

# EXECUTIVE SUMMARY: EXPANDING HEALTH CARE ACCESS TO ALL THROUGH STATE LAW



Ensuring that people with undocumented status have access to health care insurance is important for racial and health equity.

Minnesota lags in this area compared to other states in implementing health equity measures. This resource summarizes information from the policy brief on **Expanding Health Care Access to All through State Law**, available at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org).



**What is the current legal and policy landscape regarding access to health care and insurance for undocumented people?**

Federal policy excludes people who are undocumented immigrants from accessing most federally-funded public health insurance programs. To address this gap, fourteen states and D.C. have enacted laws to extend access to their Medicaid and/or Children's Health Insurance Programs (CHIPs) or create new programs that deliver equivalent benefits to undocumented immigrants, using state-only funds. Some states have requested federal waivers to expand access to these health insurance programs.



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## What is the data on immigrants in Minnesota?

About half a million immigrants live in Minnesota, including about 95,000 undocumented immigrants (20%). Similar to national trends, people from Mexico represent Minnesota's largest immigrant group, followed by people from Somalia, India, Ethiopia, Laos (including Hmong), Vietnam, mainland China, and Thailand (including Hmong). Many Minnesota immigrant homes include family members of different statuses — citizens, documented and undocumented members.

Immigrants are valuable contributors to Minnesota's economic well-being and labor force, representing at least 11% of all workers in major industries such as health care; manufacturing; retail; education; and hospitality services. Undocumented immigrants paid \$191.2 million in federal taxes and \$108.8 million in state and local taxes in 2018. Immigrant-led households accounted for \$11.2 billion in after-tax spending in 2018. Immigrants are needed to maintain growth in the state's labor force. As a 2021 Minnesota Chamber Foundation [report](#) notes, the state's economic success depends on immigrants.

## What structural inequities in access to health care do undocumented immigrants face?

Immigration status impacts both individual and family health. Many studies and reports have demonstrated that structural racism and xenophobia are root causes of undocumented immigrants' lack of access to comprehensive health care insurance in the U.S., and that inequities in access contribute to significant disparities in health that disproportionately and negatively impact people who are Indigenous, Black, Latine, Asian American/Pacific Islander, and other people of color compared to white people, as the COVID-19 pandemic demonstrated.

Racism and other discrimination result in undocumented people working low wage jobs concentrated in industries such as hospitality, service, agriculture, and maintenance, which often lack health insurance benefits, paid leave, and other benefits. Undocumented people also cope with lack of affordable housing; challenges in access to transportation and healthy food; lack of linguistically and culturally appropriate services; and laws and systems that deny them access to health care insurance and services. Many undocumented immigrants fear being deported or denied lawful permanent residency status if they seek health care coverage or other public benefits, believing they could be categorized as a "public charge."

## Is there support for expanding access to health care insurance to undocumented kids and adults?

Yes. Studies show that providing Medicaid/CHIP coverage to uninsured children and adults increases use of preventative services and leads to improved health, reduces comprehensive family financial burden and missed school and work days, and saves thousands of dollars in government spending each year. For these reasons, policymakers and medical associations have supported legislation to increase access to health insurance for undocumented residents. In California, the first state to pass inclusive coverage for all age groups, 66% of adults supported health care coverage for undocumented immigrants.

## Are policy measures necessary?

Yes. The U.S. system of denying health care to undocumented immigrants is based on a series of policy decisions that requires policy responses. State legislation is crucial to close the health equity gap created by federal law for people who are undocumented immigrants.

## How are states taking action?

- California will soon provide comprehensive health insurance coverage to undocumented immigrant residents of all ages based on income guidelines (in addition to pregnant/postpartum care); this was accomplished by phasing in coverage through bills adopted over about seven years.
- Oregon made all ages eligible for comprehensive coverage but is not taking enrollments from people ages 26-54 years old for budgetary reasons, at least through July 2023.
- Washington D.C. provides comprehensive coverage to children and adults of all ages (including prenatal care), regardless of immigration status.
- Recent legislation and administrative action in New York extends coverage to undocumented immigrants ages 18 and under and 65 and up, in addition to providing coverage for pregnant and postpartum people ages 19-64 years old, regardless of immigration status, based on income guidelines.
- Eight states (Colorado, Connecticut, Maine, Massachusetts, New Jersey, Rhode Island, Vermont, and Washington) provide coverage to children/young adults in addition to covering pregnant/postpartum care. New Jersey and Massachusetts provide limited coverage for postpartum care and additional support for emergency care.

- Utah provides coverage for children ages 18 and under, based on income guidelines and other conditions.
- In December 2022, the Centers for Medicare & Medicaid Services approved Washington's application for a State Innovation Waiver under the Affordable Care Act, allowing the state to offer health and dental coverage through its health care exchange to all residents, and provide premium subsidies through a state-funded program to all people earning up to 250% of the FPL, regardless of immigration status or age. The waiver will be implemented January 1, 2024 through December 31, 2028.

## **What can Minnesota and other States do to expand access to comprehensive health care for all, regardless of immigration status?**

- Expand access to all low-income undocumented immigrants. If incrementally is necessary, start with children and seniors.
- Prioritize robust community engagement through a representative coalition or workgroup. The coalition should engage with community leaders and members, policymakers, academics, researchers, immigration attorneys, and other advocates (e.g., reproductive rights advocates) to build shared priorities and goals.
- Include specific processes in policy approaches that will help to advance racial and health equity goals such as a racial and health equity impact assessment; community engagement; policy evaluation; reporting processes and timelines; and implementation measures.
- Include culturally and linguistically appropriate education and dissemination strategies, and support training of health care and legal service providers on legal mandates and the needs of immigrant patients, and especially for those who may be undocumented.

## **Access to comprehensive health insurance coverage for all Minnesotans, regardless of immigration status, is critical to advancing health equity, sustaining the state's economy and workforce, and reducing health disparities.**

The Public Health Law Center has additional resources on this topic, including a policy brief, table summarizing state laws, and case study reports about laws passed in California, Colorado, Illinois, and Oregon. Resources can be found at <https://www.publichealthlawcenter.org/health-equity-and-policy>.

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