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FACT SHEET

Barriers to COVID-19 Testing and Treatment

Immigrants without Health Insurance Coverage in the United States

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Executive Summary

Immigrants are among the most vulnerable U.S. residents during the COVID-19 pandemic. Some live in communities with high infection and death rates, and many work in frontline industries such as health care and food production where the risk of transmission is high. Yet, many immigrants face barriers to accessing testing and treatment because they do not have public or private health insurance coverage. The undetected and unchecked spread of the virus among any segment of the U.S. population risks driving further transmission to others, with severe consequences for communities across the country. And as it affects the health and wellbeing of essential workers, many of whom are immigrants, the spread of the virus places stress on the health-care system, food supply, and access to other necessities for all.

As U.S. society responds to the outbreak, businesses are laying off millions of workers, and unemployment is rising. From mid-March 2020 through the start of May, more than 33 million U.S. workers became unemployed, with unemployment rising faster among immigrants than the U.S. born. Rapid job loss is leading to steep declines in employer-based health insurance coverage. In this context, immigrants—like other U.S. residents—are becoming increasingly dependent on publicly funded health care for screening and treatment, should they develop symptoms of the virus. But many immigrants who have not become U.S. citizens do not qualify for Medicaid—the main public health insurance program for low-income people—because of eligibility restrictions related to immigration status.

Recognizing that many people across the country do not have health insurance, Congress included funding for COVID-19 testing and treatment of uninsured people in its recent virus-response aid packages. But many noncitizens, including both legal immigrants and the unauthorized, are still excluded from any insurance coverage. Without it, they are less likely to have access to a doctor or other health-care provider to get tested, monitored, and treated during the early stages of the disease. They are also more likely to have untreated health conditions that could leave them more vulnerable to the virus and require more expensive treatment should they become sick.

BOX 1
Who Are the Noncitizens in This Analysis?

This analysis breaks the noncitizen population down into three groups:

1. lawful permanent residents (LPRs, also known as green-card holders);
2. nonimmigrants (sometimes called temporary immigrants) such as visitors, students, and temporary workers; and
3. unauthorized immigrants.

This fact sheet provides estimates of the number of uninsured noncitizens nationwide and in each state, and how many of them are ineligible for Medicaid coverage due to their immigration status. The analysis uses a unique methodology employed by the Migration Policy Institute (MPI) to assign legal status to noncitizens in American Community Survey (ACS) data. Projections of the number of uninsured noncitizens are provided for three scenarios, under the assumption that employer-provided insurance coverage will decline substantially as unemployment rises:

1. In a pre-COVID-19 scenario of 4 percent unemployment, 7.7 million noncitizens did not have public or private health insurance coverage, representing 27 percent of the 28.6 million uninsured people nationwide.
2. In a medium-unemployment scenario where the rate rises to 17.5 percent (roughly where unemployment stood at the end of April 2020), 9.3 million noncitizens would be uninsured.
3. In a high-unemployment scenario of 25 percent (near Great Depression levels), 10.8 million noncitizens would be uninsured.

In all three scenarios, roughly 55 percent of uninsured noncitizens were unauthorized immigrants, and 45 percent were LPRs or nonimmigrants.

While many uninsured noncitizens could potentially be covered by Medicaid, some cannot qualify due to their immigration status:

1. In the pre-COVID-19 scenario, the number of low-income uninsured noncitizens who were excluded from Medicaid due to their status was 2.6 million: 2.1 million unauthorized immigrants, and 500,000 LPRs and nonimmigrants.
2. In the medium-unemployment scenario, the number of low-income uninsured noncitizens excluded from the program would rise to 3.2 million: 2.5 million unauthorized immigrants and 700,000 LPRs and nonimmigrants.
3. In the high-unemployment scenario, this would be 3.7 million noncitizens: 2.9 million unauthorized immigrants and 800,000 LPRs and nonimmigrants.

An additional several million uninsured noncitizens had incomes above the income-eligibility threshold set for Medicaid by their state or were eligible but had not enrolled in the program. In the pre-COVID-19 scenario, this included 1.3 million low-income noncitizens living in the 14 states that have set the eligibility threshold for adults at or near zero, as well as millions who were potentially eligible but did not apply.

There are widespread reports of low-income U.S. residents—citizens and noncitizens alike—avoiding COVID-19 testing and treatment because they cannot afford them, particularly when so many are losing jobs and the health insurance attached to those jobs. Some noncitizens may also forgo testing and treatment because they fear immigration enforcement or worry that if they enroll in Medicaid, the new public-charge rule could disqualify them from getting a green card. Leaving millions of noncitizens uninsured and unable to afford or afraid to seek COVID-19 testing and treatment could further the spread of the virus and deepen its effects on communities across the country.

1 Introduction

As COVID-19 has spread rapidly across the United States, it has become evident that immigrants—alongside Blacks—are one of the groups most at risk of contracting the virus. Immigrants live in some of the most affected communities in major metropolitan areas such as New York[1] and Washington, DC,[2] as well smaller cities in rural, agricultural areas such as Sioux Falls, SD, where meat-packing plants

have suspended operations due to widespread virus transmission.[3] Immigrants are also more likely than U.S.-born workers to be employed in occupations such as food production[4] and health care[5] that may expose them to the virus. And immigrant families tend to live in more crowded housing,[6] which makes it difficult to isolate sick family members and avoid household transmission.

At the same time, many immigrants are finding it difficult to get tested and treated for the virus.[7] While naturalized citizens are about as likely as U.S.-born citizens to have health insurance, noncitizens—including lawful permanent residents, nonimmigrants, and unauthorized immigrants—are substantially more likely to be uninsured, with unauthorized immigrants the most likely to lack coverage.[8] Health insurance coverage is lower among noncitizens because they are less likely than citizens to work in jobs that provide coverage, and because some groups are ineligible for public insurance programs such as Medicaid. In the absence of private or public coverage, noncitizens rely on networks of community health centers, public hospitals, and other safety-net providers for their health care—networks that were underfunded and strained in their capacity even before the virus took hold.[9]

Moreover, unauthorized immigrants may fail to seek testing or treatment because they fear being deported,[10] while noncitizens more generally may worry that accessing public benefits may prevent them from becoming permanent residents.[11] In February 2020, the federal government implemented a public-charge rule that makes receipt of Medicaid a factor that could potentially disqualify an adult from getting a green card. In March, U.S. Citizenship and Immigration Services clarified that "necessary medical treatment or preventive services" will not negatively affect permanent residency applications under the rule,[12] but health-care providers are finding that this message has not allayed concerns in immigrant communities.[13]

When large numbers of people lack access to a doctor or other regular health-care provider, the disease can spread undetected, affecting not just immigrant communities, but the broader U.S. population as well. For uninsured noncitizens who contract the coronavirus, it may be difficult to assess whether their symptoms warrant going to a hospital. Some may visit overburdened hospitals when experiencing minor symptoms while others avoid seeking treatment until their conditions are particularly acute, resulting in more stress on the health-care system.

Health insurance coverage is likely to decline for all U.S. residents as millions lose their jobs and the coverage attached to those jobs. From mid-March 2020 through the start of May, more than 33 million U.S. workers filed for unemployment benefits.[14] Economists estimate the current unemployment rate may have reached 17 percent at the end of April and could exceed 20 percent in the coming months.[15] In one projection by health-systems analysts, the total number of uninsured people in the United States could rise from about 29 million before the COVID-19 outbreak to 34–35 million if the unemployment rate reaches 17.5 percent, and to 39–40 million if it reaches 25 percent.[16]

Health insurance coverage may drop even faster among immigrants, as before the pandemic they disproportionately worked in the types of businesses that require face-to-face contact (retail, food service, and hospitality, for example) and hence have disappeared as state and local governments issue orders closing these businesses and/or requiring residents to stay at home.[17] Between February and March 2020, before most state lockdowns went into effect, the number of unemployed immigrants increased by 30 percent, compared to 17 percent for U.S.-born workers.[18] At the same time, because immigrants were less likely than the U.S. born to have employer coverage before the pandemic, they might

experience a smaller decline as its economic fallout deepens.

As unemployment resulting from the pandemic increases and employer-based health insurance coverage declines, noncitizens—like other U.S. residents—will become increasingly dependent on public health systems for screening and treatment should they develop symptoms of COVID-19, and for treatment of all other health conditions. This fact sheet provides national and state-level estimates of how many noncitizens are uninsured and ineligible for Medicaid coverage under three different unemployment scenarios: pre-COVID-19 (at a 4 percent unemployment rate), at a 17.5 percent unemployment rate, and at a 25 percent unemployment rate. These estimates take into account the fact that unauthorized immigrants are generally ineligible for Medicaid and other forms of public coverage, while green-card holders and other lawfully present immigrants are ineligible in many states. Estimates are provided for all states to help policymakers, health-care providers, and community-based organizations make plans to fill gaps in health coverage.

2 The Policy Context

A growing uninsured population will place large cost burdens on health-care systems that provide testing and treatment to COVID-19 patients. The per-person cost of testing for the virus currently ranges from about $36 for tests developed by the Centers for Disease Control to $51 for other commercial tests.[19] The median cost of treating a COVID-19 infection has been estimated at about $3,045,[20] and the average cost of hospitalization for more severe cases at about $20,750.[21] Without substantial federal assistance, serving uninsured patients will strain state and local budgets, as well as individual hospitals. These burdens are likely to be especially heavy in states and localities with large numbers of uninsured immigrants who are ineligible for federal programs such as Medicaid.

Recognizing the need to screen and treat all U.S. residents to mitigate the spread of the virus, Congress has passed a series of aid packages that include funding for COVID-19 testing and treatment. The first bill passed, the *Coronavirus Preparedness and Response Supplemental Appropriations Act*, provided $100 million to be disbursed through grants to community health centers.[22] The *Families First Coronavirus Response Act*, signed into law on March 18, 2020, requires Medicaid and private insurance carriers to cover testing, provides a full federal match for states to cover testing of Medicaid-eligible people, and provides $1 billion for testing of uninsured people.[23] The *Coronavirus Aid, Relief, and Economic Security (CARES) Act*, which became law on March 27, allocates $100 billion to shore up the capacity of hospitals and other providers, delays cuts in subsidies to hospitals that treat uninsured patients, and increases funding for community health centers—adding $1.3 billion to the funds Congress had already set aside for them for fiscal year 2020.[24] And the *Paycheck Protection Program and Health Care Enhancement Act*, signed into law on April 24, 2020, appropriates another $75 billion to support hospitals and other health-care providers treating COVID-19 patients, and $25 billion for testing—including another $1 billion for testing the uninsured.[25] The Trump administration has announced that some funding in these new streams will be dedicated to reimbursing health-care providers for the treatment of uninsured COVID-19 patients.[26]

None of these laws removes Medicaid eligibility bars for noncitizens or creates new funding sources specifically to provide insurance coverage for uninsured people. Noncitizen eligibility rules for Medicaid and the related Children's Health Insurance Program (CHIP) are complex, differ for children versus adults, and vary by state (see Box 2). Moreover, a large group of adults—including both U.S. citizens and noncitizens—is essentially ineligible for Medicaid in 14 states (Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma,

South Carolina, South Dakota, Tennessee, Texas, and Wyoming) that did not opt to expand adult Medicaid for residents with all but the very lowest incomes under the *Affordable Care Act* (ACA).[27]

Emergency Medicaid covers hospital emergency room visits and admissions for severe, acute conditions, as well as treatment of such conditions outside of hospitals for all uninsured individuals who would be eligible for Medicaid but for their immigration status.[28] As of late April 2020, five state governments (California, Delaware, New York, Oregon, and Pennsylvania) had determined that their states' Emergency Medicaid would cover testing and treatment of the coronavirus, under the assumption that they can receive federal reimbursement for these services; Washington State will allow Emergency Medicaid to cover testing but not treatment.[29]

BOX 2
Medicaid and CHIP Eligibility Rules for Noncitizens

Most lawfully present noncitizens who are not lawful permanent residents (LPRs, otherwise known as green-card holders) are ineligible for Medicaid and the related Children's Health Insurance Program (CHIP). Nonimmigrants, Temporary Protected Status (TPS) holders, Deferred Action for Childhood Arrivals (DACA) recipients, and asylum seekers, for example, are not eligible for Medicaid. A few other factors—including income, age, and the state in which immigrants live—can also affect whether they are eligible.

- Refugees, asylees, and immigrants with some other forms of humanitarian protection are eligible for Medicaid if they meet income-eligibility thresholds.
- Children who are LPRs but have had their green cards for less than five years are excluded from federally funded Medicaid and CHIP in 16 states: Alabama, Alaska, Arizona, Georgia, Idaho, Indiana, Kansas, Michigan, Mississippi, Missouri, New Hampshire, North Dakota, Oklahoma, South Dakota, Tennessee, and Wyoming. (Note: A somewhat overlapping, but different group of states has not opted to use Medicaid to cover pregnant women who have had their green cards for less than five years.)
- Adult LPRs who have had their green cards for less than five years are barred from federally funded Medicaid in all states, while seven states (Alabama, Mississippi, North Dakota, South Dakota, Texas, Virginia, and Wyoming) require adult LPRs to work for ten years or have credit for this amount of work before qualifying for Medicaid.
- Six states (California, Hawaii, Massachusetts, Minnesota, New York, and Pennsylvania) and the District of Columbia provide state-funded public health insurance coverage to LPR adults and, in some cases, to other lawfully present noncitizens who are barred from the federal programs.
- Unauthorized immigrants are categorically ineligible for federally funded Medicaid and CHIP, but six states (California, Illinois, Massachusetts, New York, Oregon, and Washington) and the District of Columbia use their own funds to cover unauthorized immigrant children; the District of Columbia also covers unauthorized immigrant adults. (Note: Some counties also do so, but the District of Columbia is the only state-like entity to provide such coverage.)

Sources: National Immigration Law Center (NILC), "Table 1: Overview of Immigrant Eligibility for Federal Programs" (fact sheet, NILC, Los Angeles, October 2011); Kaiser Family Foundation (KFF), "Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women," updated January 1, 2020; Urban Institute, "State Immigration Policy Resource—Public Benefits: Public Health Insurance for LPR Adults during Five-Year Bar," updated May 4, 2017; NILC, "Health Coverage for Immigrant Children: January 2020," accessed April 27, 2020; DC Department of Health Care Finance, "Health Care Alliance," accessed April 21, 2020.

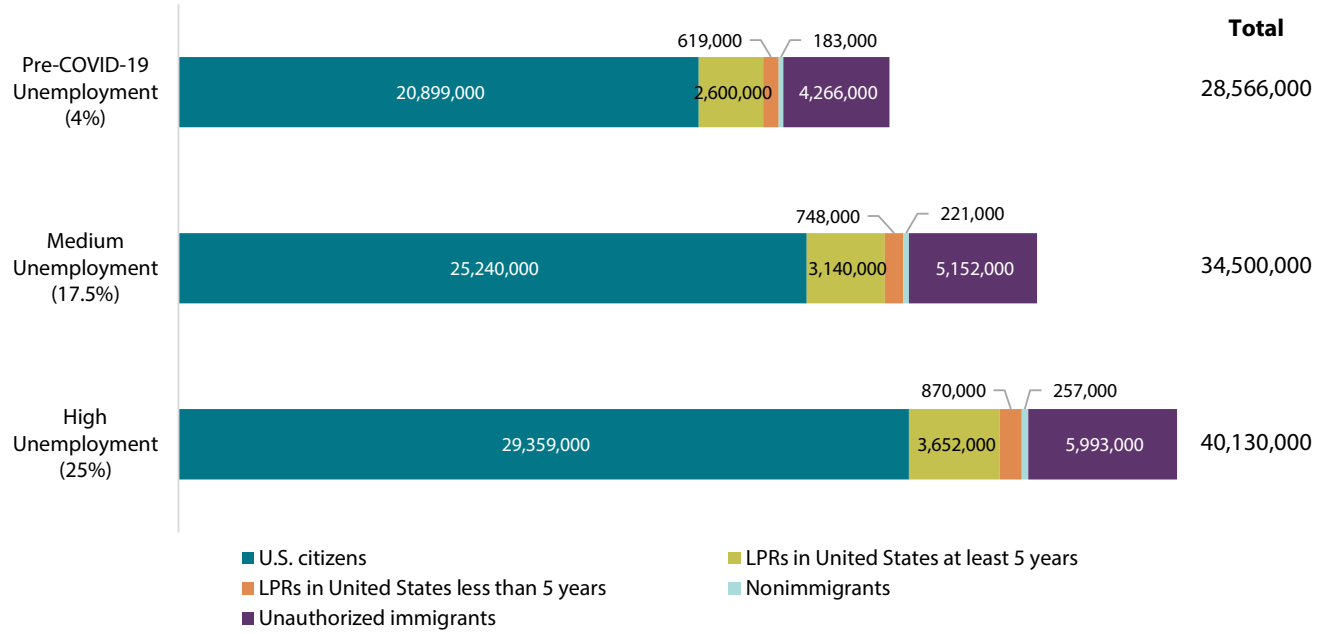
3 Uninsured U.S. Citizens and Noncitizens under Different Unemployment Scenarios

According to the American Community Survey (ACS), 28.6 million U.S. residents were uninsured in 2018.[30] MPI researchers used this number as a pre-COVID-19 baseline for insurance coverage, because the 2018 ACS is the latest available survey with large, representative samples across states for immigrant populations. Of the 28.6 million uninsured U.S. residents, an estimated 7.7 million (27 percent) were noncitizens—a group that could exceed 10 million depending on how many workers become unemployed due to layoffs and business closures associated with the pandemic.

Among uninsured noncitizens in 2018,[31] slight more than half (4.3 million) were unauthorized immigrants, who have no access to public coverage through Medicaid or state-funded programs, with limited exceptions for children in a few states (see Box 1). Slightly less than half were LPRs whose eligibility for Medicaid and similar programs varies by states, with many excluded from coverage. Figure 1 shows LPRs divided into those who have lived in the United States for more or less than five years. (Medicaid eligibility rules differ depending on whether an immigrant has held a green card for five years, but because the period of time following green-card receipt could not be modeled, total length of U.S. res-

FIGURE 1

U.S. Uninsured Population, by Citizenship and Immigration Status, under Three Unemployment Scenarios



Notes: Data on the immigration status of the uninsured population were drawn from the 2012–16 American Community Survey (ACS). These data show a total unemployed population of 40 million, the same as the high-unemployment scenario. To match these data to the uninsured population of 28.6 million in the 2018 pre-COVID-19 scenario, the authors adjusted all numbers downward proportionally to match that total. The same process was used to match the data to the medium-unemployment scenario, for a total uninsured population of 34.5 million. Lawful permanent residents (LPRs) who had held that status for at least five years could not be modeled, so those with at least five years of total U.S. residence were used as a proxy.
Sources: Migration Policy Institute (MPI) analysis of data from the ACS, 2012–16 pooled, with assignments of legal status to noncitizens by MPI, Jennifer Van Hook of the Pennsylvania State University, and James Bachmeier of Temple University; uninsured totals by unemployment scenarios taken from Health Management Associates, "COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State" (fact sheet, Lansing, MI, April 3, 2020).

idence was used as a proxy.) Nonimmigrants—who are categorically ineligible for Medicaid—made up the smallest share of uninsured noncitizens.

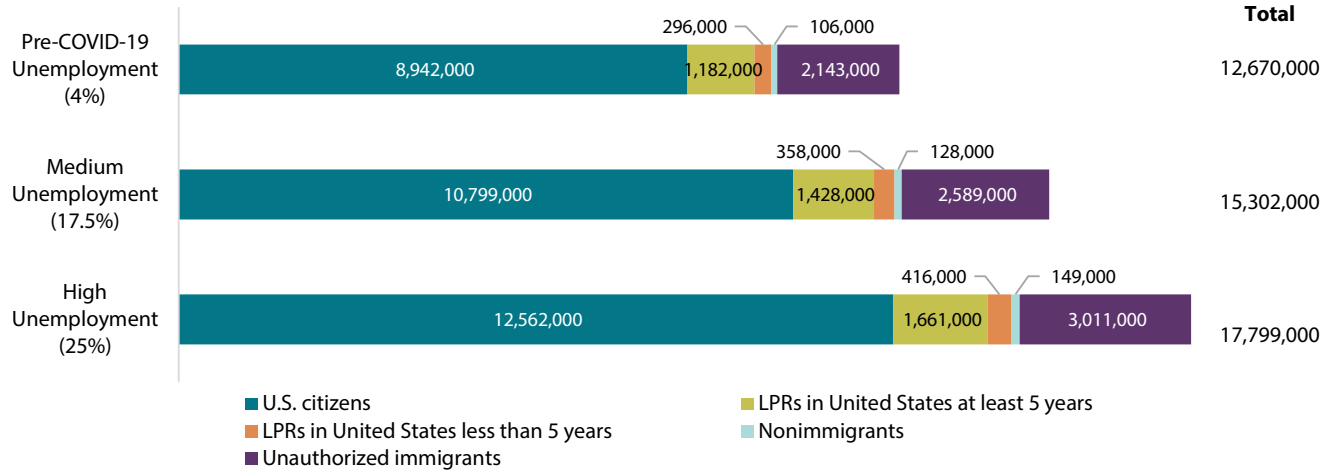
MPI then modeled how many noncitizens might lack coverage if the unemployment rate rose to 17.5 percent (near the estimated rate at the end of April 2020) or 25 percent.[32] With a 17.5-percent unemployment rate (a "medium unemployment scenario"), 9.3 million out of 34.5 million uninsured U.S. residents would be noncitizens, and at 25 percent unemployment (a "high-unemployment scenario"), 10.8 million of 40.1 million uninsured U.S. residents would be noncitizens. In both future scenarios, as in the pre-COVID-19 period, about 55 percent of uninsured noncitizens would be unauthorized immigrants, and the other 45 percent would be LPRs or nonimmigrants.

4 Uninsured U.S. Citizens and Noncitizens Potentially Eligible for Medicaid or Similar Public Coverage

Medicaid and CHIP cover COVID-19 testing and treatment, but only some uninsured people are eligible for these programs. Both are designed for low-income people who do not have private insurance coverage, and eligibility is based on family income as a percentage of the federal poverty level (FPL).[33] Those with incomes above the eligibility threshold set by their state are ineligible. Some states have set their Medicaid thresholds at very low income levels

FIGURE 2

U.S. Low-income* Uninsured Population, by Citizenship and Immigration Status, under Three Unemployment Scenarios



* The low-income population is defined on the basis of the income eligibility threshold for Medicaid, which is 138 percent of the federal poverty level (FPL) for adults ages 19 and older, and which varies by state for children ages 0–18.
Notes: Data on the immigration status of the uninsured population were drawn from the 2012–16 ACS. These data show a total unemployed population of 40 million, the same as the high-unemployment scenario. To match these data to the uninsured population of 28.6 million observed in the 2018 pre-COVID-19 scenario, the authors adjusted all numbers downward proportionally to match that total. The same process was used to match the data to the medium-unemployment scenario, for a total uninsured population of 34.5 million. LPRs who had held that status for at least five years could not be modeled, so those with at least five years of total U.S. residence were used as a proxy.
Sources: MPI analysis of data from the ACS, 2012–16 pooled, with assignments of legal status to noncitizens by MPI, Van Hook, and Bachmeier; uninsured totals by unemployment scenarios taken from Health Management Associates, "COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State."

for parents and at or near zero for adults who are not parents; in these states, even adults with very low incomes are mostly excluded from Medicaid.

In the pre-COVID-19 scenario, 12.7 million uninsured U.S. residents had incomes below state Medicaid eligibility thresholds, of whom 3.7 million were noncitizens (see Figure 2). Under the high-unemployment scenario, the number of low-income uninsured people is expected to rise to 17.8 million, of whom 5.2 million would be noncitizens. As in the total population of uninsured noncitizens, slightly more than half of low-income uninsured noncitizens in all three scenarios are unauthorized immigrants, and slightly less than half are LPRs and nonimmigrants.

In 2018, 4.8 million adults met the income-eligibility threshold for Medicaid (138 percent of the FPL) but were ineligible for the program because they lived in a state that had not opted to expand it to this population (see the "pre-COVID-19" column in Table 1). Under the high-unemployment scenario, the number of income-eligible uninsured adults living in states without Medicaid expansion programs would rise to 6.8 million. Approximately 28 percent of these adults in non-expansion states are noncitizens: 1.4 million in the pre-COVID-19 scenario and 1.9 million in the high-unemployment scenario.

Across all the states, larger numbers of noncitizens could have difficulty accessing or affording COVID-19 testing and treatment because they are ineligible for Medicaid, CHIP, or state-funded coverage due to immigrant eligibility restrictions, with most of those excluded being unauthorized immigrants. In the pre-COVID-19 scenario, 2.6 million noncitizens were ineligible due to their immigration status, including the following groups:[34]

- Approximately 255,000 LPR adults[35] with five years or more of U.S. residence living in states that require LPRs to have worked for 40 quarters or more, or to have been admitted as refugees, asylees, or via other humanitarian categories;
- 179,000 LPR adults with fewer than five years of U.S. residence living in states where they were barred from enrolling in Medicaid under federal rules, and there was no state-funded program providing similar coverage;
- 9,000 LPR children with fewer than five years of U.S. residence living in states that had not taken the *Immigrant Children's Health Improvement Act* (ICHIA) option to cover them using federally funded Medicaid;
- 89,000 nonimmigrants who are not eligible for federally funded Medicaid in any state;
- 213,000 unauthorized immigrant children living in states that did not create a state-funded program to cover them; and
- 1,853,000 unauthorized immigrant adults who are not eligible for coverage in any state except the District of Columbia.

As unemployment rises, these numbers will grow. Under the high-unemployment scenario, the number of low-income uninsured noncitizens excluded from Medicaid because of their immigration status would be 3.7 million, including 2.9 million unauthorized immigrants, 623,000 LPRs, and 149,000 nonimmigrants. In the medium-unemployment scenario, there would be 3.2 million low-income uninsured noncitizens excluded due to their immigration status: 2.5 million unauthorized immigrants, 536,000 LPRs, and 128,000 nonimmigrants.

In any scenario, there are also millions of uninsured noncitizens who have incomes that are too high for them to be eligible for Medicaid, or who are eligible but do not enroll in the program.

TABLE 1

U.S. Low-Income Uninsured Population, by Citizenship and Immigration Status and Variation in State Medicaid Eligibility Rules, under Three Unemployment Scenarios

	Pre-COVID-19 Unemployment Rate (4%)	Medium Unemployment Rate (17.5%)	High Unemployment Rate (25%)
Total low-income uninsured population	**12,670,000**	**15,302,000**	**17,799,000**
Low-income uninsured noncitizens	3,728,000	4,503,000	5,238,000
All low-income uninsured adults			
in states that did not expand Medicaid to low-income adults under the ACA*	4,806,000	5,804,000	6,752,000
in states that did expand Medicaid to low-income adults under the ACA	5,929,000	7,160,000	8,329,000
Low-income LPR adults with five years or more of U.S. residence			
in states barring Medicaid to LPRs without 40 quarters of employment	255,000	308,000	358,000
in states that do not bar Medicaid to LPRs without 40 quarters of employment	853,000	1,030,000	1,199,000
Low-income LPR adults with less than five years of U.S. residence			
in states without Medicaid replacement programs	179,000	217,000	252,000
in states with Medicaid replacement programs	57,000	69,000	80,000
Low-income LPR children with less than five years of U.S. residence			
in states without an ICHIA option to cover them**	9,000	11,000	13,000
in states with an ICHIA option to cover them	50,000	61,000	71,000
Low-income unauthorized immigrant children			
in states without programs to cover them	213,000	257,000	299,000
in states with programs to cover them	78,000	94,000	109,000
Low-income unauthorized immigrant adults (not covered in all states)	1,853,000	2,238,000	2,603,000
Low-income nonimmigrants (not covered in all states)	89,000	107,000	125,000

* Fourteen states (Alabama, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, and Wyoming) did not expand adult Medicaid for residents with all but the very lowest incomes under the *Affordable Care Act* (ACA).

**ICHIA = *Immigrant Children's Health Improvement Act*.

Notes: The low-income threshold is 138 percent of the FPL for adults and varies by state for children. For an explanation of immigrant-eligibility rules, states in various categories, and sources for these rules, see Box 2. Data on the immigration status of the uninsured population were drawn from the 2012–16 ACS. These data show a total unemployed population of 40 million, the same as the high-unemployment scenario. To match these data to the uninsured population of 28.6 million in the 2018 pre-COVID-19 scenario, the authors adjusted all numbers downward proportionally to match that total. The same process was used to match the data to the medium-unemployment scenario, for a total uninsured population of 34.5 million.

Sources: MPI analysis of data from the ACS, 2012–16 pooled, with assignments of legal status to noncitizens by MPI, Van Hook, and Bachmeier; uninsured totals by unemployment scenarios taken from Health Management Associates, "COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State." For more on states that did not expand Medicaid to low-income adults, see KFF, "Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level," updated January 1, 2020; for Medicaid and CHIP income-eligibility thresholds by state for children, see KFF, "Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level," updated January 1, 2020.

5 Uninsured Noncitizen Populations by State

About one-seventh of all uninsured U.S. residents lived in Texas pre-COVID-19 (4.0 million out of 28.6 million). California, however, had more uninsured noncitizens than Texas—1.6 million versus 1.4 million, as shown in Table 2. The other states with the most uninsured noncitizens were Florida (710,000), New York (540,000), Illinois (318,000), Georgia (279,000), and North Carolina (239,000).

In California, 43 percent of uninsured residents were noncitizens, and 28 percent of the state's uninsured were unauthorized immigrants—the highest noncitizen and unauthorized shares of any state. Noncitizens made up much smaller shares of uninsured residents in some other states with large total uninsured populations such as Pennsylvania and Ohio. Thus, immigrant-eligibility restrictions on federal coverage of noncitizens through Medicaid and CHIP have a more pronounced impact in some states than others.

When comparing states in the medium- and high-unemployment scenarios shown in Table 2, it is important to recognize that unemployment may increase more rapidly in some states than others, potentially changing the distribution of uninsured individuals across states. For instance, between March 16 and April 20, 2020, unemployment claims rose the most in percentage terms in Georgia, New Hampshire, Louisiana, Kentucky, Florida, North Carolina, Virginia, and Michigan (all by more than 4,000 percent), and the least in Connecticut, Oregon, Alaska, Wyoming, and Wisconsin (all by less than 1,500 percent).[36]

Box 3
Explore the Data

U.S. and state-level data from this analysis are available on the MPI website. Find it here: bit.ly/UninsuredNoncitizensData

TABLE 2

Uninsured Population for the United States and Ten States with Largest Uninsured Populations, by Citizenship and Immigration Status, under Three Unemployment Scenarios

Pre-COVID-19 Unemployment Rate (4%)

	Total Population	U.S. Citizens	All Noncitizens	LPRs in U.S. at Least Five Years	LPRs in U.S. Less Than Five Years	Nonimmigrants	Unauthorized Immigrants
United States	**28,566,000**	**20,899,000**	**7,668,000**	**2,600,000**	**619,000**	**183,000**	**4,266,000**
Texas	4,026,000	2,672,000	1,354,000	506,000	93,000	24,000	731,000
California	3,802,000	2,174,000	1,628,000	509,000	81,000	29,000	1,008,000
Florida	2,483,000	1,773,000	710,000	288,000	113,000	20,000	289,000
New York	1,319,000	779,000	540,000	191,000	46,000	16,000	286,000
Georgia	1,238,000	959,000	279,000	79,000	19,000	5,000	176,000
North Carolina	991,000	751,000	239,000	60,000	13,000	4,000	163,000
Illinois	967,000	649,000	318,000	117,000	19,000	7,000	175,000
Pennsylvania	778,000	678,000	101,000	36,000	15,000	4,000	46,000
New Jersey	754,000	424,000	330,000	85,000	29,000	8,000	208,000
Ohio	746,000	684,000	62,000	18,000	8,000	3,000	33,000

Medium Unemployment Rate (17.5%)

	Total Population	U.S. Citizens	All Noncitizens	LPRs in U.S. at Least Five Years	LPRs in U.S. Less Than Five Years	Nonimmigrants	Unauthorized Immigrants
United States	**34,500,000**	**25,240,000**	**9,260,000**	**3,140,000**	**748,000**	**221,000**	**5,152,000**
Texas	4,863,000	3,227,000	1,636,000	611,000	112,000	30,000	883,000
California	4,591,000	2,626,000	1,966,000	615,000	97,000	35,000	1,218,000
Florida	2,998,000	2,141,000	857,000	348,000	136,000	25,000	349,000
New York	1,593,000	941,000	652,000	231,000	56,000	20,000	345,000
Georgia	1,495,000	1,158,000	337,000	95,000	23,000	6,000	212,000
North Carolina	1,197,000	907,000	289,000	73,000	15,000	4,000	196,000
Illinois	1,167,000	784,000	384,000	141,000	23,000	9,000	211,000
Pennsylvania	940,000	818,000	122,000	43,000	18,000	5,000	55,000
New Jersey	911,000	513,000	398,000	103,000	35,000	9,000	251,000
Ohio	901,000	826,000	75,000	21,000	10,000	4,000	40,000

TABLE 2 (cont.)

Uninsured Population for the United States and Ten States with Largest Uninsured Populations, by Citizenship and Immigration Status, under Three Unemployment Scenarios

	High Unemployment Rate (25%)						
	Total Population	U.S. Citizens	All Noncitizens	LPRs in U.S. at Least Five Years	LPRs in U.S. Less Than Five Years	Nonimmigrants	Unauthorized Immigrants
United States	**40,130,000**	**29,359,000**	**10,771,000**	**3,652,000**	**870,000**	**257,000**	**5,993,000**
Texas	5,656,000	3,754,000	1,903,000	710,000	131,000	34,000	1,027,000
California	5,340,000	3,054,000	2,286,000	715,000	113,000	41,000	1,417,000
Florida	3,488,000	2,491,000	997,000	405,000	158,000	29,000	406,000
New York	1,853,000	1,095,000	759,000	269,000	65,000	23,000	402,000
Georgia	1,739,000	1,347,000	392,000	111,000	27,000	7,000	247,000
North Carolina	1,392,000	1,055,000	336,000	85,000	18,000	5,000	228,000
Illinois	1,358,000	911,000	446,000	164,000	27,000	10,000	245,000
Pennsylvania	1,093,000	952,000	141,000	50,000	21,000	5,000	65,000
New Jersey	1,060,000	596,000	463,000	120,000	41,000	11,000	292,000
Ohio	1,048,000	960,000	88,000	25,000	12,000	5,000	46,000

Notes: Data on the immigration status of the uninsured population were drawn from the 2012–16 ACS. These data show a total unemployed population of 40 million, the same as the high-unemployment scenario. To match these data to the uninsured population of 28.6 million in the 2018 pre-COVID-19 scenario, the authors adjusted all numbers downward proportionally to match that total. The same process was used to match the data to the medium-unemployment scenario, for a total uninsured population of 34.5 million. LPRs who had held that status for at least five years could not be modeled, so those with at least five years of total U.S. residence were used as a proxy.
Sources: MPI analysis of data from the ACS, 2012–16 pooled, with assignments of legal status to noncitizens by MPI, Van Hook, and Bachmeier; uninsured totals by unemployment scenarios taken from Health Management Associates, "COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State."

6 Conclusions

The federal government and the states have taken some steps to cover the costs of COVID-19 screening and treatment for people who are not covered by Medicaid or private insurance. The $100 billion allocated by Congress to health-care providers in recent legislation, some of which will be used to reimburse providers for the costs of caring for the uninsured will help, as will the additional $1.3 billion set aside in fiscal year 2020 for community health centers, which serve patients regardless of insurance coverage. Congress also appropriated $2 billion to reimburse providers for testing the uninsured and authorized the use of Medicaid to cover testing of Medicaid-eligible uninsured people.

Outside of this new federal funding, states have a few other options for covering the costs of testing and treating noncitizens. One approach would be to expand the use of Emergency Medicaid to cover coronavirus-related emergency room visits and hospital admissions, as five states have already done. Providing coverage for COVID-19 treatment, however, does not ensure that noncitizens and others without health insurance will have access to a doctor or a facility where they can go to get tested or receive care without worrying about the cost. There are two

main options for expanding public health insurance coverage during this crisis:

1. A broader option geared toward the overall uninsured low-income population would be for the federal government to provide a higher Medicaid match as an incentive for states to cover adults with incomes up to 138 percent of the federal poverty level.[37]
2. A more targeted approach would be to create Medicaid-like insurance programs for low-income LPR adults excluded from federally funded Medicaid, as six states and the District of Columbia have done, or for all state residents regardless of immigration status. Such programs could be temporary during the COVID-19 crisis and limited to covering virus screening and treatment; nonetheless, these programs might be difficult for states to afford without federal matching funds, given the rapid decline in state budgets as tax revenues fall.

Public-private partnerships could also help shore up funding for community health centers and nonprofit safety-net hospitals or fund limited coverage of some uninsured populations.

Key elements of any strategy will necessarily involve providing accurate information to immigrants about their eligibility for various programs, defusing their concerns about the potential immigration consequences of seeking coverage or care, and encouraging them to seek care at early stages when their symptoms are milder and thus less costly to treat. Regardless of their citizenship or immigration status, leaving millions of people uninsured and unable or afraid to access COVID-19 testing and treatment could lead to further spread of the virus, with severe consequences for communities across the country.

Regardless of their citizenship or immigration status, leaving millions of people uninsured and unable or afraid to access COVID-19 testing and treatment could lead to further spread of the virus, with severe consequences for communities across the country.

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