

# Public Policy, Immigration, and Uninsurance: Chipping Away at Disparities

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## OBJECTIVE

To identify the impact of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on health insurance coverage of immigrant children

## BACKGROUND

- The PRWORA of 1996 prohibited states from using federal funds to provide public health insurance to legal immigrants that had resided in the United States for five years or less.
- The State Children's Health Insurance Program (SCHIP), enacted in 1997, was also subject to the five-year ban instituted by PRWORA.
- Some states opted to provide insurance to immigrants during the five-year ban using state only funds for Medicaid and/or SCHIP expansions in an attempt to mitigate the consequences of PRWORA.
- Well-child visits are important to ensure the proper screening, vaccination and healthy development of children.
- Health insurance coverage is an integral tool for accessing necessary care in the United States.
- Restricting immigrant children's eligibility for health insurance is a significant barrier to accessing appropriate care.

## RESEARCH QUESTION

- Did uninsurance rates change differentially for immigrant children after enactment of PRWORA based on state of residence and recency of immigration?
- Did public health insurance rates change differentially for immigrant children after enactment of PRWORA based on state of residence and recency of immigration?

## METHODS

### DATA

- Current Population Survey Annual Social and Economic Supplement (CPS-ASEC) data were obtained via the Minnesota Population Center's Integrated Public Use Microdata Set-CPS (IPUMS-CPS) online data extract system.
- Estimates from the CPS-ASEC were pooled to represent health insurance coverage in 1994-1996 (pre-PRWORA) and 1997-1999 (post-PRWORA).

### STUDY POPULATION

- Children 18 years of age and younger that were foreign-born or had two parents that were foreign born.

### VARIABLES

#### Dependent variable:

- Children's insurance coverage status, classified as uninsured or covered with public health insurance.

#### Explanatory variables:

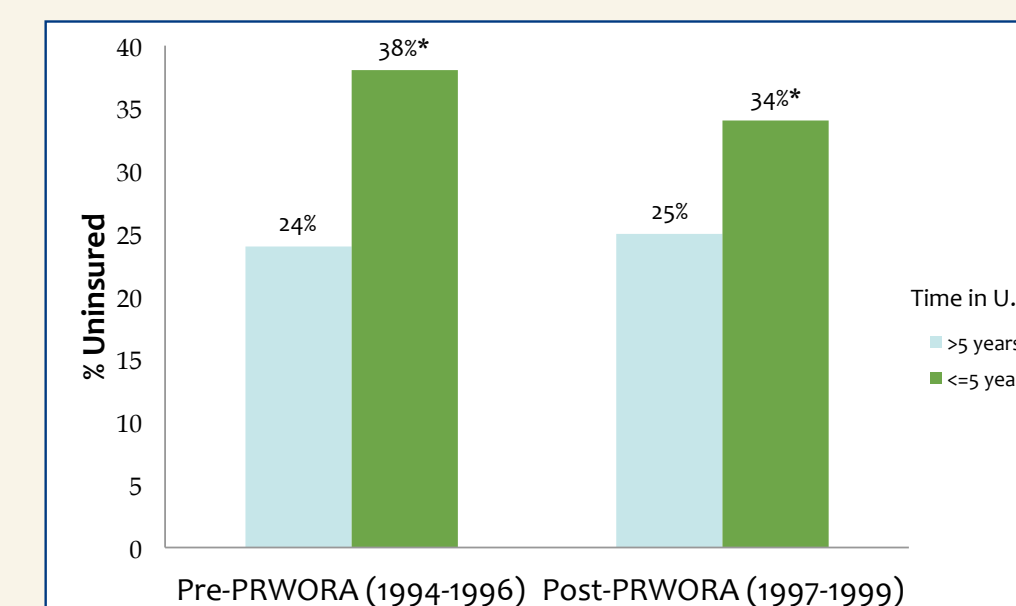
- Recency of immigration, classified as either established (greater than five years ago), or recent (5 years or less).
- State of residence, classified as states that provided substitute programs and states that did not provide substitute programs after PROWRA .
- Pre- (1994-1996) or post (1997-2000) enactment of PRWORA

### ANALYSIS

- Stata Version 10.1's survey procedures were used to control for the complex survey design.
- Significant differences between groups were tested using t-tests for independent samples.

## PRELIMINARY RESULTS

Chart 1. Uninsurance among immigrant children in states without substitute programs.



- Uninsurance rates among recent immigrants were significantly higher compared to established immigrants:
  - » before and after PRWORA
  - » in states with and states without substitute programs

Chart 2. Uninsurance among immigrant children in states with substitute programs.

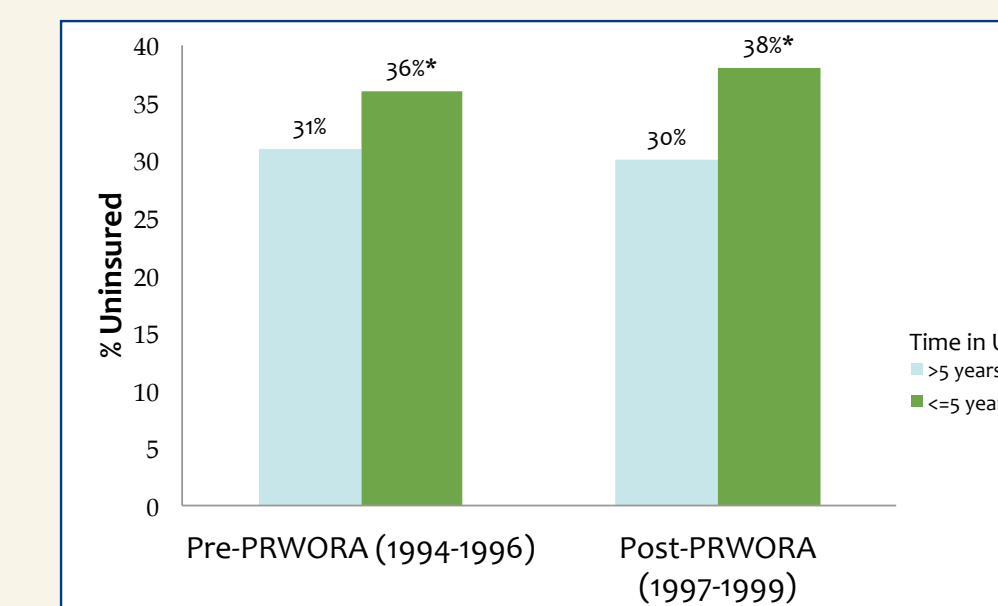
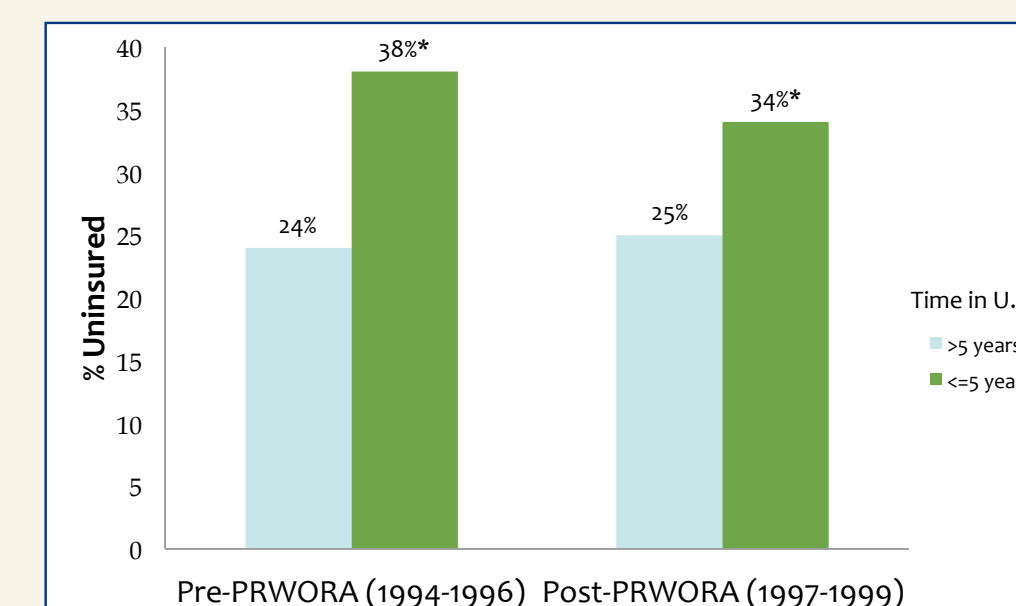
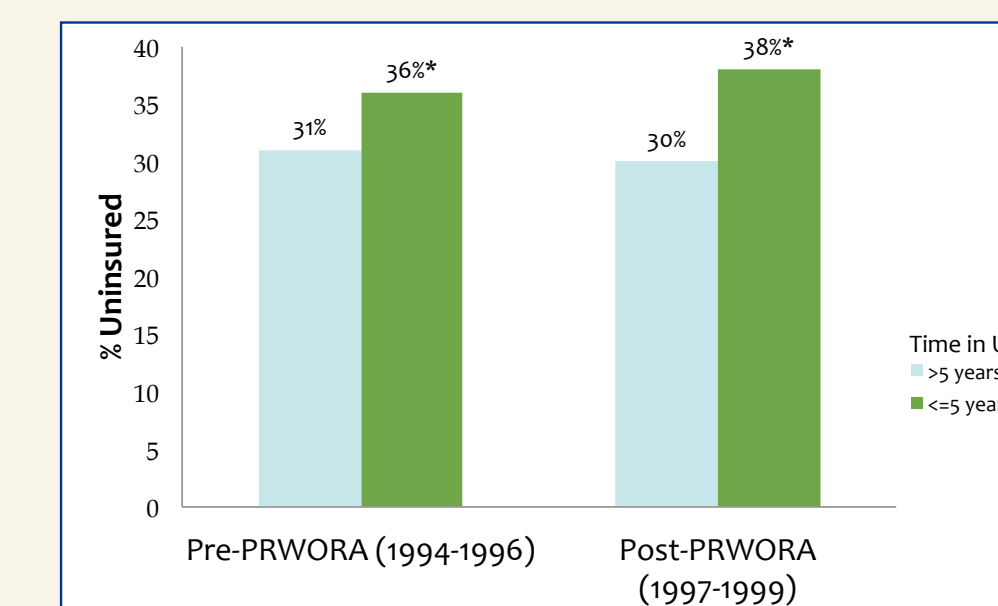


Chart 3. Public health insurance among immigrant children in states without substitute programs.



- Public health insurance rates among recent immigrants were significantly lower compared to established immigrants both before and after PRWORA.
- Public health insurance rates before PRWORA were significantly higher compared to rates after PRWORA among both recent and established immigrants.

Chart 4. Public health insurance among immigrant children in states with substitute programs.



## CONCLUSIONS

- Recent immigration was a risk factor for uninsurance prior to enactment of PRWORA and remained so after its enactment.
- State substitute programs did not mitigate the effect of PRWORA on uninsurance or public health insurance rates among immigrant children.
- Enactment of PRWORA was associated with a significant decrease in public health insurance rates for immigrant children regardless of recency of immigration.