VIEWS FROM THE FIELD
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GRANT MAKERS IN HEALTH

Access to Care for the Categorically Ineligible

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Although the Affordable Care Act (ACA) will expand health care coverage to 32 million Americans (CBO 2010), many states remain concerned about providing their residents access to clinical and preventive services. Many programs and services put in place by the ACA do not cover categorically ineligible individuals, including undocumented immigrants and the homeless. Between January and June 2010, over 18 bills were introduced in 13 states, proposing that eligibility criteria for programs such as Medicaid and family planning include legal status (NCSL 2010).

The push for this legislation arises from the concerns of state legislators for maintaining resources meant for citizens. One worry is that undocumented individuals will increasingly enter states where they can easily access preventive and clinical services. Another fear is that scarce state resources intended for citizens will be drained as undocumented individuals are served. Despite these concerns, many studies demonstrate that health care access is their last priority for immigrating. Work is the most commonly cited reason. The second most cited reason is uniting with family and friends. Less than 1 percent of respondents in several studies cited obtaining social services as the most important reason for immigrating (Berk et al. 2000; Schur et al. 1999).

Another concern of policymakers is that childbirth uses significant resources, and prenatal care only adds to the burden. There are economic arguments, however, in support of providing prenatal care coverage: preventive care saves money by reducing the need for emergency treatment and long-term care for preventable complications. One study estimated that every $1 funded to provide prenatal care for undocumented women in California could save approximately $3.33 in postnatal care costs and $4.63 for long-term morbidity care (Lu et al. 2000).

State health agencies have examined the economic impact of providing services, such as prenatal care, as compared to paying for the consequences of denying the services. They have also mapped out the costs of providing care versus the costs of eligibility screening conducted at every visit. For example, one state's analysis demonstrated savings of $200,000 per year (in 2005 dollars) by not providing services to undocumented populations. However, that state spends nearly $1.3 million in direct costs for conducting document reviews to prevent the population from accessing care.

ACCESS TO CARE FOR CATEGORICALLY INELIGIBLE POPULATIONS PROJECT

In 2007 the Association of State and Territorial Health Officials (ASTHO) received a request to examine the costs of uncompensated care and the financial and workforce burden of eligibility screenings. The request demonstrated a need for clear definitions of various populations that access services, analyses of federal laws that impact access to care, and state strategies for increasing access to care. In response, ASTHO developed multiple on-line resources to assist state health agencies in addressing the health needs of the categorically ineligible and the communities in which they reside. The resources provide information on current laws, regulations, and state capabilities under Medicaid and other federal programs, including:

- immigration definitions (see chart);
- eligibility of various immigrant categories by federal program; and
- immigration definitions and eligibility criteria, health program laws and regulations, and state-specific resources.

The purpose of ASTHO's project is to help build the capacity of state and territorial public health agencies to address the issue of providing access to preventive services, especially those which improve population health overall. By better understanding federal program laws and regulations, states can use their resources more efficiently and effectively. The project provides tools that are comprehensive and easy to understand to streamline services. State and territorial health agency employees can access these resources on ASTHO's Access to Care Web page to help determine eligibility for individuals.

Population health, regardless of legal status, still depends on access to preventive health services, especially to services like the H1N1 vaccine for mass prevention, and to prenatal care for cost savings. Both the passage of the ACA and the advent of pandemic flu guarantee that more questions regarding access to and payment of services can be expected. Assistance

SELECT IMMIGRATION STATUS DEFINITIONS BY COMMONLY USED TERM

Available from: www.astho.org

TERM	DEFINITION
Alien	Any person not a citizen or national of the United States.
Legal Alien and Illegal Alien	These are not official terms used by the U.S. Citizenship and Immigration Service. The term "legal alien" was coined in 1798 from the Alien and Sedition Act. "Illegal alien" has no legal definition but is widely used to define undocumented individuals.
Immigrant	Any alien in the United States, except one legally admitted under specific nonimmigrant categories. The group includes both individuals who have entered the United States legally and those who have entered without inspection.
Undocumented Individual	While there is no official federal definition, a 2004 Government Accountability Office report described an "undocumented alien" as a person who enters the United States without legal permission or fails to leave when their permissible time ends.
Lawful Permanent Resident **Permanent Resident** **Resident Alien** **Green Card Holder**	An alien admitted to the United States as a lawful permanent resident, that is legally accorded the privilege of residing permanently in the United States. Also commonly referred to as "immigrant."
Eligible Immigrant	An immigrant who is eligible for means tested public health benefits.
Qualified Immigrant	A Lawful Permanent Resident, refugee, or alien who is paroled to the United States for at least one year or granted asylum. They are eligible for federal public benefits if they entered the United States before August 22, 1996. Qualified immigrants entering after are generally eligible for federal assistance after five years.
Unqualified Immigrant	An individual who is an illegal immigrant, nonimmigrant, short-term parolee, or asylum applicant and is therefore ineligible for almost all federal assistance except for emergency medical and disaster relief.
Native-Born Citizen	Any person born in the United States or born abroad as children of U.S. citizens. They are eligible for public benefits on the same terms as other citizens.
Naturalized Citizen	Lawful Permanent Residents may become citizens through the naturalization process. Typically, they must be in the United States for five or more years to qualify. Naturalized citizens are also eligible for public benefits on the same terms as other citizens.

navigating laws and regulations helps state agencies and the populations that require these services.

ROLES AND OPPORTUNITIES FOR GRANTMAKERS

Funders have a unique opportunity to support care and services for the categorically ineligible. Grantmakers can bring the dialogue forward by changing the focus to health equity and access to care, and promoting new practices in care.

- ***Education around Health Equity:*** Grantmakers have the ability to raise awareness around underserved populations. Focusing on health equity – fair opportunity to reach the fullest health potential (Whitehead 1990) – within future grants ensures resources are distributed to achieve healthy outcomes within groups of differing levels of social disadvantage. Including health equity language in funding announcements and requiring programs to focus on health equity will change the way organizations and groups view health.
- ***Changing the Dialogue to Access to Care:*** Foundations have the opportunity to shift the dialogue from specific populations to equitable care and services. Language concerning immigration and undocumented individuals is especially sensitive. Putting the focus on providing equitable care across populations can lead to the elimination of unnecessary, avoidable, unjust, and unfair differences in access to services for not just the categorically ineligible, but also other populations.
- ***Promoting New Promising Practices:*** New and promising practices in delivering public health are needed to improve access to care. Collaborating with state and local programs on innovative and new ideas for providing services will advance public health. Grantmaker support for developing new ways of delivering programs and for sharing that information with others is critical. Collaborating with state and local programs on innovative ideas for providing services will advance public health.

SOURCES

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