

US health care could shrink for illegal immigrants (Update)

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Yahiden Lopez takes medication from his mother at their home, Thursday, Sept. 6, 2012, in Alamo, Texas. Lopez was born in the United States, but his mother is an illegal immigrant. When healthcare reform has been fully implemented, illegal immigrants will make up the nation's second-largest population of uninsured, or about 25 percent. The only larger group will be people who qualify for insurance but fail to enroll, according to a 2012 study by the Washington-based Urban Institute. (AP Photo/Eric Gay)

(AP)—President Barack Obama's landmark health care overhaul

threatens to roll back some services for the country's estimated 11 million illegal immigrants if clinics and hospitals are overwhelmed with newly insured patients and can't afford to care for as many poor families.

The law envisions that 32 million uninsured Americans will get access to health coverage by 2019. Because that should mean fewer uninsured patients showing up at hospitals, the program slashed the federal reimbursement for uncompensated care.

The hurts the people who have found care through the country's expansion of community health clinics, which offer free or low-cost care with help from the federal government.

Sonia Limas feels the shift. For years, she would take her daughters to the emergency room whenever they fell sick. As an illegal immigrant, she had no health insurance, and the only place she knew to seek treatment was the hospital or community health clinics.

When the reform has been fully implemented, illegal immigrants will make up the nation's second-largest population of uninsured, or about 25 percent. The only larger group will be people who qualify for insurance but fail to enroll, according to a 2012 study by the Washington-based Urban Institute.

And since about two-thirds of illegal immigrants live in just eight states, those areas will have a disproportionate share of the uninsured to care for.

In communities "where the number of undocumented immigrants is greatest, the strain has reached the breaking point," Rich Umbdenstock, president of the American Hospital Association, wrote last year in a letter to Obama, asking him to keep in mind the uncompensated care

hospitals gave to that group. "In response, many hospitals have had to curtail services, delay implementing services, or close beds."

The federal government has offered to expand Medicaid, the joint state-federal health program for the poor and disabled, but states must decide whether to take the deal. And in some of those eight states—including Texas, Florida and New Jersey—hospitals are scrambling to determine whether they will still have enough money to treat the remaining uninsured.

Realistically, taxpayers are already paying for some of the treatment provided to illegal immigrants because hospitals are required by law to stabilize and treat any patients that arrive in an emergency room, regardless of their ability to pay. The money to cover the costs typically comes from federal, state and local taxes.

A solid accounting of money spent treating illegal immigrants is elusive because most hospitals do not ask for immigration status. But some states have tried.

California, which is home to the nation's largest population of illegal immigrants, spent an estimated \$1.2 billion last year through Medicaid to care for 822,500 illegal immigrants.

The New Jersey Hospital Association in 2010 estimated that it cost between \$600 million and \$650 million annually to treat 550,000 illegal immigrants.

And in Texas, a 2010 analysis by the Health and Human Services Commission found that the agency had provided \$96 million in benefits to illegal immigrants, up from \$81 million two years earlier. The state's public hospital districts spent an additional \$717 million in uncompensated care to treat that population.

If large states such as Florida and Texas make good on their intention to forgo federal money to expand Medicaid, the decision "basically eviscerates" the effects of the health care overhaul in those areas because of "who lives there and what they're eligible for," said Lisa Clemans-Cope, a senior researcher at the Urban Institute.

Seeking to curb expenses, hospitals might change what qualifies as an emergency or cap the number of uninsured patients they treat. And although it's believed states with the most illegal immigrants will face a smaller cut, they will still lose money.

Community clinics are a key part of the reform plan and were supposed to take up some of the slack for hospitals. But there is concern that clinics could be inundated with newly insured patients, forcing many illegal immigrants back to emergency rooms.

If necessary, Limas will return to the emergency room, where the attendants help her fill out paperwork to ensure the government covers the bills she cannot afford.

"They always attended to me," she said, "even though it's slow."

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