

# Health Care Access for Undocumented Hispanic Immigrants in New York City

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## Analysis and Policy Proposal

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This paper explains the problems undocumented Hispanic immigrants face when trying to access health care, why a city such as New York would address those problems, and how they could be addressed. In addition, the potential impacts of the Patient Protection Affordable Care Act (PPACA) on undocumented Hispanic immigrants in New York City will also be discussed.

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## Introduction

The purpose of this report is to illustrate the need for better health care access for undocumented Hispanic immigrants living in the United States and New York City. The undocumented Hispanic population faces a variety of social and economic obstacles that impede their ability to obtain either private or public health insurance. This makes them a vulnerable population, meaning their health care access is limited. Because undocumented Hispanic immigrants are a vulnerable population, they are more likely to be unhealthy and face medical problems than those who have regular access to health care and have insurance.

New York City (NYC) will be used as a case study to analyze what can and what needs to be done in order to address the needs of the undocumented Hispanic population. NYC was chosen because it has an extensive Hispanic population in general, and more specifically, a large undocumented Hispanic population. NYC already has services dedicated to providing affordable health care for its residents. However, many undocumented Hispanic immigrants are afraid to come forward to claim these services due to the fear of deportation; this leads to poorer health for this population.<sup>1</sup>

To alleviate this problem, NYC has several different options; some of which will be discussed in this report. In addition to the options that NYC itself can take, the Patient Protection Affordable Care Act (PPACA) passed by President Obama in 2010 presents NYC with an additional opportunity to expand health care options to the undocumented Hispanic immigrant population.

For the purposes of this report, the issues and debates surrounding undocumented immigration itself will not be discussed. There are approximately 11.5 to 12 million undocumented immigrants living in the United States.<sup>2</sup> Regardless of what an individual believes about this controversial issue, it does

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<sup>1</sup> Okie, Susan. "Immigrants and Health Care: At the Intersection of Two Broken Systems." New England Journal of Medicine. 9, August 2007. <http://www.nejm.org/doi/full/10.1056/NEJMp078113>.

<sup>2</sup> Passel, Jeffery. "Size and Characteristics of the Unauthorized Migrant Population in the U.S." The Pew Hispanic Center. 7, March 2006. <http://www.pewhispanic.org/2006/03/07/size-and-characteristics-of-the-unauthorized-migrant-population-in-the-us/>.

not change the fact that undocumented immigrants are present in the United States; the fact that they lack access to health care is an issue and that is what will be discussed in this report.

### **Background Information: The Vulnerable Population**

A vulnerable population is a group of people that have limited to no access to health care.<sup>3</sup> This group does not have health insurance and usually does not have a regular health care provider. Therefore, people who are vulnerable are less healthy than the rest of the population. Individuals without health insurance are:

- Hospitalized at least 50% more frequently than the insured for ‘avoidable hospital conditions’ like pneumonia and uncontrolled diabetes;
- More likely diagnosed with later-stage cancer than individuals who are insured; and
- Less likely to visit the doctor for prenatal care for uninsured pregnant women, as a result, their newborn infants have a 31 % greater risk for adverse health.<sup>4</sup>

Vulnerable populations also create a public cost because they use emergency rooms more frequently than those who are not vulnerable. Compared with the insured, uninsured adults are 4 times more likely to use an emergency room and uninsured children 5 times more likely to use the emergency room.<sup>5</sup>

In most cases, the vulnerable populations cannot afford to pay these health care costs due to emergency room visits, which send many families and individuals into debt.<sup>6</sup> While it is unclear how much money hospitals lose due to vulnerable populations not paying, in most cases pass costs are passed onto the insured patients by increasing premiums and fees.<sup>7</sup> In other cases, the hospitals use

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<sup>3</sup> Derose, Katherine Pitkin and José J. Escarce and Nicole Lurie. “Immigrants and Health Care: Sources of Vulnerability.” *Health Affairs*, 26, no. 5 (2007): 1258-1268. September 2007.

<sup>4</sup> “Health Insurance: Characteristics in the Uninsured Population.” Government Accountability Office. 2001, 3.  
<http://content.healthaffairs.org/content/26/5/1258.full?ijkey=CFaP5ZgmdwDZI&keytype=ref&siteid=healthaff>.

<sup>5</sup> Ibid

<sup>6</sup> “The Uninsured: A Primer – Key Facts about Americans without Health Insurance.” The Henry J. Kaiser Family Foundation. December 2010, 5.

<sup>7</sup> Ibid

public funding from the government to cover these expenses. For example, New York State spent \$690 million on in-patient and out-patient spending on undocumented immigrants in 2002.<sup>8</sup> Unpaid healthcare costs are a problem for the uninsured families that cannot afford them, the insured families who have to pay higher premiums for hospital services and taxpayers who have to foot the bill of unpaid bills at hospitals.

### **The Vulnerable: Socioeconomic Traits and Trends**

Vulnerability has been linked to several social and economic factors. Many of the factors listed below are interdependent and connected. These demographics are:

- Younger adults (18-35)
- Low-income
- Employees of smaller firms and certain lines of work
- Less educated
- Minorities
- Documented immigrants

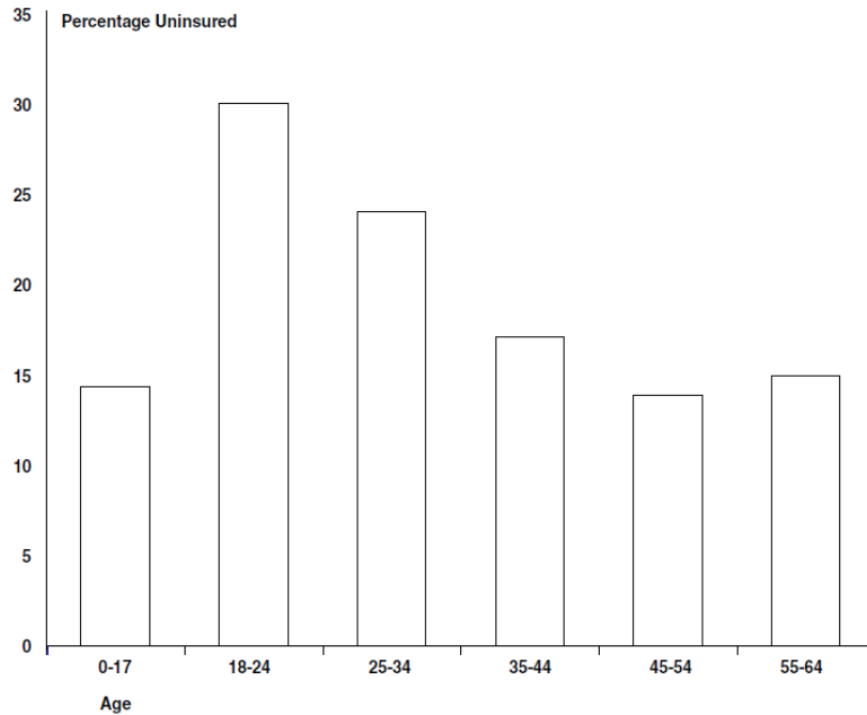
In this section, I will outline why each of these groups is more likely to lack health insurance. In the following section entitled 'Undocumented Hispanic Immigrants: A Multitude of Factors,' I will explain how all of these factors relate to the undocumented Hispanic immigrant population.

### **Young Adults**

Young adults, specifically those between 18 and 24 years old, are the most likely to be uninsured. The graph visually shows this trend.

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<sup>8</sup> 'Undocumented Aliens: Questions Persist About the Impact on Hospitals' Uncompensated Costs.' Government Accountability Office. May 2004. <http://www.gao.gov/new.items/d04472.pdf>.



Source: GAO analysis of the March 2000 Supplement, Current Population Survey of nonelderly (under 65).

According to a Government Accountability Office testimony in 2001 (which was the last time this sort of study was commissioned), “[y]oung adults’ transition to the workforce—often working part-time or for low wages, changing jobs frequently, and working for small employers— makes them less likely to be eligible for employment-based coverage.”<sup>9</sup> The median income of uninsured young adults between 19 and 29 in 2008 was \$15,000, which makes affording insurance or health care access difficult.<sup>10</sup> Additionally, young adults might not find health insurance as necessary if they are healthy.<sup>11</sup> Individuals who are in the age group that is least likely to get sick.<sup>12</sup>

<sup>9</sup> “Health Insurance: Characteristics in the Uninsured Population.” Government Accountability Office.2001, 12.

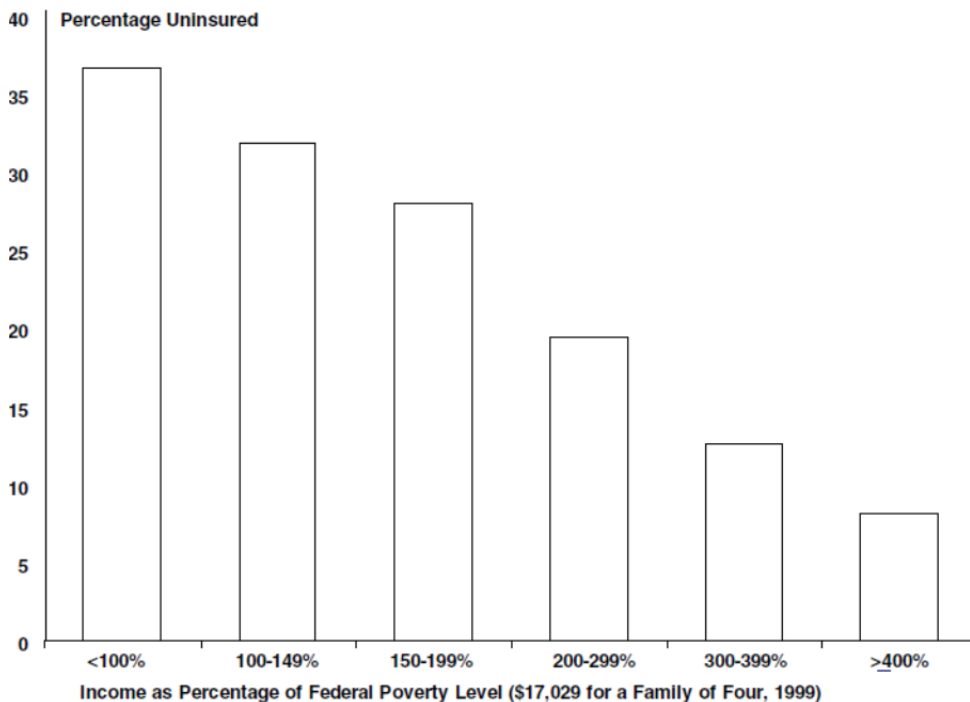
<sup>10</sup> “The Uninsured: A Primer – Key Facts about Americans without Health Insurance.” The Henry J. Kaiser Family Foundation. December 2010, 5.

<sup>11</sup> “Health Insurance: Characteristics in the Uninsured Population.” Government Accountability Office.2001, 12.

<sup>12</sup> Mussich, Shirley, Dan Hook, Tracey Barnett, and Dee W. Edington. “The association between health risk status and health care costs among the membership of an Australian health plan.” Oxford University Press, 2003. <http://heapro.oxfordjournals.org/content/18/1/57.full>.

## Low Wage Earners

Individuals with lower incomes, like young adults, are more likely to be uninsured. Specifically those whose incomes are below the federal poverty level (for a family of four in 2010 the level was at \$22,050) are at the highest risk of being uninsured, as shown in the graph below. This group makes up 40% of all the uninsured.<sup>13</sup> Factoring moderate income families, nine in ten of the uninsured are part of low- or moderate-income families, meaning their incomes are below \$88,200 for a family of four, or less than four times the Federal Poverty Level.<sup>14</sup>



Source: GAO analysis of the March 2000 Supplement, Current Population Survey of nonelderly (under 65).

One reason for this trend is individuals who only work part-time, and are therefore not earning as much, are not usually offered health insurance.<sup>15</sup> In addition, many low-income families believe that affordable health insurance is out of their reach. According to a survey taken in 2000, nearly 75% of uninsured adults cited that the high cost of coverage as a major reason explaining why they did not have

<sup>13</sup> "The Uninsured: A Primer – Key Facts about Americans without Health Insurance." [The Henry J. Kaiser Family Foundation](#), December 2010, 5.

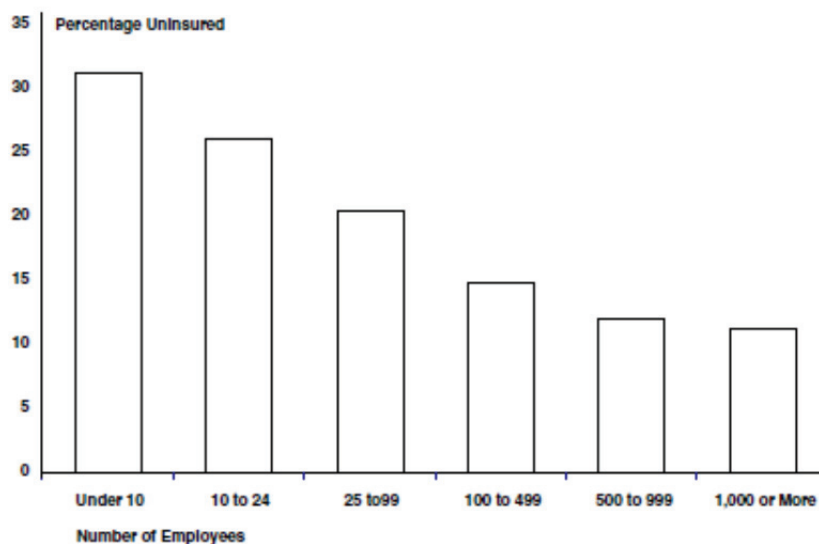
<sup>14</sup> Ibid

<sup>15</sup> Stanton

health insurance; nearly half of all survey participants cited it specifically as the most important reason.<sup>16</sup> In many cases, the belief that insurance is too expensive is well founded. In 2010, the average annual total cost of employer-sponsored family coverage was \$13,770, with employees paying 30% of this premium.<sup>17</sup> If a family of four is only making enough money to keep themselves out of poverty, which is \$22,350 according to the US Department of Health and Human Services, then that would only leave \$8,580 for the family to live on for the entire year.<sup>18</sup> In this situation, obtaining health insurance is not feasible.

### Employees of Small Firms and Certain Lines of Work

Employees of small firms are more likely to be uninsured than employees of larger firms, as illustrated below. Only 36% of private establishments with fewer than 10 employees offered health insurance in 1998, as opposed to almost every private company with 50 or more workers.<sup>19</sup>



Source: GAO analysis of the March 2000 Supplement, Current Population Survey of nonelderly adults (18- to 64-year-olds).

There are many reasons a small business will choose not to offer health insurance. Smaller businesses have a larger incentive to keep costs low than larger businesses due to a smaller business's

<sup>16</sup> "Health Insurance: Characteristics in the Uninsured Population." Government Accountability Office. 2001, 10.

<sup>17</sup> "The Uninsured: A Primer – Key Facts about Americans without Health Insurance," 5.

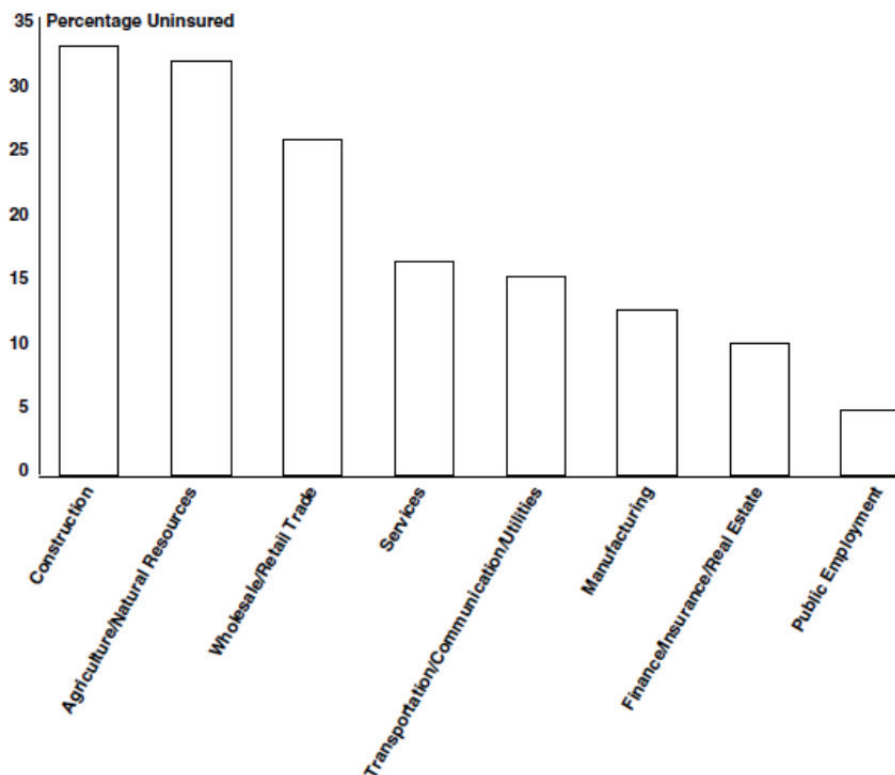
<sup>18</sup> "The 2011 HHS Poverty Guidelines." US Department of Health and Human Services. 2011.  
<http://aspe.hhs.gov/poverty/11poverty.shtml>.

<sup>19</sup> "Health Insurance: Characteristics in the Uninsured Population." Government Accountability Office. 2001, 8.



lower success rate.<sup>20</sup> In 2010, the average annual total cost of employer-sponsored family for the employer was \$4,131.<sup>21</sup> Therefore, they are not always capable of paying the employer contributions to a health insurance plan or paying their own administrative costs for managing the health insurance of their employees.

In addition to small employers, there are certain industries that are less likely to offer health insurance, as seen below. For example, in 1999 workers in the construction, agriculture, and natural resources (for example, mining, forestry, and fisheries) industries faced an uninsurance rate greater than 30%.<sup>22</sup> This issue will be discussed in more detail in the next section.



Source: GAO analysis of the March 2000 Supplement, Current Population Survey of nonelderly adults (18-64).

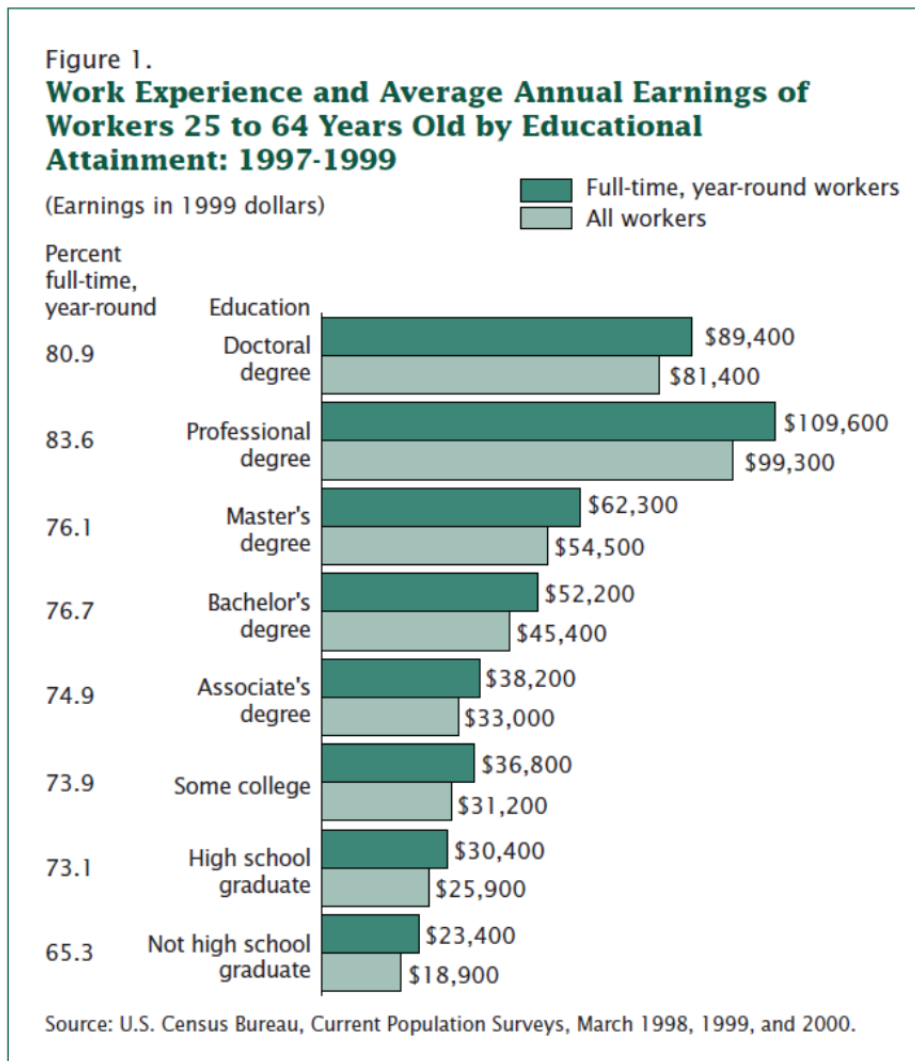
<sup>20</sup> Stanton

<sup>21</sup> "The Uninsured: A Primer – Key Facts about Americans without Health Insurance," 5.

<sup>22</sup> "Health Insurance: Characteristics in the Uninsured Population." Government Accountability Office. 2001, 9.

## Less-Educated

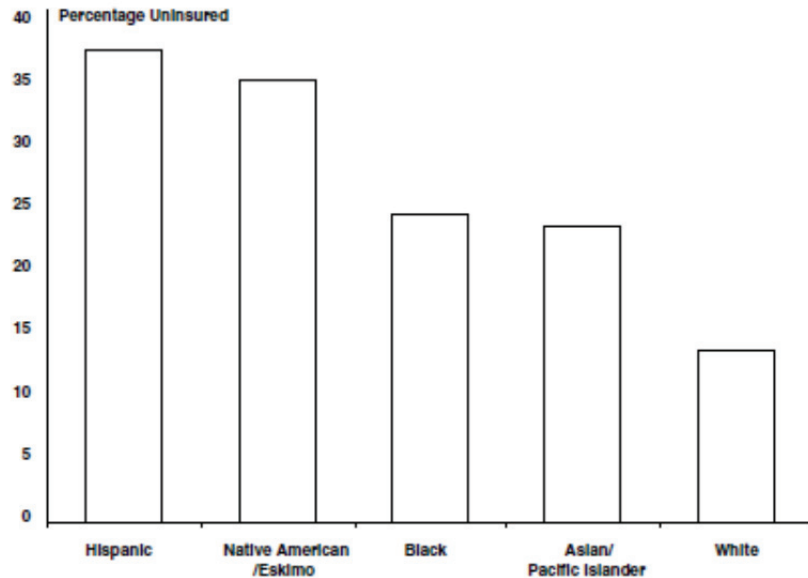
Those who have lower education levels, especially those who have no education beyond high school, are more likely to be uninsured. More specifically, 63% of nonelderly uninsured adults have no education beyond high school.<sup>23</sup> Individuals who are less-educated are also more likely to work low-income jobs. The graph below shows the correlation between highest education level achieved and income. Like many of the other factors contributing to a lack of health insurance, low education level overlaps with many of the other factors discussed in this section.



<sup>23</sup> "The Uninsured: A Primer: Key Facts about Americans without Health Insurance," 6.

## Minorities

Uninsured rates are much higher amongst minority populations than white populations, as seen in the graph below. While only 14% of whites are uninsured, about one-third of Hispanics and 23% of African-Americans are uninsured.<sup>24</sup>



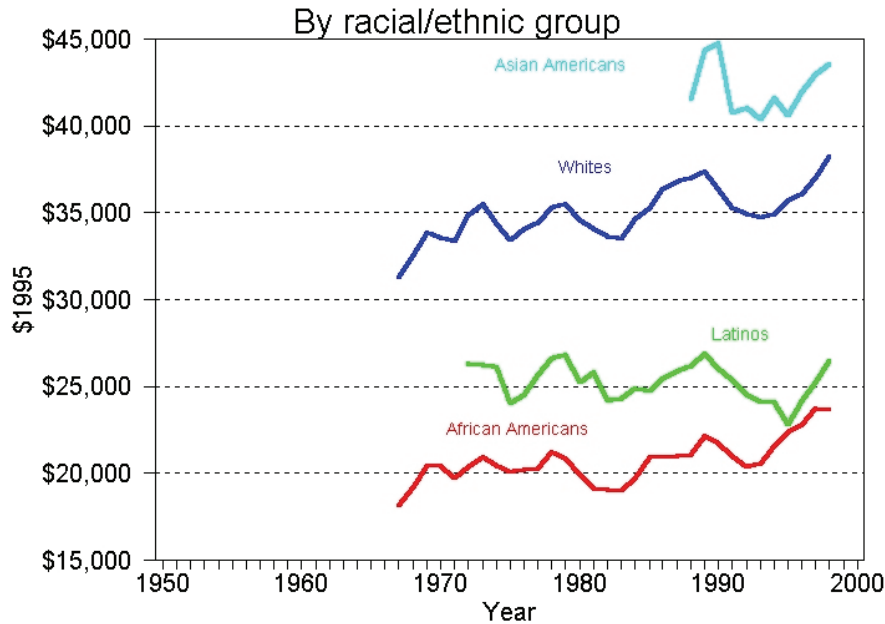
Source: GAO analysis of the March 2000 Supplement, Current Population Survey of nonelderly (under 65).

This connection between insurance and minority status is also related to income level. As the graph below shows, minorities (excluding Asian-Americans) have lower median incomes than white, non-Hispanic, Americans. In addition, the chart below shows trends relating the percent of uninsured individuals and income amongst minorities.

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<sup>24</sup> Ibid

# Median household income



Source: [www.census.gov/hhes/income/histinc/index.html](http://www.census.gov/hhes/income/histinc/index.html)  
 Note: Latinas may be of any race.

## Percentage uninsured

| Income category<br>(percentage of<br>federal poverty level) | Percentage uninsured |                    |          |                                                                            |
|-------------------------------------------------------------|----------------------|--------------------|----------|----------------------------------------------------------------------------|
|                                                             | White <sup>a</sup>   | Black <sup>a</sup> | Hispanic | Asian, Eskimo,<br>Native American,<br>and Pacific<br>Islander <sup>a</sup> |
| Less than 100 percent                                       | 32.1                 | 30.5               | 45.4     | 43.6                                                                       |
| 100 to 199 percent                                          | 23.0                 | 28.6               | 42.0     | 36.3                                                                       |
| 200 to 299 percent                                          | 14.7                 | 22.2               | 32.8     | 24.9                                                                       |
| 300 to 399 percent                                          | 9.8                  | 16.0               | 24.0     | 20.6                                                                       |
| 400 percent or more                                         | 6.7                  | 12.7               | 15.8     | 11.8                                                                       |

<sup>a</sup>Only non-Hispanics were included in the white; black; and Asian, Eskimo, Native American, and Pacific Islander groups.

Source: GAO analysis of the March 2000 Supplement, Current Population Survey of nonelderly (under 65).

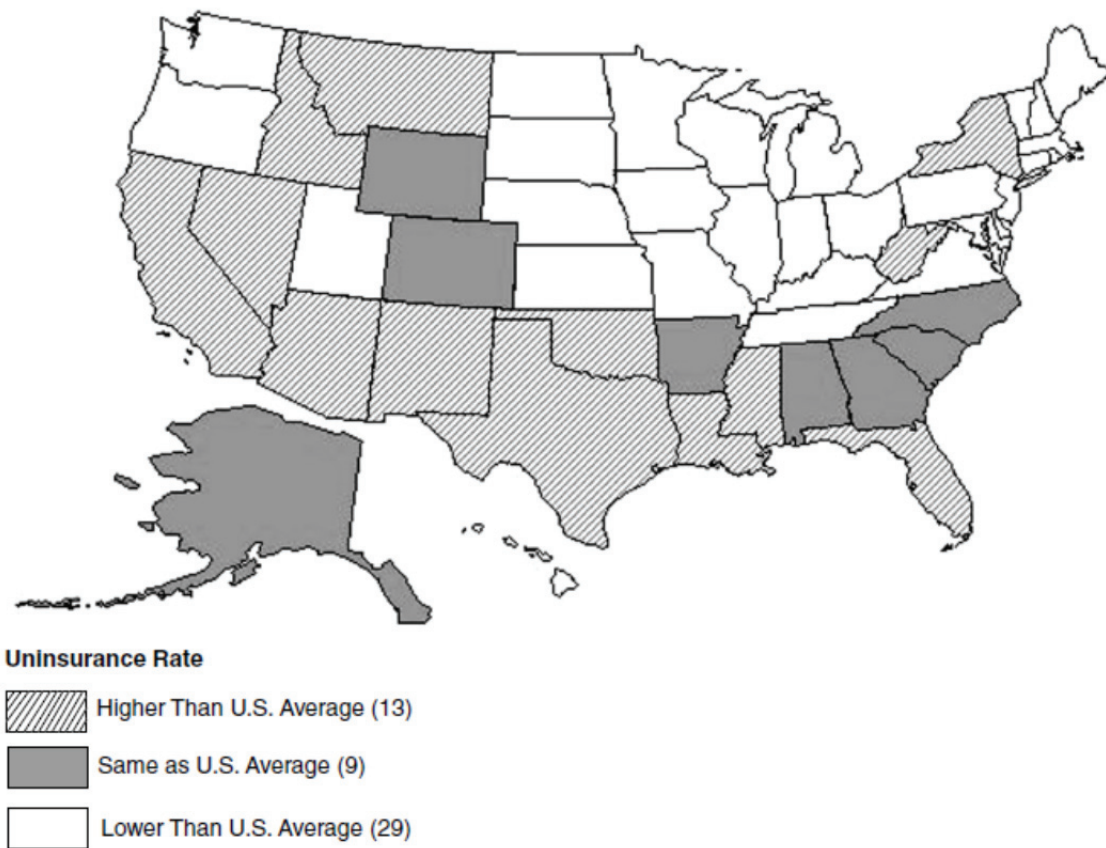
## Documented Immigrants

Approximately 37% of immigrants are uninsured compared to 15% of individuals born in the United States.<sup>25</sup> Part of the reason for this trend is a lack of publicly available health insurance. Legal immigrants need to live in the United States for five years before they can take advantage of public health insurance programs. In 1999, for example, an estimated 20 % of immigrants from families

<sup>25</sup>"Health Insurance: Characteristics in the Uninsured Population." Government Accountability Office. 2001, 14.

earning less than the federal poverty level were covered by Medicaid, as opposed to 38 % of American-born citizens.<sup>26</sup>

By looking at uninsurance in individual states, immigration’s impact can be observed. Below, the map illustrates which states have higher uninsurance rates. According to the Government Accountability Office, “in Florida, [documented] immigrants composed more than 17 % of the population, higher than the U.S. average of about 10 % and lower only than California and New York;” those three states all have higher than average uninsurance rates and documented immigration is a contributing factor.<sup>27</sup>



Source: GAO analyses of the March 1999 and March 2000 Supplements, Current Population Survey of nonelderly (under 65). Estimates for 1999 and 2000 were combined to improve the precision of the state-level estimates.

<sup>26</sup> Ibid

<sup>27</sup> Ibid, 16.

## **Undocumented Hispanic Immigrants: A Multitude of Factors**

To summarize the previous section, individuals who are low-income, less-educated, work for smaller employers or are in certain lines of work, are younger, and are part of a minority population are more likely to be uninsured. In this section, I will explain how each of these factors applies to the undocumented Hispanic population and how undocumented Hispanic immigrants face additional barriers in acquiring health care. One of the reasons the undocumented population is so difficult to count and to analyze in general is because they are trying to avoid detection; this is often due to a fear of being discovered and then deported.<sup>28</sup> In many cases throughout this report, I will be talking about other, broader populations such as all Hispanics, all immigrants, or all foreign-born individuals. The uninsured, undocumented Hispanic population is part of all of the aforementioned groups. Since they make up a part of the larger groups, I am using the larger groups to illustrate and explain trends that also occur in the undocumented and uninsured Hispanic population. I will be referring to these groups throughout this paper.

According to the Pew Hispanic Center, approximately 60% of undocumented immigrants do not have health insurance.<sup>29</sup> This percent is higher than the number of legal Hispanics residing in the US (28%) and higher still than the percent of adults residing in the US (7%).<sup>30</sup> While the number of US citizens who do not have health insurance is higher than the number of uninsured non-citizens, percentage-wise non-citizens are three times more likely to be uninsured than the native-born.<sup>31</sup>

Some evidence suggests that undocumented Hispanic immigrants in general are in better health than the average American. INSERT CITATION While this is true for immigrants as soon as they arrive in the United States, over time the health of this population deteriorates; According to a study conducted by the NYC Department of Mental Health and Hygiene, 24% of foreign-born New Yorkers that had lived

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<sup>28</sup> Okie, Susan. "Immigrants and Health Care: At the Intersection of Two Broken Systems."

<sup>29</sup> Livingston, Gretchen. "Hispanics, Health Insurance, and Health Care Insurance." Pew Hispanic Center. 25, September 2009. <http://pewhispanic.org/files/reports/113.pdf>

<sup>30</sup> Ibid

<sup>31</sup> "The Uninsured: A Primer – Key Facts about Americans without Health Insurance."

in the United States for more than four years reported that their health was fair or poor, as opposed to 17% foreign-born New Yorkers who had lived in the United States for less than four years.<sup>32</sup> Possible reasons for this deterioration are poor living conditions and the adoption of unhealthy American habits.<sup>33</sup> Additionally, many foreign-born individuals are less likely to utilize preventative care. For example, according to the NYC Department of Mental Health and Hygiene, “[f]oreign-born adults under age 65 are less likely to have a regular primary care provider than U.S.-born adults (69% vs. 80%), and foreign-born adults who speak Spanish are less likely to have a regular primary care provider than those who speak English (52% vs. 74%).”<sup>34</sup> To be more specific, only 44% of foreign-born adults above age 50 have ever received a colon cancer screening compared to 53% U.S.-born adults.<sup>35</sup> However, there is also evidence that goes against the notion that foreign-born Hispanics are generally healthier; for example, they were more likely to report fair or poor general health than US-born Hispanics (36% versus 31%).<sup>36</sup> Together, this data demonstrates that undocumented Hispanic immigrants need help to address their deteriorating health. While it is possible that the foreign-born in general are healthier than the average New Yorker, there are still problems that should be taken into consideration.

There are many factors which affect undocumented Hispanic immigrants that contribute to less health care access and therefore poorer health. Undocumented Hispanic immigrants are more likely to have low-income jobs. Approximately 22% of undocumented immigrants from Latin America live below the Federal Poverty Line, while only 11% of American citizens live below that line.<sup>37</sup> This difference in income level makes it more difficult for undocumented Hispanic immigrants to obtain health care

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<sup>32</sup> ‘The Health of Immigrants in NYC.’ NYC Department of Mental Health and Hygiene. June 2006.

<http://www.nyc.gov/html/doh/downloads/pdf/episrv/episrv-immigrant-report.pdf>.

<sup>33</sup> Derose, Katherine Pitkin and José J. Escarce and Nicole Lurie. “Immigrants and Health Care: Sources of Vulnerability.” <http://content.healthaffairs.org/content/26/5/1258.full?ijkey=CFaP5ZgmdwDZI&keytype=ref&siteid=healthaff>.

<sup>34</sup> ‘The Health of Immigrants in NYC.’ NYC Department of Mental Health and Hygiene.

<sup>35</sup> Ibid

<sup>36</sup> Ibid

<sup>37</sup> Derose, Katherine Pitkin and José J. Escarce and Nicole Lurie. “Immigrants and Health Care: Sources of Vulnerability.”

Additionally, undocumented Hispanic immigrants, in general, are less educated than American citizens and other undocumented immigrant groups. Only 38% of undocumented immigrants from Mexico and Central America have graduated from high school, as opposed to 87% of United States citizens and 87% of undocumented immigrants from Asia.<sup>38</sup> This education disparity is one factor that prevents undocumented immigrants from obtaining higher-paying jobs, as explained in the previous section, and from being able to afford health insurance.

Undocumented Hispanic immigrants are also more likely to work in job sectors that do not offer health insurance (refer to the graph on page 9). The two industries with the highest uninsurance rates are construction and agriculture. Undocumented immigrants in general are three times more likely to be working in these two areas than native-born Americans.<sup>39</sup> In NYC, seven out of every ten construction laborers are immigrants.<sup>40</sup> This is largely due to the fact that undocumented immigrants, especially those from Latin America, are more likely to be less educated than other undocumented immigrant groups and American citizens; since these jobs do not require a high level of education, undocumented Hispanic immigrants are more likely to work in these areas.<sup>41,42</sup>

The undocumented Hispanic immigrant population is also younger than the native-born American population. The graph below shows that a large portion of the undocumented immigrant population is between the ages of 25 and 29. According to the Pew Hispanic Center, “[m]en ages 18-39 make up 35% of the undocumented immigrant population, compared with 14% among the U.S. born and 18% among legal immigrants.”<sup>43</sup> This age difference is another reason that helps explain why

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<sup>38</sup> Ibid

<sup>39</sup> Passel, Jeffery. “Unauthorized Migrants in the United States: Estimates, Methods, and Characteristics.” Organisation for Economic Co-operation and Development. 2007. <http://www.oecd.org/dataoecd/41/25/39264671.pdf>.

<sup>40</sup> “Working for a Better Life: A Profile of Immigrants in the New York State Economy.” The Fiscal Policy Institute. November 2007. [http://www.fiscalspolicy.org/publications2007/FPI\\_ImmReport\\_WorkingforaBetterLife.pdf](http://www.fiscalspolicy.org/publications2007/FPI_ImmReport_WorkingforaBetterLife.pdf).

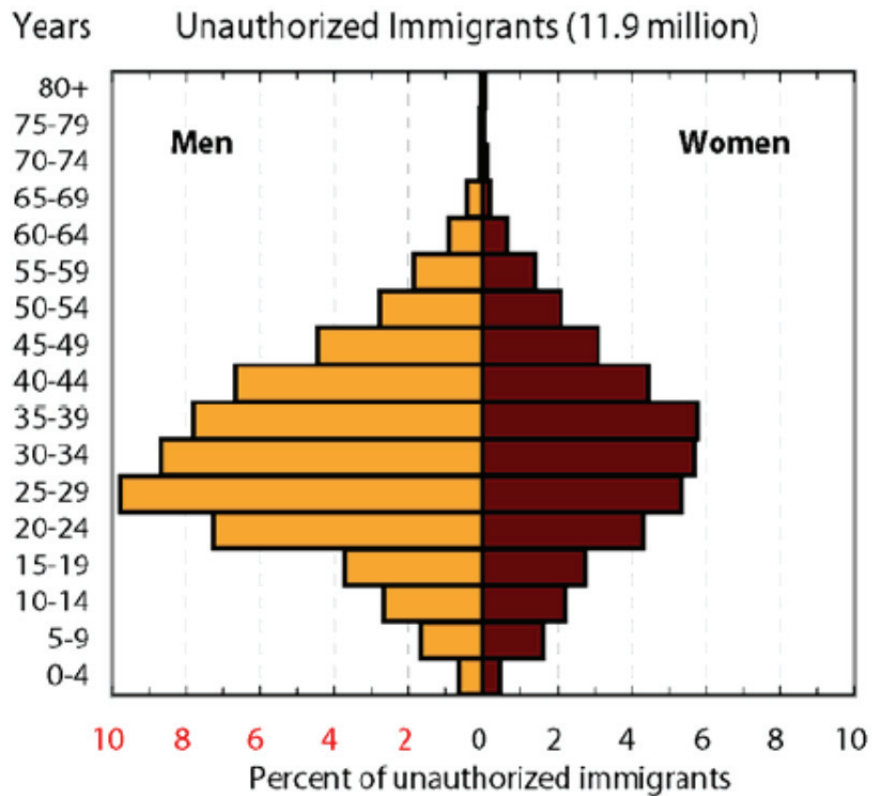
<sup>41</sup> Passel, Jeffery. “Unauthorized Migrants in the United States: Estimates, Methods, and Characteristics.”

<sup>42</sup> Derose, Katherine Pitkin and José J. Escarce and Nicole Lurie. “Immigrants and Health Care: Sources of Vulnerability.”

<sup>43</sup> Passel, Jeffery and D’Vera Cohn. “A Portrait of Unauthorized Immigrants in the United States.” The Pew Hispanic Center. April 2009. <http://www.pewhispanic.org/2009/04/14/a-portrait-of-unauthorized-immigrants-in-the-united-states/>.



undocumented Hispanic immigrants are more likely to not have health insurance than other groups with higher median ages.



Source: Pew Hispanic Center tabulations from augmented March 2008 Current Population Survey. See text for details.

Undocumented Hispanic immigrants are a minority and an immigrant group in the United States, which means they face the same problems as minorities and immigrants in general. However, undocumented immigrants face additional problems because of their legal status. As stated in the introduction, many undocumented immigrants are afraid that by stepping forward to receive health care their presence will be revealed to the authorities and they will be deported.<sup>44</sup> Currently, the United States is debating extremely harsh legislation in various states such as Arizona. In 2011, 396,906 undocumented immigrants were deported from the United States. INSERT CITATION

<sup>44</sup> Okie, Susan. "Immigrants and Health Care: At the Intersection of Two Broken Systems."

(<http://www.pbs.org/wgbh/pages/frontline/race-multicultural/lost-in-detention/record-number-of-illegal-immigrants-deported-in-2011/>)

An additional factor that lessens an undocumented Hispanic immigrant's access to health care is limited English proficiency. Approximately 45% of foreign-born Hispanics reported in 2000 that they spoke little to no English.<sup>45</sup> This limits both the amount of health care access and the quality of health care undocumented Hispanic immigrants receive. According to *Health Affairs*, a health policy journal, “[a]dults with limited English proficiency and their children are much less likely to have insurance and a usual source of care, have fewer physician visits, and receive less preventive care than those who only speak English.”<sup>46</sup> In addition, those who did not speak English also reported a lower understanding of their medical situation and a lower quality visit.<sup>47</sup> While in some areas interpreters are kept on staff at health care facilities, many times non-English speakers bring a family member who speaks English to translate or staff members untrained in translation; these ad hoc translators who do not have proper translation training usually provide suboptimal service.<sup>48</sup> If an individual cannot understand what his or her health problem is and is unsatisfied with the quality of their visit, they are less likely to return to receive additional health care services. This can negatively impact an undocumented Hispanic immigrant's health.

In short, undocumented Hispanic immigrants fall into all of the categories that negatively impact health care vulnerability. In addition, they face additional problems due to their undocumented immigration status and their limited ability to speak English. Because of all the factors confronting them, undocumented Hispanic immigrants face great barriers to health care access.

### **Background Information: NYC**

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<sup>45</sup> Kochhar, Rakesh, Roberto Suro and Sonya Tafoya. “The New Latino South: The Context and Consequences of Rapid Population Growth.” *Pew Hispanic Center*. 26, June 2005. <http://www.pewhispanic.org/2005/07/26/ii-introduction19/>.

<sup>46</sup> Derose, Katherine Pitkin and José J. Escarce and Nicole Lurie. “Immigrants and Health Care: Sources of Vulnerability.”

<sup>47</sup> Ibid

<sup>48</sup> Ibid

In 2004, 535,000 undocumented immigrants lived in the city.<sup>49</sup> According to the Pew Hispanic Center, approximately 78% of the United States undocumented population in 2005 was from Mexico or Latin America. If we apply this percentage to NYC, approximately 417,300 undocumented immigrants of Hispanic origin lived in NYC in 2004. It is unclear whether the undocumented immigrant population has grown since then, and if so by how much. Nationally, the undocumented immigrant population increased from 2004 to 2007, but decreased after that until 2009; the undocumented 2010 population is about the same as the 2009 population.<sup>50</sup> The decrease is largely due to the economic recession of 2008, which caused many undocumented immigrants to return home and caused a decrease in undocumented immigration.<sup>51</sup> The Pew Hispanic Center reported that New York State's total undocumented immigration population decreased by approximately 200,000 people.<sup>52</sup>

The map below shows the areas where Hispanics live in NYC. With the exception of Manhattan, every borough of NYC experienced a growth in the total legally residing Hispanic population between 2000 and 2010 in contrast to the undocumented immigrant population decline.<sup>53</sup> The highest concentrations of Hispanics in 2010 are found in the Bronx and Queens, with Hispanic populations 741,413 and 613,710 respectively.<sup>54</sup>

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<sup>49</sup> "Working for a Better Life: A Profile of Immigrants in the New York State Economy."

<sup>50</sup> Passel, Jeffery and D'Vera Cohn. "Unauthorized Immigrant Population: National and State Trends, 2010." *The Pew Hispanic Center*. February 2011. <http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-national-and-state-trends-2010/>.

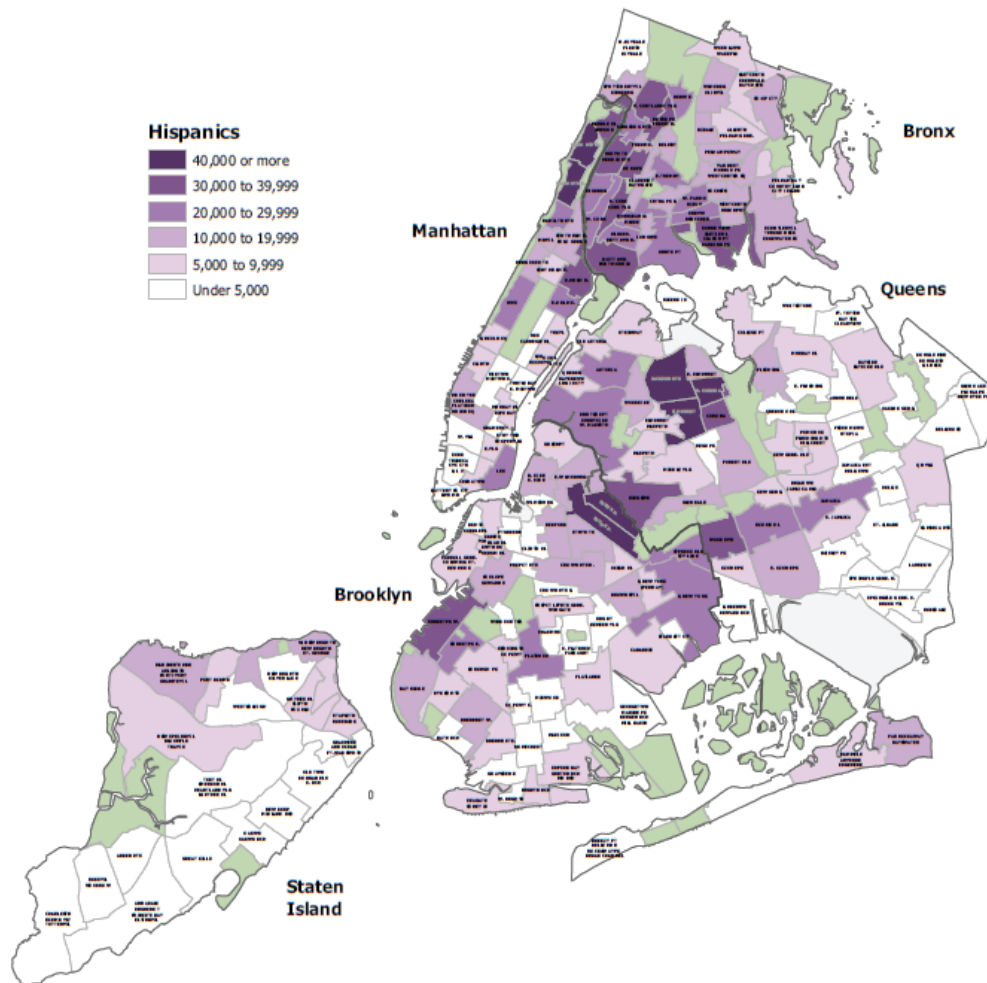
<sup>51</sup> Ibid

<sup>52</sup> Ibid

<sup>53</sup> 'NYC 2010: Results from the 2010 Census – Population Growth and Race/Hispanic Composition.' *NYC Department of City Planning*. May 2011. <http://www.nyc.gov/html/dcp/pdf/census/census2010/pgrhc.pdf>.

<sup>54</sup> Ibid

## Hispanic Population by Neighborhood Tabulation Area\* New York City, 2010



Source: 'NYC 2010: Results from the 2010 Census – Population Growth and Race/Hispanic Composition.' Department of City Planning – NYC. May 2011. <http://www.nyc.gov/html/dcp/pdf/census/census2010/pgrhc.pdf>.

NYC has already undertaken certain measures to provide some health care access to many undocumented immigrants living within its boundaries. According to the NYC Office of Citywide Health Insurance Access, all five boroughs contain health care clinics that treat anyone who walks in the despite whether or not they have health insurance and provide treatment on a sliding fee scale, or the fee

depends on what the patient is able to afford.<sup>55</sup> The Department of Health and Mental Hygiene also supports free health clinics that offer immunizations and preventative care for free regardless of immigration status and Health and Hospitals Corporation, a government sponsored group, has “11 acute care hospitals, 6 Diagnostic and Treatment Centers, 4 long-term care facilities, a certified home health care agency and more than 80 community health clinics.”<sup>56,57</sup> These services are offered notwithstanding of immigration status. In addition, there are multitudes of other public health care clinics and centers located throughout the city.

As part of its ‘Take Care New York’ launched in 2004, NYC’s new health care initiative to improve the health and wellbeing of all NYC residents, the City planned to increase the number of primary health care providers.<sup>58</sup> NYC has also opened various preventative screening centers as part of the project such as HIV screenings and prostate and breast cancer screenings.<sup>59</sup> However, NYC is still facing difficulties, especially in poverty-stricken areas. According to a ‘Take Care New York’ Progress report written in June 2011, “New Yorkers with lower incomes and in certain racial and ethnic groups disproportionately experience higher rates of preventable illnesses and premature death even as overall rates drop. In the South Bronx, East and Central Harlem, and North and Central Brooklyn, more than a third of all residents live in poverty. Black and Hispanic New Yorkers are more likely than white New Yorkers to live in these and other low-income neighborhoods.”<sup>60</sup>

In addition to health care access, undocumented Hispanic immigrants residing in NYC have limited options in obtaining public or government-sponsored health insurance. Undocumented Hispanic

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<sup>55</sup> “Resources for the Uninsured: Community Health Centers.” NYC Office of Citywide Health Insurance Access.  
<http://www.nyc.gov/html/hia/html/resources/community.shtml>.

<sup>56</sup> “Resources for the Uninsured: DOHMH Clinics.” NYC Office of Citywide Health Insurance Access.  
<http://www.nyc.gov/html/hia/html/resources/clinics.shtml>.

<sup>57</sup> “Resources for the Uninsured: HHC.” NYC Office of Citywide Health Insurance Access.  
<http://www.nyc.gov/html/hia/html/resources/hhc.shtml>.

<sup>58</sup> ‘Take Care New York: A Policy for a Healthier NYC.’ NYC Department of Health. September 2009. <http://www.nyc.gov/html/doh/downloads/pdf/tcny/tcny-2012.pdf>.

<sup>59</sup> ‘Take Care New York: Health Screening Events.’ 2012.  
<http://www.nyc.gov/html/hhc/html/feature/tcny-2011find-a-screening.shtml>.

<sup>60</sup> ‘Take Care New York: Tracking the City’s Progress.’ NYC Department of Mental Health and Hygiene. June 2011.  
<http://www.nyc.gov/html/doh/downloads/pdf/tcny/tcny-2009-2010-ar.pdf>.

immigrant children have to health insurance and therefore greater access to care through state programs such as CHIPS, and undocumented pregnant women have access to Medicaid for prenatal care. In emergency situations all undocumented immigrants can gain access to needed health care under Medicaid. These options are available regardless of whether someone speaks English or Spanish; every hospital in NYC must offer translation services and forms/information in Spanish and other languages as required by the state.<sup>61,62</sup> However, these already existing health care access and health insurance options are not available to all undocumented immigrants, more specifically available to adult men who make up a large portion of the undocumented Hispanic immigrant population, and there are major gaps in undocumented immigrants' ability to access health insurance and therefore care, especially preventative care.

### **Addressing the Issues Facing Undocumented Hispanic Immigrants**

The health care access problems that many undocumented Hispanic immigrants face in NYC can be resolved in several different ways. They are: expanding awareness of existing options, expanding health care access, and expanding access to health insurance. Expanding health insurance gives undocumented immigrants more access to care. Expanding insurance, however, does not require such as concrete capital investment. Rather, it is an expansion of opportunities to gain access. So for the purposes of this paper, expanding only options that create access opportunities, namely expanding awareness of existing health care opportunities and insurance opportunities, will be discussed. First, however, why the undocumented Hispanic immigrants should be assisted and why a city government, such as New York, should devote resources to better access to health care must be addressed.

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<sup>61</sup> 'Your Rights as a Hospital Patient in New York State.' State of New York Department of Health. June 2010. <http://www.health.ny.gov/publications/1449.pdf>.

<sup>62</sup> Public Health Pamphlet. NYC Department of Health. <http://www.nyc.gov/html/hia/downloads/pdf/ll1spanish.pdf>.

## Reasons for Devoting Resources to Aid the Undocumented Hispanic Population of NYC

NYC benefits from having healthy undocumented Hispanic immigrants reside and work in the city, as opposed to unhealthy undocumented immigrants. Having a healthier undocumented Hispanic immigrant population increases the general health and well-being of the entire city. This makes the city's economy stronger and more productive, since fewer people have to take sick days, and it makes the entire city a better place to live.

If an undocumented immigrant has health insurance or affordable health care access, s/he would be more likely to go to a doctor when presenting symptoms, as opposed waiting until s/he has no other option besides emergency room care. Receiving preventative care or intervening earlier in caring for a sick person will prevent other NYC residents from becoming sick and make the city as a whole healthier.

In many cases, the undocumented immigrant does not have the money to pay for an expensive hospital visit. On average, one day in a New York state hospital costs \$1,820.<sup>63</sup> Without sufficient funds, 27% of uninsured adults in the United States exhausted their savings by paying medical bills in 2010.<sup>64</sup> Because of this, federal, state and local funds are eventually used to pay for health and affiliated support services; New York State spent \$690 million on in-patient and out-patient spending on undocumented immigrants in 2002, as previously stated in 'Background Information: The Vulnerable Population.'<sup>65</sup>

One disease in particular that shows the stark contrast between foreign-born New Yorkers, who do not have as much access to health care, and US-born New Yorkers is tuberculosis. According to the NYC Department of Mental Health and Hygiene, approximately two-thirds of all tuberculosis cases in NYC now occur among the foreign-born; in 2003, the tuberculosis rate was almost 4 times higher among

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<sup>63</sup> "New York State Health Facts." Kaiser Family Foundation.

<http://www.statehealthfacts.org/profileind.jsp?ind=273&cat=5&rgn=34&cmprgn=1>.

<sup>64</sup> Livingston, Gretchen. . "Hispanics, Health Insurance, and Health Care Insurance." Pew Hispanic Center. 25, September 2009. <http://pewhispanic.org/files/reports/113.pdf>

<sup>65</sup> 'Undocumented Aliens: Questions Persist About the Impact on Hospitals' Uncompensated Costs.'

foreign-born New Yorkers than among U.S. born New Yorkers.<sup>66</sup> It is possible that an undocumented immigrant contracted this disease before coming to the United States. However, the fact that tuberculosis is such an issue is largely due to the fact that the foreign-born have less access to health care, and this problem could be alleviated if more health care options were made available to undocumented immigrants.

### **Expanding Health Care Awareness**

One policy option that NYC has is to increase awareness of health care access options that are already available to undocumented immigrants. In NYC there are free walk-in health care clinics that are privately run and there are public clinics. In an emergency situation, anyone can walk into a public hospital emergency room and be treated regardless of their ability to pay; the hospital is not allowed to ask an individual's immigration status. Right now, undocumented Hispanic immigrants do not take advantage of these options and utilize health care only when it is an emergency; many times using the pricey emergency room for things that could have been prevented had they gone to a doctor sooner, such as pneumonia. These emergency room visits cost the immigrants themselves money, and when they cannot afford to pay NYC taxpayers. If undocumented Hispanic New Yorkers were made more aware of free, public options, then they and NYC as a whole may be healthier at a lower cost.

However, many undocumented immigrants are afraid to take advantage of public services because they're afraid that they will be deported by revealing their presence to health care workers.<sup>67</sup> If health care providers stressed that coming forward for treatment will not result in deportation then more immigrants would obtain preventative care or would come sooner in the course of an illness.

One of the reasons undocumented Hispanic immigrants do not know about these options is because they are neither clear nor unified. For example, in the case of one clinic called Beth Israel

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<sup>66</sup> 'The Health of Immigrants in NYC.'

<sup>67</sup> "Program Results Topic Summary: Immigrants." Robert Wood Johnson Foundation. 18, May 2007. <http://www.rwjf.org/pr/product.jsp?id=18895>.



Latino Health Center, they vaguely claim to overcome “traditional barriers” and provide “culturally sensitive health services” regardless of ability to pay; even a native-English speaker has a hard time determining what exactly Beth Israel Latino Health Center actually means.<sup>68</sup> In addition, there is no centralized system or network to determine health care service locations of both public government-sponsored programs and non-for-profit programs. While many individual health care centers such as the Beth Israel Latino Health Center make the point either explicitly or implicitly that individuals do not need to be a citizen to obtain help, these efforts are disjointed and many times poor word choice makes it hard to tell what is available and whether citizenship status does matter, as seen in the example.<sup>69</sup>

Both publicly available options and the fact that stepping forward for care does not result in deportation can be addressed through various ad and media campaigns, such as a public awareness campaign similar to those against smoking. 68% of Hispanics without health insurance obtain most of their health care information from television.<sup>70</sup> If a media campaign were undertaken to explain that undocumented immigrants will not be deported for seeking health care and what options were available to them, then more undocumented immigrants would probably seek health care because they would be more aware of their options. This would make the undocumented immigrant population healthier and therefore less vulnerable.

### **Expanding Access to Health Insurance**

A second policy option is to expand existing health insurance programs specifically for undocumented immigrants so that they can receive preventative care. While there are limited preventative care options for undocumented children and pregnant mothers, these options are not enough since they only serve a small portion of the undocumented immigrant population. Health insurance should be made available to more undocumented immigrants so that they seek preventative

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<sup>68</sup> “Beth Israel Latino Health Center Homepage.” <http://www.latinohalthinstitute.com/home.asp>.

<sup>69</sup> Ibid

<sup>70</sup> Livingston, Gretchen, Susan Minushkin, and D’Vera Cohn. “Hispanics and Health Care in the United States: Access, Information, and Knowledge.” Pew Hispanic Center and Robert Wood Johnson Foundation. 13, August 2008. <http://pewhispanic.org/files/reports/91.pdf>.

care, such as screenings for various problems like diabetes and cancer, and avoid trips to the hospital. By giving undocumented immigrants some form of health insurance, taxpayers also avoid paying the greater hospital costs. Expanding insurance to the entire US uninsured population would cost \$48 billion dollars, but the benefits of such an expansion would be greater than that. According to the Kaiser Family Foundation, “the annual economic value of foregone health among the 40 million uninsured in 2000 has been estimated to be between \$65 and \$130 billion,” which significantly outweighs the \$48 billion cost.<sup>71</sup> Since the federal government will not be extending health insurance to undocumented immigrants and they will be banned from obtaining insurance from the new state health care exchanges (which will be discussed in the next section), NYC has to take initiative and create a health care program or extend already existing options.

Providing undocumented immigrants with health insurance would also be fairly inexpensive. Approximately 42% of the total immigrant population is between the ages of 25 and 44.<sup>72</sup> Individuals who are under age 44 are most likely to be in the low-risk category for health insurance, or they are in the group that is least likely to get sick.<sup>73</sup> This means that they are more likely to spend less money on health care than older populations. Because the typical younger age group of undocumented immigrants is a healthier than an older native-born American population, they will be less expensive to insure.

### **Remarks on Implementing Policy Options**

Either of the suggested policy options can be undertaken as a pilot-program to determine whether they would be successful. One area where these programs could be piloted is the south

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<sup>71</sup> Hadley, Jack and John Holahan. “The Cost of Care for the Uninsured: What Do We Spend, Who Pays, and What Would Full Coverage Add to Medical Spending?” [The Kaiser Family Foundation](http://www.kff.org/uninsured/upload/The-Cost-of-Care-for-the-Uninsured-What-Do-We-Spend-Who-Pays-and-What-Would-Full-Coverage-Add-to-Medical-Spending.pdf). 2004.  
<http://www.kff.org/uninsured/upload/The-Cost-of-Care-for-the-Uninsured-What-Do-We-Spend-Who-Pays-and-What-Would-Full-Coverage-Add-to-Medical-Spending.pdf>.

<sup>72</sup> ‘The Health of Immigrants in New York City.’ NYC Department of Mental Health and Hygiene. June 2006.  
<http://www.nyc.gov/html/doh/downloads/pdf/episrv/episrv-immigrant-report.pdf>.

<sup>70</sup> Mussich, Shirley, Dan Hook, Tracey Barnett, and Dee W. Edington. “The association between health risk status and health care costs among the membership of an Australian health plan.”

western neighborhoods of the Bronx, which have the highest Hispanic concentration in NYC.<sup>74</sup> Success is very hard to measure in this case, however. NYC has undertaken various different studies to determine how healthy population is using calculated data and surveys such as those used as sources in this document which include health surveys and statistics from hospitals. If a study were undertaken before the implementation of either or both programs and again after a significant amount of time had passed to inform the area about the pilot programs and the health of the area improved, than the pilot program could be considered successful. If these pilot programs were deemed a success, then one or both programs could be undertaken in the rest of NYC.

### **The Patient Protection and Affordable Care Act and New York**

#### **Patient Protection Affordable Care Act**

The Patient Protection Affordable Care Act (PPACA) was passed in March 2010 by President Barack Obama in order to ensure a healthier public at a lower cost to the nation. A key part of Obama's health care is the individual mandate, which has been the source of much debate. The individual mandate requires every American citizen to have health insurance; penalties for not having insurance will be enforced starting in 2012 but the full penalty will not be enforced until 2016.<sup>75</sup> This part of the law has felt harsh opposition; those against it argue that it violates their rights and supporters of the mandate argue that the entire law will fail if the individual mandate is not included. Currently, however, this mandate does not apply to the undocumented Hispanic immigrants, nor will they be penalized for not having health insurance.<sup>76</sup> The stance of supporters of the individual mandate is somewhat ironic since the undocumented population was specifically excluded when the measure was made, yet everyone needs to have insurance in order for the PPACA to function.

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<sup>74</sup> 'NYC 2010: Results from the 2010 Census – Population Growth and Race/Hispanic Composition.' Department of City Planning – New York City. May 2011. <http://www.nyc.gov/html/dcp/pdf/census/census2010/pgrhc.pdf>.

<sup>75</sup> Andrew, Michelle. 'What's the Penalty for Not Having Insurance?' The New York Times. 15, June 2010. <http://prescriptions.blogs.nytimes.com/2010/06/15/whats-the-penalty-for-not-having-insurance/#>.

<sup>76</sup> "Additional Information on Insurance Coverage for Unauthorized Immigrants under Proposed Health Care Legislation." The Congressional Budget Office. 10/22/2009. <http://www.cbo.gov/ftpdocs/106xx/doc10619/09-22-GrassleyLtr.pdf>.

However, as previously stated in this paper, health insurance is not affordable to everyone in America. To offset the high costs, the American government will offer subsidies to make insurance affordable to low income persons. In addition, Medicare and Medicaid will be expanded so that more low income and elderly persons can receive better care. These expansions are at the discretion of the individual states; since each state has almost complete control over their Medicare/Medicaid program, the states get to decide where exactly these expansions will take place.<sup>77</sup>

Another part of the PPACA that gives states significant decision-making power is the establishment of state health insurance exchanges. Each state will set up a health insurance network and will allow individuals to join this network. This network is essentially a health insurance bundle; a private health insurance company will negotiate with the state in order to provide health insurance for the bundle. The state will negotiate with the company in order to obtain the highest quality care for the bundle at the lowest price possible. These state exchanges are meant to cater those who are low income but do not qualify for Medicaid. The problem at this moment is there are very few models for a state health insurance exchange, so it is unclear whether the state exchanges will in fact develop this way and if not how they will develop and work; individual states may elect to have a very different plans.<sup>78</sup> At this moment in time, undocumented immigrants are banned from being able to buy into these exchanges, but the states themselves are the ones with most of the decision making power.

One of the lesser known provisions of the PPACA is that insurance companies have to cover more preventative care for free. Some examples of things that are now completely covered are mammograms, HIV screenings, and vaccinations.<sup>79</sup> This applies to all health insurance plans created

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<sup>77</sup> "Immigrants" Health Coverage and Health Reform: Key Questions and Answers." The Henry J. Kaiser Family Foundation. December 2009. <http://www.kff.org/healthreform/upload/7982.pdf>.

<sup>78</sup> Cutler, David M. "The Simple Economics of Health Reform," *The Economists' Voice*: Vol. 7: Iss. 5, Article 2. 2010. <http://www.bepress.com/ev/vol7/iss5/art2/>.

<sup>79</sup> Park, Madison, and Elizabeth Landau. '10 Lesser Known Effects of Health Care Reform Law.' CNN. 26, March 2012. [http://www.cnn.com/2012/03/26/health/health-reform-fun-facts/index.html?hpt=he\\_c2&hpt=hp\\_c2](http://www.cnn.com/2012/03/26/health/health-reform-fun-facts/index.html?hpt=he_c2&hpt=hp_c2).

after September 2010 and will apply to all preexisting plans starting in 2018.<sup>80</sup> Part of the policy for NYC in the previous section advocated for more preventative care for undocumented Hispanic immigrants, and this part of the PPACA can do that.

Currently, the Supreme Court is hearing arguments about the constitutionality of the PPACA; specifically the individual mandate. Any Court decision will probably be made in June 2012. Depending on the decision, only some parts or none of the law will be put into action. The next section will detail what New York can do if the entire law is put into action.

### **Possible Course of Action for New York**

New York State has a history of expanding health care to greater immigrant populations, even going beyond what is mandated by the federal government. In addition, with an expansion in Medicare and Medicaid funding, an expansion to include undocumented Hispanic immigrants would be more fiscally feasible. There are different approaches that New York can take. One is to allow undocumented Hispanic immigrants to be able to buy into the state exchanges and join the insurance ‘bundles;’ the other is to include coverage of undocumented Hispanic immigrants in the expansion of Medicare/Medicaid.

Two court cases in particular highlight New York State’s dedication to caring for immigrants in general and undocumented immigrants. In 1996, the federal government passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which limited the amount of federal dollars that could be spent on immigrant health care.<sup>81</sup> This took away health care access that had been previously available to legal immigrants.<sup>82</sup> New York State responded by allowing all legal immigrants who had health care provided by the state keep their health care and did not give public health care access to those who entered New York State after PRWORA went into effect. In 1998, a lawsuit was

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<sup>80</sup> Ibid

<sup>81</sup> Bachrach, Deborah; Lipson, Karen. “Health Coverage for Immigrants in New York: An Update on Policy Developments and Next Steps.” *The Commonwealth Fund*. July 2002. Page 2.  
[http://www.commonwealthfund.org/usr\\_doc/bachrach\\_healthcoverage.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/bachrach_healthcoverage.pdf?section=4039).

<sup>82</sup> Ibid.

presented to New York State's highest court, the State Court of Appeals, arguing that the law violated New York State's Constitution.<sup>83</sup> Specifically, those who supported the measure to overthrow the law argued that the law violated the following line in Article XVII of the State Constitution:

"The aid, care and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions, and in such manner and by such means, as the legislature from time to time may determine."<sup>84</sup>

The court concluded that caring for the needy was a mandated constitutional duty and not a 'legislative grace;' therefore, the court ruled to restore health care coverage to legal immigrants that the PRWORA.<sup>85</sup> However, federal government funds still could not provide the needed health care coverage. Because of this, New York State and local funds pay for these services.

As a part of PRWORA, the federal government agreed to give the state money to boost Medicaid specifically for undocumented pregnant mothers. However, at around the exact time the previous ruling was made, the State Court of Appeals ruled that this part was unconstitutional because while undocumented immigrant mothers were needy in many cases, the government did not have the same obligation to them because they were undocumented. New York State decided to use solely state and local funds to continue to provide prenatal care to undocumented expecting mothers.

New York State considers its obligation to the needy so strongly that it has gone beyond what it is required to do in order to assist more immigrants. New York State may choose to continue to follow its principles if/once the PPACA comes into full effect. Since New York State has a precedent for expanding health care beyond what they are mandated to do, they may choose to expand health care to undocumented Hispanic immigrants.

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<sup>83</sup> Ibid, 3.

<sup>84</sup> Ibid, 4.

<sup>85</sup> Ibid.

Another additional reason why New York may consider expanding the PPACA to include undocumented Hispanic immigrants is the individual mandate. As previously stated, it is somewhat contradictory to mandate that everyone have health insurance and exclude undocumented immigrants from being able to buy into the system. In addition, in the current court hearings debating the constitutionality of the individual mandate, supporters of the measure argue that the PPACA will fail if the individual mandate is declared unconstitutional. So why would the mandate exclude a certain group of US residents if the mandate is necessary for the PPACA to function? In reality, if the mandate is declared constitutional it makes sense to hold everyone to the same standard, including undocumented Hispanic immigrants.

There are two ways New York State can choose to expand coverage to undocumented Hispanic immigrants as stated earlier in this section. One way is to allow them to buy into the state exchanges. This is a fairly simple way to extend health care access to undocumented immigrants. However, the problem remains that many would probably still would be unable to afford to participate. The second option, expanding Medicare and Medicaid to include more undocumented Hispanic immigrants, would include the undocumented Hispanic immigrants who would not be able to afford buying the reduced rate insurance from the state exchanges. This expansion could include and the ability to participate in state exchanges would allow for better access to preventative care.

### **Conclusion**

With better preventative care, undocumented Hispanic immigrants would be a healthier population and New York City would be healthier as a whole at a lower cost because of it. However, at this time undocumented Hispanic immigrants face many barriers that obstruct their access to affordable health care, namely their socioeconomic background; all of their demographic information lines up with all of the factors that make people vulnerable. Additionally, this population faces certain social struggles that come from being an undocumented immigrant.

New York City has different policy options to address this problem. One is an ad campaign to alleviate the particular fear of deportation and to make all of the currently available options more widely known. The other policy option is to expand access to health insurance for undocumented Hispanic immigrants through more public health insurance opportunities.

The PPACA is additional opportunity to expand health care opportunities to undocumented Hispanic immigrants if the measure is ruled constitutional. Since New York State has a precedent of expanding health care access beyond what is mandated, it is quite possible that New York State may decide to expand health insurance access opportunities to undocumented Hispanic immigrants. So while a lack of health care access opportunities for undocumented Hispanic immigrants is a problem for New York City, there are many opportunities to improve the situation.



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