



2019

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# Reducing The Health Care Burden Caused by Undocumented Immigrants

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## Abstract

- Uncompensated health care and Emergency Department (ED) overcrowding are a national crisis in the United States, and uninsured patients are a major contributor. Undocumented Immigrants (UIs) are a large component of the uninsured patient population.
- The purpose of this study is to evaluate for efficacy and taxpayer value two large-scale potential solutions: **Federally Qualified Health Centers (FQHCs)**, and **expanded Medicaid**.
- The method of research included a variety of key terms in electronic search databases such as CINAHL Complete, PubMed, and Google Scholar, and only articles published between 2014 and 2018 by peer-reviewed journals or gray literature (.gov) were included.
- A Limitation of this study was the inability to conduct a single or limited number of systematic searches of related studies or articles and filter the results using a prescribed set of inclusion or exclusion criteria.
- Data results suggest that while expanded Medicaid does reduce uncompensated health care, it has been shown to increase ED use and overcrowding, at least in the short-term. Therefore, the notion that expanded Medicaid successfully reduces ED overcrowding, was found to be false. FQHCs are a reasonable solution, but there are too few, and relatively unheard of among the target population.

## Introduction

- Uncompensated health care is a national crisis. Uninsured patients are the flagship for this crisis, and their plights are diverse and complicated.
- Among these patients are UIs, documented immigrants, limited-English proficient immigrants of all legal statuses, the indigent, and much of the lower-middle class, who generally have incomes too high to qualify for Medicaid, but too low to afford insurance premiums.
- The purpose of this study is to focus on the barriers that exist for just one of these subgroups, **undocumented immigrants** who are uninsured.

## Statement of the Problem

Uninsured patients are a major contributor to uncompensated health care expenses in the United States, an estimated \$46.6 billion in 2015 alone (author's own calculations based on Sun, Karaca, & Wong, 2018; Healthcare Cost and Utilization Project [HCUP], 2018). Studies are needed to determine the best solutions for providing quality health care to the uninsured/undocumented immigrant populations in the most cost-effective manner.

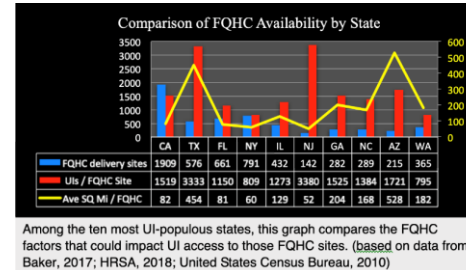
## Research Question

In adult, non-elderly (aged 18-64) undocumented immigrants, will providing quality primary health care by inclusion in expanded Medicaid, compared with the current Federally Qualified Health Centers (FQHCs), lead to patients receiving more comprehensive and appropriate health care, while reducing Emergency Department (ED) overcrowding and uncompensated health care?

## Literature Review

Uninsured patients, of all ethnicities and legal statuses, accounted for 11% of ED visits each year in 2015 and 2016 (HCUP, 2018), even after the Affordable Care Act (ACA) was implemented.

- Do UIs Contribute Significantly to Public Health Care Expenditures - Including Uncompensated Health Care - When Compared to Residents of Other Legal Statuses?**
  - Fernández et al. (2017) reported that immigrants contribute more via non-income taxes than the cost of the benefits they obtain and showed UIs supplied \$115 billion more than what they took out in benefits.
  - Flavin et al. (2018) concluded that not only did UIs have lower health care expenditures than foreign-born citizens or US-born citizens, but they also contributed more toward Medicare than they withdrew.
- Benefits of FQHCs for UIs**
  - Gusmano et al. (2012) reports that UIs are ineligible for all federally funded health insurance. Private insurance companies have excluded UIs as well. Therefore, with few exceptions, the only places for UIs to receive primary health care are FQHCs.
  - Tarraf et al. (2014) found that the only other source of health care available to UIs are EDs, which are the most expensive and least efficient platform for providing primary health care.
- Expanded Medicaid Successfully Reduces ED Overcrowding**
  - Barakat et al. (2017) found there was a modest increase in ED visits across all Medicaid expansion states, but California experienced a 33% increase.
  - Nickpay et al. (2017) agreed with Barakat et al. but added that the amount of uncompensated ED care decreased.
- Expanded Medicaid Successfully Reduces Uncompensated Health Care**
  - Barakat et al. (2017) found expanded Medicaid resulted in an overall increase in ED visits, but it shifted the payer from self-pay to Medicaid.
  - Selden et al. (2016) went further and demonstrated that in the non-expansion states, there was no measurable differences in uninsured patient visits to either EDs or physicians.

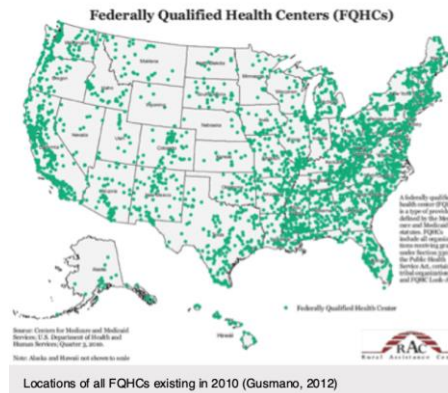


Among the ten most UI-populous states, this graph compares the FQHC factors that could impact UI access to those FQHC sites. (based on data from Baker, 2017; HRSA, 2018; United States Census Bureau, 2010)

## Discussion

The literature review collected current data on and findings from various attempts to create solutions for the health care burden caused by undocumented immigrants, and it reveals several key points:

- UIs contribute more in tax dollars of all types to the US government than they draw out in benefits, rather than the large deficit that is published in the media;
- FQHCs provide acceptable primary care to UIs but there are too few of them, and UIs have little awareness of their existence and services;
- Expanded Medicaid in its current form will not solve both aspects - ED overcrowding and uncompensated health care - of the UI health care burden;
- The most cost effective and quality solutions will focus on shifting health care for UIs to primary care providers rather than EDs.



## Application to Clinical Practice

- Expanded Medicaid does reduce uncompensated care, but at the expense of increasing ED overcrowding, at least in the short-term.
- The network of FQHCs have shown to generally provide acceptable care, and studies have demonstrated that providing dedicated primary care has the potential to reduce ED overcrowding.
- Comprehensive and dedicated primary care has been shown to have the greatest effect on reducing ED overcrowding.
- Now, more than ever before, Physician Assistants (PAs) can, and should, play a vital role in helping to solve these problems. Their participation as part of a multi-level medical team of providers can contribute to reducing ED overcrowding and uncompensated health care in several ways.
- The more PAs and physicians who are willing to work in rural underserved areas, the greater the opportunity to provide the needed primary care to UIs which can lower ED overcrowding and uncompensated care.
- It is of utmost importance that PAs hold themselves accountable for knowing the resources available to uninsured patients in their local area and are diligent about helping them access those resources.

## Acknowledgements

The completion of this scholarly project would not have been possible without the participation and assistance of an impossibly long list of people, but their contributions are sincerely appreciated and gratefully acknowledged. I would especially like to thank Professor Daryl Sieg, Academic advisor and contributing author, as well as the University of North Dakota, School of Medicine and Health Sciences for providing me the opportunity to embark on this scholarly project.

## References

- Barakat, M., Mithal, A., Huang, R., Mithal, A., Sehgal, A., Banerjee, S., & Singh, G. (2017). Affordable Care Act and healthcare delivery: A comparison of California and Florida hospitals and emergency departments. *PLoS ONE*, 12(8). <https://doi.org/10.1371/journal.pone.0182346>
- Fernández A, Rodriguez RA. (2017). Undocumented Immigrants and Access to Health Care. *JAMA Intern Med*. 177(4):536-537. <https://doi.org/10.1001/jamainternmed.2016.9209>
- Flavin, L., Zallman, L., McCormick, D., & Wesley, J. (2018). Medical Expenditures on And by Immigrant Populations in The United States: A Systematic Review. *International Journal of Health Services* 0(0) 1-21. <https://doi.org/10.1177/0020731418791963>
- Gusmano, M. (2012). Undocumented Immigrants in the United States: U.S. Health Policy and Access to Care. *The Hastings Center: Undocumented Immigrants in the United States*. Retrieved from <http://undocumentedimmigrants.org/sites/default/files/health-policy-and-access-to-care/>
- Nickpay, S., Freedman, S., Levy, H., & Buchmueller, T. (2017). Effect of the Affordable Care Act Medicaid Expansion on Emergency Department Visits: Evidence from State-Level Emergency Department Databases. *Annals of Emergency Medicine: An International Journal*. <https://doi.org/10.1016/j.annemergmed.2017.03.023>
- Selden, T., Abudus, S., and Keenan, P. (2016). Insurance Coverage of Ambulatory Care Visits in the Last Six Months of 2011-13 and 2014, by Medicaid Expansion Status. *Statistical Brief #494*. Retrieved from [https://megs.aahr.gov/megs/web/data\\_files/publications/sb494/sb494.pdf](https://megs.aahr.gov/megs/web/data_files/publications/sb494/sb494.pdf)
- Sun, R., Karaca, Z., & Wong, HS. (2018). Trends in Hospital Emergency Department Visits by Age and Payer, 2006-2015. *HCUP Statistical Brief #238*. Retrieved from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb238-Emergency-Department-Age-Payer-2006-2015.pdf>.
- Tarraf, W., Vega, W., & González, H. M. (2014). Emergency Department Services Use among Immigrant and Non-Immigrant Groups in the United States. *Journal of Immigrant and Minority Health* for Minority Public Health, 16(4), 595-606. <https://doi.org/10.1007/s10903-013-9802-z>