State-Led Health Insurance Coverage Expansions for Noncitizens

Recent State Actions and a Research Agenda for the Future

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Health insurance can facilitate access to and improve the affordability of health care (Jacobs 2021; Manatt 2019; McMorrow et al. 2017). However, noncitizens[1] are much more likely to lack health insurance than citizens. Nearly 4 in 10 nonelderly noncitizens are uninsured, a rate about four times as high as the national uninsured rate (Buettgens and Ramchandani 2023). Eligibility restrictions on federally funded health insurance programs based on immigration and citizenship status are one root cause of noncitizens' high uninsured rates (Broder and Lessard 2023). About 25 percent of uninsured noncitizens would be eligible for Medicaid/Children's Health Insurance Program (CHIP), and another 41 percent would be eligible for premium tax credits to help pay for insurance on the Affordable Care Act (ACA) Marketplaces, if not for their immigration status (Buettgens and Ramchandani 2023). In recognition of this, some states have taken steps to improve access to affordable health insurance by using state funding to extend public health insurance[2] and subsidized ACA-compliant health insurance to noncitizens (Heyison and Gonzales 2023; Public Health Law Center 2023).[3]

Despite recent state-led actions to expand access to affordable health insurance for noncitizens (Heyison and Gonzales 2023), there is limited information about how state coverage expansions came about and whether and how these expansions have made a difference in the health and well-being of noncitizens and their communities. To begin filling knowledge gaps on this topic, we conducted semi-structured stakeholder interviews in the fall of 2023 with national and state experts knowledgeable about states' expansions of public coverage for noncitizens (see below for more information on the

stakeholder interviews). We asked interviewees about the conditions that brought about such expansions for noncitizens and the research gaps that remain on this subject, aiming to begin a research agenda on state-led expansions that can inform future debates in this space. We found the following:

- As of January 2024, 12 states (California, Connecticut, Illinois, Maine, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Utah, Vermont, and Washington) plus DC provide state-funded Medicaid-like coverage or primary and preventive care to income-eligible children regardless of their immigration status, and four states (California, Illinois, New York, and Oregon) plus DC have extended Medicaid-like coverage to some or all income-eligible adults. Colorado and Washington subsidize noncitizens' purchase of private coverage.
- Overall, interviewees shared that no single set of policy conditions facilitated coverage expansions in states that have done so. Sources of momentum for these expansions reportedly included prior expansions to noncitizens within the state, health and health care inequities for noncitizens that were exposed during the COVID-19 pandemic, the public health benefits of ensuring access to health care for all population groups, and the potential for moving states closer toward universal coverage.
- Stakeholders shared that a wide range of research is needed to inform decisions about implementing or maintaining state-led coverage expansions for noncitizens. Research gaps and key research priorities identified related to the following:
    - projections related to state-led coverage expansions, including appropriate budgets
        - descriptions of the size and characteristics of states' noncitizen populations
        - descriptions of the impacts of lack of coverage on noncitizen populations and their families
        - descriptions of policy and financing options for state-led coverage
        - projections of potential reach and take-up of expansions and implications for state budgets
    - best practices for implementation of expansions
        - evidence of how to effectively implement expansions and avail newly eligible populations of coverage and associated health care
    - assessment of short- and long-term impacts of expansions
        - impacts of expansions on health care costs and risk pools
        - impacts of expansions on economic conditions and families' financial status
        - impacts of expansions on the health and well-being of newly eligible populations and their families
        - impacts of expansions on state populations overall
- Stakeholders shared warnings on the potential for research to stall progress on state action or harm noncitizens. For instance, stakeholders argued for the importance of including context for research, such as pairing estimates of costs for expansions with the benefits and return on investment that could follow. They also suggested acknowledging the complexities of understanding health care needs and projecting health care costs for a population facing unique

stressors and who may have long-term unaddressed health issues. Finally, they cautioned that some research could reinforce negative stereotypes of noncitizens or unintentionally diminish their value and warned about the need to protect people's confidentiality.

The research agenda laid out here is only a starting point intended to spur efforts to build out the evidence base on this topic, and we hope that the research community can draw upon it for future work. According to the key stakeholders we interviewed, addressing knowledge gaps about state-led expansions for noncitizens will be important for reducing inequities in health insurance access for this population.

Below, we begin by describing our study methodology, followed by a brief overview of federal restrictions on noncitizens' eligibility for public coverage, approaches states are taking to provide publicly financed coverage to noncitizens, and a high-level summary of emerging research on the impact of state-led expansions. We then summarize findings from interviews about factors contributing to the recent uptick in expansions in coverage for noncitizens and views on priority research needs to inform state-led expansions and implementation.

Methods

We drew on published reports and semi-structured interviews as input for this study. First, we conducted a rapid scan of the current landscape of state-funded public coverage for immigrants and assessed the available literature on the impacts of public coverage expansions to immigrants. Then, in the fall of 2023, we conducted virtual semi-structured interviews with national and state-level stakeholders knowledgeable about state-led coverage expansions to immigrant populations. We interviewed stakeholders from five national organizations and five state-level organizations that work on immigration topics. State-level stakeholders were working in California, Colorado, Illinois, New York, and Utah; these states include those with both older and more recent expansions to noncitizens and represent a range of political climates in various regions of the country. Interview topics included the policy conditions that led to expansions, research still needed to continue informing discussions about whether to expand and continue existing expansions, and additional barriers to health care for immigrants beyond those associated with obtaining health insurance coverage. Members of the research team analyzed the interviews to identify themes and illustrative quotes.

We limited the scope of this study to expansions via state-funded Medicaid- or CHIP-like programs or subsidies for commercial insurance coverage for groups of noncitizens, such as children and adults of certain ages, who are excluded from federally funded Medicaid/CHIP. We did not focus on state adoption of Medicaid/CHIP coverage for people with lawful immigration status who have been in the US for fewer than five years or Medicaid/CHIP coverage for pregnant immigrants, such as the CHIP "unborn child" program, that are available under current federal law using a combination of state and federal funds (Heyison and Gonzales 2023). However, at times, such state policy choices came up in conversations.

Limitations

We note that the analysis presented here is incomplete since we only talked to stakeholders in a handful of states that have expanded public coverage to noncitizens, and in those, we only spoke to a limited set of stakeholders who are proponents of these expansions. Additional in-depth conversations with a broader range of stakeholders may surface additional important perspectives and details.

Background

In what follows, we provide a brief overview of federal restrictions on noncitizens' eligibility for public coverage and approaches states are taking to provide publicly financed coverage to noncitizens. We conclude the section with a high-level summary of emerging research on the impact of state-led expansions.

Restrictions on Noncitizens' Eligibility for Public Coverage

The reasons behind noncitizens' high uninsured rates are multifaceted but derive in part from immigration-related restrictions on access to federally funded Medicaid/CHIP and Marketplace coverage. Medicaid/CHIP are jointly funded by the federal government and state governments, with the federal government setting minimum eligibility standards according to category (i.e., parental, pregnancy, or disability status), income and other requirements, and immigration status.[4] Federal laws also govern Marketplace eligibility rules based on immigration and citizenship status.

Lawfully present noncitizens who have had certain lawful statuses for more than five years can generally qualify for federally funded Medicaid/CHIP or Marketplace coverage and subsidies on the same basis as citizens. With limited exceptions, noncitizens who have been lawfully present in the US for fewer than five years are generally ineligible for Medicaid/CHIP, a restriction known as the "five-year bar" (Broder and Lessard 2023). States can choose to remove the five-year bar for children's and pregnancy-related Medicaid/CHIP, and over half of states have taken one or both options,[5] but they do not have this option for other eligibility pathways. Lawfully present immigrants can enroll in ACA Marketplace plans and qualify for premium tax credits and cost sharing on the same basis as citizens without a five-year wait.[6]

All undocumented immigrants are ineligible for federally funded Medicaid/CHIP coverage (Broder and Lessard 2023). Undocumented immigrants are also ineligible to receive federally funded subsidized Marketplace coverage or, in the absence of a federal waiver, purchase coverage on the Marketplaces without federal subsidies (NILC 2014, Lessard 2023).[7] The federal government allows limited reimbursements for emergency services through emergency Medicaid, discussed in Box 1. The only federally supported coverage option for undocumented immigrants is via the CHIP "unborn child" option, also known as From-Conception-to-End-of-Pregnancy coverage,[8] which covers fetuses as "targeted low-income children" regardless of the immigration status of the pregnant person, effectively

offering coverage during the prenatal and delivery periods and which may, in limited circumstances, include postpartum care (Haley et al. 2021).

BOX 1

Emergency Medicaid

Noncitizens who would otherwise qualify for Medicaid/CHIP except for their immigration status can receive health care under emergency Medicaid, which reimburses providers for the costs of treating emergency medical conditions for noncitizens ineligible for public coverage based on their immigration status. Like other Medicaid spending, costs are shared by federal and state governments (National Immigration Forum 2022). States have the authority, within the bounds of the federal definition, to define which specific medical conditions qualify for emergency Medicaid. Some states have adopted more expansive definitions that allow reimbursement for services provided in outpatient settings (rather than limiting to the emergency department or inpatient care) and for ongoing life-saving care, such as dialysis for people with end-stage kidney disease and cancer treatment (Park, Reyes-Becerra, and Makhlouf 2023). Notably, states are not generally required to submit a Medicaid state plan amendment or otherwise seek other permissions from the federal government to amend their definitions of a medical condition qualifying for emergency Medicaid (Park, Reyes-Becerra, and Makhlouf 2023). However, emergency Medicaid is not as comprehensive as full-benefit Medicaid coverage in any state.

Select State Approaches to Providing Health Coverage for Noncitizens

Below, we provide a brief overview of states' approaches to expanding coverage to noncitizens ineligible for federally funded public coverage as of January 2024.

MEDICAID-LIKE PROGRAMS

States can use general funds or a dedicated health care fund to provide Medicaid-like coverage to noncitizens excluded from federal Medicaid/CHIP. As of January 2024, 12 states (California, Connecticut, Illinois, Maine, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Utah, Vermont, and Washington) plus DC were providing Medicaid-like coverage or primary and preventive care to income-eligible children regardless of their immigration status, and four states (California, Illinois, New York, and Oregon) plus DC have extended such coverage to some or all income-eligible adults (Heyison and Gonzales 2023; Public Health Law Center 2023).[9] Colorado and Minnesota will implement new or additional expansions to noncitizen children or adults beginning in 2025.[10]

Six states (California, Illinois, Oregon, Washington, Massachusetts, and New York) and DC initiated expansions to noncitizens regardless of their immigration status before 2020, with only DC providing coverage to income-eligible noncitizen adults regardless of status. California was next in expanding coverage to young noncitizen adults regardless of status beginning in 2020, and Illinois, Oregon, and New York followed. Most states implementing expansions tend to be outside the southeastern US and Democratic-led, though not exclusively.

SUBSIDIZED COMMERCIAL HEALTH INSURANCE

Another approach some states have taken to provide coverage to noncitizens barred from federally financed public health insurance is to expand eligibility for subsidized commercial health insurance. While the ACA prohibits undocumented immigrants from the Marketplace, states can provide state-subsidized health insurance identical to Marketplace coverage. First, states can waive the Marketplace prohibition using a State Innovation Waiver under ACA Section 1332. Washington successfully pursued this approach to allow undocumented immigrants to purchase coverage on the state Marketplace and is providing state-funded subsidies for those who qualify, beginning in 2024.[11] Notably, however, this waiver does not provide federal subsidies or other funding—although Section 1332 permits the state to capture certain federal savings created by the waiver (Murphy 2023). For example, Colorado is supplementing state funding for its subsidies for undocumented immigrants using pass-through funding from a Section 1332 waiver that lowers premiums using public option plans.[12] However, such funding depends on the specifics of the waiver. Moreover, receiving approval for 1332 waivers is a difficult process, as completing a waiver application requires a significant investment of state resources and time (Murphy 2023).

Second, states can create a separate Marketplace-like exchange for undocumented immigrants and provide state-funded subsidies for "off-Marketplace" coverage, which is subject to all the same consumer protections as Marketplace coverage. Colorado has used this approach since 2023 (Heyison and Gonzales 2023).[13]

Emerging Research on the Impact of State-Led Expansions

Literature on the impact of state-led expansions on immigrants' health and health care use is limited. Some studies primarily focus on the impact of Medicaid/CHIP coverage expansions to undocumented pregnant people and pregnant and postpartum people subject to the five-year bar, and very few of the studies we reviewed have assessed the impacts of expanding coverage to undocumented immigrants more broadly. As discussed below, some broader studies have examined the impact of expansions in Medicaid under the ACA on immigrants' health insurance coverage and health care utilization and generally found positive benefits for immigrants regarding their health insurance coverage rates and health care utilization.

PREGNANT AND POSTPARTUM PEOPLE

Some studies on coverage expansions to noncitizens have focused on pregnant noncitizens and found positive associations between expansions and improved health outcomes and utilization. One study leveraged emergency Medicaid data and found that expanding access to prenatal care to undocumented people and those subject to the five-year bar in Oregon resulted in positive perinatal outcomes, including greater use of prenatal health services and reductions in infant mortality among noncitizen women and their children (Swartz et al. 2017). A similar study found that expanding pregnancy coverage for noncitizens was associated with higher rates of prenatal care utilization and positive birth outcomes in California (Miller, Wherry, and Aldana 2022).

STATE-FUNDED EXPANSIONS

Research on state-funded health insurance expansions for noncitizens is limited, but an emerging evidence base focused on expansions to noncitizen children suggests that these expansions can decrease uninsurance rates, increase health care utilization, and reduce unmet health needs. For example, Lipton, Nguyen, and Schiaffino (2021) found that California's 2016 expansion in state-funded Medicaid for children under 19 was associated with a 34 percent decline in uninsurance among noncitizen children compared with the period before expansion. Similarly, Rosenberg and colleagues (2022) compared states with expanded eligibility for noncitizen children (California, Illinois, Oregon, Massachusetts, New York, Washington, and DC) to states that have not implemented such expansions. Researchers found that children in immigrant families living in states that had implemented expansions for noncitizens were less likely to be uninsured and to report forgone medical and dental care compared with children in immigrant families in other states. At the county level, one study in California found that expansions in health insurance programs in California's Los Angeles, San Mateo, and Santa Clara counties were associated with increased use of and reduced unmet need for medical and dental care among all children (Howell et al. 2010).

ACA MEDICAID EXPANSIONS

Though not focused specifically on state-led coverage, studies focusing on the ACA's Medicaid expansion show some benefits of expanding coverage for immigrants. Stimpson and Wilson (2018) showed that declines in uninsurance for noncitizens were partially explained by the 2014 ACA Medicaid expansion, though uninsurance remained high for this population relative to US-born people. In another study assessing impacts on households with at least one undocumented member (known as mixed-status households), researchers found no difference in coverage gains between likely Medicaid-eligible adults in mixed-status and nonmixed-status households in states that expanded Medicaid (Cohen and Schpero 2018). The same study found dampened enrollment gains among those in mixed-status households in nonexpansion states, suggesting that factors such as immigration concerns may keep newly eligible adults from enrolling in expanded coverage in some states. A study examining the impact of the ACA more broadly also found that noncitizens were about 8 percent less likely to be uninsured in the three years after the ACA was implemented in 2014 compared with the period before (Bustamante et al. 2018).

Findings

In this section, we summarize interview findings about (1) factors contributing to the recent uptick in expansions in coverage for noncitizens and (2) views on priority research that is needed to inform further state actions.

Impetus Behind Coverage Expansions for Noncitizens

Overall, interviewees shared that no single set of conditions was behind noncitizen coverage expansions in states that have done so, but there have been common sources of momentum, including

prior expansions to noncitizens within the state, health and health care inequities for noncitizens that were exposed during the COVID-19 pandemic, the public health benefits of ensuring access to health care for all population groups, and plugging coverage gaps to move the state closer to universal coverage.

BUILDING ON PRIOR EXPANSIONS

Interviewees noted that many states have tended to first expand coverage for noncitizen children and gradually extend to additional age groups. Covering children tends to be less expensive because of the smaller number of undocumented children relative to adults and because of their generally lower use of expensive medical services. States have also sometimes started their expansions locally (such as at the county level in California); over time, those expansions gained momentum statewide.

RESPONDING TO COVID-19 DISPARITIES AND PROVIDING COMMUNITY-WIDE HEALTH BENEFITS

Several interviewees also noted that stark health disparities by immigration and citizenship status highlighted during the pandemic were pivotal to discussions about the importance of public coverage expansions for reducing health inequities for noncitizens, including older undocumented seniors. As noted above, 12 states plus DC have implemented additional or new expansions since 2020.[14]

For the longest time, it was six states and DC. And really, 2022 was this blockbuster year, and we saw more progress in 2023…with [additional] implementation going into effect next year.

—National stakeholder

According to stakeholders, focusing on community-wide health benefits to expanding coverage has also been important for building support. This argument centers on the idea that communities are healthier when everyone has access to health insurance and health care to prevent and treat illness, an argument that gained momentum during the pandemic.[15]

The interdependence of our health…was particularly salient during the height of COVID and how one person's health impacts their neighbors and their communities and their families.

—State stakeholder

PLUGGING COVERAGE GAPS

After the ACA was implemented, there was continued momentum in some states to push for universal coverage. According to some interviewees, a few states have acknowledged that achieving universal

coverage could be difficult without covering the gap for undocumented populations, especially those where immigrants make up a sizeable share of the overall population.

In context of ACA, when everyone has access to affordable care, and there is some portion still excluded, that creates a stronger sense of urgency. Push for universality helps broadly because people recognize we're all better off when we are all included.
—State stakeholder

State-Led Health Insurance Coverage Expansions for Noncitizens: Building a Research Agenda

Finally, interviewees shared insights on key research priorities on state-led coverage expansions for noncitizens, described below.

RESEARCH PRIORITIES FOR STATE-LED COVERAGE EXPANSIONS FOR NONCITIZENS

As shown in table 1, interviewees shared research priorities for various stages of state actions, from understanding the state's noncitizen population and planning targeted coverage expansions to effectively implementing expansions to documenting short- and long-term outcomes of policy changes. Ideas encompassed qualitative and quantitative research, including simple analyses as well as sophisticated modeling or detailed case study research. Key research priorities were identified related to the following:

1. ***Projections related to state-led coverage expansions, including appropriate budgets.*** First, interviewees noted the need to research states' noncitizen populations, their coverage needs, and policy options for expanded coverage.

- *Descriptions of the size and characteristics of the state's noncitizen populations***.** According to our interviewees, even basic descriptions of the noncitizen population in a state are a key research need. For example, we heard that many policymakers lack a basic understanding of the number of noncitizens in their state and their characteristics, partly because of limited data on populations such as undocumented immigrants, whose numbers and characteristics are difficult to estimate given that most federal surveys do not include information on documentation status. State Medicaid data, which could provide insights into some health care spending and utilization, may not be readily accessible, easy to use, or reliably capture immigration status, and states may lack data on health service use by people outside the Medicaid system. Data on existing patterns of health care use or rates of employer coverage offers among noncitizens could also help state policymakers begin to understand levels of need for coverage expansions.

  Understanding the characteristics of states' noncitizen residents is also key for assessing policy options and planning well-targeted policies; for instance, one interviewee said one first step is for states to assess whether the income distribution of the noncitizen population in their state

is more likely to fall within Medicaid or Marketplace income bands to help determine which of those types of expansions would help more people. Understanding existing patterns of health service use among noncitizens and associated costs was also identified as particularly important. Moreover, interviewees emphasized that communication about data to policymakers and the public should be accessible (such as in infographic form), translatable, and clearly described.

Several interviewees specifically mentioned the role that such data could have in dispelling misconceptions that they believe have hindered meaningful policy debate, such as:

- » believing undocumented immigrant children are a large population group, despite estimates that few children are undocumented nationwide (Passel and Cohn 2010);[16]
- » believing noncitizen populations would be expensive to cover, despite evidence that noncitizen adults tend to be healthier on average than other groups (Markides and Rote 2019; Ruhnke et al. 2022) and that many of the most expensive services for noncitizens may already be covered by emergency Medicaid; and
- » believing state expansions would lead to magnet effects, that is, encourage in-migration to a state after it offers more generous public benefits, despite evidence disputing this theory (Yasenov et al. 2020).

- *Descriptions of impacts of lack of coverage on noncitizen populations and their families.* We heard repeatedly about the need for research—using both quantitative data and storytelling approaches— describing the hardships of being uninsured and, conversely, the benefits of having or gaining coverage. Some interviewees thought more general population analysis building on the extensive literature in this area would be useful, while others called for such research among noncitizen communities in particular. For instance, one interviewee explained that policymakers and the public may not realize that using low-cost clinics—a strategy for accessing care for many excluded from publicly subsidized coverage—is not a substitute for comprehensive insurance and can expose patients to affordability and access challenges. Key informants also suggested the importance of documenting impacts for subgroups such as those living in rural areas. Interviewees noted that comparing noncitizens' health care experiences in states with and without coverage expansions could be one way to describe how uninsurance affects noncitizen populations. And we heard that studies documenting experiences in one state are useful for other states.
- *Descriptions of policy and financing options for state-led coverage.* Interviewees noted there are few templates describing the range of state-led public coverage options for noncitizens. One interviewee suggested a key research need is a "menu" of available state policy options (reflecting on the benefits and disadvantages of each) for increasing policymakers' understanding of options. Interviewees also pointed out the need for information on policy options to consider unique state contexts; for instance, Colorado's use of Marketplace subsidies for noncitizens, rather than Medicaid expansion, reportedly owes to laws and policies in the state.[17]

Moreover, the fact that emergency Medicaid covers some costs under current policy but that data are not readily available on those patterns complicates cost estimates of expansions and makes designing funding structures of expansions more difficult. Interviewees shared that policymakers are eager to understand ways to offset new state costs using services such as emergency Medicaid that are jointly financed with the federal government and the different approaches currently being used by expanding states. They suggested detailed explanations of states' current strategies to fund noncitizen coverage and retain federal emergency Medicaid dollars, which would be useful models for other states.

- *Projections of potential reach and take-up of expansions and implications for state budgets.* Many interviewees indicated a need for detailed policy analysis to develop accurate projections of expanded eligibility, rates of take-up, use of health services under expansion, and costs of noncitizen coverage expansions for state budget planning for policies being considered. Accurate cost estimates can be especially relevant at the state level because of balanced budget requirements. A combination of higher-than-expected initial costs because of lack of access to health insurance and incomplete population estimates made recent Illinois expansions more expensive than originally anticipated; even though costs are expected to stabilize long-term, this highlights the need for better data to produce accurate projections.[18] On the other hand, a state-level interviewee indicated that overestimating take-up and costs could also introduce barriers to adoption because expansions may not get off the ground if cost estimates are inflated.

  In addition, some interviewees noted the need for projections of other cost implications, such as reductions in county-paid health services for uninsured residents under state-funded expansions, that could offset overall health expenditures within the state and should be included in models. Moreover, we heard that cost estimates should include additional factors such as the cost to implement programs and potential "welcome mat" effects that increase program participation among already eligible populations when eligibility is extended to new groups.

  Given a limited understanding of existing patterns of health service use among noncitizens and associated costs and the complex funding structure of health services under current law, designing policies and predicting take-up and costs can be uniquely difficult for noncitizen populations, according to interviewees. Thus, assessments of the likely accuracy of projections are also needed.

2. ***Best practices for implementation of expansions.*** Interviewees also noted the need for research on implementing expansions after they have been enacted.

- *Evidence of how to effectively implement expansions and avail newly eligible populations of available coverage and associated health care*. We heard that research is needed to explore best practices for implementing expansions, including informing communities of new coverage options and supporting them in using benefits. For instance, one interviewee noted that research shows outreach in non-English media may be needed to reach noncitizen communities, while another

noted that expanded coverage that relies on managed care delivery systems may also need to include education for newly enrolled people on how to use managed care plans.

We also heard of the need for evidence of how to address fears about immigration-related barriers such as "public charge"[19] and adapt to dynamic policy contexts. As one state-level interviewee shared, messaging in their state promoting enrollment in expanded coverage was explicit in saying a Social Security number was not needed to apply, but when enrollees were placed into managed care plans, plans were asking for such numbers, contrary to what education campaigns had promised. Researching effective strategies for responding to such challenges could help support enrollment goals.

Finally, some interviewees described concerns that noncitizens who may benefit from state-led coverage expansions may face racism and xenophobia when using services, highlighting the need for research on how to reduce mistreatment.

"Passing the bills has been easier than actually implementing them."
—State stakeholder

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3. ***Assessment of short- and long-term impacts of expansions***. Nearly all stakeholders we interviewed expressed the need for much more research documenting the impacts of state-led expansions for affected individuals and the broader community. We heard repeatedly that assessing outcomes of existing expansions could help inform debates about efforts to establish expansions in additional states, determine the effectiveness of currently established expansions, and help policymakers decide whether to continue or modify them. Impacts discussed included effects on health care costs, state economies, health systems, educational systems, public health, and other areas, spanning both newly eligible groups and the state's residents more broadly.

- *Impacts of expansions on health care costs and risk pools*. Interviewees noted that health care cost savings to a state following state-led expansions could include direct savings, such as reductions in uncompensated care that are no longer passed along to the rest of the population and stabilizing impacts of an expanded risk pool, as well as long-term savings, such as reduced Medicaid costs later in life following coverage for prenatal or childhood coverage. Importantly, short-term costs may shift over time under newly adopted expansions; for instance, interviewees shared that enrollees' pent-up demand and unaddressed health issues may cause health care utilization to be high when expansions begin but then level off. Thus, they emphasized that modeling needs to incorporate variation in such costs as programs grow.
- *Impacts of expansions on economic conditions and families' financial status*. Interviewees also identified the need for research showing economic changes following coverage expansions for noncitizens, such as workers' sick days, turnover, and productivity in jobs, and for individuals, changes in financial stability, such as homeownership and debt.

- *Impacts of expansions on the health and well-being of newly eligible populations and their families.* Beyond financial implications, interviewees also stated a need for research documenting other potential benefits of expanded coverage eligibility for noncitizens, including changes to individuals' health status, educational attainment, and reports of obtaining care when needed. They also expressed interest in documenting potential benefits for children if their parents have coverage. One idea that arose was related to hearing directly from individuals and providers on the impacts of expanded coverage through public convenings.
- *Impacts of expansions on state populations overall.* Stakeholders commonly pointed to the need to document impacts on a state's overall population when more residents have access to health care. This was often discussed in the context of public health benefits, including lower rates of communicable or chronic illnesses in a community when a larger share of residents are insured, which became especially evident during the COVID-19 pandemic. Similarly, they were interested in research documenting benefits to states' health systems under coverage expansions because of, for example, reductions in uncompensated care and to other groups not targeted by noncitizen expansions, such as nonimmigrant people of color, who could benefit from state efforts to reach and enroll additional enrollees.

TABLE 1

State-Led Public Coverage Expansions for Noncitizens: A Research Agenda

Analyses Needed to Fill Research Gaps	Key Research Priorities
Projections related to state-led coverage expansions, including appropriate budgets	
Descriptions of **size and characteristics of state's noncitizen populations**	▪ Estimates of **number of noncitizens** in the state, overall and by subgroup (e.g., children, nonelderly adults, elderly adults, etc.) ▪ Estimates of **noncitizens' characteristics** (e.g., family work status, length of time in the country, language, health status, health services use, income, work status, work industry, employer coverage offers) that may inform appropriate policy solutions
Descriptions of **impacts of lack of coverage** on noncitizen populations and their families	▪ Descriptions of **challenges of being uninsured, medical debt burdens, and other harms of uninsurance** for noncitizens without affordable coverage options under current law, drawing from both quantitative analyses and qualitative/storytelling approaches ▪ Descriptions of **benefits of having coverage** (or, for children, benefits of having insured parents), overall and specifically for noncitizen and mixed-status families in states with state-led expansions ▪ Detailed analyses focusing on **subgroups**, such as rural populations ▪ **Comparisons of states** with and without expansions
Descriptions of policy and financing options for state-led coverage	▪ **A "menu" of state policy options for expansions**, with pros/cons of various approaches, considering unique state contexts and constraints ▪ Estimates of **noncitizens' patterns of health services use**, overall and by age, including data on the share of health spending by immigrants that emergency Medicaid already covers ▪ Detailed analysis of **states' approaches to maintaining emergency Medicaid dollars** under current expansions and other state financing mechanisms

Analyses Needed to Fill Research Gaps	Key Research Priorities
Projections of potential **reach and take-up of expansions and implications for state budgets**	▪ Projections of **the number of people newly eligible, take-up rates (overall and by geography), health care spending (and how much is already financed under emergency Medicaid and through state and county-financed uncompensated care), cost estimate drivers, etc.** for policies under consideration ▪ Projections of **implementation costs**, including necessary eligibility systems updates and additional costs such as "welcome mat" effects that increase participation among other eligible people ▪ Projections of **impacts on state budgets**, considering offsets from savings in other areas, such as lower spending by county governments ▪ Assessments of **likely accuracy of projections** across different contexts and for different population groups
Best practices for implementation of expansions	
Evidence of how to effectively **implement expansions and avail newly eligible populations of coverage and associated health care**	▪ **Best practices for reaching noncitizen communities** and supporting them in enrollment processes and use of expanded coverage ▪ **Best practices for countering immigration-related barriers to enrollment and discrimination**, including how newly eligible people can deal with barriers they may face (such as public charge concerns, a health plan asking for a Social Security number, variation across a state in available enrollment assistance, racism, and xenophobia) ▪ Evidence of **barriers newly covered people may be encountering** when enrolling in coverage or using services
Assessment of short- and long-term impacts of expansions	
Impacts of expansions on **health care costs and risk pools**	▪ Descriptions of **changes in health care costs for newly eligible populations** (e.g., reduced costs because of increased primary care use and identifying health problems before they become most costly to treat) and **long-term cost changes for health services** of newly eligible populations across their life span (e.g., reduced costs later in life following coverage in childhood) ▪ Descriptions of **impacts of expansion on state risk pools** (e.g., the potential for lower health care costs for those already in the insurance market) ▪ Descriptions of **changes in uncompensated care costs** that are no longer passed along to the rest of the population ▪ Descriptions of how **costs could change over time** during expansion implementation (e.g., evidence of higher health spending upon enrollment because of pent-up demand that may fall over time)
Impacts of expansions on **economic conditions and families' financial status**	▪ Descriptions of **economic impacts on state workforces,** such as reduced sick days, reduced job turnover, and improved productivity ▪ Descriptions of **financial impacts for newly eligible people,** such as increased homeownership and reduced medical and other debt
Impacts of expansions on **the health and well-being of newly eligible populations and their families**	▪ Descriptions of **individuals' health and other characteristics**, such as health status, school performance, educational attainment, and other potential benefits of coverage ▪ Descriptions of **people's assessments of impacts** from convenings of community members/providers

Analyses Needed to Fill Research Gaps	Key Research Priorities
Impacts of expansions on **state populations overall**	▪ Descriptions of **coverage gains for other eligible populations**, such as nonimmigrant people of color (because of increased community navigators, public attention to available coverage options, etc.) ▪ Descriptions of **impacts of expansions on state health care systems** (e.g., overall stability, uncompensated care, the financial health of providers, the financial health of safety-net systems, etc.) ▪ Descriptions of **public health impacts** of having a population with lower uninsurance (e.g., communicable diseases, chronic health conditions, etc.) ▪ Descriptions of changes to **interstate mobility[a] or "magnet effects"** (the theory that noncitizens will move to a state because of expanded benefits)

Source: Authors' analysis of key informant interviews from the fall of 2023.
Notes: a. See Yasenov et al. 2020.

MINIMIZING RESEARCH'S POTENTIAL FOR HARM

Finally, stakeholders shared warnings on the potential for research to stall progress on state action or harm noncitizens. For instance, we heard that research projecting that states would face high costs of providing coverage to noncitizens, well above the costs associated with covering the expansion population under the ACA, could stop consideration of an expansion. Stakeholders argued for the importance of placing any such estimates in context, including both emphasizing that going without health insurance and health care has put noncitizens at greater risks of having unmet health needs and quantifying not just the costs but also the benefits and return on investment that could result from expansion. In New York, for example, a proposed expansion of coverage to undocumented adults ages 19 to 64 through the state's Essential Plan is reportedly on hold because of concerns about the estimated costs, which some proponents of the expansion have described as "exaggerated."[20]

According to some stakeholders, arguments emphasizing noncitizens' generally better health status than US citizens also need greater context. They said that in some cases, noncitizens are healthier, but in other cases, people who are stressed by living with the fear and vulnerability associated with being undocumented or who have long-term unaddressed health issues may incur high health costs, especially in the initial period when they first gain health insurance.

Some stakeholders also cautioned that some research could reinforce negative stereotypes of noncitizens or unintentionally diminish their value. For instance, stakeholders shared that research that emphasizes economic productivity arguments as the basis for the expansions to noncitizens can risk reducing noncitizens' worth to their role as workers rather than as humans worthy of health care. And they raised concerns that emphasizing public health benefits of increased coverage could feed ideas that immigrants are carriers of disease.

We also heard that research supporting expanded coverage focusing on noncitizens separate from other groups could risk them being seen as getting "special" treatment that could backfire. Even within the noncitizen community, stakeholders cautioned that while gradual expansions may be needed from a

budgetary standpoint, emphasis on expansions to just one segment of the community—such as children—could inadvertently convey that some noncitizens are more "deserving" than others.

Finally, one stakeholder warned that publicly shared research or data, especially when describing local populations, could risk individuals' confidentiality, a concern of noncitizen communities.

Conclusion

Our conversations with national- and state-level stakeholders who focus on immigrants revealed insights about state-led public coverage expansions for noncitizens and the types of research that could inform debates about the continuation of these policies and consideration of future expansions in other states. Overall, states have not followed any one approach to expanding coverage for noncitizens. However, threads of commonality across states we observed include the need for research evidence on the targeted population and the potential impacts of coverage expansions. According to interviewees, the types of research that would help inform future policymaking include data on noncitizen populations specifically, ranging from estimates of the number of uninsured noncitizen people in a state to complex analyses of the impacts of existing expansions on people's health and well-being, and data on broader impacts of expansions to communities.

Expanding access to health insurance coverage for noncitizens who are currently ineligible for publicly subsidized coverage is one avenue for reducing uninsured rates for noncitizens and helping to improve access to and affordability of care. Other barriers such as language access, administrative burden of applying for health insurance programs, and public charge concerns will likely continue to exist even if noncitizens do gain access to health insurance and will need to be addressed in tandem with expansions in health insurance coverage to assure that expanded eligibility is associated with improved coverage and utilization of health care (Bernstein et al. 2022, 2023; Gonzalez, Haley, and Kenney 2023; Perreira et al. 2012; Musumeci et al. 2022).

Notes

[1] We use the term noncitizen to refer to people living in the US who were born outside the US, are not US citizens, and are ineligible for federally funded public coverage because of their immigration status. This may include people with a lawful immigration status (e.g., permanent residents or green card holders) but who are ineligible because of the five-year bar, as well as people who are undocumented. We focus on these noncitizens in this brief because naturalized citizens are eligible for federally funded public and subsidized coverage on equal grounds as US-born people, and as such, state-led expansions in health insurance coverage for immigrants would not apply to naturalized citizens. We acknowledge that some noncitizens, including refugees, asylees, and those with permanent residency status for more than five years, are not excluded from federally funded public coverage. See Broder and Lessard (2023) for immigrant eligibility criteria for federal programs, including Medicaid/CHIP.

[2] In this brief, we refer to "public coverage" as expansions via state-funded Medicaid- or CHIP-like programs or state funding of private coverage for groups of noncitizens, such as children, adults of certain ages, or postpartum people who are excluded from federally funded Medicaid/CHIP. We are generally excluding state

options to cover noncitizen children and pregnant people during the five-year bar or certain pregnant and postpartum people using federal funds.

[3] "State-Funded Health Coverage for Immigrants as of July 2023," KFF, July 26, 2023, https://www.kff.org/racial-equity-and-health-policy/fact-sheet/state-funded-health-coverage-for-immigrants-as-of-july-2023/.

[4] "Policy Basics: Introduction to Medicaid," Center on Budget and Policy Priorities, updated April 14, 2020, https://www.cbpp.org/research/policy-basics-introduction-to-medicaid.

[5] "Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women," KFF.org, accessed January 11, 2023, https://www.kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/.

[6] "Immigrants and the Affordable Care Act (ACA)," National Immigration Law Center, accessed January 11, 2023, https://www.nilc.org/issues/health-care/immigrantshcr/.

[7] Undocumented immigrants can enroll in private insurance outside of the Marketplace (American Immigration Council 2022), and such plans must comply with the same policies as plans purchased on the ACA Marketplace. For more information on ACA standards for private plans, see "Can I Buy Health Insurance outside of the Marketplace That Meets All ACA Standards?" KFF, accessed January 3, 2024, https://www.kff.org/faqs/faqs-health-insurance-marketplace-and-the-aca/can-i-buy-health-insurance-outside-of-the-marketplace-that-meets-all-aca-standards/. Additionally, a recently proposed Department of Health and Human Services (HHS) rule seeks to expand Marketplace access to DACA recipients. For more information on the HHS proposed rule, see "HHS Releases Proposal to Expand Health Care for DACA Recipients," HHS.gov, April 24, 2023, https://www.hhs.gov/about/news/2023/04/24/hhs-releases-proposal-to-expand-health-care-for-daca-recipients.html.

[8] "Pregnancy, Prenatal Care, and Newborn Coverage Options," CMS.gov, September 2023.

[9] "State-Funded Health Coverage for Immigrants as of July 2023," KFF.

[10] Kristine Weller, "Utah Is 'Stepping Up' by Providing Health Insurance to Immigrant Children," *KSLNewsRadio*, October 11, 2023, https://kslnewsradio.com/2048838/utah-is-stepping-up-by-providing-health-insurance-to-immigrant-children/; Tom Crann and Ngoc Bui, "MinnesotaCare Expands Eligibility to Minnesotans with Undocumented Status," *MPR News*, June 5, 2023, https://www.mprnews.org/story/2023/06/05/minnesotacare-expands-eligibility-to-undocumented-minnesotans; and Paolo Zialcita, "Colorado Expands Medicaid Access to Undocumented Pregnant People and Their Babies," *CPR News*, June 7, 2022, https://www.cpr.org/2022/06/07/colorado-expands-medicaid-access-undocumented-pregnant-people/.

[11] "Washington: State Innovation Waiver," CMS.gov, December 9, 2022.

[12] Colorado Department of Regulatory Agencies, "Savings from Colorado Option to Help More People Afford Health Insurance in 2024," accessed December 12, 2023, https://doi.colorado.gov/news-releases-consumer-advisories/savings-from-colorado-option-to-help-more-people-afford-health.

[13] Colorado Department of Regulatory Agencies, "What is OmniSalud?" accessed December 21, 2023, https://doi.colorado.gov/omnisalud.

[14] As previously noted, in addition to the District of Columbia, states that have expanded coverage for noncitizens as of January 2024 include California, Connecticut, Illinois, Maine, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Utah, Vermont, and Washington.

[15] Phil Galewitz, "States Expand Health Coverage for Immigrants as GOP Hits Biden Over Border Crossings," *KFF Health News*, December 28, 2023, https://kffhealthnews.org/news/article/states-health-coverage-medicaid-immigrants-expansion/.

[16] "Profile of the Unauthorized Population: United States," Migration Policy Institute, accessed January 3, 2024, https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/US.

[17] Rayna Hetlage, "Biggest Barrier to Affordable Health Insurance Options? Colorado's Constitutional Tax Code," Colorado Fiscal Institute, November 25, 2019, https://www.coloradofiscal.org/barrier-affordable-health-insurance-options-colorado-constitutional-tax-code/issues/tabor-constitutional-issues/; and Center on Budget

and Policy Priorities, "Policy Basics: Taxpayer Bill of Rights (TABOR)," November 5, 2019, https://www.cbpp.org/research/policy-basics-taxpayer-bill-of-rights-tabor.

[18] Manny Ramos, "Explained: Why Did the State Pause a Health Insurance Program for Undocumented Immigrants?" Illinois Answers Project, June 26, 2023, https://illinoisanswers.org/2023/06/26/explained-why-did-illinois-pause-health-insurance-program-for-undocumented-immigrants/.

[19] "Public Charge," National Immigration Law Center, updated December 2023, https://www.nilc.org/issues/economic-support/pubcharge/.

References

American Immigration Council. 2022. "Fact Sheet: Undocumented Immigrants and Federal Health Care Benefits." Washington, DC: American Immigration Council.

Bernstein, Hamutal, Dulce Gonzalez, Paola Echave, and Diana Guelespe. 2022. "Immigrant Families Faced Multiple Barriers to Safety Net Programs in 2021." Washington, DC: Urban Institute.

Bernstein, Hamutal, Jennifer M. Haley, Diana Guelespe, Sofia Hinojosa, Luis Gallardo, Hannah Gill, and Krista Perreira. 2023. *Supporting North Carolina's Immigrant Families: Addressing Barriers and Promoting Solutions for a More Inclusive Safety Net*. Washington, DC: Urban Institute.

Broder, Tanya, and Gabrielle Lessard. 2023. "Overview of Immigrant Eligibility for Federal Programs." Los Angeles: National Immigration Law Center.

Buettgens, Matthew, and Urmi Ramchandani. 2023. "The Health Coverage of Noncitizens in the United States, 2024." Washington, DC: Urban Institute.

Bustamante, Arturo Vargas, Jie Chen, Ryan M. McKenna, and Alexander N. Ortega. 2018. "Health Care Access and Utilization Among U.S. Immigrants Before and After the Affordable Care Act." *Journal of Immigrant and Minority Health* 21: 211–218. https://doi.org/10.1007/s10903-018-0741-6.

Cohen, Michael S., and William L. Schpero. 2018. "Household Immigration Status Had Differential Impact on Medicaid Enrollment in Expansion and Nonexpansion States." *Health Affairs* 37 (3): 394–402. https://doi.org/10.1377/hlthaff.2017.0978.

Gonzalez, Dulce, Jennifer M. Haley, and Genevieve M. Kenney. 2023. "One in Six Adults in Immigrant Families with Children Avoided Public Programs in 2022 Because of Green Card Concerns." Washington, DC: Urban Institute.

Heyison, Claire, and Shelby Gonzales. 2023. *States Are Providing Affordable Health Coverage to People Barred From Certain Health Programs Because of Immigration Status.* Washington, DC: Center on Budget and Policy Priorities.

Howell, Embry, Christopher Trenholm, Lisa Dubay, Dana Hughes, and Ian Hill. 2010. "The Impact of New Health Insurance Coverage on Undocumented and Other Low-Income Children: Lessons from Three California Counties." *Journal of Health Care for the Poor and Underserved* 21 (2 Suppl):109–24. https://doi.org/10.1353/hpu.0.0293.

Jacobs, Paul D. 2021. "The Impact of Medicare on Access to and Affordability of Health Care." *Health Affairs* 40 (2): 266–273. https://doi.org/10.1377/hlthaff.2020.00940.

Lessard, Gabrielle. 2023. "On The Path Toward Health for All: Opportunities for States to Expand Access to Private Coverage through State Innovation Waivers," National Immigration Law Center. https://www.nilc.org/wp-content/uploads/2023/12/4-NILC_1332Waivers_Final.pdf

Lipton, Brandy J., Jefferson Nguyen, and Melody K. Schiaffino. 2021. "California's Health4All Kids Expansion and Health Insurance Coverage among Low-Income Non-citizen Children." *Health Affairs* 40 (7): 1075–15. https://doi.org/10.1377/hlthaff.2021.00096.

Manatt. 2019. "Medicaid's Impact on Health Care Access, Outcomes and State Economies." Princeton, NJ: Robert Wood Johnson Foundation.

Markides, Kyriakos S., and Sunshine Rote. 2019. "The Healthy Immigrant Effect and Aging in the United States and Other Western Countries." *The Gerontologist* 59 (2): 205–214. https://doi.org/10.1093/geront/gny136.

McMorrow, Stacey, Jason A. Gates, Sharon K. Long, and Genevieve M. Kenney. 2017. "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents." *Health Affairs* 36 (5): 808–818. https://doi.org/10.1377/hlthaff.2016.1650.

Miller, Sarah, Laura Wherry, and Gloria Aldana. 2022. "Covering Undocumented Immigrants: The Effects of a Large-Scale Prenatal Care Intervention." Working Paper 30299. Cambridge, MA: National Bureau of Economic Research. https://doi.org/10.3386/w30299.

Murphy, Natasha. 2023. *How States Can Use Section 1332 Waivers to Improve Health Care Affordability and Access.* Washington, DC: Center for American Progress.

Musumeci, MaryBeth, Sweta Haldar, Emma Childress, Samantha Artiga Follow, and Jennifer Tolbert. 2022. "A 50-State Review of Access to State Medicaid Program Information for People with Limited English Proficiency and/or Disabilities Ahead of the PHE Unwinding." San Francisco: KFF.

Passel, Jeffrey S., and D'Vera Cohn. 2010. *Unauthorized Immigrant Population: National and State Trends, 2010*. Washington, DC: Pew Research Center.

Perreira, Krista M., Robert Crosnoe, Karina Fortuny, Juan Manuel Pedroza, Kjersti Ulvestad, Christina Weiland, Hirokazu Yoshikawa, and Ajay Chaudry. 2012. "Barriers to Immigrants' Access to Health and Human Services Programs." Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.

Public Health Law Center. 2023. "Expanding Access to Health Care for All through State Law: Table of State Laws." Saint Paul, MN: Public Health Law Center at the Mitchell Hamline School of Law.

Park, Jin K., Clarisa Reyes-Becerra, and Medha D. Makhlouf. 2023. "State Flexibility in Emergency Medicaid to Care for Uninsured Noncitizens." *JAMA Health Forum* 4 (7): e231997. https://doi.org/10.1001/jamahealthforum.2023.1997.

Rosenberg, Julia, Veronika Shabanova, Sarah McCollum, and Mona Sharifi. 2022. "Insurance and Health Care Outcomes in Regions Where Undocumented Children Are Medicaid-Eligible." *Pediatrics* 150 (3): e2022057034. https://doi.org/10.1542/peds.2022-057034.

Stimpson, Jim P., and Fernando A. Wilson. 2018. "Medicaid Expansion Improved Health Insurance Coverage for Immigrants, but Disparities Persist." *Health Affairs* 37 (10): 1656–1662. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.0181.

Swartz, Jonas J., Jens Hainmueller, Duncan Lawrence, and Maria I. Rodriguez. 2017. "Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health." *Obstetrics and Gynecology* 130 (5): 938–945. https://doi.org/10.1097/aog.0000000000002275.

Yasenov, Vasil I., Duncan Lawrence, Fernando S. Mendoza, and Jens Hainmueller. 2020. "Public Health Insurance Expansion for Immigrant Children and Interstate Migration of Low-Income Immigrants." *JAMA Pediatrics* 174 (1): 22–28. https://doi.org/10.1001/jamapediatrics.2019.4241.

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