup>[18]</sup> <https://aspe.hhs.gov/reports/barriers-immigrants-access-health-human-services-programs-0>

<sup>[19]</sup> <https://www.cbpp.org/research/health/latest-medicaid-funding-cliff-highlights-need-for-funding-parity-for-us-territories>