



# Who loses public health insurance when states pass restrictive omnibus immigration-related laws? The moderating role of county Latino density<sup>☆</sup>



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## ABSTRACT

In the United States, there is widespread concern that state laws restricting rights for noncitizens may have spillover effects for Latino children in immigrant families. Studies into the laws' effects on health care access have inconsistent findings, demonstrating gaps in our understanding of who is most affected, under what circumstances. Using comparative interrupted time series methods and a nationally-representative sample of US citizen, Latino children with noncitizen parents from the National Health Interview Survey (2005–2014,  $n = 18,118$ ), this study finds that living in counties with higher co-ethnic density placed children at greater risk of losing Medicaid and Children's Health Insurance Program coverage when their states passed restrictive state omnibus immigrant laws. This study is the first to demonstrate the importance of examining how the health impacts of immigration-related policies vary across local communities.

## 1. Introduction

Since the mid-1990s, a surge in punitive federal, state, and local immigration policies has criminalized immigrants, militarized borders, and intensified immigration enforcement throughout the United States (Hagan et al., 2015; Pedraza and Zhu, 2013). From 1996–2014, deportations from the US increased more than 800% (Hagan et al., 2015). Federal and state laws limited access to public benefits such as Medicaid and the Children's Health Insurance Program (CHIP) for both documented and undocumented immigrants (Pedraza and Zhu, 2013), while state laws restricted employment, driver's licenses, and education for undocumented immigrants (Pedraza and Zhu, 2013; Philbin et al., 2018). Although immigration-related laws do not officially target Latin American immigrants, the accompanying political messaging, media attention, and enforcement focuses predominantly on Latino non-citizens (Hagan et al., 2015; Pedraza and Zhu, 2013). The laws' target groups are typically undocumented immigrants. However, there are potential spillover effects: Latino US citizens and legal residents, whose rights are not directly restricted by the laws, may be impacted

indirectly because they live in households or communities with undocumented members (Torres and Young, 2016). In particular, there may be negative effects for the 4.2 million US-born children of Latino noncitizen immigrants (Urban Institute, 2018), with the potential to widen and entrench health, educational, and income disparities for Latino children across the life-course (Pedraza and Zhu, 2013; Torres and Young, 2016).

### 1.1. Literature review

Only the federal government can regulate who enters or stays in the US. State and local governments influence immigration indirectly through policies that make immigrants' lives harder, to encourage them to leave the state (or through laws that make immigrants' lives easier and promote immigrant integration). I refer to these state laws as *immigrant laws*, to distinguish them from federal *immigration laws* that regulate who is legally present in the US (García, 2013).

The most restrictive state immigrant laws, called omnibus immigrant laws, combine three or more immigration-related measures in a

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single bill (Laglaron et al., 2008). Colorado, Indiana, Nebraska, and Oklahoma each passed one omnibus law between 2005 and 2014; Alabama, Arizona, Georgia, Missouri, South Carolina, and Utah passed two or more (Appendix Table 1) (Allen and McNeely, 2017). In all 10 states, omnibus laws increased local enforcement of federal immigration law, restricted undocumented immigrants' access to employment, and expanded restrictions on undocumented immigrants' access to public benefits. At least 21 additional states considered, but did not pass, omnibus bills (National Conference of State Legislatures, 2018). Restrictive state immigrant laws pass partially in response to growth in the state's foreign-born population (Monogan, 2013; Ybarra et al., 2016). With the exception of Arizona and Colorado, the states that passed omnibus laws were "new destination" states with relatively small, but rapidly increasing, Latino immigrant populations (Lichter and Johnson, 2009).

States faced many difficulties implementing omnibus laws, leading to slow and often incomplete implementation (Pham, 2008). However, service providers, community leaders, and Latino parents reported impacts on immigrant communities immediately after passage, with spillover effects for citizen children of immigrants. They reported intense fear among Latino families; anti-immigrant discrimination from government employees, health care providers, and the public; and declines in Latino children's health care utilization and enrollment in schools and public benefits (Hardy et al., 2012; Koralek et al., 2009; Toomey et al., 2014; White et al., 2014b). In addition, the initial period after passage was characterized by fear, misinformation, and confusion among both parents and service providers, including confusion about whether citizen children with immigrant parents remained eligible for programs like Medicaid/CHIP (Hardy et al., 2012; Koralek et al., 2009; Toomey et al., 2014). Loss of public benefits has potential long-term consequences, as Medicaid/CHIP have health and economic benefits through adulthood (Howell and Kenney, 2012) and buffer against the developmental risks associated with parental undocumented status (Brabeck et al., 2016).

However, quantitative studies examining the laws' effects on Latino children produced conflicting findings, demonstrating gaps in our understanding of who is most affected, under what circumstances, and for which outcomes. Some studies found decreased health care utilization (Beniflah et al., 2013; Toomey et al., 2014) and enrollment in public benefits (Toomey et al., 2014) among Latino children. Others found no decrease in health department visits (Koralek et al., 2009; White et al., 2014a) or enrollment in public benefits (Author et al., 2017; Koralek et al., 2009).

One possible explanation for the mixed findings is that omnibus laws may have differential effects based on local community characteristics (Philbin et al., 2018). These may arise because of differences in policy implementation (Hupe, 2014; Koralek et al., 2009) and/or differences among affected persons in the ability to navigate policy changes (Philbin et al., 2018; Wong and García, 2016). States are large and heterogeneous places. States that pass omnibus laws contain wide diversity in public support for these laws at the local level (Koralek et al., 2009; Pham, 2008). They also vary in the presence of resources for migrant populations (Bécares et al., 2012; Joassart-Marcelli, 2013; Menjivar, 1997). In some states, Medicaid/CHIP programs are highly decentralized and administered at the county level (Perreira et al., 2012); policies and procedures in county offices could exacerbate (or limit) the laws' impacts.

Indeed, state and local context influenced undocumented immigrants' decisions to apply for the 1986 Immigration Reform and Control Act legalization program (Hagan and Gonzales Baker, 1993) and the 2012 Deferred Action for Childhood Arrivals program (Wong and García, 2016). However, to date, research evaluating immigration-related policy is largely silent on the relevance of this local variation for health outcomes.

## 1.2. Research question and hypotheses

This study examines the potential moderating role of county co-ethnic density, a contextual measure widely used in public health research as a protective feature of place (Bécares et al., 2012). Living near other people who share one's language, national origin, or ethnicity is believed to promote immigrants' health and economic integration (Bécares et al., 2012; Portes and Rumbaut, 2014). However, it may not be universally protective, particularly when the broader legal context is hostile toward immigrants (Ebert and Ovink, 2014; Menjivar, 1997). As a context in which families experience immigrant policies, co-ethnic density could function in multiple ways to either buffer or exacerbate policy impacts. I test competing hypotheses regarding how county Latino density moderates the effect of omnibus immigrant law passage on Medicaid/CHIP coverage for US citizen Latino children with noncitizen parents.

**Hypothesis 1.** For Latino citizen children in immigrant families, living in a county with high Latino density is protective against the negative effects of omnibus law passage on Medicaid/CHIP coverage. This could occur via the presence of ethnic support networks (Bécares et al., 2012; Bécares, 2014; Bertrand et al., 2000) and ethnic community-based organizations (Joassart-Marcelli, 2013) that disseminate information about the laws and children's continuing eligibility for benefits, provide instrumental support such as transportation, and provide information about how to successfully apply for benefits (Bécares et al., 2012; Bertrand et al., 2000). If these mechanisms predominate after passage of an omnibus law, children in higher percent Latino counties may be more likely than their peers in lower percent Latino counties to stay enrolled in Medicaid/CHIP, or may re-enroll more quickly after the initial period of fear and misinformation is dispelled.

**Hypotheses 2.** On the other hand, living in an area of high co-ethnic density may exacerbate the negative effects of omnibus law passage. In the context of omnibus immigrant laws, high Latino density counties may expose families to greater anti-immigrant discrimination (Ebert and Ovink, 2014) and more intense immigration enforcement (Chand and Schreckhise, 2015; Pedraza and Zhu, 2013). In the absence of restrictive immigrant laws, Mexican-origin adults in counties with high co-ethnic density report less discrimination than their counterparts in other counties. However, in the presence of local restrictive immigrant ordinances, Mexican-origin adults in high co-ethnic density counties report greater discrimination (Ebert and Ovink, 2014). Both immigration enforcement and discrimination discourage parents from seeking public benefits and health care for their children (Pedraza and Zhu, 2013; Shavers et al., 2012), and parents reported both after omnibus law passage (Koralek et al., 2009; White et al., 2014b). In a sensitivity analysis (results not shown in the article), Watson (2014) reports that immigration enforcement results in larger decreases in immigrant families' Medicaid participation in cities with higher densities of noncitizens.

To test these hypotheses, I use a comparative interrupted time series (CITS) design and 15 years of data from the National Health Interview Survey. One of the strongest quasi-experimental designs for identifying causal effects in natural experiments (Shadish et al., 2002), CITS models change in level of Medicaid/CHIP enrollment at the time of law passage, change in trends over time, and whether effects persist long-term. CITS controls for pre-policy trends in states that passed omnibus laws and uses states that never passed omnibus laws as a comparison. This helps isolate policy effects from pre-existing trends (i.e., increasing Medicaid enrollment for Latino children nationwide) and from concurrent events occurring nationwide (e.g., the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA)).

This study focuses on US citizen Latino children living in households with only noncitizen parents. NHIS does not measure legal status for noncitizens; the sample includes both undocumented parents and those

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