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# The Health Coverage of Noncitizens in the United States, 2024

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**Many noncitizens in the US get insurance coverage through their jobs, as do many nonelderly citizens. Yet, noncitizens are more likely to be uninsured than the US nonelderly population as a whole. Noncitizens under age 65 constitute about 8 percent of the total US population. However, they make up almost 32 percent of the total uninsured population in the country. We estimate a total US uninsured population of about 27 million in 2024, of which 8.6 million are noncitizens. Information on the sources of health insurance coverage of noncitizens and further details on the characteristics of uninsured noncitizens is critical if policies are to be designed to achieve near-universal coverage in the US.**

This brief analyzes health care coverage and eligibility of nonelderly noncitizens (lawfully present and undocumented immigrants) compared with the entire nonelderly population of the US. Our estimates are for 2024 when the Medicaid continuous coverage requirement enacted under the COVID-19 public health emergency has ended, but enhanced premium tax credits (PTCs) available in the Marketplace are still in place. During the years 2020 through 2023, noncitizens may have constituted an even higher share of uninsured people than usual because temporary pandemic-related provisions, including Medicaid's continuous coverage requirement and enhanced Marketplace PTCs bolstered coverage among citizens. We analyze uninsurance rates and the share of public and private health coverage of noncitizens compared with the entire US population. We further examine uninsured noncitizens by demographics such as race and ethnicity, age group, language, sex, education level, and employment status. We also look at the eligibility of uninsured noncitizens for Marketplace premium tax credits (PTCs), Medicaid, and the Children's Health Insurance Program (CHIP) in Medicaid expansion and nonexpansion states.

# Background

Noncitizens face several restrictions on eligibility for Medicaid, CHIP, and Marketplace coverage. Except in Texas and New Hampshire, lawfully present immigrants may enroll in Medicaid or CHIP only after five years of residency in the United States. Although many states allow lawfully present children and pregnant women to be eligible for Medicaid or CHIP without waiting for five years,<sup>1</sup> undocumented immigrants are not eligible, except for some state-funded programs, particularly for postpartum or child coverage.<sup>2</sup>

As for Marketplace coverage, lawfully present noncitizens have no five-year residency requirement to be eligible for premium tax credits. Legally present immigrants ineligible for Medicaid because of length of residency can qualify for PTCs, even if their income is below 100 percent of the federal poverty level (FPL), the only case in which people with incomes this low can qualify.<sup>3</sup>

In states that have not expanded Medicaid eligibility, most low-income adults are ineligible for Medicaid regardless of citizenship. Except in Wisconsin, lawfully present nonparent adult immigrants in nonexpansion states are not eligible for Medicaid or CHIP in nonexpansion states, and most adult parents have a very low income threshold to be eligible for Medicaid or CHIP.<sup>44</sup> In the nonexpansion states, the highest eligibility thresholds for parents are in Tennessee (88 percent of FPL) and South Carolina (67 percent of FPL). The remaining nonexpansion states have thresholds at or below 50 percent of FPL; the lowest thresholds are in Texas (16 percent of FPL) and Alabama (18 percent of FPL) (Brooks et al. 2022).

A few states are taking actions to provide health coverage to adults regardless of immigration status. Beginning January 2020, California extended eligibility for Medi-Cal (its state-funded Medicaid program) to young adults under 26 years of age regardless of immigration status, including undocumented immigrants.<sup>5</sup> Medi-Cal was later expanded to low-income adults 50 years of age or older regardless of immigration status, including undocumented immigrants.<sup>6</sup> California will also expand Medi-Cal for undocumented residents ages 26 to 49 beginning 2024.<sup>7</sup> New York provides Medicaid equivalent coverage through its Essential Plan to adult immigrants who are not eligible for Medicaid because of the five year waiting period.<sup>8</sup> New York is also debating a federal waiver to expand Essential Plan coverage to undocumented immigrants ages 19 to 64.<sup>9</sup> Starting in 2023, Colorado will provide premium subsidies for state-subsidized individual health coverage plans purchased by individuals with incomes up to 300 percent of FPL regardless of immigration status.<sup>10</sup> Starting in January 2024, Washington will allow its residents to enroll in state qualified health plans and dental plans regardless of immigration status.<sup>11</sup>

## Methods

We produced our estimates using the Urban Institute's Health Insurance Policy Simulation Model (HIPSM), a detailed microsimulation model of the health care system designed to estimate the cost and coverage effects of proposed health care policy options (Buettgens and Banthin 2020). The model

simulates household and employer decisions and models the way changes in one insurance market interact with changes in other markets. Results from HIPSM simulations have been favorably compared with actual policy outcomes and other respected microsimulation models (Glied, Arora, and Solís-Román 2015).

The Medicaid continuous coverage requirement and the enhanced PTCs under the American Rescue Plan Act have led to historically high numbers of Medicaid enrollment and plan selections, which has reduced the number of uninsured citizens. Noncitizens, however, have generally not benefitted from these provisions.<sup>12</sup> We produced coverage estimates for 2024, after the unwinding of the Medicaid continuous coverage requirement under the COVID-19 public health emergency. We describe the details of our methodology in a separate brief (Buettgens and Banthin 2022).

For this analysis, we updated the model using state-level Marketplace enrollment from the 2022 open enrollment period snapshot released by the Centers for Medicare & Medicaid Services. We then aligned the race and ethnicity estimates of the uninsured population using the latest dependable data from the American Community Survey of 2019, before the American Rescue Plan enhanced PTCs. We use the difference between an immigrant's arrival date in the US and the date of American Community Survey data collection to determine whether an immigrant meets the five-year presence requirement for certain Medicaid eligibility rules. We impute immigration status based on survey responses and data from other sources, such as Pew Hispanic Trust and the US Department of Homeland Security (Buettgens and Banthin 2020). Last, we simulate health care enrollment and coverage in 2024 for the nonelderly population in the US. The state governments of South Dakota and North Carolina reached agreement to expand Medicaid after we produced the estimates for this paper, so we treat them here as nonexpansion states.

## Results

In this section, we examine the health insurance coverage distribution of nonelderly noncitizens compared with the entire nonelderly population across all US states in 2024. We also look at coverage types and uninsurance rates by demographics, as any policy intended to achieve near-universal coverage must substantially increase noncitizen coverage.

### Health Insurance Coverage Distribution

Noncitizens under age 65 number about 22 million people in 2024, according to our estimates (table 1). The number includes lawfully present and undocumented immigrants, representing about 8 percent of the total US population of 279 million people. However, lawfully present and undocumented immigrants make up 31 percent of the total uninsured population in the country (not shown). About 8.7 million noncitizens are uninsured, of a total US uninsured population of 29.8 million. (table 1).

About 39.2 percent of all noncitizens are uninsured compared with 9.8 percent of the entire US population (figure 1).

Noncitizens are less likely to have public coverage because many face federal and state restrictions that make them ineligible for Medicaid, CHIP, or Marketplace coverage. About 25.1 percent of all nonelderly people are covered by Medicaid or CHIP, while only 15.7 percent of noncitizens are covered by Medicaid or CHIP.

Noncitizens are also less likely to have employer coverage because many work for low-wage jobs and industries that do not offer employer coverage. Just 36.0 percent of noncitizens, or 7.9 million people, have employer coverage, while about 54.4 percent of all nonelderly people, or 151.9 million people, have employer coverage.

About 8.0 percent of nonelderly noncitizens are covered by nongroup insurance, including the Basic Health Program and Marketplace PTCs, compared with 6.7 percent of the total nonelderly population.

**TABLE 1**  
**Distribution of Health Insurance Coverage for Nonelderly Noncitizens versus Total Nonelderly US Population in 2024**

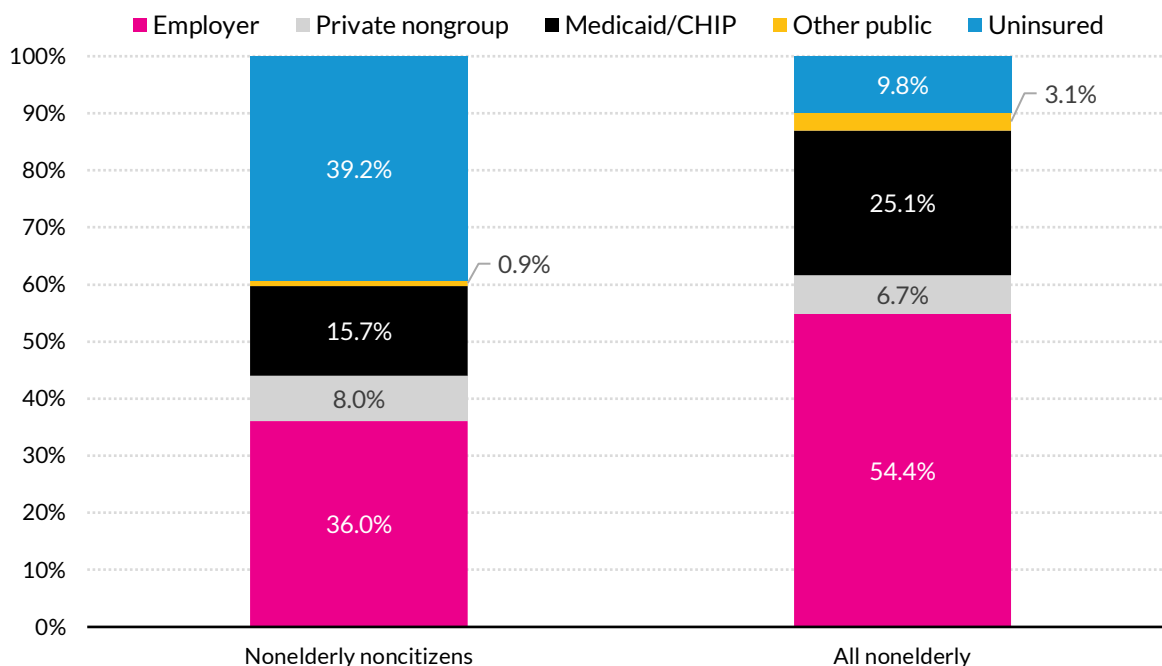
	Nonelderly noncitizens		All nonelderly	
	1,000s	%	1,000s	%
<b>Insured (minimum essential coverage)</b>	<b>13,330</b>	<b>60.5</b>	<b>249,613</b>	<b>89.3</b>
Employer	7,924	36.0	151,893	54.4
<b>Private nongroup</b>	<b>1,753</b>	<b>8.0</b>	<b>18,833</b>	<b>6.7</b>
Basic Health Program	373	1.7	1,013	0.4
Marketplace with PTC	890	4.0	13,360	4.8
Full-pay Marketplace	100	0.5	935	0.3
Other nongroup	390	1.8	3,526	1.3
<b>Medicaid/CHIP</b>	<b>3,451</b>	<b>15.7</b>	<b>70,176</b>	<b>25.1</b>
Disabled	270	1.2	9,458	3.4
Medicaid expansion	943	4.3	14,344	5.1
Traditional nondisabled adult	1,315	6.0	11,210	4.0
Nondisabled Medicaid/CHIP	849	3.9	35,090	12.6
State-funded program	74	0.3	74	0.0
Other public	202	0.9	8,711	3.1
<b>Uninsured (no MEC)</b>	<b>8,696</b>	<b>39.5</b>	<b>29,806</b>	<b>10.7</b>
Uninsured	8,630	39.2	27,306	9.8
Noncompliant nongroup	66	0.3	2,500	0.9
<b>Total</b>	<b>22,027</b>	<b>100.0</b>	<b>279,418</b>	<b>100.0</b>

Source: Urban Institute, Health Insurance Policy Simulation Model (HIPSM), 2023 version.

CHIP = Children's Health Insurance Program; MEC = minimum essential coverage; PTC = premium tax credit.

**FIGURE 1**

**Distribution of Health Insurance Coverage for Nonelderly Noncitizens versus Total Nonelderly US Population in 2024**



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Source: Urban Institute, Health Insurance Policy Simulation Model (HIPSM), 2023 version. CHIP = Children’s Health Insurance Program.

## Characteristics of Uninsured Noncitizens

### PROGRAM ELIGIBILITY

Uninsured noncitizens are not likely to be eligible for publicly subsidized coverage because of restrictions related to immigration status. We find only 12.2 percent of uninsured noncitizens are eligible for Medicaid or CHIP (table 2 and figure 2).

Not all lawfully present immigrants are eligible for Marketplace PTCs. As a result, only 4.3 percent of uninsured noncitizens are eligible for Marketplace PTCs.

Because of these immigration-specific restrictions, just 16.5 percent of uninsured noncitizens are eligible for subsidized coverage through Medicaid, CHIP, or Marketplace PTCs. If immigration-specific restrictions were lifted, 2.2 million uninsured people would be eligible for Medicaid or CHIP, and 3.5 million uninsured people would be eligible for Marketplace PTCs. Thus, 5.7 million, or about 66.2 percent of, uninsured noncitizens would become eligible for assistance.

An additional 1.5 million, or 17.3 percent of, noncitizens remain uninsured because of eligibility restrictions, such as income thresholds, unrelated to immigration status.

## RACE AND ETHNICITY

Most uninsured noncitizens are Hispanic, accounting for 6.7 million, or 78.1 percent of, uninsured noncitizens (table 2). More than half of Hispanic noncitizens, 53.4 percent, would be uninsured in 2024. This is double the rate of most other racial and ethnic groups. Just 26.4 percent of Black, non-Hispanic noncitizens are uninsured, 18.4 percent of white, non-Hispanic noncitizens, and 17.7 percent of Asian and Pacific Islander noncitizens are uninsured. About 48.4 percent of American Indian noncitizens are uninsured. It is no coincidence that this is close to the uninsured rate among Hispanics because some Indigenous people from Central and South America identify as American Indian in surveys.

## AGE GROUP

Children represent 7.8 percent of all uninsured noncitizens, while nonelderly adults ages 19 to 54 are 86.5 percent of all uninsured noncitizens (table 2). All states have higher income thresholds for children's Medicaid or CHIP eligibility than for adult Medicaid eligibility (Brooks et al. 2022). As a result, children have a lower uninsured rate (Haley et al. 2021). Furthermore, some states allow immigrant children to enroll in Medicaid or CHIP without waiting for five years of lawful residency. Among adults, uninsured rates decline as age increases. Noncitizen children under 18 years of age have an uninsured rate of 29.3 percent, while adults between 19 and 34 years of age have an uninsured rate of 46.3 percent. This is followed by older adults, with 38.4 percent uninsured rates for those between 35 and 54 years of age. Noncitizens between 55 and 64 years of age have an uninsured rate of 24.8 percent.

## SEX

Noncitizen males have higher uninsured rates than females. Males have an uninsured rate of 42.4 percent, while females have an uninsured rate of 35.7 percent (table 2). Some states have funded options that allow lawfully present pregnant women to be eligible for Medicaid or CHIP without waiting for five years of lawful residency.

## EDUCATION

As education level increases, uninsurance rates decrease among noncitizens. Noncitizens with less than a high school education have the highest uninsured rates at 61.9 percent, while noncitizens who are college graduates have the lowest at 17.9 percent.

## FAMILY STATUS

Families with no naturalized immigrants have higher uninsured rates than families with some members as citizens. Families with no naturalized immigrants have an uninsured rate of 45.8 percent, while families with some members as citizens have an uninsured rate of 32.4 percent.

## WORKING STATUS

More than 80 percent of uninsured noncitizens live in families that include at least one employed worker. Noncitizen families with one full-time worker have a high uninsured rate of about 40.3 percent, and families with no employed member have an uninsured rate of 51.9 percent. Families with only a part-time worker have an uninsured rate of 44.0 percent, while families with more than one full-time worker have the lowest uninsured rate of 26.8 percent.

TABLE 2

## Characteristics of Uninsured Noncitizens in 2024

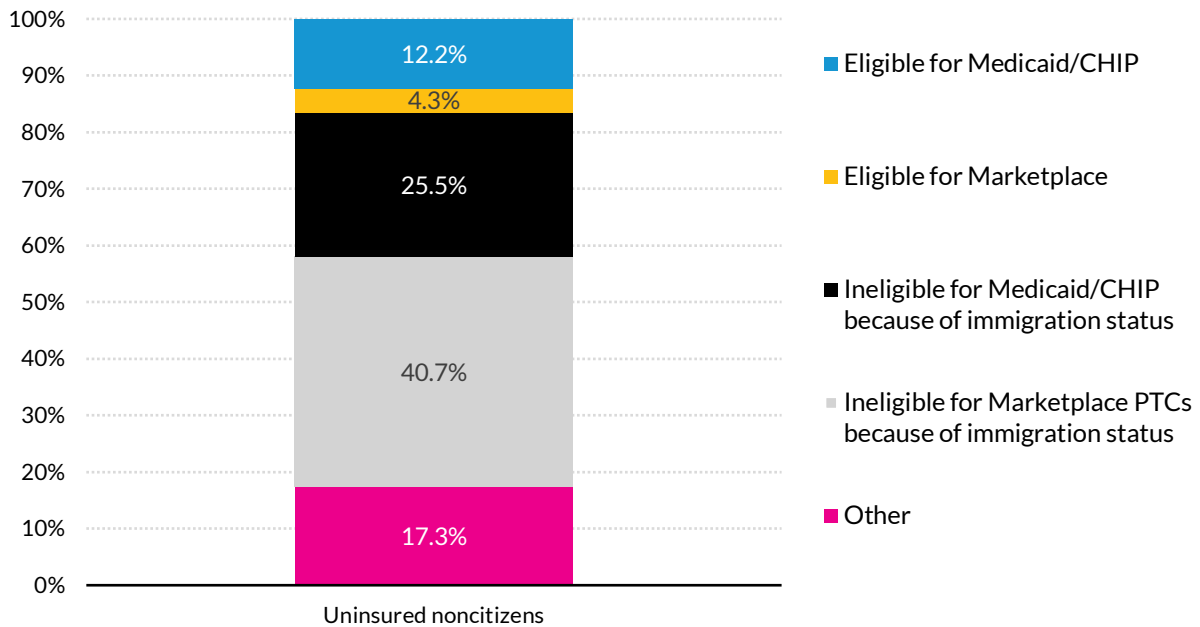
Characteristic	Uninsured under 2024 Baseline with ARPA		
	No. (1,000s)	Share of total (%)	Share by characteristic (%)
<b>Eligibility</b>			
Eligible for Medicaid/CHIP	1,054	12.2	23.4
Eligible for Marketplace PTCs	367	4.3	19.6
Ineligible for Medicaid/CHIP because of immigration status	2,202	25.5	64.4
Ineligible for Marketplace PTCs because of immigration status	3,512	40.7	81.3
Other	1,495	17.3	18.9
<b>Race and ethnicity</b>			
White, non-Hispanic	519	6.0	18.4
Hispanic	6,740	78.1	53.4
Black, non-Hispanic	395	4.6	26.4
Asian and Pacific Islander	809	9.4	17.7
American Indian/Alaska Native	78	0.9	48.4
Other	90	1.0	25.3
<b>Age group</b>			
0–18	671	7.8	29.3
19–34	3,809	44.1	46.3
35–54	3,662	42.4	38.4
55–64	488	5.7	24.8
<b>Sex</b>			
Male	4,829	56.0	42.4
Female	3,801	44.0	35.7
<b>English proficiency for individuals ages 19–64</b>			
<i>Subtotal</i>	7,959		40.3
Speak very well or better	2,043	25.7	26.6
Do not speak very well or are less proficient	5,916	74.3	49.1
<b>Education for individuals ages 19–64</b>			
<i>Subtotal</i>	7,959		40.3
Less than high school	2,861	36.0	61.9
High school	2,786	35.0	48.9
Some college	1,290	16.2	35.0
College graduate	1,022	12.8	17.9
<b>Families with mixed immigration status</b>			
All family members are noncitizens	5,089	59.0	45.8
Some family members are citizens	3,541	41.0	32.4
<b>Working status of family</b>			
No worker in family	1,513	17.5	51.9
Only part-time worker in family	619	7.2	44.0
One full-time worker in family	5,245	60.8	40.3
> One full-time worker in family	1,254	14.5	26.8
<b>Total</b>	<b>8,630</b>	<b>100.0</b>	<b>39.2</b>

Source: Urban Institute, Health Insurance Policy Simulation Model (HIPSM), 2023 version.

ARPA = American Rescue Plan Act; CHIP = Children's Health Insurance Program; PTC = premium tax credit.

FIGURE 2

Eligibility of Uninsured Noncitizens for Public Health Insurance Coverage in 2024



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Source: Urban Institute, Health Insurance Policy Simulation Model (HIPSM), 2023 version. CHIP = Children’s Health Insurance Program; PTC = premium tax credit.

Uninsured Noncitizens by Language

Noncitizen families that are not proficient in English have higher uninsured rates than noncitizen families that speak English well. People who responded in the American Community Survey that they speak English very well or better are considered proficient in English. People who are not proficient in English face barriers to enrolling in health coverage (Haley et al. 2022). Noncitizen families that are less proficient in English have an uninsured rate of 49.1 percent, while noncitizen families that speak English well have an uninsured rate of 26.6 percent. About 74.3 percent of uninsured noncitizens are in families that are less proficient in English, while 25.7 percent of uninsured noncitizens are in families that speak English well (table 2). Outreach materials in languages other than English could better target uninsured non-English-speaking populations for enrollment.

About 6.6 million, or the highest number of uninsured noncitizens, speak Spanish, which accounts for about 77.4 percent of the total uninsured noncitizen population (table 3). Other major languages for uninsured noncitizens in the US include English, Chinese, Hindi, and French. However, uninsured noncitizens in specific localities may speak a notably different mix of languages than in the nation overall. For example, we estimate that while 77.4 percent of uninsured noncitizens nationwide speak Spanish, only 56.7 percent in Seattle would do so. Languages that are far more common among uninsured noncitizens in Seattle than nationwide include Chinese (9.1 percent versus 2.2 percent



nationwide), Filipino/Tagalog (8.9 percent versus 0.9 percent nationally), and Amharic/Ethiopian (5.0 percent versus 0.3 percent nationally). We also estimate that about 59.2 percent speak Spanish in New York City versus 77.4 percent nationally, and about 8.2 percent speak Chinese in New York City versus 2.2 percent nationally. This suggests that coverage outreach materials and assistance efforts will be most effective if they consider local differences to address the language barrier.

**TABLE 3**  
**Characteristics of Uninsured Noncitizens by Language in 2024**

Language spoken	No. (1,000s)	Share (%)
Spanish	6,648	77.4
English	496	5.8
Chinese	188	2.2
Hindi and related	145	1.7
French	147	1.7
Korean	134	1.6
Arabic	89	1.0
Portuguese	82	1.0
Filipino, Tagalog	79	0.9
Vietnamese	74	0.9
Sub-Saharan African	73	0.9
Dravidian	47	0.6
Russian	44	0.5
Polish	33	0.4
Amharic, Ethiopian, etc.	27	0.3
Japanese	24	0.3
Persian, Iranian, Farsi	21	0.2
Indonesian	19	0.2
Thai, Siamese, Lao	18	0.2
German	16	0.2
Other	182	2.1
<b>Total</b>	<b>8,589</b>	<b>100.0</b>

Source: Urban Institute, Health Insurance Policy Simulation Model (HIPSM), 2023 version.

## Uninsured Noncitizens by State

Since Medicaid expansion states have, by definition, expanded the income eligibility thresholds for their Medicaid and CHIP programs, a larger share of uninsured noncitizens in those states are eligible, or would be eligible if not for their immigration status, for Medicaid and CHIP. These differences between the two groups of states also affect the shares of uninsured noncitizens who would be eligible for Marketplace PTCs if not for their immigration status.

We estimate that, in Medicaid expansion states, 16.0 percent of uninsured noncitizens are eligible for Medicaid or CHIP, while in Medicaid nonexpansion states, only 6.8 percent of uninsured noncitizens are eligible for Medicaid or CHIP (table 4 and figure 3).

For example, in California, a Medicaid expansion state, 17.8 percent of uninsured noncitizens are eligible for Medicaid or CHIP. By contrast, the shares of uninsured noncitizens eligible for Medicaid or CHIP in the nonexpansion states Florida and Texas are 5.6 percent and 6.3 percent, respectively.

States' Medicaid expansion has a much smaller effect on noncitizens' eligibility for Marketplace PTCs. We find that 4.4 percent of uninsured noncitizens are eligible for Marketplace PTCs in Medicaid expansion states and 4.1 percent of uninsured noncitizens are eligible in Medicaid nonexpansion states.

More than one-third (37.4 percent) of uninsured noncitizens in Medicaid expansion states are ineligible for Medicaid or CHIP because of their immigration status, compared with only 8.5 percent of uninsured noncitizens in states that have not expanded Medicaid. As explained above, the reason for this smaller share is that these states have not expanded Medicaid eligibility to higher income thresholds. No adult nonparent is eligible for Medicaid in nonexpansion states, and most adult parents have a very low income threshold to be eligible for Medicaid. Hence, most are ineligible for Medicaid or CHIP regardless of citizenship status. A total of 2.2 million noncitizens could gain eligibility for Medicaid or CHIP in the expansion and nonexpansion states if immigration-specific restrictions were lifted.

About 26.8 percent of uninsured noncitizens in Medicaid expansion states are ineligible for Marketplace PTCs because of their immigration status, while 60.6 percent, or more than half, of the noncitizens in the Medicaid nonexpansion states are ineligible for Marketplace PTCs because of their immigration status. Citizens in nonexpansion states with income between 100 percent and 138 percent of FPL are generally eligible for Marketplace PTCs. However, undocumented immigrants are never eligible for Marketplace PTCs even if they meet the income eligibility thresholds. Additionally, certain uninsured noncitizens with incomes between 100 percent and 138 percent of FPL who would be eligible for PTCs without expansion are eligible for Medicaid with expansion. Hence, more noncitizens are eligible for Marketplace PTCs in the expansion states. An additional 3.5 million noncitizens could gain eligibility for Marketplace PTCs in the expansion and nonexpansion states if immigration-specific restrictions were lifted.

TABLE 4

## Eligibility of Uninsured Noncitizens in Medicaid Expansion and Medicaid Nonexpansion States in 2024, by State

	Medicaid/CHIP eligible		Marketplace PTC eligible		Medicaid/CHIP ineligible, immigration status		Marketplace PTCs ineligible, immigration status		Uninsured, other reason	
	1,000s	%	1,000s	%	1,000s	%	1,000s	%	1,000s	%
<b>Medicaid expansion states</b>										
Alaska	0	5.7	1	16.6	2	38.6	1	19.2	1	20.0
Arizona	62	24.4	10	4.0	93	36.9	57	22.4	31	12.3
Arkansas	7	16.9	1	1.8	23	54.1	9	21.4	2	5.8
California	291	17.8	61	3.7	577	35.4	449	27.5	255	15.6
Colorado	17	12.3	5	4.0	54	38.9	38	27.9	23	17.0
Connecticut	10	11.7	5	5.6	34	40.5	22	26.5	13	15.7
Delaware	3	24.5	0	1.0	3	24.5	5	34.8	2	15.1
District of Columbia	1	27.7	0	6.0	0	9.5	1	24.1	1	32.7
Hawaii	5	31.6	2	9.4	6	39.6	2	10.7	1	8.7
Idaho	7	21.9	1	3.9	11	34.0	8	25.4	5	14.9
Illinois	77	22.3	21	6.1	102	29.5	82	23.6	65	18.6
Indiana	17	19.8	4	4.2	38	43.8	17	19.3	11	12.8
Iowa	3	15.2	0	1.9	9	39.6	5	22.7	4	20.5
Kentucky	6	16.1	2	4.5	17	48.7	7	20.3	4	10.5
Louisiana	6	10.2	2	3.7	27	46.2	15	25.9	8	14.1
Maine	1	27.1	0	2.8	2	59.0	0	5.9	0	5.2
Maryland	19	11.3	7	4.0	61	36.7	52	30.9	29	17.1
Massachusetts	10	14.9	3	5.1	27	38.6	16	23.3	12	18.1
Michigan	11	15.7	2	3.7	32	47.7	11	17.0	11	16.0
Minnesota	13	21.0	2	3.0	22	37.0	17	28.0	7	11.0
Missouri	3	7.1	2	4.0	6	12.4	29	59.2	8	17.3
Montana	0	6.6	1	26.9	1	28.4	0	20.4	0	17.7
Nebraska	1	4.9	1	2.4	4	12.7	17	56.5	7	23.5
Nevada	27	17.7	5	3.5	59	38.7	39	25.8	22	14.2
New Hampshire	1	10.8	0	4.1	2	32.9	2	33.5	1	18.8
New Jersey	52	15.9	12	3.8	124	38.2	83	25.6	53	16.4
New Mexico	19	27.8	3	3.8	26	37.3	13	19.6	8	11.5
New York	15	2.9	32	6.4	254	50.3	134	26.5	71	14.0
North Dakota	0	1.6	0	9.5	2	33.3	3	49.4	0	6.3

	Medicaid/CHIP eligible		Marketplace PTC eligible		Medicaid/CHIP ineligible, immigration status		Marketplace PTCs ineligible, immigration status		Uninsured, other reason	
	1,000s	%	1,000s	%	1,000s	%	1,000s	%	1,000s	%
Ohio	12	18.6	5	7.0	26	40.7	13	19.9	9	13.8
Oklahoma	4	5.2	2	2.8	6	8.6	45	62.6	15	20.7
Oregon	21	25.9	4	5.6	24	30.5	18	22.1	13	15.8
Pennsylvania	18	17.1	5	4.6	48	44.7	23	21.7	13	11.9
Rhode Island	5	24.0	1	3.3	7	37.5	4	19.1	3	16.0
Utah	11	12.7	0	0.5	35	41.5	24	28.5	14	16.8
Vermont	1	46.3	0	1.6	1	46.8	0	5.1	0	0.2
Virginia	26	13.4	8	4.2	71	36.7	58	29.9	31	15.8
Washington	32	17.9	12	6.6	60	33.7	45	25.1	30	16.7
West Virginia	1	33.2	0	7.7	1	46.6	0	9.3	0	3.1
<b>Total</b>	<b>814</b>	<b>16.0</b>	<b>223</b>	<b>4.4</b>	<b>1,899</b>	<b>37.4</b>	<b>1,364</b>	<b>26.8</b>	<b>784</b>	<b>15.4</b>

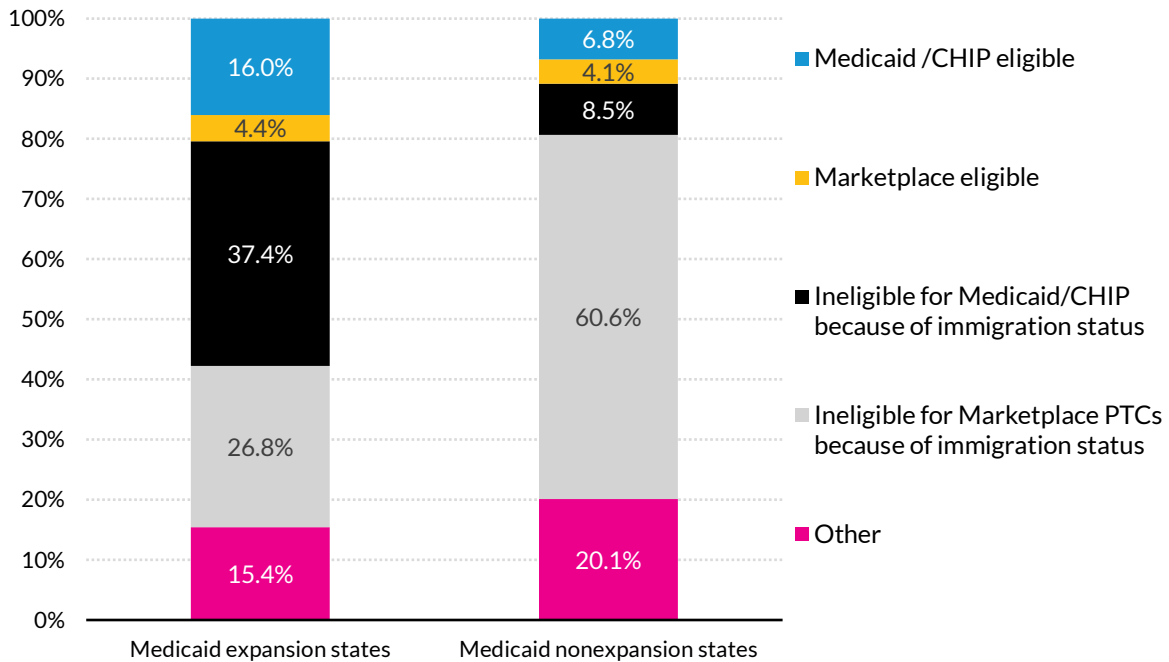
#### Medicaid nonexpansion states

Alabama	1	2.0	2	4.6	4	7.9	33	61.4	13	24.1
Florida	47	5.6	26	3.1	75	8.9	525	62.6	167	19.9
Georgia	23	6.9	14	4.2	24	7.1	216	64.5	58	17.4
Kansas	5	9.1	2	3.7	7	12.1	32	53.8	13	21.3
Mississippi	1	4.1	1	4.7	1	4.9	10	63.3	3	23.0
North Carolina	20	7.2	9	3.3	25	8.9	171	60.3	58	20.3
South Carolina	8	10.8	3	4.4	8	10.3	41	54.2	15	20.4
South Dakota	0	1.0	1	9.1	1	8.6	5	67.8	1	13.5
Tennessee	14	12.6	5	4.2	17	14.6	58	51.1	20	17.4
Texas	108	6.3	79	4.7	128	7.5	1,033	60.8	351	20.7
Wisconsin	13	22.2	2	3.1	12	21.1	20	34.2	11	19.4
Wyoming	0	2.4	0	0.8	1	19.0	4	55.8	2	22.0
<b>Total</b>	<b>240</b>	<b>6.8</b>	<b>144</b>	<b>4.1</b>	<b>302</b>	<b>8.5</b>	<b>2,148</b>	<b>60.6</b>	<b>712</b>	<b>20.1</b>

Source: Urban Institute, Health Insurance Policy Simulation Model (HIPSIM), 2023 version.

CHIP = Children's Health Insurance Program; PTCs = premium tax credits.

**FIGURE 3**  
**Uninsured Noncitizens by State Medicaid Expansion in 2024**



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Source: Urban Institute, Health Insurance Policy Simulation Model (HIPSM), 2023 version.  
 CHIP = Children’s Health Insurance Program; PTCs = premium tax credits.

## Discussion

Despite some state options to cover certain lawfully present noncitizens and the availability of Marketplace options, only 16.5 percent of uninsured noncitizens are eligible for Medicaid, CHIP, or Marketplace PTCs. The majority, or two-thirds of uninsured noncitizens, remain ineligible for coverage solely because of their immigration status. States have several options to extend assistance to uninsured noncitizens.

While legally present adult immigrants need to wait five years to be eligible for Medicaid, 25 states have extended Medicaid eligibility to legally present pregnant women, and 35 states have extended Medicaid eligibility to legally present children resident less than five years (Brooks et al. 2022). The remaining states could also adopt this option to increase noncitizen health coverage.

Legally present immigrants can be eligible for Marketplace PTCs regardless of length of residency, even if their incomes are below 100 percent of FPL in nonexpansion states and below 138 percent in expansion states. Better and targeted outreach regarding these options could help increase enrollment

among eligible noncitizens. Additionally, state options such as the Basic Health Program could make coverage more affordable and comprehensive for low-income families, both citizens and noncitizens.

Some states have expanded coverage to undocumented immigrants. California provides Medicaid to undocumented adults under 26 years of age and 50 years of age or older. Through its expansion to older adults, around 286,000 older Californians are receiving full-scope Medi-Cal. Beginning 2024, coverage will be extended to adults ages 25 to 49, which will cover roughly 700,000 undocumented immigrants in California.<sup>13</sup> A few states are using state innovation waivers to make undocumented immigrants eligible for Marketplace PTCs. Colorado will provide premium subsidies for state-subsidized plans to undocumented immigrants with incomes up to 300 percent of FPL starting this year. Starting in 2024, Washington will allow undocumented immigrants to enroll in state qualified health plans.

Extending health coverage to noncitizens, including undocumented immigrants, may not be as costly for states as it would be if the people were citizens. Studies have shown that immigrants' medical expenditures are roughly one-half to two-thirds that of citizens. Immigrants, particularly undocumented immigrants, have a lower per capita expenditure for public and private insurers, providing a low-risk pool (Flavin et al. 2018). While some states are slowly moving toward expanding coverage to undocumented immigrants through state plans, qualifying undocumented immigrants for Marketplace PTCs can be another option for enhanced coverage. States can use a state innovation waiver to make undocumented immigrants eligible for state Marketplace PTCs, ACA PTCs, and cost-sharing reductions. In future work, we will estimate the impact of such policies on health coverage and government spending.

## Conclusion

Noncitizens face several barriers to health coverage eligibility and enrollment. As a result, noncitizens make up 8 percent of nonelderly people but constitute about 32 percent of uninsured nonelderly people. Noncitizens are also less likely to have employer coverage or public coverage such as Medicaid, CHIP, and Marketplace PTCs. More than 80 percent of uninsured noncitizens are in families with at least one employed member, but many work for jobs that do not provide insurance.

A few states are gradually taking actions to expand health coverage eligibility to lawfully present noncitizens, such as expanding coverage to pregnant women and children who do not meet the five-year residency requirement and qualifying undocumented immigrants for Marketplace PTCs. Despite these actions, only 16.5 percent of uninsured noncitizens gained eligibility for Medicaid, CHIP, or Marketplace PTCs. The majority, or two-thirds, of uninsured noncitizens remain ineligible for Medicaid, CHIP, and Marketplace PTCs solely because of their immigration status.

To achieve nearly universal coverage in the US, it will be necessary to extend coverage to noncitizens including undocumented immigrants. Federal and state governments could enact policies that remove the immigration-specific barriers and qualify noncitizens, especially undocumented immigrants, to be eligible for state-funded programs and Marketplace PTCs.

## Notes

- <sup>1</sup> “Immigrants and the Affordable Care Act (ACA),” National Immigration Law Center, January 2014, <https://www.nilc.org/issues/health-care/immigrantschr/>.
- <sup>2</sup> “Health Coverage and Care of Immigrants,” KFF, December 20, 2022, <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>.
- <sup>3</sup> “‘Lawfully Present’ Individuals Eligible under the Affordable Care Act,” National Immigration Law Center, October 2022, <https://www.nilc.org/issues/health-care/lawfullypresent/>.
- <sup>4</sup> Although Wisconsin has not accepted Medicaid expansion under the ACA, adults are eligible up to 100 percent of FPL.
- <sup>5</sup> “Young Adult Expansion,” Department of Health Care Services, State of California, November 15, 2022, <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/youngadultexp.aspx>.
- <sup>6</sup> Office of Governor Gavin Newsom, “Governor Newsom Signs into Law First-in-the-Nation Expansion of Medi-Cal to Undocumented Californians Age 50 and Over, Bold Initiatives to Advance More Equitable and Prevention-Focused Health Care,” State of California, press release, July 27, 2021, <https://www.gov.ca.gov/2021/07/27/governor-newsom-signs-into-law-first-in-the-nation-expansion-of-medi-cal-to-undocumented-californians-age-50-and-over-bold-initiatives-to-advance-more-equitable-and-prevention-focused-health-care/>.
- <sup>7</sup> Office of Governor Gavin Newsom, “Medi-Cal Expansion Provided 286,000 Undocumented Californians with Comprehensive Health Care,” State of California, press release, October 19, 2022, <https://www.gov.ca.gov/2022/10/19/medi-cal-expansion-provided-286000-undocumented-californians-with-comprehensive-health-care/>.
- <sup>8</sup> Office of Citywide Health Insurance Access, “Essential Plan,” Human Resources Administration Office, City of New York, <https://www.nyc.gov/site/ochia/coverage-care/essential-plan.page>.
- <sup>9</sup> Office of Health Insurance Programs, “2022–23 Enacted Medicaid Budget Briefing and Questions and Answers,” Department of Health, New York State, presented April 2022, [https://www.health.ny.gov/health\\_care/medicaid/redesign/2022/docs/2022-23\\_enacted\\_budget\\_brief\\_qa.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-23_enacted_budget_brief_qa.pdf).
- <sup>10</sup> S.B. 20-215, Colorado Gen. Assem., 2020 Reg. Sess., [https://leg.colorado.gov/sites/default/files/2020a\\_215\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2020a_215_signed.pdf).
- <sup>11</sup> “Washington: State Innovation Waiver,” Centers for Medicare & Medicaid Services, fact sheet, December 9, 2022, <https://www.cms.gov/files/document/1332-wa-fact-sheet.pdf>.
- <sup>12</sup> It is likely that some immigrants returned to their home countries during the pandemic and therefore would not have been counted as uninsured. However, our data are not detailed enough to track such changes.
- <sup>13</sup> Office of Governor Newsom, “Medi-Cal Expansion.”

## References

- Brooks, Tricia, Alexa Gardner, Aubrianna Osorio, Jennifer Tolbert, Bradley Corallo, Meghana Ammula, and Sophia Moreno. 2022. “Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey.” San Francisco: Kaiser Family Foundation.
- Buettgens, Matthew, and Jessica Banthin. 2020. “The Health Insurance Policy Simulation Model for 2020: Current-Law Baseline and Methodology.” Washington, DC: Urban Institute.
- . 2022. “Estimating Health Coverage in 2023. An Update to the Health Insurance Policy Simulation Model Methodology.” Washington, DC: Urban Institute.

- Flavin, Lila, Leah Zallman, Danny McCormick, and Wesley J. Boyd. 2018. “Medical Expenditures on and by Immigrant Populations in the United States: A Systematic Review.” *International Journal of Health Services* 48 (4): 601–21.
- Glied, Sherry A., Anupama Arora, and Claudia Solís-Román. 2015. “The CBO’s Crystal Ball: How Well Did It Forecast the Effects of the Affordable Care Act?” New York: Commonwealth Fund.
- Haley, Jennifer M., Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens. 2021. “Progress in Children’s Coverage Continued to Stall Out in 2018.” Washington, DC: Urban Institute.
- Haley, Jennifer M., Stephen Zuckerman, Nikhil Rao, Michael Karpman, Alena Stern. 2022. “Many Asian American and Native Hawaiian/Pacific Islander Adults May Face Health Care Access Challenges Related to Limited English Proficiency.” Washington, DC: Urban Institute.

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