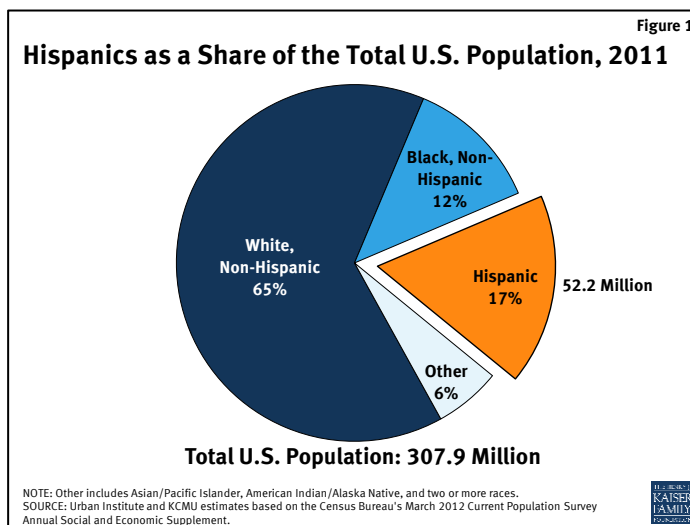


April 2013

Health Coverage for the Hispanic Population Today and Under the Affordable Care Act

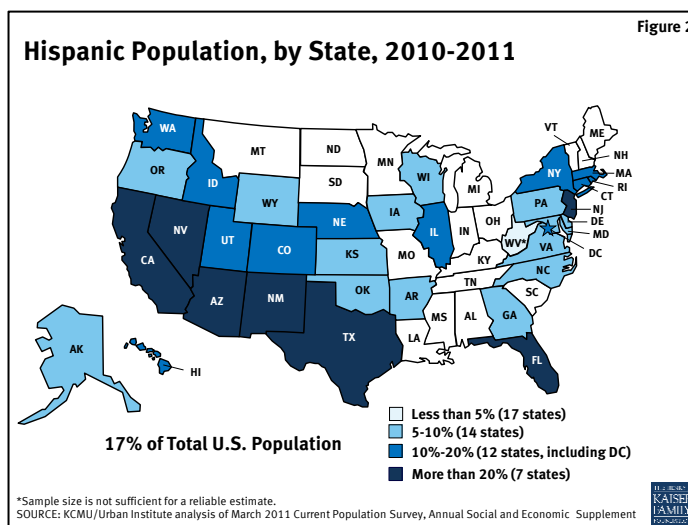
Over 50 million Hispanics currently live in the United States, comprising 17 percent of the total U.S. population (Figure 1). Hispanics are a diverse ethnic population, varying in race, origin, age, immigration status, and other characteristics. They are the fastest growing racial or ethnic population in the United States today and are expected to comprise approximately 30 percent of the total US population by 2050.¹ Despite the growing size of the Hispanic population, many Hispanics continue to face disparities in health coverage and care, and they have the highest uninsured rate among racial/ethnic groups, with nearly one in three lacking coverage.



One of the key goals of the Affordable Care Act (ACA) is to reduce the number of uninsured through an expansion of Medicaid and the creation of new health insurance exchange marketplaces with tax credits to help moderate-income people purchase coverage. Many uninsured Hispanics could benefit from these expansions. Ensuring that they successfully enroll in coverage and access needed care will be key to improving care for Hispanics and promoting greater equity in health care. This brief provides an overview of the Hispanic population in the United States, their health coverage today, and the potential impact of the ACA coverage expansions.

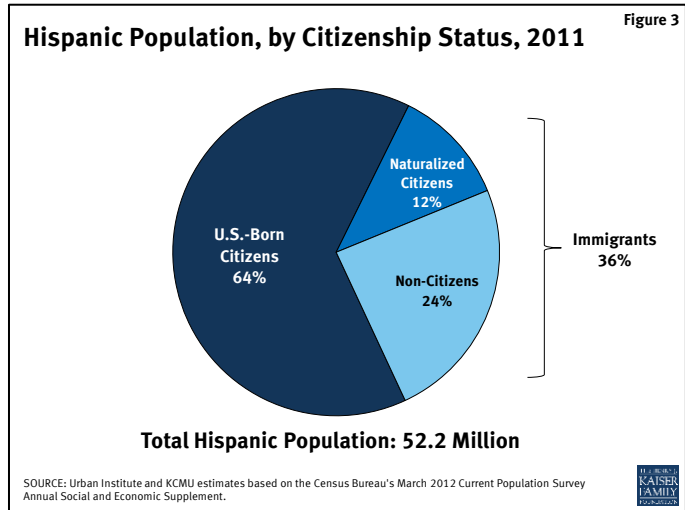
Overview of the Hispanic Population

As of 2011, 52.2 million Hispanics were residing in the United States, accounting for nearly a fifth (17%) of the total U.S. population. Hispanics reside throughout the U.S. but comprise larger shares of the population in several southwestern and mid-Atlantic states (Figure 2). In seven states—Arizona, California, Colorado, Florida, Nevada, New Jersey, and Texas—Hispanics account for over 20 percent of the total population. Among Hispanics, there is substantial diversity in ancestry, race, educational attainment, English proficiency, and other characteristics. It is important to recognize these differences, which may not be reflected in data on the Hispanic population as a whole.²

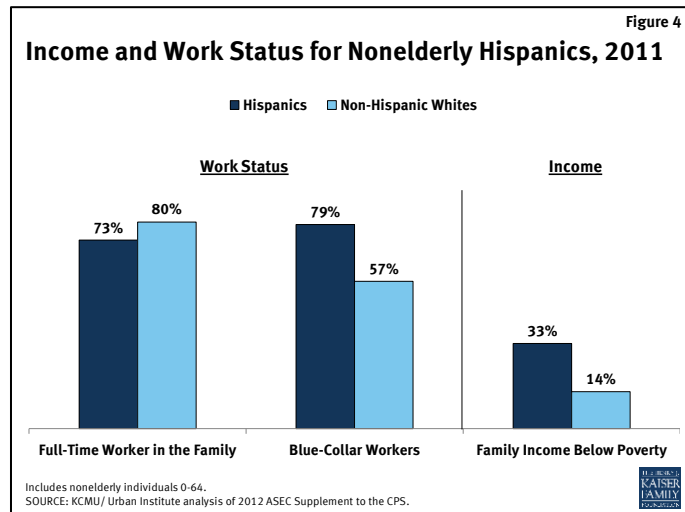


Compared to non-Hispanic Whites, larger shares of the Hispanic population are children or young adults, and a smaller share are over age 65. Nearly half (47%) of Hispanics are under age 26, compared to 30 percent of non-Hispanic Whites and 35 percent of all U.S. residents. Hispanics are also about three times less likely than non-Hispanic Whites to be age 65 or older. As of 2011, about 6 percent of Hispanics were elderly adults, compared to 17 percent of non-Hispanic Whites.

Approximately three-quarters (76%) of all Hispanics and over 90 percent of Hispanic children are U.S. citizens. Approximately one in four Hispanics (24%) are non-citizens, which include both lawfully-present and undocumented immigrants (Figure 3). Among Hispanics, adults are six times more likely than children to be non-citizens (36% vs. 6%). While data are not available on the percent of Hispanics who are undocumented immigrants, the Pew Hispanic Center estimates that overall, more than two-thirds of all immigrants are lawfully-present immigrants or naturalized citizens, while less than a third are undocumented immigrants.³

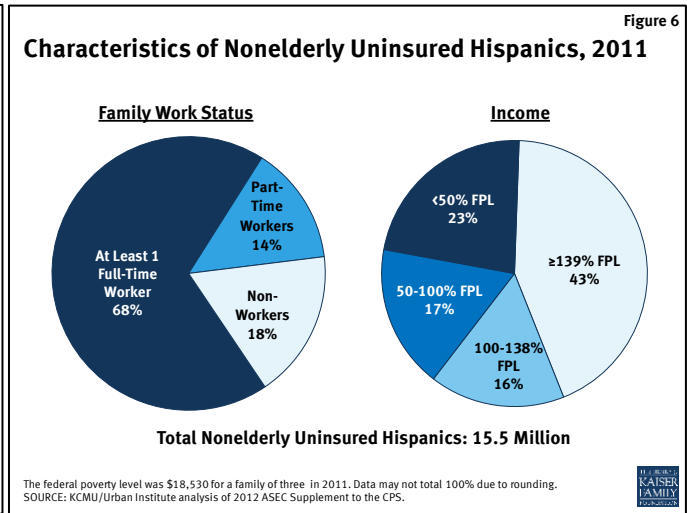
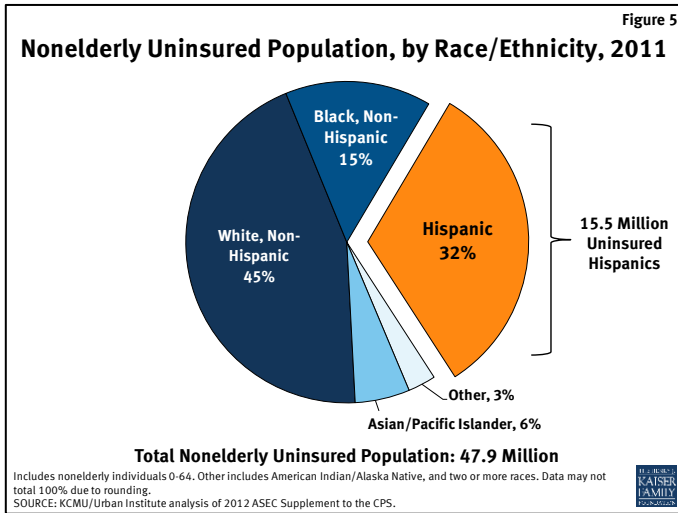


Nonelderly Hispanics are about as likely as nonelderly non-Hispanic Whites to have a full-time worker in the family, but are more likely to be in low-wage blue-collar jobs and to have low family incomes (Figure 4). Nearly three-quarters of Hispanic families have at least one full-time worker. However, Hispanics are much more likely than non-Hispanic Whites to work in low-wage blue-collar positions, and more than half (53%) of nonelderly Hispanics are employed in agriculture, service, or construction industries.⁴ As a result, about one in three Hispanics have family income below poverty, compared to one in seven non-Hispanic Whites. Moreover, the jobs and industries in which Hispanics tend to be employed often do not offer employer-sponsored insurance, and when it is offered, they often cannot afford it given their low incomes.



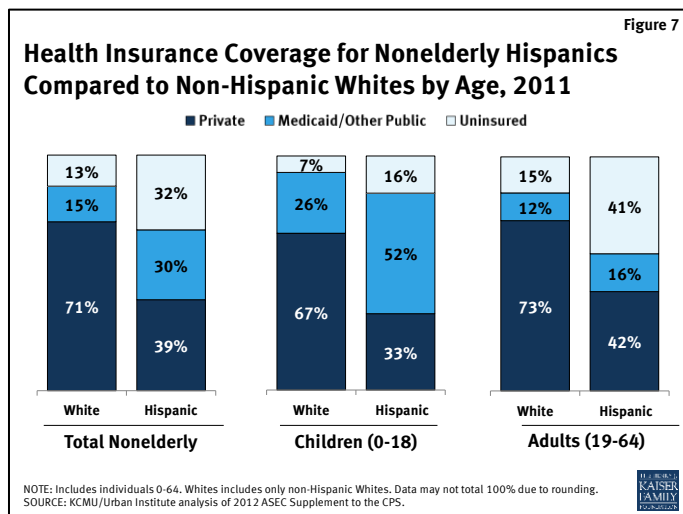
Health Coverage of Nonelderly Hispanics

Hispanics account for nearly a third (32%) of the total nonelderly uninsured population (Figure 5). Among racial and ethnic groups, Hispanics account for the largest share of the uninsured. As of 2011, 15.5 million nonelderly Hispanics were uninsured, including 12.6 million adults and nearly 3 million children. Over four in five uninsured Hispanics are adults and nearly seven in ten are in families with at least one full-time worker, but many are very poor (Figure 6). Some 40% of uninsured Hispanics have income below poverty and more than 1 in 5 (23%) have income below half of poverty.



Hispanics account for a significant proportion of the uninsured because they have a high uninsured rate, with nearly one in three (32%) nonelderly Hispanics lacking coverage (Figure 7). Given their low wages and limited access to employer-sponsored coverage, Hispanics are about half as likely as non-Hispanic Whites to have private health insurance (39% vs. 71%). Medicaid helps fill some of this gap in private coverage, but does not fully offset the difference, leaving Hispanics more than twice as likely as Whites to be uninsured (32% vs. 13%).

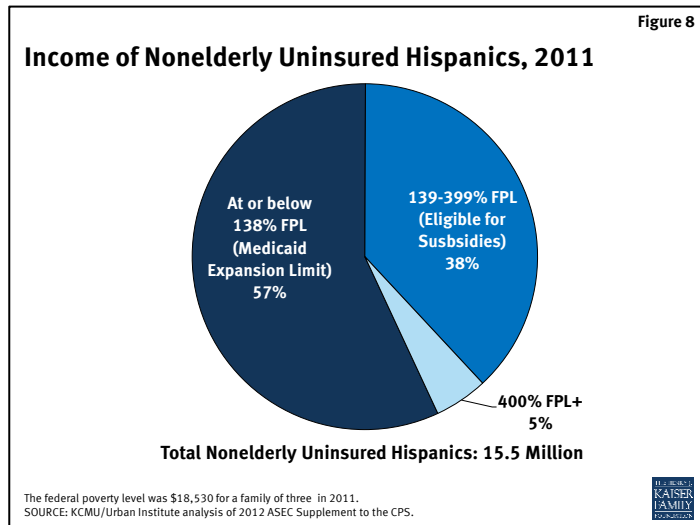
Medicaid plays a particularly important role in covering Hispanic children. Medicaid covers over half of Hispanic children, helping to substantially fill their gap in private coverage. Medicaid plays a much more limited role for Hispanic adults, leaving more than four in ten uninsured. These coverage patterns reflect the fact that states have significantly expanded children’s eligibility for Medicaid and CHIP, while Medicaid eligibility for adults remains very limited in most states.



Coverage for Hispanics Under the ACA Coverage Expansions

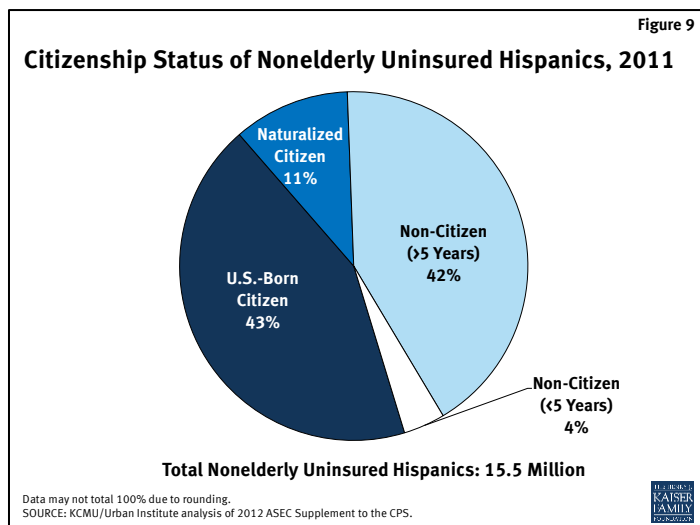
As noted, one of the key goals of the ACA is to reduce the number of uninsured. Beginning in 2014, Medicaid eligibility will expand to adults with incomes up to 138% of poverty (\$26,951 for family of three in 2013). However, as a result of the Supreme Court ruling on the ACA, implementation of this expansion is now effectively a state option. In addition, individuals without access to affordable employer coverage will be able to buy insurance through new health insurance exchange marketplaces with advance premium tax credits available to help moderate income individuals pay for coverage.

Because many uninsured Hispanics are in low-income working families, nearly all would be in the income range to qualify for the Medicaid expansion or premium tax credits. Over half (57%) of uninsured Hispanics have income below the new Medicaid limit and an additional 38 percent are in the income range for tax subsidies to help purchase coverage through exchange marketplaces (Figure 8).



Non-citizen Hispanics will continue to face eligibility restrictions for health coverage under the ACA.

Nearly half (46%) of uninsured Hispanics are non-citizens, which include lawfully-present and undocumented immigrants (Figure 9). Roughly 4 percent of these non-citizens have lived in the United States for less than five years. Today, lawfully present immigrants are subject to eligibility restrictions for Medicaid and CHIP, including a five-year waiting period and the exclusion of some categories of immigrants. States have the option to eliminate the five-year waiting period for lawfully present children and pregnant women who are otherwise eligible for Medicaid or CHIP, and nearly half of states have done so for one or both groups.⁵ Yet, many lawfully present immigrants remain ineligible for Medicaid or CHIP coverage or subject to the five-year wait. These Medicaid and CHIP eligibility restrictions remain in place under the ACA. Lawfully present immigrants will be able to purchase coverage in exchanges and receive tax credits without a waiting period, including those who are not eligible for Medicaid due to their immigration status. Undocumented immigrants are ineligible for Medicaid today and will be ineligible for Medicaid and premium tax credits under the ACA; they also will be prohibited from purchasing exchange coverage at full cost.



Discussion

Increasing health coverage among Hispanics is key for improving their access to care and promoting greater equity in healthcare. Reflecting their higher uninsured rate, Hispanics are less likely than non-Hispanic Whites to have a usual source of care, less likely to receive preventive services, and more likely to have problems affording needed care.⁶ Given the diversity, growing size, and broad geographic distribution of the Hispanic population, better health could be a key first step in reducing disparities and helping to improve coverage and access for the overall U.S. population.

Medicaid plays an important role in filling gaps in health coverage for many Hispanic children, but many Hispanic children and adults remain uninsured. Medicaid is a key source of coverage for 13.7 million Hispanics, many of whom would otherwise go uninsured due to their limited access to private coverage and low incomes. However, many Hispanics, especially adults, who have limited eligibility for Medicaid, remain uninsured. Moreover, reflecting historic enrollment barriers, eligible Hispanics are less likely to enroll in Medicaid and CHIP compared to non-Hispanic Whites and Blacks.⁷

The ACA has the potential to increase health coverage and access to care for low-income uninsured Hispanics, and as states decide whether to expand Medicaid, the stakes are especially high in states with a large number of uninsured Hispanics. Most uninsured Hispanics are in low-income families and would be in the income range to qualify for the ACA coverage expansions, particularly the Medicaid expansion. If a state does not expand Medicaid, many low-income uninsured Hispanic adults will not gain a new coverage option and will likely remain uninsured. Even with the coverage expansions, some non-citizen Hispanics will continue to face eligibility restrictions that limit Medicaid eligibility for many lawfully-present immigrants and exclude undocumented immigrants from health coverage. As such, they will likely continue to experience higher uninsured rates and face challenges obtaining care.

Targeted outreach and enrollment assistance will be important for ensuring that eligible, uninsured Hispanics enroll in coverage. Hispanics have historically faced numerous barriers to enrolling in Medicaid and CHIP, including difficulty completing the application, confusion about eligibility, language and literacy challenges, and fears about immigration enforcement for families with mixed immigration status. The ACA will help address many of these barriers through new streamlined, data-driven enrollment processes that will go in place in 2014. However, targeted outreach, one-on-one application assistance, language services, and other proven strategies will remain important for facilitating enrollment of uninsured Hispanics and reducing disparities. Moreover, it will be important to address challenges in accessing care, such as language and literacy barriers, and fears and confusion related to navigating the health care system. Community-based safety-net providers are often viewed as a trusted source for care among Hispanics and are able to offer culturally and linguistically appropriate services that meet the needs of diverse populations. Under the ACA, these providers will likely play a key role in enrolling uninsured Hispanics in coverage and remain an important source of care for the population.

¹ U.S. Census Bureau, 2012, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2012 to July 1, 2060. Available at <http://www.census.gov/population/projections/data/national/2012.html>

² Pew Hispanic Center. Statistical Portrait of Hispanics in the United States, 2011. February 2013. Available at <http://www.pewhispanic.org/2013/02/15/statistical-portrait-of-hispanics-in-the-united-states-2011/>

³ Pew Hispanic Center. A Nation of Immigrants: A Portrait of the 40 Million, Including 11 Million Unauthorized. January 2013. Available at <http://www.pewhispanic.org/2013/01/29/a-nation-of-immigrants/>

⁴ KCMU/Urban Institute analysis of 2012 ASEC Supplement to the CPS.

⁵ Heberlein, M. et al. "Getting into Gear for 2104: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012-2013." January 2013. Available at: <http://www.kff.org/medicaid/8401.cfm>

⁶ KCMU analysis of 2011 MEPS data.

⁷ Kenney GM, et al. Medicaid/CHIP Participation Among Children and Parents, December 2012. Available at: <http://www.urban.org/publications/412719.html>

Table 1
Percent and Distribution of Nonelderly Hispanics by State, 2010-2011

State	Nonelderly Hispanics	Percent of Nonelderly State Population	Distribution of Nonelderly Hispanics by State	Uninsured Rate Among Nonelderly Hispanics
United States	48,658,303	18.3%	100.0%	32%
Alabama	153,918	3.8%	0.3%	39%
Alaska	43,983	6.9%	0.1%	24%
Arizona	2,044,481	36.1%	4.2%	29%
Arkansas	146,137	6.0%	0.3%	24%
California	13,805,593	41.8%	28.4%	30%
Colorado	906,610	20.6%	1.9%	27%
Connecticut	422,217	13.9%	0.9%	22%
Delaware	81,950	10.7%	0.2%	32%
District of Columbia	61,871	11.6%	0.1%	22%
Florida	3,634,089	23.4%	7.5%	36%
Georgia	797,247	9.2%	1.6%	44%
Hawaii	147,280	13.2%	0.3%	9%
Idaho	197,284	14.6%	0.4%	43%
Illinois	1,860,555	16.8%	3.8%	28%
Indiana	278,069	5.1%	0.6%	26%
Iowa	179,388	6.9%	0.4%	26%
Kansas	255,233	10.8%	0.5%	29%
Kentucky	161,034	4.3%	0.3%	44%
Louisiana	156,102	4.0%	0.3%	51%
Maine	8,749	0.8%	0.0%	--
Maryland	504,557	10.0%	1.0%	35%
Massachusetts	646,648	11.6%	1.3%	--
Michigan	427,748	5.1%	0.9%	21%
Minnesota	242,663	5.3%	0.5%	28%
Mississippi	57,022	2.3%	0.1%	--
Missouri	172,629	3.4%	0.4%	30%
Montana	26,982	3.3%	0.1%	--
Nebraska	200,885	12.7%	0.4%	27%
Nevada	669,415	28.5%	1.4%	36%
New Hampshire	25,483	2.3%	0.1%	--
New Jersey	1,681,365	22.4%	3.5%	33%
New Mexico	820,415	47.6%	1.7%	25%
New York	3,230,892	19.4%	6.6%	23%
North Carolina	718,913	8.8%	1.5%	42%
North Dakota	14,593	2.6%	0.0%	--
Ohio	347,170	3.6%	0.7%	29%
Oklahoma	270,918	8.5%	0.6%	37%
Oregon	341,091	10.4%	0.7%	33%
Pennsylvania	701,321	6.6%	1.4%	25%
Rhode Island	128,010	14.5%	0.3%	27%
South Carolina	195,592	5.0%	0.4%	49%
South Dakota	30,445	4.4%	0.1%	30%
Tennessee	239,801	4.4%	0.5%	43%
Texas	9,591,692	42.3%	19.7%	38%
Utah	279,327	11.2%	0.6%	38%
Vermont	5,226	1.0%	0.0%	--
Virginia	591,288	8.6%	1.2%	35%
Washington	748,431	12.8%	1.5%	28%
West Virginia	--	--	--	--
Wisconsin	346,727	7.2%	0.7%	24%
Wyoming	48,006	9.8%	0.1%	31%

SOURCE: KCMU/Urban Institute analysis of 2011 and 2012 ASEC Supplements to the CPS.

"--" = Sample size is not sufficient for a reliable estimate.

This publication (#8432) is available on the Kaiser Family Foundation's website at www.kff.org.

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy.