LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH

Spotlight on Access to Care

Immigrant Access to Health Care in Massachusetts

March 2024

By Anthony Rumbos-Perez; Abhirupa Dasgupta, MPH; Shyamal Sharma, MPH; and Jessica Santos, PhD

Abstract

Five U.S. states and Washington, D.C., currently offer state- or locally funded health coverage to all adults, regardless of immigration status. Massachusetts is not one of them. In the state's complex coverage landscape, many immigrants have access to limited health care based on legal status, age, and other eligibility criteria. However, gaps in access to quality care persist. When people are uninsured or underinsured, they are less likely to benefit from preventive and primary care. This increases risks for long-term chronic disease and mental health conditions. It also contributes to avoidable population- and neighborhood-level health disparities and differences in life expectancy over time, with communities of color disproportionately impacted.

- Access to quality healthcare is a barrier to good health that disproportionately affects immigrants; 30% of uninsured people in Massachusetts are non-citizens.
- Racial and ethnic health disparities reflect access gaps and social and structural barriers faced by immigrants from communities of color; 65% of naturalized citizens and 78% of non-citizens in Massachusetts are Black, Asian, Hispanic, or other/multiple races, compared to 17% of citizens.

In this Spotlight, we provide an overview of Massachusetts' current eligibility landscape and outline the barriers that immigrants face when they seek access to quality care, highlighting the case of the Brockton Workers Alliance. Drawing on Dr. Leah Zallman's legacy, we note the contributions that immigrants make to our society's public healthcare infrastructure, pointing out the intrinsic unfairness of immigrants being denied access to a service to which they contribute. We then provide some examples of policy initiatives and actions that either restrict or expand immigrant access to care and end with suggestions regarding further cross-sector collaboration for health equity.

LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH

***Confused? So are we!** We recommend contacting HCFA's HelpLine at 800-272-4232 with any MA insurance-related questions.*

Healthcare for Some?

In the United States, 1 in 2 undocumented immigrants and 1 in 5 lawfully present immigrants lack healthcare coverage. Being uninsured is associated with clinical depression and poor management of chronic health conditions, including four of the five leading causes of death: heart disease, cancer, lower respiratory disease, and stroke. Without health insurance, people are less likely to use preventive and primary care services, instead turning to costly emergency medical services because they have nowhere else to go. Early detection saves lives. It also saves money. Ninety percent of our country's $4.1 trillion healthcare costs each year is spent on people with chronic and mental health conditions.

In Massachusetts, non-citizens and naturalized citizens are significantly less likely than U.S.-born citizens to have reliable healthcare coverage. Although less than 3% of the Massachusetts population is uninsured, 30% of the uninsured are non-citizens. Eligibility guidelines (summarized below in **Table 1**) restrict access for most undocumented immigrants. However, barriers to quality care go beyond insurance and include:

- Language barriers
- Complex eligibility guidelines and coverage options
- Convoluted enrollment paperwork, including the recent redeterminations/renewal process for MassHealth
- Confusion and fear around enrolling in Medicaid after the 2019 hostile public charge policy, despite its reversal in 2022
- Need for ongoing capacity building and education within immigrant communities about their rights
- Insufficient guidance for immigrants on protection from ICE when seeking care
- Complex medical care delivery system including healthcare organizations that do not accept MassHealth
  - Confusion about how to find safety net hospitals and federally qualified healthcare centers (FQHCs) that can provide care
- Lack of comprehensive medical guidelines outlining standards of primary care, health screening, and follow-up care for new migrants
  - Months-long wait times for new patients' initial primary care visits at community health centers and FQHCs

- 2.2 million MA residents are enrolled in MassHealth and 274,000 in MassHealth Limited
- 41% of MassHealth or ConnectorCare beneficiaries are Hispanic, 26.2% are Black, and 11.2% are white
- 74.1% of non-citizen Massachusetts residents had healthcare in 2019

Despite having health insurance and access to healthcare, some immigrants report that they are underinsured, which means that they have health insurance--employer-based or public--but the insurance does not cover their medical expenses (see the **Brockton Workers Alliance case** below).

***Confused? So are we!** We recommend contacting HCFA's HelpLine at 800-272-4232 with any MA insurance-related questions.*

Immigrant Eligibility for Healthcare in Massachusetts

The laws governing healthcare eligibility for immigrants are complex and seemingly ever-changing. Immigrants with a wide range of statuses can access health insurance through employment, MassHealth (the state's combined Medicaid and Children's Health Insurance Program), or ConnectorCare, a state-subsidized private healthcare marketplace for individuals who do not qualify for MassHealth and have family incomes below 500% of the federal poverty level. The following types of health insurance coverage are available to immigrants based on eligibility criteria (see **Table 1**):

- **MassHealth Standard**: This is Massachusetts' combined Medicaid and Children's Health Insurance Program, the most comprehensive care option.
- **CommonHealth**: Almost identical to MassHealth Standard, this plan is intended for disabled children under the age of 21 who do not qualify for MassHealth Standard.
- **Family Assistance**: This plan covers most of the services that MassHealth Standard covers, except for early screening, non-emergency transport, adult day health or foster care, continuous skilled nursing, day habilitation, preventive screenings and treatment services, and personal care.
- **Children's Medical Security Plan**: This plan covers children aged 19 or younger, regardless of immigration status and income level, but it does not cover medications over $200/year and medical assistive equipment, including wheelchairs or in-home care.

Undocumented adults without pending applications for asylum, temporary protected status, or DACA can only access care through **MassHealth Limited.** They must seek care from providers and obtain medications from pharmacies that receive reimbursements through the **Health Safety Net.** However, this combination does not meet minimum creditable coverage standards. In other words, while they can access health care, undocumented adults do not have comprehensive public health insurance.

- **MassHealth Limited**: This plan only covers emergency health services.
- Health Safety Net: This secondary payment program reimburses certain hospitals, pharmacies, and community health centers for serving ineligible or uninsured individuals. However, advocates note* that many of the health centers and hospitals supported by the safety net are underfunded and under-resourced, leaving gaps in the preventive and other non-emergency care that is accessible to undocumented immigrants.

Qualified noncitizens and immigrants have access to these different plans depending on immigration status and other eligibility criteria according to Chapters 504 and 518 of 130 CMR (Code of Massachusetts Regulations Title 130). These criteria are summarized below in **Table 1**, drawn from the Massachusetts Law Reform Institute's comprehensive fact sheet, "Understanding Non-Citizen Eligibility for Health Coverage from MassHealth and the Health Connector."

**LZC conducted conversations with several immigrant advocates in 2023 and 2024 to inform this Spotlight and relies on the ongoing expertise of a majority immigrant and/or BIPOC advisory council.*

Table 1. Immigrant Eligibility for MassHealth and Health Connector

Immigration Status	Other Eligibility Factors Used in MassHealth	MassHealth Eligibility Level / ConnectorCare Eligibility
Qualified	Eligible for all MassHealth benefits	All types of MassHealth Coverage / Yes
Qualified Barred* and Nonqualified Lawfully Present	Pregnant people and children under 19 are eligible for all MassHealth benefits in the same way as qualified immigrants	All types of MassHealth Coverage / Yes
	Young adults ages 19 and 20	MassHealth Standard / Yes
	Disabled or elderly individuals clinically eligible for long-term services	MassHealth Standard or CommonHealth (state-funded) / Yes
	Disabled adults ages 21-64 ≤100% FPL; uninsured elderly adults ages 65 or older ≤100% FPL and asset test	Family Assistance / Yes
	Other adults ≤133% FPL	MassHealth Limited / Yes
	Other adults >133% FPL	N/A / Yes
Nonqualified PRUCOL**	Pregnant people	≤200% MassHealth Standard / No
	Children ages 0-18 ≤300% FPL	Family Assistance / No
	Disabled or elderly individuals medically eligible for long-term services	MassHealth Standard or CommonHealth (state-funded) / No
	Other disabled children ages 0-18	CommonHealth / No
	Other disabled young adults ages 19 & 20 ≤150% FPL	CommonHealth / No
	Other disabled adults ages 21- 64 ≤100% FPL	Family Assistance / No
	Other uninsured elderly adults ≤100% FPL & asset test; uninsured elderly adults >100% and ≤300% (no asset test)	Family Assistance / No
	Other uninsured adults under age 65 ≤300% FPL, including disabled adults >100% and non-disabled young adults ages 19-20 >150% FPL)	Family Assistance / No
Other Status, including Undocumented Non-U.S. Citizens	Pregnant people ≤200% FPL	MassHealth Standard / No
	Infants ≤200% FPL; children & young adults ages 1-20 ≤150% FPL; adults ages 21-64 ≤133% FPL; adults ages 65 or older ≤100% FPL and asset test	MassHealth Limited / No
	Children under age 19	Children's Medical Security Plan (CMSP) / No
	All ages ≤300% FPL	Health Safety Net / No
	Enrolled in MassHealth or CommonHealth since 1997 (grandfathered)	MassHealth Standard or CommonHealth / No

* ***"Barred" refers to the "five year bar"****: Individuals with qualifying immigration statuses for Medicaid coverage have to maintain status for five years before they can become eligible for Medicaid benefits.*

** ***"Persons Residing Under Color of Law" (PRUCOL)****: This category refers to people whose presence in the United States is acknowledged by the Department of Homeland Security AND are not currently being targeted for formal removal proceedings. This is not an immigration status, but rather an eligibility criterion for public healthcare coverage. Additional information in this document created by Health Care For All and Health Law Advocates.*

- *Individuals who have filed an application for asylum or lawful permanent residence qualify as PRUCOL.*
- *DACA recipients do not qualify as PRUCOL and are NOT able to access ConnectorCare plans.*

Navigating the MassHealth System: Immigrant Perspectives from the Brockton Workers Alliance* Community Health Needs Assessment Survey**

The Brockton Workers Alliance (BWA) is a coalition of immigrant workers based in the Greater Brockton area of Plymouth County, which represents the needs and perspectives of a large community of Cape Verdean, Haitian, and Latinx immigrants. From October through December 2022, BWA held a series of focus groups within the community and distributed online and paper surveys to gather information about immigrants' lived experiences with health care access.

While more than 80% of the respondents indicated that they had health insurance coverage either through MassHealth or through their employers, a significant number of respondents reported several key challenges, such as not having timely access to medically necessary care in local settings, requirements to travel to emergency rooms in Boston area hospitals, long wait times and delays, difficulty in obtaining insurance without documentation, and lack of language/interpretation services. Approximately 22% of the respondents to the online survey and 14% of the respondents to the paper survey reported that they had difficulty accessing care through their regular primary care provider and physical therapy after being injured at their workplace. One respondent described having limited access to catastrophic care for workplace-related injuries only:

> *"El seguro médico del trabajo no me cubre para todas las enfermedades." /*
> *"Work medical insurance does not cover me for all illnesses."*

Immigrants face several barriers to enrolling in MassHealth even when eligible. Respondents reported having difficulty in understanding the eligibility criteria for different MassHealth programs. Advocates reinforced this point, noting that enrollment can be extremely challenging, requiring a lot of paperwork that people are typically not able to complete on their own. MassHealth offers some online guidance, although much of the relevant information for immigrants is found in lengthy informational guides: The most recent MassHealth Member Booklet is 50 pages long.

The MassHealth Quality Strategy and other relevant policy guidelines are designed to ensure culturally and linguistically sensitive, person- and family-centered, and equitable health services to all enrollees. By implication, these apply to immigrant enrollees. However, respondents noted that their experiences were lacking or widely varied in these areas when seeking medical care.

Lastly, fear and mistrust in how MassHealth might utilize personal information are major factors discouraging immigrants from enrollment or redetermination. In various informational documents about insurance renewal, MassHealth states that the agency does not disclose member information to DHS, USCIS, or ICE. Still, immigrants' fears are valid, especially in light of the chilling aftereffects of the Trump administration's public charge rule. Overcoming the barrier of fear and the threat of immigration authorities is a persistent challenge for community organizations working to enroll more immigrants in MassHealth.

*For more information, contact Isabel Lopez at *brocktonworkersalliance@gmail.com*.

**Excerpted from: Sharma, S. (2023). *Lifting up unheard voices: Health care needs of immigrant workers.* Brockton Workers Alliance.

***Confused? So are we!** We recommend contacting HCFA's HelpLine at 800-272-4232 with any MA insurance-related questions.*

How Immigrants Subsidize Health Care for all Americans

At the height of her career, Dr. Leah Zallman—LZC's namesake—was best known for her scholar-activism in which she and her colleagues modeled the effects of public charge on different immigrant groups, including essential workers and children seeking medical care, at one point likening public charge to child abuse. She also led a research portfolio of seminal work demonstrating the myriad contributions that immigrants make to the U.S. healthcare system, illustrating the intrinsic unfairness of immigrants being denied access to a service to which they contribute.

- Unauthorized Immigrants Prolong the Life of Medicare's Trust Fund
  - The Hospital Insurance Trust Fund (HITF) is furnished by income taxes and pays into Medicare. Between 2000-2011, undocumented immigrants contributed between $2.2 billion to $3.8 billion to the HITF every year. In total, undocumented immigrants were responsible for $35.2 billion added to the HITF in this time period. During this time, they did not receive any HITF funds as undocumented immigrants are not eligible for Medicare.
  - Comparatively, in 2011, people who were eligible for Medicare coverage contributed $225.4 billion dollars to the HITF, while receiving $256.7 billion dollars. This resulted in a $31.3 billion deficit.
- Immigration Reform and the Financial Health of Medicare
  - In this commentary, Dr. Zallman argued that undocumented immigrants are essential to the sustainability of the Medicare trust that constitutes about 22% of federal healthcare spending.
  - Even immigrants who are granted lawful permanent resident status ("green cards") must hold this status for at least five years before being eligible for Medicaid or CHIP. This is an immense hurdle, especially for those who are from countries with long backlogs for processing legal permanent residency.
- Assessment of Immigrants' Premium and Tax Payments for Health Care and the Costs of Their Care
  - Undocumented immigrants contributed a net surplus of $21.3 billion to Medicaid in 2017. U.S.-born citizens generated a net deficit of $13.7 billion, documented immigrants generated a net deficit of $9.1 billion, and naturalized citizens generated a net deficit of $2 billion.
  - For all third-party payer expenditures (Medicare, Medicaid, and private insurance), U.S.-born citizens generated a deficit of $67.2 billion in 2017. Immigrants created a net surplus of $58.3 billion; undocumented immigrants accounted for $51.9 billion of this surplus.

Confused? So are we! We recommend contacting HCFA's HelpLine at 800-272-4232 with any MA insurance-related questions.

Policy, Action, and Next Steps

A wide range of organizations and coalitions in Massachusetts and across the country are working to expand healthcare access for immigrants. These examples show how policies and community-led actions can greatly affect the health of immigrant families in our state.

Cover All Kids

Advocates are calling for Massachusetts to expand health coverage to all immigrants. The Cover All Kids bill (HB 1237/SB 740), which was referred to the Senate Ways and Means committee in October 2023, would expand eligibility for comprehensive MassHealth coverage to all income-eligible children under the age of 21, regardless of immigration status. This bill would expand coverage for mental health care, dental care, home health care, and more. There has been little movement on this bill since October 2023, but advocates note that there are opportunities for integration of school-based benefits and social services with children's health insurance coverage, such as the training of school counselors to help families enroll their children in MassHealth.

In January 2024, legislators, government officials, healthcare providers, and Health Care for All advocates gathered at the state house to urge state lawmakers to adopt the Cover All Kids bill. There is still time to contact legislators to support the bill. Health Care for All has created an online form that individuals can use to send messages of support regarding the bill to their legislators as well as a social media toolkit to spread the word about the Cover All Kids bill.

Protecting Immigrant Families Coalition

This national coalition was formed in response to the Trump administration's 2019 public charge rule that expanded the category of public charge to include families who relied on federal assistance for nutrition, healthcare, and housing. That act further marginalized immigrants who needed those services to survive but could not access them without putting themselves or their families at risk of deportation or jeopardizing their chances of obtaining future citizenship. Despite this legislation being overturned in 2022 by the Biden administration, many immigrant communities across the country have lost trust in social services. The PIF Coalition mobilizes advocates and community resource organizations to support immigrant communities' access to the social services they need without fear.

Redetermination and Renewal (April 2023–April 2024)

Enrollment barriers are particularly distressing for Massachusetts immigrant communities right now, since federal continuous coverage requirements linked to the COVID-19 pandemic ended in April 2023. MassHealth is now requiring all members to renew their health coverage and redetermine their

***Confused? So are we!** We recommend contacting HCFA's HelpLine at 800-272-4232 with any MA insurance-related questions.*

eligibility. Families who fail to update their annual renewal forms, provide proof of eligibility, and/or respond to any communications from MassHealth will lose coverage. Of the 785,000 originally protected MassHealth members at risk of losing health insurance, 212,000 are non-U.S. citizens and 125,600 are only eligible for MassHealth Limited, Health Safety Net, and Children's Medical Security Plan. As of February 2024, 279,089 members had lost coverage. These approximations are expected to be underestimates.

MassHealth created flyers in nine languages specifically for non-citizens explaining this change. MassHealth also releases ongoing communications in many languages (at minimum, English and Spanish), and offers translation services for multiple languages, including Haitian Creole, Chinese, Vietnamese, Russian, Portuguese, and Arabic, the languages most spoken by Massachusetts residents with limited English proficiency. While essential, these language resources are not always easily or intuitively accessed by non-English speakers on the government website. MassHealth also actively collaborated with Health Care For All on a campaign in 15 cities to help educate diverse communities, including immigrant communities, and support them in accessing resources to complete renewal paperwork. The coming months and years will show the full effects of this redetermination process, combined with the national public charge rule and its ongoing chilling effects, on immigrant communities.

Community-based Immigrant Rights Organizations

Non-governmental community-led organizations and coalitions like Brockton Workers Alliance, Equity Now and Beyond, Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA), and many others have taken on the (often unpaid) labor of educating immigrants about enrollment and helping them through the renewal process. For example, MIRA contributed to Health Care For All's Immigrant Health Toolkit, which provides easily accessible information about the various healthcare options available to immigrants and how to register for those services. Immigrant-led organizations are uniquely positioned to do this work, since they have connections to and are trusted by immigrant populations and can meet immigrants' language and cultural needs. The Mass Speaks Coalition, which includes MIRA, MA Appleseed, the Massachusetts Law Reform Institute, and the Justice Center of Southeast Massachusetts, is currently engaged in legislative efforts to enforce language access standards for state agencies, allocate funds to hire more interpreters and other language assistance personnel, and establish more policies for language accessibility.

Establishing Initial Points of Contact for Primary Care

Unlike refugees, migrants and asylees have no standardized health screening pathways upon entry to the United States (see LZC's **Spotlight on Asylum** for definitions of refugees and asylum seekers).

***Confused? So are we!** We recommend contacting HCFA's HelpLine at 800-272-4232 with any MA insurance-related questions.*

Screening resources are available for primary care providers, such as CareRef and CDC guidelines, but gaps in access to care and differences in practices within primary care remain. Broader standardization of health assessments for new immigrants is an opportunity to advance health equity—what the CDC defines as "an opportunity to deliver needed health care, preventive health services (e.g., vaccines), and individual counseling. Taken together, these activities serve to establish a medical "home" where people newly arrived in the United States can receive ongoing primary care and an orientation to the U.S. health care system."

Because of a lack of healthcare coverage and awareness of healthcare coverage options, immigrants disproportionately seek medical care in emergency departments, which can place undue strains on the medical infrastructure and lead to suboptimal healthcare. The ActionHealthNYC program in New York City experimented with setting up primary care appointments for randomly selected undocumented immigrants at state-run safety net hospitals and federally qualified healthcare centers (FQHCs) that provided a sliding-scale payment system for healthcare services. Compared to migrants who did not receive this intervention, the group with primary care appointments had fewer ER visits and more preventive health screenings.

Difficulties accessing primary care are not unique to immigrant populations. The Massachusetts Medical Society released a statement last November about its concerns regarding the shortage of primary care physicians in the state. A third of Massachusetts residents reported having difficulties trying to find healthcare in 2021. Investing in the existing primary care infrastructure in FQHCs and community health centers will not only help immigrant populations access primary and preventive care, these investments will also benefit all Massachusetts residents.

Next Steps

Massachusetts has some of the strongest healthcare systems in the country, with a vast network of experts in refugee and immigrant health. However, there is room for improvement. As we have shown, access to care is multi-faceted, but not so complex that we cannot break it down into manageable pieces and catalyze cross-sector dialogue to create change. We conclude by offering a non-comprehensive look at some next steps that require the ongoing cooperation and coordination of healthcare workers, researchers, policymakers, and advocates (see **Table 2** below). Immigrants with a wide range of statuses contribute to the systems that fund MassHealth in Massachusetts and Medicaid in the United States and have the right to high quality healthcare coverage. Expanding access to care would reduce health disparities and healthcare costs and advance health equity.

Confused? So are we! *We recommend contacting HCFA's HelpLine at 800-272-4232 with any MA insurance-related questions.*

Table 2. Potential Steps for Cross-Sector Collaboration on Immigrant Access to Care

	Community Members and Stakeholders			
Next Steps	Researchers	Policymakers	Advocates	Healthcare Workers
Quantify the impact of the redeterminations process on MassHealth coverage among immigrant populations	■		■	
Evaluate the distribution of community health centers/primary care offices that accept MassHealth	■			■
Collect deidentified nationality and race/ethnicity data from MassHealth enrollees	■	■		
Evaluate the effectiveness of MassHealth communications aimed at assisting immigrant communities throughout the redetermination process		■	■	
Recognize and fund organizations like Brockton Workers Alliance that support immigrant access to care		■	■	
Follow up with immigrants who accessed emergency care with MassHealth Limited to determine if and how they established a medical home or accessed follow-up care	■		■	■
Expand the capacity of the safety net primary care system		■	■	■

immigranthealth.org

LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH A CENTER AT INSTITUTE FOR COMMUNITY HEALTH

The Leah Zallman Center for Immigrant Health Research (LZC) is a center at the Institute for Community Health. We believe community knowledge, social science, and socio-political context provide valuable insights to understand how health and equity are structured in our current world. Our *Spotlight Series* is designed to brief readers about time-sensitive issues related to immigrant health, shine a light on findings from our research and the work of our partners, and encourage cross-sector dialogue and action for social change. We would like to thank the following reviewers for their input on this Spotlight Brief: Marcy Bernbaum, PhD; Lara Jirmanus, MD; and Helena Kennedy, MD.