



Mehrafzoon_e_Fardaye Raha (Raha)

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A. Introduction

1. Raha is a non-governmental, non-political, and non-profit organization established in 2023 and authorized by Iran's Welfare Organization. It works in the areas of harm reduction, addiction recovery, and rehabilitation. Raha has provided support services to more than 2,000 families, with a focus on vulnerable and marginalized populations. Its advocacy is grounded in human rights principles and aims to ensure equitable access to health and social protection.

B. Background and Context

2. Around 14 percent of the United States population (slightly fewer than 48 million people) are immigrants, and around 13.7 million of these immigrants (fewer than one in four) are estimated to be undocumented.¹ Immigrants face barriers to optimal health, and these barriers have multiple causes. For example, many U.S. health programs place restrictions on enrollment by people who, but for their immigration status, would be eligible: undocumented immigrants (those who lack any legal authorization to be in the United States) are ineligible for any federally funded health coverage programs, and lawfully present immigrants (defined as all immigrants except undocumented immigrants) face additional eligibility restrictions that citizens do not.²
3. In response to the stark political divide at the federal level on the issue in recent years, states across the country have taken different approaches to supporting the health of residents who are immigrants. Some have enacted anti-immigrant laws specific to health care.³ For example, Florida passed in 2023 an anti-immigration bill that, among other provisions, includes requiring hospitals to collect patient immigration status.⁴ Others have expressed continued support for immigrant health services, regardless of whether they are undocumented or lawfully present.⁵ Immigrants' access to health services is affected by broad-based as well as health policy-specific policies: fear of deportation, for example, can result in delayed or skipped health care as well as chronic, toxic stress.⁶

I. Immigrants Face Legal and Social Barriers to Accessing and Affording Health Care

4. Compared to U.S. citizens, noncitizen immigrants face significant barriers to eligibility for and enrolling in affordable health coverage, as well as in accessing needed health care. Many of these barriers are the result of state and federal government policies, but others stem from social and cultural differences between immigrant and non-immigrant populations, as well as fear of deportation. This report highlights three of these barriers: a lack of equitable access to health coverage, high health care prices even for those with health coverage, and difficulty navigating the U.S. health system.
5. It is important to note that immigrant communities are not a monolith. While every immigrant shares the reality of being born outside of the United States and of facing barriers due to antiquated immigration laws, other aspects of their identity, such as race

and ethnicity or country of origin, can also drive significant differences in outcomes and health needs. For example, a study of naturalized U.S. citizens found that Mexican immigrants were more likely than other immigrants to have poor physical health, while Central American immigrants tend to have greater rates of psychological distress. Similarly, research by the Centers for Disease Control and Prevention found that around 35 percent of new tuberculosis cases in 2022 were among immigrants from Mexico, the Philippines, India, and Vietnam, while immigrants from Sub-Saharan Africa and much of Asia are at greater risk of hepatitis B.⁸

II.Many immigrants do not have health coverage

6. While coverage rates in the United States have improved since the passage of the Affordable Care Act (ACA), noncitizen immigrants (especially undocumented immigrants) remain significantly more likely to be uninsured than citizens. According to a 2023 survey by KFF, half of undocumented immigrants and nearly 20 percent of lawfully present immigrants reported being uninsured.⁹ For comparison, only around 8 percent of U.S.-born citizens and 6 percent of naturalized citizens said they were uninsured.¹⁰

III.The high cost of care undermines access

7. Even for immigrants who do have a source of health coverage, the high price of health care can still undermine access. While most immigrants are employed, they are disproportionately likely to work in industries, such as construction, agriculture, and hospitality, that pay lower wages, making care difficult to afford even with health coverage.¹¹

8. This difference in employment contributes to immigrants having higher levels of poverty rates than citizens. A 2023 analysis of Census Bureau data by the Migration Policy Institute found that 13 percent of immigrants had incomes below the poverty line, compared to only 7 percent of U.S.-born citizens.¹² Naturalized citizens were less likely to have incomes below the poverty line than non-citizen immigrants.¹³ The same analysis also found that Latino and Black immigrants were more likely to experience poverty than white or Asian immigrants were.¹⁴

9. Difficulties affording care contribute to the rate at which immigrants skip and postpone that care. Around one in five immigrants (22 percent) reported skipping or postponing needed medical care in a 2023 KFF survey, and nearly 70 percent of those who did so reported cost or lack of coverage as a reason.¹⁵

10. While this is about in line with the general population, it highlights how the burden of high health prices harms immigrants, as well as U.S. citizens, and how skipping or delaying medical care has real consequences: 40 percent of immigrants who reported skipping or postponing care also reported that their health got worse as a result.¹⁶

IV.Navigating the health care system is often harder for immigrants.

11. Compounding these barriers is the reality that, even for those who can access the health care system, the system is not designed with immigrants in mind. For example, about half of immigrants in the United States have limited English proficiency (LEP).¹⁷ Among immigrants with LEP, more than half report that language barriers have negatively impacted their life, including more than 30 percent of LEP immigrants who report that it has made it difficult to access needed health care services.¹⁸ This was even more common among lower-income LEP immigrants, highlighting the interaction of employment restrictions with other barriers to care.¹⁹

12. Many immigrants (about one in four) also report being treated unfairly in a health care setting based on their insurance coverage, accent and English proficiency, or race and ethnicity.²⁰ Black and Hispanic immigrants were significantly more likely to report mistreatment due to these factors than white immigrants, as were uninsured immigrants and lower-income immigrants.²¹

13. The U.S. immigration and other systems also do not educate immigrants on how to navigate the health care system or their rights while doing so, which may contribute to these populations using the emergency department for medical issues that can be treated in another, lower-cost setting like a physician's office. A September 2023 study published in *American Economic Review: Insights* evaluated a pilot program in New York City which connected a sample of low-income undocumented immigrants with initial primary care appointments.²² The program meaningfully changed patient behavior: immigrants who received appointment assistance were more than 3.5 times more likely to have visited a primary care provider in the first three months of the program.²³ These results highlight the opportunities for and benefits of increased education among immigrant patients about how to seek care in the United States.

14. The issue of poor health literacy—the ability to understand health information and make informed decisions based on that information—especially burdens more marginalized immigrants. A recent study in the *Journal of General Internal Medicine* found that immigrants overall were more likely than U.S. citizens to have poor health literacy, and it also found that Black and Hispanic immigrants were more likely than other immigrants to have poor health literacy.²⁴ Lower health literacy contributes to a variety of worse health outcomes, longer hospital stays, and more frequent emergency room visits.²⁵ Lower health literacy can also undermine programs meant to advance health equity. For example, when the ACA marketplaces first opened, the language used on these websites was often above the English reading level of the consumers applying for coverage.²⁶ Even if patients still picked a plan, they may have chosen one that did not best fit their circumstances.

C.Recommendations

I.Expand access to affordable health coverage.

15. Approximately 14% of the U.S. population, or nearly 48 million people, are immigrants, with around 13.7 million classified as undocumented. Immigrants encounter significant barriers to accessing optimal health care due to various factors, including restrictive health policy enrollment and restrictions on federally funded health programs.

16. States have taken divergent approaches in response to federal immigration policies, with some enacting anti-immigrant laws affecting health care, while others support immigrant health services. Fear of deportation adds another layer of complexity, often leading to delayed medical care and chronic stress.

17. Noncitizen immigrants face notable challenges compared to U.S. citizens in obtaining affordable health coverage and accessing necessary health services. Coverage rates have improved with the Affordable Care Act, yet undocumented immigrants are still much more likely to be uninsured. High healthcare costs further exacerbate the situation, as many immigrants work in lower-paying jobs, leading to a higher poverty rate among immigrants compared to citizens.

18. A significant number of immigrants report postponing or skipping medical care due to financial constraints. For instance, about 22% of immigrants in a 2023 survey indicated that cost or lack of coverage prevented them from seeking needed medical services. Overall, economic disparities and systemic barriers continue to hinder immigrants' access to health care in the U.S.

II.Ensure health plans and providers support immigrants' unique health needs.

19. The text discusses the challenges immigrants face in accessing affordable healthcare, highlighting that while insurance coverage is important, it does not address the underlying issue of high healthcare costs. Immigrants are disproportionately affected by poverty and often encounter barriers to optimal health due to their immigration status or identity. States have the potential to reduce healthcare costs and improve immigrant health outcomes through measures such as network adequacy and provider licensure requirements.

20. Colorado is cited as a leader in implementing policies for culturally responsive care, mandating that public option carriers ensure their provider networks reflect the communities they serve and provide necessary training for staff. Other states are encouraged to adopt similar standards, including the inclusion of community health clinics and essential community providers in insurance networks to better serve lower-income immigrants.

21. Additionally, states can implement language access requirements to prevent discrimination against patients with limited English proficiency. The text emphasizes the importance of state-level legislation to ensure consistent access to healthcare services

amid varying federal regulations. Overall, it advocates for comprehensive reforms to enhance healthcare access and address the needs of diverse immigrant populations.

III. Work with immigrant communities to promote policy changes.

22. This recommend emphasizes the importance of effectively communicating policy changes to immigrant communities regarding health coverage. It highlights that states should proactively inform these communities about changes in eligibility and address any immigration concerns. The "unwinding" of Medicaid continuous coverage during the COVID-19 pandemic serves as a case study, showcasing best practices for states, including providing language access, publicly reporting demographic data, and engaging immigrant-serving organizations.

23. States that adopted these practices, like New York and California, saw smaller disenrollment disparities between immigrants and U.S.-born residents, while Texas faced significant issues due to a lack of adherence to these recommendations.

24. For coverage expansion efforts, states should reassure immigrants that participating in programs won't affect their immigration status and outline data privacy protections. Community-based organizations (CBOs) play a crucial role in helping immigrants navigate the health system, providing trusted information, assistance with enrollment, and education about using health services. Programs that partner with CBOs can lead to better health outcomes and lower costs for immigrants.