

## 2.5 LEP Individuals and Health Care Reform: What We Know in April 2013

### Immigrants' Use of Health Care

According to a recent study (Vargas Bustamente & Van Der Wees, 2012), **“immigrants are less likely to access, use, and spend on health care than the U.S. native-born population.”** The authors cite the following possible explanations for this:

- Socioeconomic hurdles
- Possibility that those who select to emigrate to the U.S. must be healthy to begin with to make the journey
- Fear that legal status will be revealed if they seek health care
- Lack of familiarity with the U.S. health care system: “Coverage does not automatically mean access.” Immigrants must come to terms with differences in care quality, prices, methods of payment, patient expectations, or patient-physician relationship.

#### LEP Health Care Coverage Statistics

- Nearly **two thirds** of LEP adults in the U.S. are non-citizens (includes those undocumented and in the U.S. legally).
- **Half** of LEP adults in the U.S. are uninsured.
- LEP children and children proficient in English with an LEP parent are about **twice** as likely to be uninsured as children in English proficient families.

([Kaiser Family Foundation, 2012](#))

### The Affordable Care Act (ACA) and LEP Coverage

In 2014, the ACA will significantly expand coverage options for *some people with LEP* through:

- A Medicaid expansion to include incomes up to 133% of the poverty level (in 2012 terms, \$25,390 for a family of 3)
- New insurance purchasable from state and federal exchanges for people without insurance coverage from their employer (Virginia has opted for participation in a federal exchange rather than creating a state exchange.)



- Tax credits that may be available to help those with income under 400% of poverty level pay for coverage (About 95% of LEP uninsured meet this income requirement.)

### **Requirements regarding Immigration Status**

- Documented non-citizens will still have a five-year wait before they can enroll in Medicaid and CHIP.
- Undocumented immigrants are ineligible for Medicaid, CHIP, and state and federal exchanges. (Undocumented immigrants will still be eligible for Emergency Medicaid one-time coverage for emergency hospital care and labor and delivery.)
- Community health centers and clinics will continue to be a major source of care for undocumented immigrants. Affordable Care Act funding *may possibly* help to raise the quality and availability of health care delivery in affordable care clinics and health centers.
- Some recent undocumented immigrants who currently hold health insurance through their employers may choose to give up their coverage or may lose it if employers opt to provide insurance through exchanges. Individuals' immigration status will possibly be scrutinized more closely for the exchanges.

### **Improving LEP Access to Services**

The ACA requires states to simplify enrollment processes for Medicaid and state exchanges.

- Enrollment should be available online for electronic verification of applications.
- States should provide information and applications in ways accessible to LEP applicants (e.g., offer forms and brochures in multiple languages). Language services for the application process should be available at no cost to LEP applicants.



### **LEP Access Hurdles**

- Fear and confusion about eligibility and rules, especially for non-citizens or families with mixed status, are likely.
- Those providing language assistance for enrollment will need to be from trusted bilingual community organizations.
- Once they are enrolled, some LEP people will need assistance to:
  - Understand benefits.
  - Find a provider.
  - Access language assistance to see the provider.
  - Access language assistance for communication over the phone about benefits and claims processing.

**For further information on health care reform in Virginia, see:**

- [State Exchange Profiles: Virginia from the Kaiser Family Foundation](#)
- [Virginia Health Reform Initiative from Virginia.gov](#)

**For further information on the Patient Protection and Affordable Care Act, see:**

- [Healthcare.gov](#)
- [Health Reform Source from the Kaiser Family Foundation](#)



## References

- Kaiser Commission on Medicaid and the Uninsured (2012, August). *Family overview of health coverage for individuals with limited English proficiency*. Washington, D.C.: Kaiser Family Foundation. Retrieved from: <http://www.kff.org/uninsured/upload/8343.pdf>
- Kaiser Family Foundation (2013, April 1). *State exchange profiles: Virginia*. Retrieved from Kaiser Family Foundation Health Reform Source: <http://kff.org/health-reform/state-profile/state-exchange-profiles-virginia>
- Vargas Bustamante, A. & Van der Wees, P.J. (2012, April). Integrating immigrants into the U.S. Health System. *American Medical Association Journal of Ethics*, 14(4): 318–23. Retrieved from: <http://virtualmentor.ama-assn.org/2012/04/stas1-1204.html>

