HEALTH AND THE 2024 US ELECTION

Promoting Health for Latino Immigrant Families—A Call for Improved Systems and Policies

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Over 4 million Latino children in the US live in mixed-documentation status households, whose family members have differing immigration or citizenship statuses.[1] The asylum ban that began May 2023 resulted in an almost doubling of single-adult migrants denied initial asylum eligibility screenings compared with before the COVID-19 pandemic.[2] Migrants, often fleeing danger and poverty, may then risk entering the country illegally. However, many migrants entering the US in an undocumented state are prohibited from seeking asylum protection, leaving them trapped without a pathway to legal status. Once migrants enter the US, access to health care coverage and public benefits is limited due to restrictive eligibility based on immigration status. Undocumented immigrants rely on a patchwork of programs to support well-being, including safety net clinics; charity care programs; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and, in some states, health insurance through Medicaid and the Children's Health Insurance Program (CHIP) for select populations. Policies maintain these fragmented supports and lead to inefficiencies in care delivery, increased costs, and poor intergenerational health outcomes for Latino families.

We examine existing systems affecting Latino immigrant families' access to health care and public benefits. We then offer potential policy solutions to promote the health and well-being of Latino immigrant families.

Current Systems and Policies

Most undocumented immigrants are ineligible for health insurance, although varied piecemeal options offer low-cost health care access. Emergency Medicaid is available for lifesaving care, including childbirth. Locally, health care coverage is sometimes offered through private-public partnerships.[3] Innovative models through schools, mobile clinics, and student-run clinics also expand access but differ by eligibility, location, and resources.[3]

Medicaid coverage for undocumented children is limited to 11 states and Washington, DC, despite being associated with increased preventive care receipt for all children regardless of documentation status.[4] While many mixed-documentation status families seek preventive care at federally qualified health centers (FQHCs), they face significant cost barriers to receiving subspecialty services or imaging outside the FQHC setting, where sliding-scale fees no longer apply. Families then face the dilemma of prioritizing their child's health vs meeting other basic needs. California will be the first state to expand coverage for low-income residents regardless of immigration status in 2024. Oregon extended its Cover All Kids program to cover all low-income people through 25 years of age and those older than 55 years.

Prenatal care coverage for undocumented people is cost-effective and associated with decreased infant mortality.[5,6] Undocumented people receive prenatal insurance coverage in almost half (24) of states and Washington, DC, with nearly all relying on federal funds through the CHIP Unborn Child option. The premise of this option is that fetal health is dependent on that of the mother. However, this assumption disappears once the infant is born; only 10 states and Washington, DC, cover 1 year of postpartum care for undocumented people despite the association of postpartum care with decreased readmissions, emergency department visits, and maternal mortality.[7,8]

Public benefits to support the health of undocumented people are limited and focus on children and pregnant people. Undocumented children are eligible for WIC and school meal programs but are ineligible for the Supplemental Nutrition Assistance Program (SNAP/formerly food stamps) and Temporary Assistance for Needy Families (TANF). However, citizen children of undocumented parents are eligible for Medicaid, SNAP, and TANF. Regardless of eligibility, Medicaid and SNAP participation rates of Latino US-born children of noncitizen parents lag behind Latino children of citizen parents.[9] Lower participation rates may be due to factors including a "chilling effect" of restrictive immigration policies, confusion about eligibility, and language, literacy, and logistical barriers. For SNAP, undocumented parents are excluded from household size calculations despite counting their income toward income-eligibility determinations. Excluding undocumented family members leads to lower household and child benefits and poorer longitudinal health outcomes compared with nonimmigrant families of the same size.[10]

Policy and Systems Recommendations to Promote Immigrant Health

We present a diversity of policy recommendations, including legislative actions and health care delivery and payment model reform, recognizing that complex sociopolitical climates will require tailored approaches. In contexts where policy or systems-level changes are not immediately practical, incremental initiatives, such as community health worker programs or school-based care models, can support crucial access to care while simultaneously generating evidence to support policy change.

Expand Inclusive Legislation to Improve Immigrant Family Health

State legislatures should adopt the CHIP Unborn Child option. This policy has gained acceptance regardless of political affiliation when framed to appeal to state values. Second, federal legislation, like the currently stalled Health Equity and Access Under the Law for Immigrant Women and Families Act of 2021, would extend access to Medicaid, CHIP, and the Patient Protection and Affordable Care Act (ACA) health insurance exchanges for Deferred Action for Childhood Arrivals recipients and extend the ACA health insurance exchange eligibility to undocumented immigrants. Additionally, given repeated evidence showing SNAP to be an effective antipoverty measure despite requiring a small portion of the federal budget, physicians and other champions can advocate for expanding the federal budget for SNAP allotments and including undocumented parents in household size.

Tailor Health Care Payment Reform to FQHCs and Focus on the Whole Family

Value-based payment (VBP) approaches are increasingly common in Medicaid but underused among FQHCs, where many immigrant families seek care. The VBP models increasingly address the health-related social needs (HRSNs) of children and families, integrating care across sectors. Tailoring VBP models to the elevated HRSN of FQHC patient populations can improve patient well-being. For instance, Oregon's Alternative Payment and Advanced Care Model program gives FQHCs the flexibility to address HRSN through 18 specific services, including transportation assistance and referrals for food resources. The VBP approaches can also incentivize language supports and community health workers, which facilitate navigation of public programs for immigrant families but are not typically reimbursed in current models.

Expanding VBP models to focus on the whole family can also decrease Latino child health disparities. For example, the Aspen Institute's 2Gen approach supports whole families by identifying parent and child needs and making connections to services, such as educational opportunities, childcare, career training, and parenting programs. This approach acknowledges that caregiver and sibling well-being, regardless of documentation status, is crucial to supporting child health.

Streamline Enrollment Processes to Increase Participation and Reduce Coverage Gaps

Streamlining enrollment processes through universal public benefit applications, cross-program data sharing, and aligning certification periods among family members can decrease administrative burden and costs while addressing coverage gaps experienced by US-born children in Latino families. States can also adopt multiyear continuous enrollment provisions to keep eligible children on Medicaid and prevent coverage gaps that occur largely due to administrative processes and impact Medicaid-eligible Latino children more substantially than any other group. The COVID-19 emergency demonstrated the feasibility and effectiveness of Medicaid continuous enrollment provisions, with a decline in the number of uninsured children nationwide.

Conclusions

In recent years, unprecedented progress has been made in recognizing the importance of health equity and integrating innovative social care interventions into health systems. However, the stark contradiction between attention to health equity and the state of health care access and outcomes for immigrant families highlights an imperative to advance policies and systems that promote health for the growing community of Latino immigrant families seeking better lives in the US.

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