



# Do restrictive omnibus immigration laws reduce enrollment in public health insurance by Latino citizen children? A comparative interrupted time series study



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## ABSTRACT

In the United States, there is concern that recent state laws restricting undocumented immigrants' rights could threaten access to Medicaid and the Children's Health Insurance Program (CHIP) for citizen children of immigrant parents. Of particular concern are omnibus immigration laws, state laws that include multiple provisions increasing immigration enforcement and restricting rights for undocumented immigrants. These laws could limit Medicaid/CHIP access for citizen children in immigrant families by creating misinformation about their eligibility and fostering fear and mistrust of government among immigrant parents. This study uses nationally-representative data from the National Health Interview Survey (2005–2014;  $n = 70,187$ ) and comparative interrupted time series methods to assess whether passage of state omnibus immigration laws reduced access to Medicaid/CHIP for US citizen Latino children. We found that law passage did not reduce enrollment for children with noncitizen parents and actually resulted in temporary increases in coverage among Latino children with at least one citizen parent. These findings are surprising in light of prior research. We offer potential explanations for this finding and conclude with a call for future research to be expanded in three ways: 1) examine whether policy effects vary for children of undocumented parents, compared to children whose noncitizen parents are legally present; 2) examine the joint effects of immigration-related policies at different levels, from the city or county to the state to the federal; and 3) draw on the large social movements and political mobilization literature that describes when and how Latinos and immigrants push back against restrictive immigration laws.

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## 1. Introduction

Latino children—95% of whom are US-born citizens—make up one-quarter of US children (Mather and Foxen, 2016). Due to high poverty rates among Latino families (Mather and Foxen, 2016), federal health insurance programs for low-income children—Medicaid and the Children's Health Insurance Program (CHIP)—are important sources of health insurance for Latino children. While 91% of eligible children were enrolled in Medicaid/CHIP in 2014, there was substantial variation across states, from 80% in Utah to 99% in Vermont (Kenney et al., 2016). State policies

that make it easier for children to enroll are partially responsible for these differences (The Henry J. Kaiser Family Foundation, 2016); however, state laws unrelated to Medicaid/CHIP may also influence enrollment. In particular, scholars have raised concerns that state-level laws restricting rights for immigrants may contribute to geographic disparities in Medicaid/CHIP enrollment for Latino children by increasing immigrant parents' fear of interacting with public institutions (Hardy et al., 2012; Pedraza and Zhu, 2013).

The most comprehensive and harshest state immigration laws are omnibus immigration laws, defined as single bills combining three or more provisions related to immigration (Laglaron et al., 2008). Passed in 10 states between 2006 and 2013, they increased state and local immigration enforcement, decreased undocumented immigrants' access to employment, and decreased undocumented immigrants' access to public and private services and benefits. Importantly, these laws did not directly regulate who

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could enter or stay in the state, and they did not change citizen children's rights or eligibility for benefits, regardless of their parents' immigration statuses.

Omnibus immigration laws were unique from other single-issue immigration-related laws in that they sought to create comprehensive immigration policy regimes that would drive undocumented immigrants out of the state (Allen, 2016). Omnibus laws were intended to act as symbolic policies to shape undocumented immigrants' interactions with state and local institutions in ways that extended beyond the specific policy changes, and, as such, they may have had spillover effects on legally-present immigrants and on citizen children with immigrant parents (Pedraza and Zhu, 2013).

Qualitative studies (Hardy et al., 2012; White et al., 2014b) suggest that omnibus laws reduced health care access for citizen children with noncitizen parents by engendering fear, discrimination, and misinformation among parents, but that these effects were likely short-lived (Koralek et al., 2009). However, no population-based studies have been conducted, despite calls for rigorous assessments of the laws' long-term impacts on public health (Hardy et al., 2012). This study uses nationally representative data from the National Health Interview Survey and comparative interrupted time series methods to answer the question: Did the passage of state omnibus immigration laws reduce enrollment in public health insurance (Medicaid and CHIP) for Latino citizen children with noncitizen parents? If so, for how long did effects last?

### 1.1. Omnibus immigration laws

Ten states passed one or more omnibus immigration laws between 2006 and 2013: Alabama (passed in 2011 and 2012), Arizona (passed in 2007 and 2010), Colorado (passed in 2006), Georgia (passed in 2006, 2009, 2011, and 2013), Indiana (passed in 2011), Missouri (passed in 2008 and 2009), Nebraska (passed in 2009), Oklahoma (passed in 2007), South Carolina (passed in 2008 and 2011), and Utah (passed in 2008 and 2011) (Allen, 2016). Omnibus laws shared many common provisions, as shown in Table 1 and Appendix Table 1. Many of the provisions reiterated federal law (Koralek et al., 2009); for example, undocumented immigrants were already barred from receiving most federally-funded public benefits. Other provisions went beyond federal law, although the most severe of these (e.g., those creating criminal penalties for being in the state without documents) were overturned in court.

Passage of each omnibus law generated extensive media

coverage and heightened public opposition to immigration (Quiroga et al., 2014), as well as resistance from Latino communities and immigrant rights groups (Pham, 2008). In seven of the 10 states, lawsuits blocked portions of the laws from being implemented (Allen, 2016). There is little information about whether and how implementation proceeded for those provisions that were allowed to take effect (Pham, 2008). However, law passage had immediate effects on communities, even before implementation, and there is some evidence that legally-present Latino immigrants experienced spillover effects (Ellis et al., 2016; Quiroga et al., 2014). Latinos—particularly low-skilled noncitizens—were more likely to migrate from, and less likely to migrate to, states with omnibus laws (Bohn et al., 2014; Ellis et al., 2016). The federal government found that Alabama's law led to an immediate drop in school enrollment and attendance among Latino children that was not entirely attributable to outmigration, with “continuing and lasting consequences” for Latino students (Perez, 2012, p. 2). As we detail below, there is also preliminary evidence from several states suggesting that omnibus law passage reduced health care access for citizen children in immigrant families.

### 1.2. Conceptual framework

We draw from two theoretical frameworks to understand how the passage of omnibus immigration laws could have contributed to disparities in Medicaid/CHIP coverage. First, the socio-cultural framework for health services disparities (Alegria et al., 2011) identifies federal, state, and local laws as primary determinants of health inequities. Laws shape people's ability and willingness to access care through mechanisms both within and outside the health care system. Within the health care system, laws change what services and benefits are available, for whom, and how they are financed. Outside the health care system, laws shape the context in which individuals access or choose not to access benefits and services.

Second, the social construction public policy framework (Schneider et al., 2014) articulates how laws can have tangible effects, even in the absence of implementation. According to social construction theory, policies have both instrumental and symbolic effects. Instrumental effects are caused by specific, concrete changes in policy or practice. Symbolic effects, in contrast, do not result from specific policy changes. Rather, they are driven by social constructions intentionally created by policymakers and advocates and reinforced in the media. By characterizing a law's target population as threatening to US society

**Table 1**  
Common provisions across omnibus immigration laws.

	Provision	Number of states with this provision in at least one omnibus law
<b>Enforcement</b>	Prohibits sanctuary policies	9
	Authorizes law enforcement to verify the legal status of any person involved in a legal stop	5
	Requires law enforcement to verify the legal status of any person booked into jail	8
	Allows law enforcement to make an arrest without a warrant when there is suspicion the person is an immigrant who has committed a crime	3
	Requires the state to seek a federal-state 287(g) agreement	5
	Creates criminal penalties for being present in the state without immigration documents	3
	Creates criminal penalties for transporting, harboring, concealing, or shielding an undocumented immigrant	7
<b>Employment</b>	Requires employers to use E-Verify	9
	Creates criminal penalties for applying for work if not legally present	2
	Creates civil or criminal penalties for making or using false documents	6
	Other employment regulations	10
<b>Public benefits, education, and licenses</b>	Requires agencies to verify the legal status of applicants for public benefits.	10
	Limits access to identification documents, such as driver's licenses	5
	Limits access to postsecondary education.	5

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