

# Access to Health Insurance for DACA Recipients with Disabilities

Regeneron Science Competition Project

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The **majority (74 percent)** of Americans support a pathway to citizenship for Dreamers. Both Republicans in the Senate and Democrats in the House of Representatives have put forward **bills** to provide such a pathway. Dreamers are undocumented immigrant youth and young adults who were brought to the United States as children, and they do not currently have a pathway to legal permanent residence and US citizenship. In 2012, the Deferred Action for Childhood Arrivals (DACA) program was implemented through an Executive Order to offer them work permits and temporary protections from deportation.

The DACA program markedly **increased employment** and **well-being** among DACA recipients. Also, importantly, primarily through increased employment, the DACA program increased recipients' access to health insurance. However, DACA recipients with disabilities, like **US citizens with disabilities**, likely face barriers to employment and access to employer-sponsored health insurance.

Some states provide state-funded Medicaid coverage for low-income DACA recipients. In this brief, we examine the association between states' Medicaid coverage of DACA recipients and access to health insurance among low-income DACA recipients by disability status. We find that DACA recipients are much more likely to have health insurance in states that expand Medicaid to cover them. Further, we find dramatically higher health insurance coverage among DACA recipients with disabilities in states with these expansions.

## Background on the Deferred Action for Childhood Arrivals Program

The DACA program, created by an Executive Order from President Obama in 2012, allows undocumented immigrants who were brought to the United States as children and who meet certain criteria to apply for a renewable two-year period of protection from deportation. In 2017, the Trump administration rescinded DACA; however, the Supreme Court overturned this and restored the program in full. In 2018, there were over **700,000 DACA recipients** in the US (USCIS, July 2018).

To be **eligible for DACA**, undocumented immigrants, ages 15 or older, must have:

- 1) been under the age of 31 on June 15, 2012
- 2) arrived in the US before their 16th birthday
- 3) continuously resided in the US since June 15, 2007
- 4) been physically present in the US on June 15, 2012, and on the day they apply for DACA status
- 5) entered the US undocumented or have an expired lawful status as of June 15, 2012
- 6) been enrolled in school, have graduated from high school, have obtained a General Educational Development (GED) certificate, or have been an honorably discharged veteran of the Coast Guard or Armed Forces of the US
- 7) not been convicted of a felony, significant misdemeanor, or three or more misdemeanors of any kind, and are not considered a threat to national security or public safety (USCIS, February 2018)

Along with protection from deportation, DACA offers a work permit and a temporary Social Security Number (SSN) to beneficiaries, allowing them to work legally in the United States. By 2017, close to **60 percent of DACA recipients** were employed.

## Health Insurance Coverage

In 2017, **61 percent** of DACA recipients had health coverage, compared to **55 percent** of undocumented immigrants overall. Much of the access to health insurance is through employer coverage; **85 percent of DACA recipients** have at least one full-time worker in their family.





## Data

Data from the 2018 American Community Survey (ACS) dataset were used to assess whether living in a state that offers DACA recipients public health insurance is associated with higher rates of health insurance coverage among low-income DACA recipients by disability status.

The ACS is a nationwide survey that is administered every year. The ACS does not collect information about immigrants' legal status, so we identified respondents who are likely to qualify for DACA, which henceforth are referred to as "likely DACA recipients." Likely DACA recipients include ACS respondents who are immigrants, non-citizens, had at least a high school diploma or a GED, had entered the US before 2008, and were age-eligible for DACA. Because Cuban immigrants to the US can apply for permanent residency after living in the US for a year, they were excluded as likely DACA recipients. The sample was restricted to individuals age 21 and older because Medicaid eligibility requirements are more consistent across states for people over age 21.

The data were also filtered to include only low-income respondents, with income at or below 200 percent of the federal poverty level (FPL). Disability status was self-reported by survey respondents. The ACS captures only severe sensory, physical, mental, and emotional disabilities and the estimates of disability in this paper may be lower than other sources that define disability more broadly.<sup>1</sup>

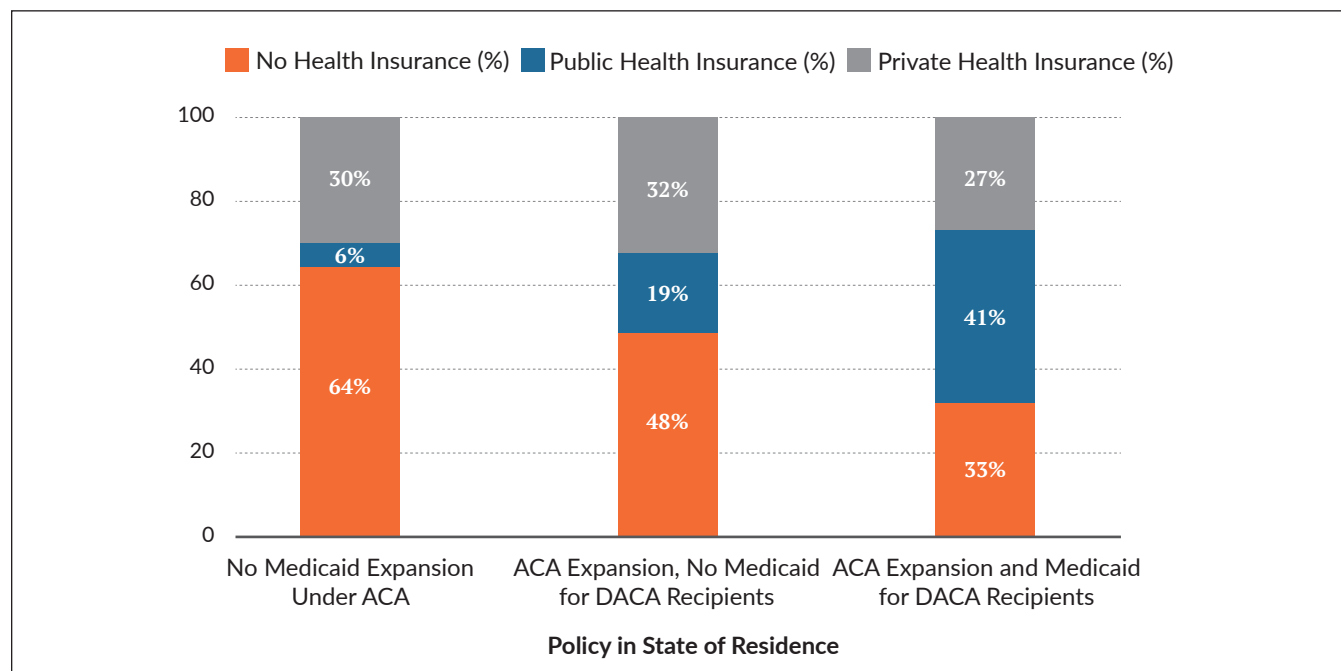
To compare DACA recipients' public health insurance coverage in DACA expansion states with non-DACA expansion states, the 50 states were grouped based on whether they expanded Medicaid under the ACA and whether they further expanded public health insurance to DACA recipients. Roughly equal percentages of DACA recipients live in states without Medicaid expansions (39 percent) and states with both ACA expansions and public health insurance for DACA recipients (35 percent). An additional 26 percent of DACA recipients live in states with an ACA Medicaid expansion, but with no public health insurance for DACA recipients. For the analysis, the states were coded based on their Medicaid policies in 2018 to match the timing of the ACS data. In 2018, Utah, Nebraska, Idaho, and Virginia had not yet implemented Medicaid expansions under the ACA, and Oklahoma and Missouri had not yet passed Medicaid expansions.

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<sup>1</sup> **Sensory Disability:** Conditions that include blindness, deafness, or a severe vision or hearing impairment. **Physical Disability:** Conditions that substantially limit one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying. **Mental Disability:** Because of a physical, mental, or emotional condition lasting six months or more, the person has difficulty learning, remembering or concentrating. **Self-Care Disability:** Because of a physical, mental, or emotional condition lasting six months or more, the person has difficulty dressing, bathing, or getting around inside the home. **Go-Outside-Home Disability:** Because of a physical, mental, or emotional condition lasting six months or more, the person has difficulty going outside the home alone to shop or visit a doctor's office. **Employment Disability:** Because of a physical, mental, or emotional condition lasting six months or more, the person has difficulty working at a job or business.

The analysis shows that in 2018, low-income DACA recipients were much more likely to have health insurance in states that expanded Medicaid under the ACA and even more likely to have insurance in states that expanded Medicaid to DACA recipients (Figure 1). In 2018, 64 percent of low-income DACA recipients had no health insurance if they lived in a non-Medicaid expansion state, while 48 percent were uninsured in Medicaid expansion states. In Medicaid expansion states that also allowed Medicaid access to DACA recipients, just 32 percent lacked health insurance. The difference in health insurance status is likely attributable to Medicaid expansions because public health insurance coverage varied greatly across these categories of states, but private health insurance coverage did not.

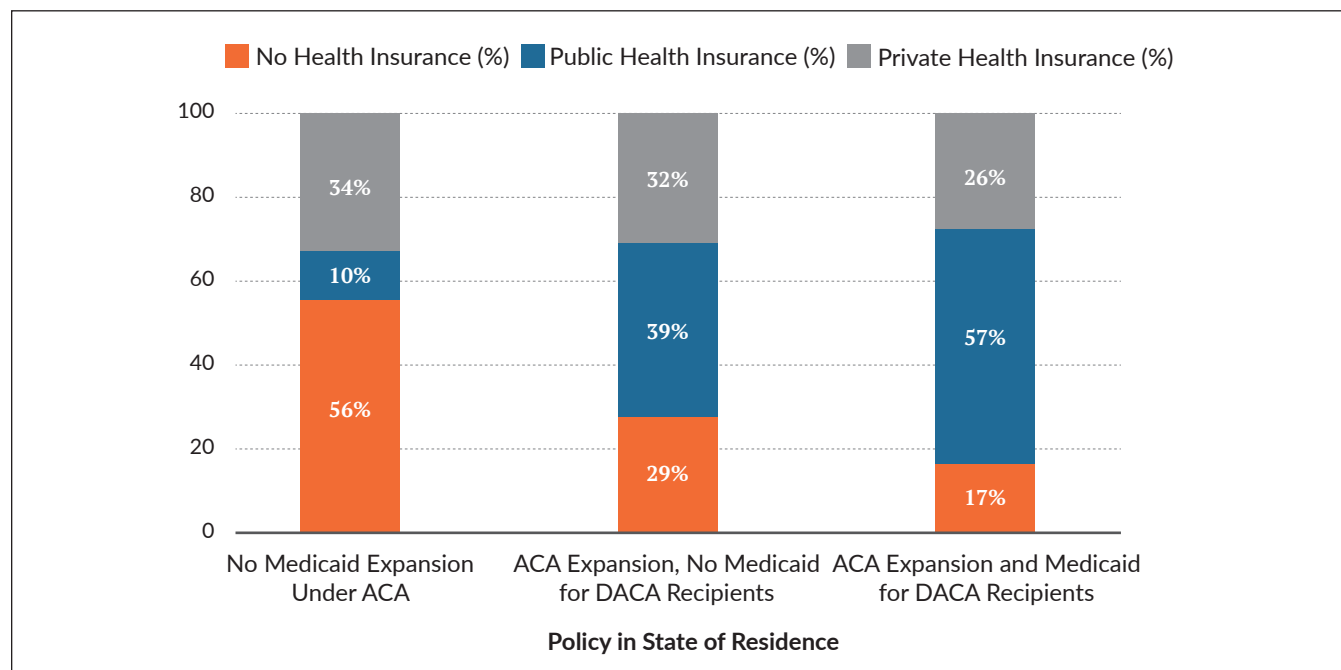
Figure 1: All Low-Income DACA Recipients, 2018



Source: American Community Survey, 2018 data. Sample includes immigrants, with the following characteristics: non-US citizens, income below 200 percent of poverty, over age 21, under age 37, entered the US before 2008, and have a high school degree or GED. Total sample: 5,239; Weighted Sample: 156,336

For low-income DACA recipients with disabilities, the differences are even more stark. Approximately 3 percent of low-income DACA recipients reported having a serious disability in the ACS. In Medicaid expansion states that also offered Medicaid to DACA recipients, just 17 percent of likely DACA recipients with disabilities lack health insurance, compared to 56 percent in non-expansion states. Again, the states do not differ substantially in rates of private health insurance coverage, only in rates of public health insurance coverage.

Figure 2: 2018 Low-Income DACA Recipients with Disabilities, 2018



Sample: Unweighted: 190; Weighted: 5,002

Access to health insurance is fundamentally important, particularly for people with disabilities who have higher than average need for health care and higher than average health-related costs. Extending public health insurance to DACA recipients, is likely to be an important step toward ensuring that Dreamers, particularly those with disabilities, are able to access the health care that they need.

## Appendix A. Sample Characteristics

ACS 2014-2018 Low-Income DACA Recipients Frequencies (Weighted)	
Year	2018
Average Age of DACA Recipients	30
Male DACA Recipients (%)	45
DACA Recipients with a College Degree (%)	16
Has a Disability (%)	3
<b>Percent of DACA Recipients Living in States by Policy Type</b>	
State Does Not Have ACA Expansion (%)	39
State Has ACA Expansion, But No Medicaid for DACA Recipients (%)	26
State Has ACA Expansion and Medicaid for DACA Recipients (%)	35

## About the Author

Jamie Lee Nicolas, a graduating senior at New York's Bronx High School of Science, worked with Heather Koball, NCCP's Co-Director, on this brief and the research paper the brief is based on from August 2019 to June 2021. From Jamie's sophomore through senior years of high school, she took part in a social science research program that encouraged students to conduct research and submit it to the Regeneron Science Talent Search competition. Jamie's full Regeneron paper used the American Community Survey and the National Health Interview Survey data to assess the impact of state's public health insurance policies on DACA recipients' health insurance coverage and, in turn, the effect of public health insurance coverage on DACA recipients' psychological health. In fall 2021, Jamie will enter Yale University as a freshman. In the future, Jamie hopes to attend graduate school, and she hopes to become either a policy analyst or a historian. Heather has every confidence that Jamie will be a shining star in all of her future academic and professional pursuits.

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