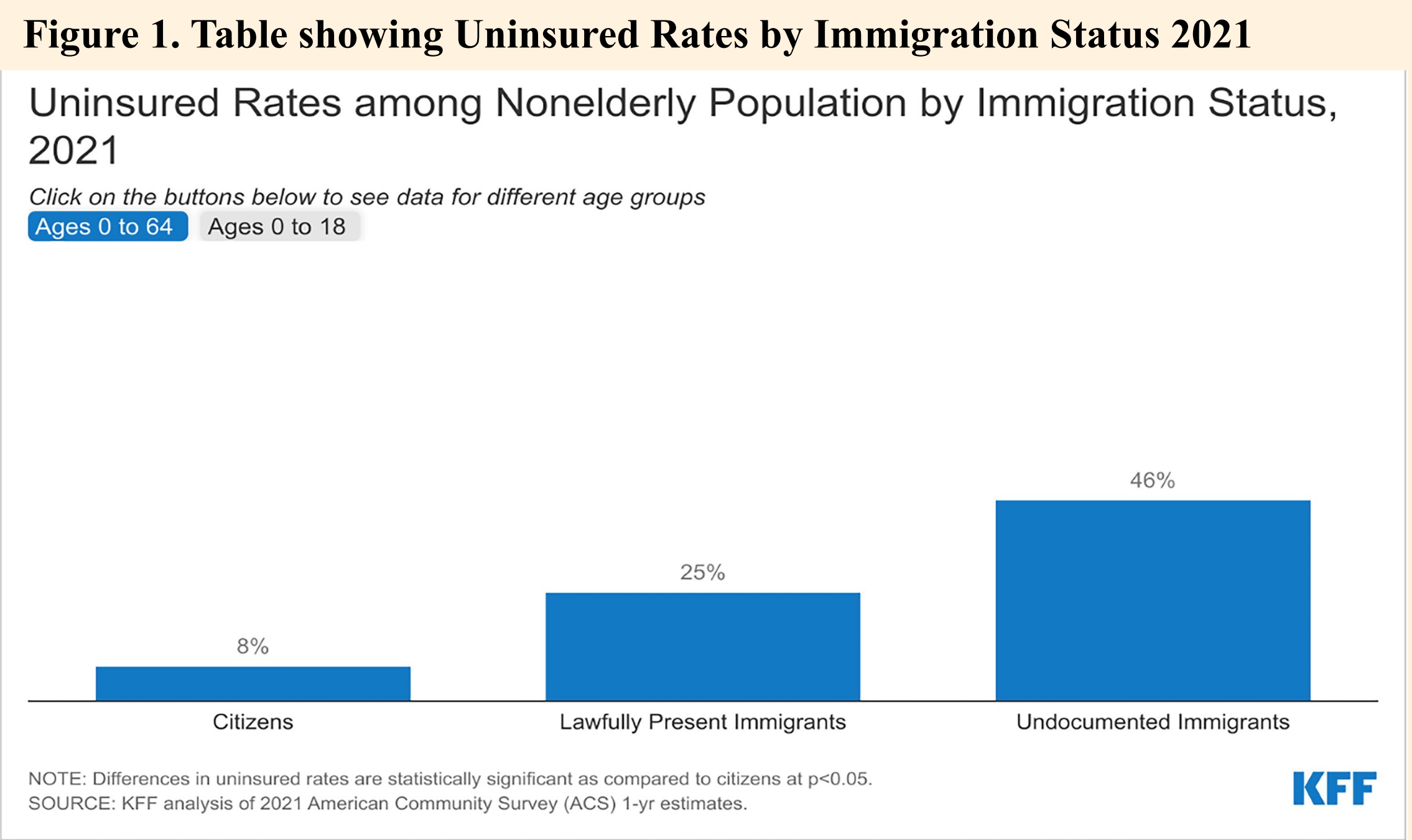


Research Objective

This study seeks to understand the extent to which undocumented immigrants can benefit from state level healthcare legislation intended to address the needs of uninsured individuals.

Background

- Demographics:** Undocumented immigrants make up 6% of the total US; 46% of undocumented immigrants ages 0 to 64 are uninsured (Figure 1).
- Legislative Exclusion:** While there are existing federal level healthcare programs for people who are uninsured such as the Affordable Care Act (ACA) and the Health Insurance Reform Act of 1996 neither include assistance to insure undocumented immigrants (NILC, 2014).
- Financial Barriers:** Uninsured patients face high out of pocket costs leading to high rates of medical debt (KFF, 2022).
- Fears Deterring Use of Public Services:**
 - The Trump administration intensified the Public Charge Rule, which spread fear that use of public services would compromise possibilities for adjusting immigration status. (KFF, 2019).
 - The Biden administration reversed Trump’s changes, but fears nonetheless remain.
 - Because of misinformation, lack of awareness, and lack of resources for immigrant communities, many immigrants live in fear of deportation and are deterred from accessing public services such as healthcare (Galletly et al., 2022).
- State-level Responses:** Due to lack of federal legislation to insure undocumented immigrants, several states have enacted policies to expand coverage (e.g., Medicaid expansions) and increase awareness of medical financial resources.



Methodology

Literature Review of Undocumented Immigrants and Healthcare Access (2015-2022)

Legislative Analysis: CO HB21-1198, NM SB.71, and VT H.287 (2021 to 2022)

Types of Sources: Academic Articles, Policy Fact Sheets, Demographic Data

Analysis	Although state-level Medicaid expansions and similar legislations expand qualifications to insure more undocumented people, many still remain uninsured. Therefore, this study analyzes three legislations intended primarily to help uninsured individuals but have the potential to indirectly benefit undocumented immigrants. These legislations focus predominantly on screening patients for existing programs that could cover healthcare expenses as well as provide indebtedness relief. The analysis below highlights the strengths and weaknesses of the legislations pertaining to the healthcare needs of undocumented, uninsured patients.		
Legislation	Colorado HB21-1198 <i>Health-care Billing Requirements for Indigent Patients</i>	New Mexico SB. 71 <i>Patient Debt Collection Protection Act</i>	Vermont H. 287 <i>Health Care Billing Requirement for Indigent Patients</i>
Date Passed	6/22/2021	3/16/2021	5/12/2022
Purpose	To screen patients for eligibility in public healthcare programs and discounted care, and enact restriction on medical debt collection, among other measures.	To screen patients for eligibility in, and assist in applying for, public healthcare programs and discounted care; enact restrictions on medical debt collection; and mandate reporting on use of public funds, among other measures.	To establish minimum standards for healthcare facility financial assistance policies; screen patients for eligibility in public healthcare programs and discounted care; prohibits sale of healthcare facility medical debt, among other measures.
Strength	<ul style="list-style-type: none">•Prohibits hospitals from sending patients to collections without disclosure of all healthcare options and completion of screening requirements.•Accountability measures:<ul style="list-style-type: none">–Ability for state department to fine healthcare facilities for non-compliance–Specifies amount of healthcare facility liability in patient lawsuits–Mandatory reporting to the state department of data collected by hospitals•Enacts restrictions on healthcare facilities selling patient medical debt•Requires language accessibility for screening	<ul style="list-style-type: none">•Regulates third party medical providers who bill separately from hospitals the same way as hospitals.•Accountability measures:<ul style="list-style-type: none">–Restrictions on sending patient to collection–Publicly report of use of urgent care funds•Offers application assistance for patients who are screened and qualify for programs•Prohibits healthcare facilities from selling indigent patients’ medical debt•Enacts restrictions on debt collection•Requires language accessibility for screening	<ul style="list-style-type: none">•Establishes minimum eligibility requirements for free or discounted care for large healthcare facilities.•Requires certain implementation processes for large healthcare facilities’ financial assistance policies•Mandates publication and direct notification of financial assistance policies•Explicitly includes the words “undocumented immigrants” in legislation•Prohibits large healthcare facilities from selling any medical debt•Requires language accessibility for screening
Weakness	<ul style="list-style-type: none">•No direct oversight with how third party contractors work with patient•No target goal for amount of patients that need to be screened or insured•No explicit language on rights and accessibility specifically for undocumented immigrants•Does not offer application assistance	<ul style="list-style-type: none">•No form of numerical accountability for hospitals such as fees or fines on hospitals, or a necessary target goal for amount of patients that need to be screened or insured•No explicit language on rights and accessibility specifically for undocumented immigrants	<ul style="list-style-type: none">•No form of numerical accountability for hospitals such as fees or fines on hospitals, or a necessary target goal for amount of patients that need to be screened or insured•Does not take into account third party billing and holding those systems accountable•Does not offer application assistance

Findings

- With the exception of Vermont, these legislations lacked specific language to include undocumented immigrants, which can lessen fears of using public benefits and can create awareness of accessibility.
- Healthcare screening acts can decrease financial barriers that uninsured undocumented people face by providing knowledge about recourses for which they are eligible.
- The high rates of fear that undocumented people face when it comes to government assisted healthcare could be alleviated through these legislations because they specify financial assistance to which uninsured people have access, provide language accessibility, and potentially clarify residual misinformation related to the Trump Administration’s Public Charge Rule.
- As in New Mexico’s law, direct help in applying for healthcare financial assistance programs can further increase accessibility, reduce fear, and spread awareness about the availability of financial assistance for healthcare.

Policy Recommendation

This study recommends federal legislation that comprises the strengths of each of these state-level legislations such as:

- A language-accessible screening process provided in lobbies and waiting areas of healthcare facilities
- Questions asked in screening process are simple to answer and only ask for information that is absolutely necessary
- Providing direct help to patients in applying for government assisted health insurance or alternative financial assistance programs for which they are eligible.
- Prohibiting healthcare facilities from selling medical debt or sending patients to collections without screening patients for financial assistance programs.
- Holding healthcare facilities accountable through licensing, specifying the patient’s right to sue healthcare providers, and requiring healthcare facilities to publicly report data collected and use of public funding.
- Explicit language regarding the rights of undocumented immigrants
- Mandate all private hospitals and facilities that provide medical care such as urgent care or primary care physicians to inform and screen uninsured individuals.