

ISSUE BRIEF

***Comprehensive Health Care for Immigrants:
A Sound Strategy for Fiscal and Public Health***

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Reducing or terminating the availability of health care to immigrants is not a sound strategy for reducing state budget deficits. Using public funds to provide comprehensive health care for low-income immigrants fosters individual and public health, and is cost-effective.

Providing comprehensive health coverage can reduce the unnecessary use of high-cost emergency room and other expensive services. People who are uninsured receive less preventive care than the insured, are diagnosed at more advanced stages of disease, and are more likely to use emergency rooms as their regular source of care.¹ Uninsured children are five times more likely than privately insured children to use the emergency room as a regular source of care.² Uninsured individuals are more likely to delay seeking treatment for potentially serious conditions, ultimately receiving care that is more costly and less effective.³

Medical researchers recently surveyed the parents and physicians of 554 children admitted to Boston Medical Center over a fourteen-month period and concluded that approximately 33 percent of hospitalizations for six common health conditions could have been avoided with proper preventive or outpatient care. The authors found uninsured children among those at greatest risk of avoidable hospitalizations.⁴

The cost-effectiveness of preventive care has been well documented in the contexts of prenatal care and diabetes. A January 2000 study in the *American Journal of Obstetrics and Gynecology* found that undocumented women with no prenatal care were 4 times more likely to deliver low birth weight infants and 7 times more likely to deliver premature infants than undocumented women who received prenatal care. The study's authors found that every dollar spent on prenatal care saved \$3 in care soon after birth and \$4 in longer-term medical costs.⁵

¹ *Sicker and Poorer: Consequences of Being Uninsured*, Kaiser Commission on Medicaid and the Uninsured (2002); *No Health Insurance? It's Enough to Make You Sick: Latino Community at Risk*, American College of Physicians/American Society of Internal Medicine (March 2000).

² *No Health Insurance? It's Enough to Make You Sick: Latino Community at Risk*.

³ Institute of Medicine, *Hidden Costs, Value Lost: Uninsurance in America*, National Academies Press (2003).

⁴ G. Flores, et al., "Keeping Children Out of Hospitals: Parents' and Physicians' Perspectives on How Hospitalizations for Ambulatory Care-Sensitive Conditions Can be Avoided," *Pediatrics*, Vol. 112, No. 5 (November 2003), pp. 1021-30.

⁵ "Elimination of Public Funding of Prenatal Care for Undocumented Immigrants in California: A Cost/Benefit Analysis," *American Journal of Obstetrics and Gynecology* (January 2000), 182 at 233-9.



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Diabetes disproportionately afflicts Latinos, including many immigrants. Diabetics are at risk for many serious side effects that can be prevented with regular preventative and diagnostic care. For example, preventive care prevents adverse maternal and infant health outcomes associated with diabetes. Diabetics are at risk for increased death due to influenza or pneumonia, yet only 50 percent get an annual flu shot. Early detection, via an annual dilated eye exam, and treatment can prevent 90 percent of blindness due to diabetic eye disease. Over 50 percent of lower-extremity amputations due to diabetes, and related surgery costs, could be avoided through preventive care.⁶

Restricting immigrants' access to public health coverage inevitably harms citizen children. According to census data, 85 percent of immigrant families with children are mixed-status families, with at least one immigrant parent and at least one citizen child.⁷ When any member of a family is uninsured, it can adversely affect the entire household. Institute of Medicine researchers have found that when any member of a family is not insured, parents and children are less likely to get timely health services, use of health services is more likely to have an adverse affect on family finances, and children's health and long-term development can be compromised.⁸

Governments do not avoid health care costs by limiting access to insurance programs. A recent study by the Kaiser Family Foundation showed that federal, state and local governments covered roughly 85 percent of the \$35 billion spent caring for uninsured individuals in the United States in 2001.⁹ Diane Rowland, executive director of the Kaiser Family Foundation's Commission on Medicaid and the Uninsured, noted that the study "demonstrated that we are already paying a substantial amount to care for a large uninsured population without any guarantee of coverage. The implication is that we pay for care in the least efficient way possible—after people get sick and need emergency or hospital care."¹⁰

The cost of providing health care to the uninsured weighs heavily on local governments and communities. In communities with high rates of uninsurance, access to health services is compromised for everyone, including those covered by health insurance. Community and other ambulatory clinics' capacity to serve all members of the community is weakened. Hospitals and other providers eliminate subspecialties, including trauma care, that are more likely to be used by uninsured patients. Market and related financing pressures on hospital operating margins cause hospitals to reduce their staffed inpatient beds, resulting in emergency department overcrowding that adversely affects the quality of care for all patients.¹¹

The consequences of limiting or terminating immigrants' access to health care are costly and burden entire families, communities and health care systems. Reducing immigrants' access to health care is not a sound cost-cutting strategy.

⁶ *No Health Insurance? It's Enough to Make You Sick: Latino Community at Risk.*

⁷ Michael Fix, Wendy Zimmermann and Jeffrey S. Passel, *Integration of Immigrant Families In the United States*, Urban Institute (July 2001).

⁸ *Health Insurance Is a Family Matter*, Institute of Medicine (September 2002).

⁹ Jack Hadley and John Holahan, *Covering the Uninsured: How Much Would It Cost?* Health Affairs web exclusive, Kaiser Commission on Medicaid and the Uninsured (February 12, 2003).

¹⁰ Kaiser Commission on Medicaid and the Uninsured, *Press Release*: "Health Affairs Article Shows That a Substantial Amount of Public Money Is Potentially Available for a Program to Expand Insurance Coverage," February 12, 2003.

¹¹ Institute of Medicine, *A Shared Destiny: Community Effects of Uninsurance*, The National Academies Press (2003).