

# Citizen Children with Noncitizen Parents Experienced Health Insurance Coverage Losses between 2016 and 2019

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By 2016, children's uninsurance had fallen to a historic low, following decades of expansions of eligibility for Medicaid and the Children's Health Insurance Program (CHIP), simplifications to such programs' enrollment and renewal processes, and investments in outreach, as well as implementation of the coverage provisions of the Affordable Care Act (ACA) in 2014.<sup>1</sup> Some of these efforts were also targeted toward children in immigrant families, and gaps in uninsurance and Medicaid/CHIP participation between citizen children with and without noncitizen parents narrowed substantially between 2008 and 2016.<sup>2</sup>

However, federal immigration policy shifts beginning in 2017, including proposed expansion of the "public charge" rule to include use of noncash benefits (e.g., nonemergency Medicaid) in applications for lawful permanent residence,<sup>3</sup> deterred some immigrant families from using public programs out of fear of immigration-related consequences. These chilling effects occurred even before the rule was implemented and even if the rule did not apply to a family's members, including children.<sup>4</sup> Simultaneously, the federal government reduced spending on ACA outreach and enrollment assistance and placed new restrictions on Medicaid enrollment. In this fact sheet, we analyze uninsurance and Medicaid/CHIP participation among citizen children living with one or more noncitizen parents from 2016 to 2019, building on our analysis of overall coverage trends among children and parents over that period.<sup>5</sup>

## Findings

Uninsurance among citizen children with noncitizen parents rose from 6.0 to 8.0 percent between 2016 and 2019 (figure 1).<sup>6</sup> This increase reversed much of the coverage gains they had experienced between 2013 and 2016 and was larger than that for citizen children with only citizen parents.

The Medicaid/CHIP participation rate among eligible citizen children with noncitizen parents fell from 93.1 to 90.8 percent, likely contributing to these children's increase in uninsurance. Citizen children with noncitizen parents faced a larger decline in Medicaid/CHIP participation than citizen children with only citizen parents (-2.3 percentage points versus -1.2 percentage points).

These changes widened coverage gaps for citizen children with noncitizen parents relative to other citizen children; in 2019, 8.0 percent were uninsured, a rate twice that for citizen children with only citizen parents (4.0 percent). Medicaid/CHIP participation gaps also grew; citizen children with noncitizen parents' participation rate was 90.8 percent in 2019, compared with 92.7 percent for those with only citizen parents.

## Policy Implications

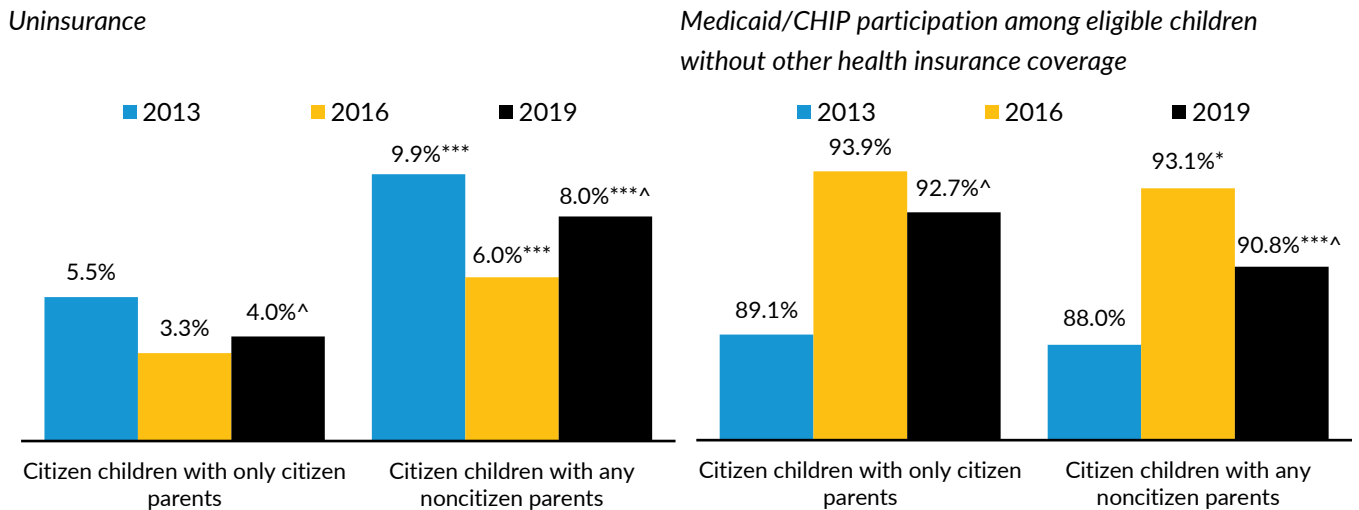
Increases in uninsurance and declines in Medicaid/CHIP participation among citizen children with noncitizen parents from 2016 to 2019 align with findings that the public charge rule and related concerns caused immigrant families to avoid public programs for fear of immigration consequences over that period. This included not

enrolling citizen children in Medicaid/CHIP, though their eligibility was unchanged by the rule and their participation in Medicaid/CHIP would not have affected their parents' immigration statuses.

Though the expanded public charge rule has been rescinded nationwide, these results highlight the importance of communicating to immigrant families that enrolling eligible children in Medicaid/CHIP will not risk their family's immigration status. Maintaining coverage and access to needed health care for children in immigrant families is especially critical during the pandemic, given the adverse economic and health fallout that has resulted.<sup>7</sup>

FIGURE 1

**Uninsurance and Medicaid/CHIP Participation among Citizen Children, by Parents' Citizenship Status, 2013, 2016, and 2019**



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Source: Urban Institute analysis of 2013–19 American Community Survey (ACS) data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program. Children are ages 18 and younger. Estimates are adjusted for potential misreporting of coverage on the American Community Survey. See Haley and colleagues (2021) for definitions of uninsurance and Medicaid/CHIP eligibility. All estimates for 2016 and 2019 are significantly different from 2013 estimates at the 0.01 level.

\*/\*\*/\*\* Estimate for citizen children with noncitizen parents is statistically different from that for citizen children with only citizen parents at the 0.10/0.05/0.01 level.

^ Estimate for 2019 is significantly different from 2016 estimate at the 0.01 level.

<sup>1</sup> Jennifer M. Haley, Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens, "Progress in Children's Coverage Continued to Stall Out in 2018" (Washington, DC: Urban Institute, 2020).

<sup>2</sup> Genevieve M. Kenney, Jennifer M. Haley, and Robin Wang, "Proposed Public Charge Rule Could Jeopardize Recent Coverage Gains among Citizen Children" (Washington, DC: Urban Institute, 2018).

<sup>3</sup> Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51114, 51296. (Oct. 10, 2018).

<sup>4</sup> Jennifer M. Haley, Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez, "One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019" (Washington, DC: Urban Institute, 2020).

<sup>5</sup> Jennifer M. Haley, Genevieve M. Kenney, Clare Wang Pan, Robin Wang, Victoria Lynch, and Matthew Buettgens, "Uninsurance Rose among Children and Parents in 2019" (Washington, DC: Urban Institute, 2021).

<sup>6</sup> For more information on our data and methods, see Haley and colleagues (2021).

<sup>7</sup> Eva Clark, Karla Fredricks, Laila Woc-Colburn, Maria Elena Bottazzi, and Jill Weatherhead, "Disproportionate Impact of the COVID-19 Pandemic on Immigrant Communities in the United States," *PLoS Neglected Tropical Diseases* 14, no. 7 (July 2020): e0008484. <https://doi.org/10.1371/journal.pntd.0008484>.