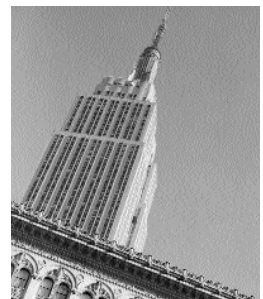
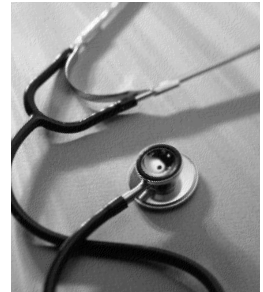
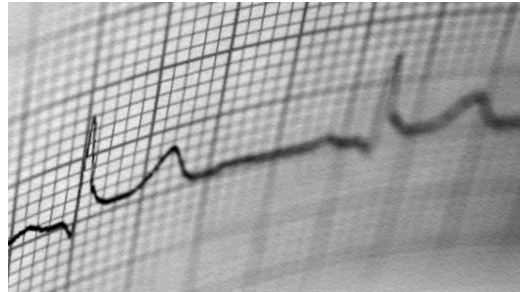


Characteristics and Health Insurance Coverage of New York's Noncitizens



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Characteristics and Health Insurance Coverage of New York's Noncitizens

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Introduction

Noncitizens represent a large and disproportionate share of New York's uninsured population. Nearly thirty percent of the state's 2.3 million uninsured people are noncitizens and noncitizens are three times more likely to be uninsured than citizens (Figure 1, Table A-1). These high uninsured rates appear to result from noncitizens' limited access to employer-sponsored coverage and barriers to enrollment in public programs. Noncitizens tend to be low-wage workers and to be employed in the service sector, where rates of employer-sponsored insurance are low. Further, public coverage rates are relatively low among noncitizens because of immigration-related concerns with enrolling in public programs for which they may be eligible and a lower likelihood of being eligible among adult noncitizens who are undocumented. Addressing the high uninsured rates among the noncitizen population is an important component of insurance expansion discussions. This issue brief will provide a better understanding of the characteristics

and coverage patterns of New York's non-citizen population overall, and, when possible, its undocumented population, in order to inform these discussions.

Noncitizens include both lawfully present ("documented") and unauthorized ("undocumented") people, and health insurance coverage options vary greatly between these two groups. Documented noncitizens are defined as legal aliens; alien refugees; people in transitional immigration statuses who are considered to be residing under color of law (PRUCOLs); and legal non-immigrants, including students, visitors, individuals with work visas, and diplomats.^{1,2} Undocumented individuals are noncitizens who lack authorization to be in the United States either because they entered the country without inspection or entered with the U.S. government's temporary permission and stayed beyond the period authorized.³ In New York, documented noncitizens ostensibly have the same private and state-funded public health insurance coverage options as citizens.⁴

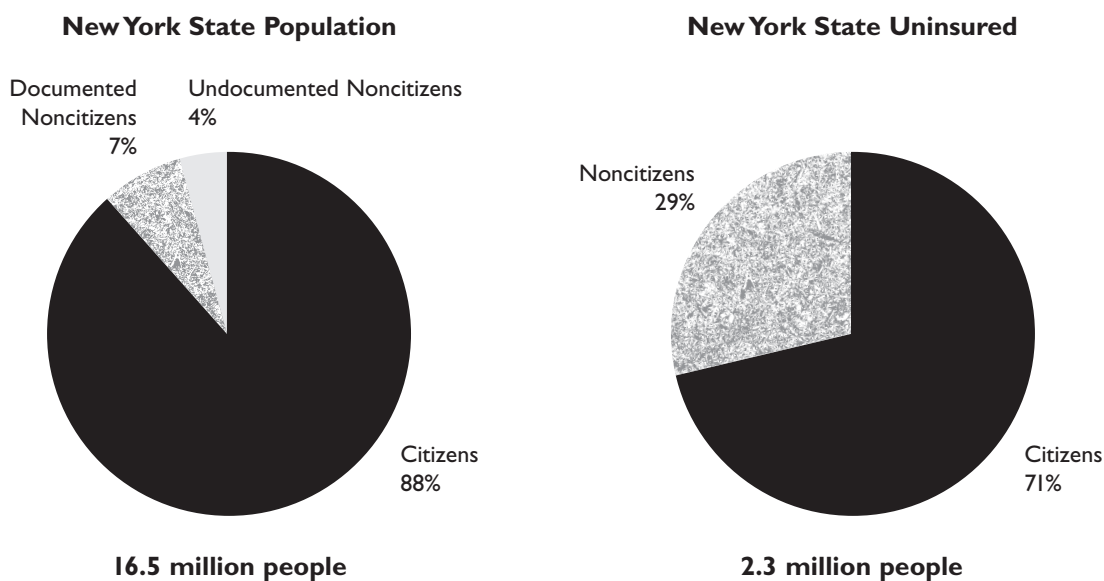
¹ Estimates of documentation status are derived from immigrant status imputations incorporated into the TRIM3 micro-simulation model. These data are used with permission of the model's funder, HHS/ASPE. See page 9 and Passel (2006) for a description of the imputation methodology. The data presented here do not reflect an adjustment to take into account under-coverage of undocumented noncitizens on the *Current Population Survey*, which is estimated to be 10-15 percent (Passel and Cohn 2009). See Passel J, *The Size and Characteristics of the Unauthorized Migrant Population in the U.S.: Estimates Based on the March 2005 Current Population Survey*, Pew Hispanic Center, March 2006; and Passel J and D Cohn, *A Portrait of Unauthorized Immigrants in the United States*, Pew Hispanic Center, April 2009.

² PRUCOLs are noncitizens who are residing in the United States with the knowledge and permission or acquiescence of the United States Citizenship and Immigration Services (USCIS) and whose departure from the United States the USCIS does not contemplate enforcing. Because it was not possible to identify PRUCOLs in this analysis, some PRUCOLs may be included in the estimates of undocumented noncitizens. The New York Immigration Coalition estimates that there are between 140,000 and 240,000 PRUCOLs in New York any given time, based on the number of applications for adjustment of status received by federal immigration processing centers in New York State and the amount of time it takes for the immigration agency to process these applications.

³ For a more detailed description of immigration classifications, see Weiner B, *Community, Migrant, and Homeless Health Center Handbook: Immigrant Eligibility for Publicly Funded Health Care Benefits*, Empire Justice Center, December 2008.

⁴ Note that this issue brief pertains to the population below age 65 and thus public coverage refers primarily to Medicaid and the Children's Health Insurance Program. However, a small share of the nonelderly are enrolled in Medicare. Many lawfully residing noncitizens in New York are unable to meet the work history requirements needed to enroll in Medicare. Specifically, noncitizens must have 40 quarters of work experience while their immigration status permitted lawful employment.

Figure 1. **Distribution of New York’s Population and Uninsured, by Citizenship and Documentation Status, 2005**



Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Estimates of documentation status were derived from Jeffrey Passel for the TRIM3 microsimulation model.

Note: Data refer to people younger than 65. Numbers do not sum to totals due to rounding.

Employers are not restricted from offering coverage to documented noncitizen employees and their dependents solely on the basis of their citizenship status. There is no provision in the New York State Insurance Law that would prohibit or otherwise restrict an insurer from covering individuals who are documented noncitizens.⁵ Documented noncitizens are also eligible for New York’s public programs so long as they meet other eligibility criteria.⁶

However, among both eligible documented and undocumented noncitizens, there are a number of immigration-related, cultural, and linguistic barriers that may prevent enrollment. These include misperceptions about the effect of their enrollment on a “public charge” determination,⁷ concerns about an immigrant’s sponsor’s financial liability for the cost of benefits received, concerns about reporting of immigration status to immigration

⁵ New York State Insurance Department, Office of General Counsel, opinion of April 25, 2005. Provisions in New York’s open enrollment law for individuals and small groups have been informally interpreted by the Insurance Department to require insurers to sell coverage to those legally in the state (New York State Insurance Law, sections 3231(a) and 4317(a)).

⁶ New York does not receive federal matching payments for expenditures on adult Medicaid and Family Health Plus documented noncitizen enrollees who have lived in the United States for less than five years, as a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Effective April 2009, New York will receive federal matching payments on behalf of documented noncitizen pregnant women and children enrolled in Medicaid and the state Child Health Insurance Program. This elimination of the “five-year waiting period” was included in the recently enacted Child Health Insurance Program Reauthorization Act of 2009.

⁷ “Public charge” refers to a person who relies on certain government benefits, primarily cash assistance or long-term institutional care, for support. If the USCIS determines that a person is likely to become a public charge, an application for lawful permanent residence can be denied. The receipt of Medicaid, with the exception of Medicaid benefits for long-term institutional care, should not affect an individual’s eligibility to adjust status. (Weiner B, *Community, Migrant, and Homeless Health Center Handbook: Immigrant Eligibility for Publicly Funded Health Care Benefits*, Empire Justice Center, December 2008; and USCIS at <http://www.uscis.gov/files/pressrelease/Public.pdf>)

authorities, lack of familiarity with the United States health care system, and language access issues.⁸

In contrast to documented noncitizens, undocumented noncitizens have limited coverage options. Because employers are not currently permitted to hire undocumented noncitizens, this group only has access to employer-sponsored insurance as a dependent of a citizen or documented noncitizen. To the extent that some undocumented noncitizens are hired by employers that offer coverage, some could get coverage this way as well. While undocumented noncitizens

have the option of purchasing coverage in the non-group market, this is not likely to be an affordable option, particularly since nearly 60 percent of this population live in low-income families. Finally, undocumented adults are eligible for public programs that provide a limited set of benefits, including emergency Medicaid, the Prenatal Care Assistance Program, the AIDS Drug Assistance Program, and the Family Planning Extension Program.⁹ Undocumented children (younger than 19 years old) are eligible for New York’s Child Health Plus program.

⁸ Scherzer M and J Rejeske, *Analysis of New York State Coverage Expansion Proposals: Potential Impact on Immigrants*, New Yorkers for Accessible Health Coverage and New York Immigration Coalition, February 2009; and Weiner B, *Community, Migrant, and Homeless Health Center Handbook: Immigrant Eligibility for Publicly Funded Health Care Benefits*, Empire Justice Center, December 2008.

⁹ For more information about undocumented noncitizens’ coverage options in New York, see Weiner B, *Community, Migrant, and Homeless Health Center Handbook: Immigrant Eligibility for Publicly Funded Health Care Benefits*, Empire Justice Center, December 2008.

Table 1: **Characteristics of New York State Population, 2005**

	Citizens	Noncitizens
Total:	14.6 million	1.9 million
Characteristic:		
Adults	69%	86%
Young adults (age 19-34)	22%	37%
Income below 200% FPL	35%	55%
Income below \$40,000	44%	66%
In full-time working families	77%	79%
Work in small firms (among workers)	20%	38%
Work in “low-ESI” industries* (among workers)	72%	87%
Non-white	37%	82%
In excellent/very good/good health	91%	89%
Documented	n/a	62%
Live in New York City	39%	74%

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*.

*“Low-ESI” industries are those with employer-sponsored coverage rates of less than 75 percent among workers in New York State. Low-ESI industries include Services/Arts/Entertainment, Agriculture/Construction, Wholesale/Retail Trade, Professional, Health and Social Services, and Mining/Manufacturing/Utilities/Transportation.

Demographics

Nearly 2 million New Yorkers are noncitizens, representing 12 percent of all nonelderly people in the state (Figure 1).¹⁰ The non-citizen population is composed primarily of individuals living in working families, adults, those in good or better health status, and those in low-income families. Additionally, most live in New York City. Relative to citizens, noncitizens are more likely to be adults and to have lower incomes; and, among workers, noncitizens are more likely than citizens to work in small firms and in industries that are least likely to provide coverage, such as services, agriculture, and construction (Tables 1, A-2, A-3, and A-4).

An estimated 700,000 of New York's non-citizens are undocumented, accounting for 38 percent of all noncitizens and 4 percent of all nonelderly New Yorkers (Figure 1).¹¹ Like noncitizens overall, most undocumented noncitizens live in families with at least one full-time worker. In addition, the majority of undocumented noncitizens reside in New York City, are adults, are low-income, and are healthy. Compared with documented noncitizens, undocumented noncitizens are even more likely to be young adults, low-income, and Hispanic; and, among workers, they are more likely to be self-employed or

work in small firms and to work in low-ESI industries that are less likely to offer health insurance to employees (Tables 2, A-5, A-6, and A-7).

Coverage¹²

Noncitizens are three times more likely to be uninsured than citizens (34 percent compared with 11 percent). Differences in uninsured rates between citizens and noncitizens are driven primarily by differences in employer-sponsored insurance (ESI) rates. Because noncitizens tend to be low-wage workers and a relatively large share are employed in small firms and low-ESI industries, where workers are least likely to be offered coverage, only 35 percent of this population get coverage through an employer, compared with 62 percent of citizens in the state. Despite being a lower-income population with less access to ESI, noncitizens have a rate of public coverage that does not differ substantially from that of citizens (Figure 2, Table A-1). This is likely due to restrictions on public program eligibility for undocumented adults, as well as barriers to enrolling in public coverage among eligible noncitizens.

There are intrastate differences in private (primarily ESI) and public coverage rates

¹⁰ Data for noncitizens do not sum to 12 percent due to rounding.

¹¹ Note that the Pew Hispanic Center estimates that in 2008 there were 925,000 undocumented noncitizens in New York State (Passel and Cohn 2009). Despite this higher population estimate, the characteristics and coverage patterns of this population are likely to be similar to what is reported here.

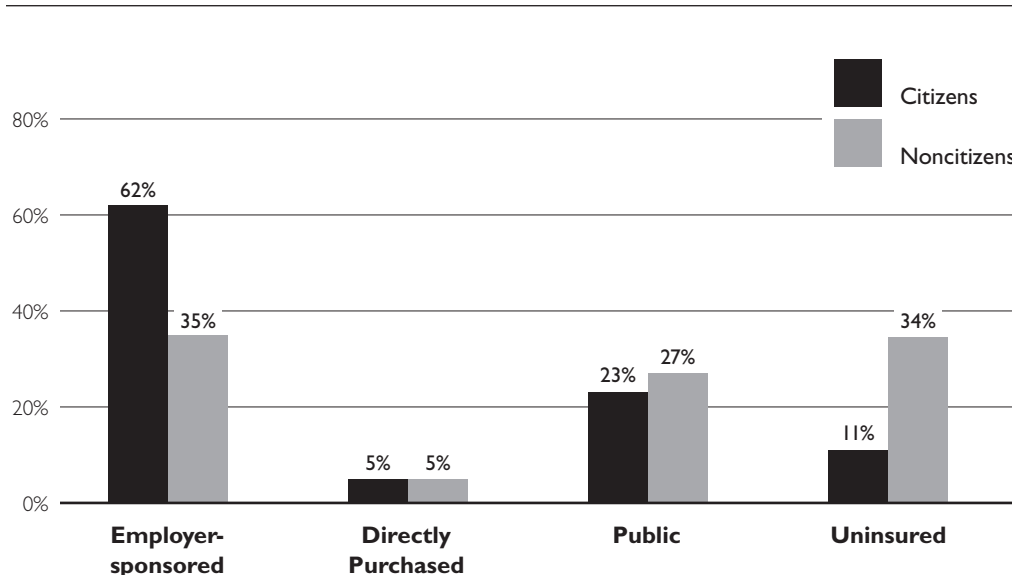
¹² Coverage estimates presented in this analysis are based on data from the 2006 *Annual Social and Economic Supplement to the Current Population Survey* (CPS). Coverage from multiple sources can be reported on the CPS and thus a hierarchy is used to assign one source of coverage to each case. Medicaid/CHIP and other public coverage are assigned first, followed by ESI and individual coverage. The remainder are uninsured. Estimates of Medicaid/CHIP coverage on the CPS differ from New York State administrative counts of enrollment, suggesting that public coverage is misreported on the CPS. However, there is also evidence that administrative data may not be directly comparable to CPS estimates of public coverage (Davern M, JA Klerman, DK Baugh, KT Call, and GD Greenberg, *An Examination of the Medicaid Undercount in the Current Population Survey: Preliminary Results from Record Linking*, *Health Services Research*, published online 29 January 2009). As a result, the coverage estimates presented here reflect a partial adjustment of CPS Medicaid/CHIP enrollment to administrative enrollment counts. The uninsured and privately insured have been adjusted downward by one-third and two-thirds, respectively, of the adjustment based on previous research findings about Medicaid enrollees who misreport their coverage. The impact of this adjustment was to increase public coverage by about 3 percentage points and reduce the uninsured by about 1 percentage point. For more information on the coverage adjustments, see Cook A, A Williams, and D Holahan, *Health Insurance Coverage in New York: 2005-2006*, United Hospital Fund 2008.

Table 2: **Characteristics of New York State Noncitizen Population, 2005**

	Documented	Undocumented
Total:	1.2 million	0.7 million
Characteristic:		
Adults	85%	88%
Young adults (age 19-34)	34%	41%
Income below 200% FPL	53%	58%
Income below \$40,000	61%	75%
In full-time working families	76%	83%
Self-employed or work in small firms (among workers)	39%	55%
Work in "low-ESI" industries* (among workers)	82%	92%
Hispanic	32%	58%
In excellent/very good/good health	88%	91%
Live in New York City	74%	74%

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Estimates of documentation status were derived by Jeffrey Passel for the TRIM3 microsimulation model. * "Low-ESI" industries are those with employer-sponsored coverage rates of less than 75 percent among workers in New York State. Low-ESI industries include Services/Arts/Entertainment, Agriculture/Construction, Wholesale/Retail Trade, Professional, Health and Social Services, and Mining/Manufacturing/Utilities/Transportation.

Figure 2: **Distribution of Coverage by Citizenship Status, New York State, 2005**



Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Note: Data refer to people younger than 65. Numbers do not sum to totals due to rounding.

between citizens and noncitizens.¹³ Outside of New York City, private coverage rates are higher and public coverage rates are lower among citizens and noncitizens alike. Fifty-six percent of citizens in New York City have private coverage and 32 percent have public coverage compared with 73 percent and 17 percent, respectively, of citizens in the rest of state. Among noncitizens in New York City, 37 percent have private coverage and 29 percent have public coverage, compared with 46 percent and 21 percent, respectively, of noncitizens in the rest of state. Public coverage helps to offset lower rates of private coverage in New York City, relative to the rest of the state. Thus, uninsured rates are similar among citizens and among noncitizens in each geographic region of the state (Tables A-2 and A-3).

Hispanics, who represent almost a fifth of the state's population, have the highest uninsured rates among citizens and noncitizens alike. Fourteen percent of Hispanic citizens and 44 percent of Hispanic noncitizens are uninsured (290,000 and 360,000 people, respectively). Further, uninsured Hispanics compose 18 percent of all uninsured citizens and 56 percent of all uninsured noncitizens. Uninsured rates are also high among non-Hispanic black noncitizens; one-third of this group is uninsured, as are 28 percent of noncitizens of "other" races and 17 percent of non-Hispanic white noncitizens. Uninsured rates are lower overall among citizens of all races and ethnicities. In addition, relative to noncitizens, uninsured rates among citizens do not vary greatly across races and ethnicities (Tables A-7 and A-8).

Noncitizens who have lived in the United States for less than five years have substantially higher uninsured rates than noncitizens residing here for more than

five years (42 percent and 31 percent, respectively) (Table A-3). These differences can likely be attributed to the fact that noncitizens who have lived in the United States for less than five years are more likely to be undocumented and to be in better health, and are less likely to be enrolled in public coverage (data not shown). As discussed above, while there is no five-year waiting period for public coverage in New York State, immigration-related, cultural, and linguistic barriers may keep eligible noncitizens from enrolling in these programs.

Undocumented Noncitizens

While reliable estimates of health insurance coverage for the undocumented population in New York State are not available from the data presented here, we can infer that coverage rates among this population are the lowest of all groups on the basis of information about available coverage options in New York and the demographic profile of this group.

As discussed above, by law, undocumented noncitizens have limited access to ESI, private direct pay coverage is likely to be unaffordable to most, and only children are eligible for public health insurance coverage regardless of documentation status (through Child Health Plus). In addition, although 83 percent of undocumented noncitizens are in full-time working families, they are unlikely to get coverage through an employer because most undocumented noncitizens and their family members work in industries with low ESI coverage rates. Ninety-two percent of undocumented workers are employed in low-ESI industries, and of these the large majority (86 percent) live in a family with another worker in a low-ESI industry (data not shown). Further, 58 percent of undocumented noncitizens are low-income and would therefore

¹³ Private coverage includes employer-sponsored coverage, as well as coverage purchased in the non-group market. Public coverage includes Medicaid and CHIP, as well as other federal coverage, including Tricare and Medicare.

Table 3: **Public Program Participation Rate, by Age and Citizenship Status, New York State, 2005**

	Total	Citizens	Noncitizens
Total Number:	5.2 million	4.6 million	0.6 million
All Eligible Nonelderly	79%	80%	73%
Children	87%	88%	73%
Adults	73%	72%	73%

Source: Estimates are based on the Urban Institute Health Policy Center eligibility simulation model, which is derived from the 2006 *Annual Social and Economic Supplement to the Current Population Survey* and 2005 New York State eligibility requirements for Medicaid, Family Health Plus, and Child Health Plus.

Note: Public program participation rates are calculated from a base of eligible enrolled and eligible uninsured individuals only as this group of individuals is least likely to have a viable alternative for coverage absent Medicaid or CHIP; they do not incorporate the share of eligible people enrolled in other coverage. As per New York State eligibility rules, eligible noncitizens include documented adults as well as documented and undocumented children.

be unlikely to be able to afford to purchase private direct pay coverage. Finally, undocumented noncitizen adults are only eligible for limited public coverage (Tables 2, A-6, and A-7).

National estimates, however, indicate that 59 percent of undocumented adults and 45-53 percent of undocumented children are uninsured.¹⁴ Applying these national uninsured rates to the undocumented population in New York implies that there are nearly 400,000 uninsured undocumented residents in the state.¹⁵

Eligibility for Public Programs¹⁶

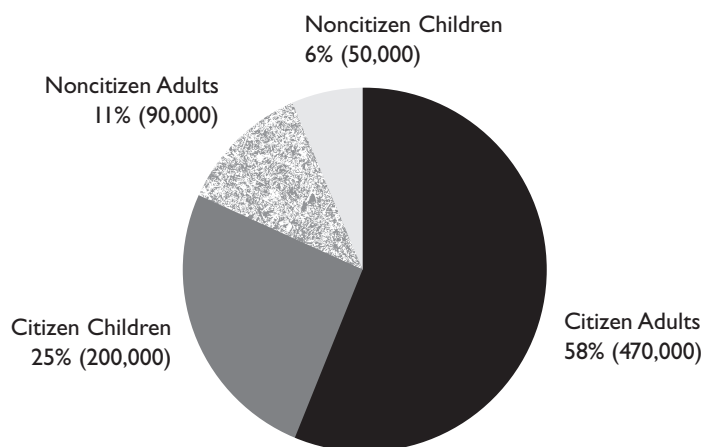
An estimated 5.2 million nonelderly New Yorkers are eligible for public health insurance coverage. Of these, only a portion are enrolled in public coverage while the remainder either have private coverage or are uninsured. Public program participation rates are higher among citizens than noncitizens (80 percent compared with 73 percent) (Table 3). Eligible citizen children have substantially higher public program participation rates than do

¹⁴ Passel J, *Background Briefing Prepared for Task Force on Immigration and America's Future*, Pew Hispanic Center, June 14, 2005; Passel J and D Cohn, *A Portrait of Undocumented Immigrants in the United States*, Pew Hispanic Center, April 14, 2009.

¹⁵ Applying the national uninsured rate to the estimate of the undocumented noncitizens in New York may result in imprecision in estimates of uninsured undocumented noncitizens due to the fact that New York has a lower overall uninsured rate than the nation. As a result, we may be overstating the number of uninsured undocumented noncitizens in New York. However, it is also possible that the national uninsured estimate is understated to the extent that there is imprecision in the imputation of immigrant status (as discussed on page 9). On balance, the estimate is likely a reasonable approximation of uninsured rates for undocumented New Yorkers.

¹⁶ Estimates of eligibility are based on the Urban Institute Health Policy Center eligibility simulation model. The model is derived from the 2006 *Annual Social and Economic Supplement to the CPS*, and compares 2005 eligibility requirements for eligibility pathways in New York State to person- and family-level characteristics on the CPS to determine eligibility for Medicaid, Family Health Plus, and Child Health Plus. Estimates of coverage for eligible New Yorkers reflect an adjustment for the misreporting of public coverage on the CPS. Adult eligibility estimates have been adjusted to reflect that some adults may not be eligible for public coverage on the basis of documentation status, despite meeting other eligibility requirements.

Figure 3. **Distribution of New York’s Eligible but Uninsured Population, by Citizenship Status and Age, 2005**



800,000 eligible but uninsured persons

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*.

Note: Data refer to people younger than 65. Numbers do not sum to totals due to rounding.

eligible noncitizen children, while participation rates are essentially the same between eligible citizen and noncitizen adults. Eligible citizens are also substantially more likely to have private coverage than eligible noncitizens (data not shown), which primarily accounts for the differences in uninsured rates between these two groups.

The estimated 800,000 “eligible but uninsured” people represent 35 percent of New York’s uninsured. This is lower than previous estimates of the eligible but uninsured because it excludes 100,000 adults who are otherwise eligible for coverage except for their documentation status.^{17,18}

Most of the eligible but uninsured are citizens (84 percent), but as a share of their respective populations, eligible noncitizens are far more likely to be uninsured than eligible citizens (23 percent compared with 15 percent). As a result, noncitizens represent a disproportionate share of the eligible but uninsured: 11 percent of all eligible people and 16 percent of eligible but uninsured people are noncitizens (Figure 3 and Table A-10).¹⁹

Among eligible citizens, adults are almost three times more likely to be uninsured than children (22 percent compared with 8 percent). However, eligible noncitizen

¹⁷ Eligible but uninsured estimates in previous United Hospital Fund reports did not adjust for documentation status. See Holahan D, A Cook, and L Powell, *New York’s Eligible but Uninsured*, United Hospital Fund 2008; and Cook A, A Williams, and D Holahan, *Health Insurance Coverage in New York: 2005-2006*, United Hospital Fund 2008.

¹⁸ The estimated number of eligible but uninsured adults may be understated because estimates of uninsured undocumented noncitizens may include some PRUCOLs. As mentioned above, The New York Immigration Coalition estimates that there are between 140,000-240,000 PRUCOLs in New York, at any given time. If we assume that PRUCOLs represent the same share of income-eligible uninsured adults as they represent of all noncitizen adults (11 percent), then there are fewer than 20,000 eligible but uninsured PRUCOL residents estimated to be residing in New York State.

¹⁹ Data for noncitizens do not sum to 16 percent due to rounding.

children and adults have an equally high uninsured rate (23 percent) (Table A-10). Again, this is driven by the fact that eligible citizen children are more likely than adults to be enrolled in private coverage while both eligible noncitizen children and adults appear to have low rates of private coverage (data not shown).

Conclusion

Close to one third of New York's noncitizens are uninsured, a rate that is three times higher than that of citizens. High uninsured rates among noncitizens appear to be due, in part,

to their demographic profile. Noncitizens tend to be low-wage workers and a relatively large share of them are employed in small firms and low-ESI industries, which makes them less likely to have access to employer-sponsored insurance. Further, noncitizens may be less likely to enroll in public coverage even if they are eligible, given immigration-related concerns with enrolling in public programs.

In the context of coverage expansion discussions, it is important to appreciate the unique characteristics of the noncitizen population: their demographics make it less likely that they will be able to obtain

Estimating the Size of the Undocumented Population

The *Current Population Survey* (CPS) includes data on citizenship status but does not include data on immigration status. Estimates of documentation status included in this brief were derived from immigration status imputations designed for the March 2006 CPS by Jeffrey Passel at the Pew Hispanic Center, for incorporation into the TRIM3 microsimulation model. They are used with permission of the model's funder, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (HHS/ASPE). While more recent data on immigration status have recently become available from TRIM3 and HHS/ASPE, the characteristics and coverage patterns of the noncitizen population that are presented in this brief are not likely to differ substantially from those based on more current data.

Immigration status is imputed based on information about country of birth, date of entry to the United States, occupation, education, and other characteristics of foreign-born individuals. The undocumented estimates presented here are based on a "residual methodology" in which the undocumented population is derived from the residual immigrant population captured by the CPS, after exclusion of legal immigrants. While this methodology is widely accepted in estimating the undocumented population, factors that may contribute to imprecision in these estimates include underrepresentation of immigrants or undocumented noncitizens in the CPS sample, as well as error in the assignment of documentation status. The data presented here do not reflect an adjustment to take into account under-coverage of undocumented noncitizens on the CPS, which is estimated to be 10 to 15 percent (Passel and Cohn 2009). For more information on the methodology used to assign documentation status, see Passel 2006.

Detailed state-level health insurance coverage estimates of the undocumented population are not presented here because of concern about their imprecision. Instead, we derive an estimate of close to 400,000 uninsured undocumented New Yorkers based on national-level estimates. This high level of uninsurance is consistent with what is known about the barriers to obtaining coverage faced by this population.

(Passel J, *The Size and Characteristics of the Unauthorized Migrant Population in the U.S.: Estimates Based on the March 2005 Current Population Survey*, Pew Hispanic Center, March 2006; and Passel J and D Cohn, *A Portrait of Unauthorized Immigrants in the United States*, Pew Hispanic Center, April 2009.)

coverage through employers or that they can afford to purchase coverage directly, and even when public coverage is available, there are significant concerns about enrolling. Policymakers could consider changes to ease these fears, which extend beyond the realm of coverage and into the broader universe of immigration policy, or

consider more affordable private coverage options that do not take into account citizenship status as a condition of eligibility. Finally, policymakers will need to consider coverage or uncompensated care subsidy options for the state's approximately 400,000 uninsured undocumented noncitizens.

Appendix: Data Tables

Table A-1: **Health Insurance Coverage of the Nonelderly by Citizenship Status, New York State, 2005**

	Nonelderly (millions)	Private		Public	Uninsured
		Employer	Individual		
Total - Nonelderly	16.5	58.6%	4.5%	23.1%	13.8%
Citizens	14.6	61.8%	4.5%	22.6%	11.2%
Native	13.0	61.5%	4.4%	23.3%	10.8%
Naturalized	1.5	63.8%	5.2%	16.5%	14.5%
Noncitizens	1.9	34.6%	4.7%	27.1%	33.6%
Documented	1.2	n/a	n/a	n/a	n/a
Undocumented	0.7	n/a	n/a	n/a	n/a

n/a = not available

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Estimates of documentation status were derived by Jeffrey Passel for the TRIM3 microsimulation model.

Table A-2: **Health Insurance Coverage of Nonelderly Citizens, New York State, 2005**

	Nonelderly Citizens (millions)	Private	Public	Uninsured
Total - Nonelderly Citizens	14.6	66.3%	22.6%	11.2%
Age				
Children - Total	4.6	57.5%	36.7%	5.8%
Adults - Total	10.0	70.3%	16.1%	13.6%
Adults 19-34	3.3	60.2%	18.6%	21.2%
Adults 35-64	6.7	75.2%	14.8%	10.0%
Annual Family Income				
<\$40,000	6.4	38.5%	42.6%	18.9%
\$40,000+	8.2	88.2%	6.8%	5.1%
Family Poverty Level				
<200%	5.1	29.6%	51.3%	19.1%
200%+	9.5	86.0%	7.1%	6.9%
Household Type				
Adults with no children	5.9	69.1%	14.8%	16.0%
Parent(s)/Multigenerational/Other with children	8.7	64.4%	27.8%	7.9%
Family Work Status				
Working	12.4	74.3%	15.3%	10.4%
Non-Working	2.2	21.5%	63.0%	15.5%
Race/Ethnicity				
White only (non-Hispanic)	9.2	76.6%	13.4%	10.0%
Black only (non-Hispanic)	2.3	47.8%	39.2%	13.0%
Hispanic	2.1	40.4%	45.9%	13.7%
Other	1.0	67.5%	20.6%	12.0%
Citizenship Status				
Native	13.0	66.0%	23.3%	10.8%
Naturalized	1.5	69.0%	16.5%	14.5%
Geography				
NYC	5.6	55.6%	32.1%	12.2%
Rest of state	8.9	73.0%	16.5%	10.5%
Health Status				
Excellent/Very Good	10.1	72.4%	17.4%	10.2%
Good/Fair/Poor	4.5	52.5%	34.2%	13.2%

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*.

Table A-3: **Health Insurance Coverage of Nonelderly Noncitizens, New York State, 2005**

	Nonelderly Noncitizens (millions)	Private	Public	Uninsured
Total - Nonelderly Noncitizens	1.9	39.3%	27.1%	33.6%
Age				
Children - Total	0.3	26.3%	51.0%	22.6%
Adults - Total	1.7	41.4%	23.3%	35.3%
Adults 19-34	0.7	35.4%	23.8%	40.7%
Adults 35-64	1.0	45.9%	22.9%	31.3%
Annual Family Income				
<\$40,000	1.3	23.9%	35.3%	40.8%
\$40,000+	0.7	69.6%	11.0%	19.4%
Family Poverty Level				
<200%	1.1	18.6%	40.0%	41.3%
200%+	0.9	64.5%	11.4%	24.2%
Household Type				
Adults with no children	0.8	42.1%	19.4%	38.5%
Parent(s)/Multigenerational/Other with children	1.1	37.3%	32.8%	29.9%
Family Work Status				
Working	1.7	44.2%	22.1%	33.7%
Non-Working	0.3	(11.8%)	55.3%	32.9%
Race/Ethnicity				
White only (non-Hispanic)	0.3	57.5%	25.5%	17.0%
Black only (non-Hispanic)	0.3	40.4%	27.1%	32.5%
Hispanic	0.8	27.1%	28.6%	44.3%
Other	0.5	46.8%	25.5%	27.6%
Years Residing in U.S.				
Less than 5 years	0.4	37.4%	21.0%	41.6%
5 years or more	1.5	39.9%	28.8%	31.3%
Citizenship Status				
Documented	1.2	n/a	n/a	n/a
Undocumented	0.7	n/a	n/a	n/a
Geography				
NYC	1.4	37.0%	29.3%	33.7%
Rest of state	0.5	46.0%	20.8%	33.3%
Health Status				
Excellent/Very Good	1.2	42.2%	23.3%	34.5%
Good/Fair/Poor	0.7	34.6%	33.5%	32.0%

n/a = not available

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*.

Estimates of documentation status were derived by Jeffrey Passel for the TRIM3 microsimulation model.

() = Standard error is greater than 30 percent of the estimate; estimate may not be reliable.

Table A-4: **Health Insurance Coverage of Nonelderly Workers by Citizenship Status, New York State, 2005**

	Nonelderly Workers (millions)	Private	Public	Uninsured
Total - Nonelderly Workers	8.9	74.1%	9.6%	16.3%
Citizen Workers	7.7	78.3%	8.5%	13.3%
Business Size (# Workers)				
Self-employed	0.7	72.2%	9.2%	18.6%
<25	1.6	69.0%	10.2%	20.9%
25-99	1.0	78.3%	10.3%	11.5%
100-499	1.0	80.4%	8.2%	11.4%
500+	3.4	83.2%	7.1%	9.8%
Occupation/Industry				
High-ESI Industries (75%+ ESI)*	2.2	87.7%	4.4%	8.0%
Low-ESI Industries (<75% ESI)*	5.5	74.6%	10.1%	15.3%
Noncitizen Workers	1.2	47.3%	17.0%	35.7%
Business Size (# Workers)				
Self-employed	0.1	37.4%	(29.4%)	33.2%
<25	0.5	31.4%	18.6%	50.0%
25-99	0.2	44.8%	19.8%	35.4%
100-499	0.2	54.4%	(16.4%)	29.2%
500+	0.3	73.1%	(8.7%)	18.2%
Occupation/Industry				
High-ESI Industries (75%+ ESI)*	0.2	68.0%	(17.5%)	(14.5%)
Low-ESI Industries (<75% ESI)*	1.1	44.1%	16.9%	39.0%

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*.

() = Standard error is greater than 30 percent of the estimate; estimate may not be reliable.

* "High-ESI" industries are those with employer-sponsored coverage rates of 75 percent or more among workers in New York State. High-ESI industries include Education/Information/Communications, Finance/Insurance/Real Estate, and Public Administration/Former Military; "Low-ESI" industries are those with employer-sponsored coverage rates of less than 75 percent among workers in New York State. Low-ESI industries include Services/Arts/Entertainment, Agriculture/Construction, Wholesale/Retail Trade, Professional, Health and Social Services, and Mining/Manufacturing/Utilities/Transportation.

Table A-5: **Characteristics of Nonelderly Documented Noncitizens, New York State, 2005**

	Nonelderly Documented Noncitizens (millions)	Share of Population (percent)
Total - Nonelderly Documented Noncitizens	1.2	100%
Age		
Children - Total	0.2	15%
Adults - Total	1.0	85%
Adults 19-34	0.4	34%
Adults 35-64	0.6	51%
Annual Family Income		
<\$40,000	0.7	61%
\$40,000+	0.5	39%
Family Poverty Level		
<200%	0.6	53%
200%+	0.6	47%
Household Type		
Adults with no children	0.5	39%
Parent(s)/Multigenerational/Other with children	0.7	61%
Family Work Status		
Working	1.0	83%
Non-Working	0.2	17%
Race/Ethnicity		
White only (non-Hispanic)	0.3	24%
Black only (non-Hispanic)	0.2	17%
Hispanic	0.4	32%
Other	0.3	26%
Geographic Area		
NYC	0.9	74%
Rest of state	0.3	26%
Health Status		
Excellent/Very Good	0.7	61%
Good/Fair/Poor	0.5	39%

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Estimates of documentation status were derived by Jeffrey Passel for the TRIM3 microsimulation model.

Table A-6: **Characteristics of Nonelderly Undocumented Noncitizens, New York State, 2005**

	Nonelderly Undocumented Noncitizens (millions)	Share of Population (percent)
Total - Nonelderly Undocumented Noncitizens	0.7	100%
Age		
Children - Total	0.1	12%
Adults - Total	0.7	88%
Adults 19-34	0.3	41%
Adults 35-64	0.3	47%
Annual Family Income		
<\$40,000	0.6	75%
\$40,000+	0.2	25%
Family Poverty Level		
<200%	0.4	58%
200%+	0.3	42%
Household Type		
Adults with no children	0.4	49%
Parent(s)/Multigenerational/Other with children	0.4	51%
Family Work Status		
Working	0.7	88%
Non-Working	0.1	12%
Race/Ethnicity		
Hispanic	0.4	58%
Non-Hispanic	0.3	42%
Geography		
New York City	0.5	74%
Rest of State	0.2	26%
Health Status		
Excellent/Very Good	0.5	65%
Good/Fair/Poor	0.3	35%

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Estimates of documentation status were derived by Jeffrey Passel for the TRIM3 microsimulation model.

Table A-7: **Health Insurance Coverage of Nonelderly Noncitizen Workers by Citizenship Status, New York State, 2005**

	Nonelderly Noncitizen Workers (millions)	Share of Population (percent)
Total - Nonelderly Noncitizen Workers	1.2	100%
Documented Noncitizen Workers	0.7	57%
Business Size (# Workers)		
Self-employed or firm <25 workers	0.3	39%
25-499	0.2	29%
500+	0.2	31%
Occupation/Industry		
High-ESI Industries (75%+ ESI)*	0.1	18%
Low-ESI Industries (<75% ESI)*	0.6	82%
Undocumented Noncitizen Workers	0.5	43%
Business Size (# Workers)		
Self-employed or firm <25 workers	0.3	55%
25-499	0.2	30%
500+	0.1	15%
Occupation/Industry		
High-ESI Industries (75%+ ESI)*	0.0	8%
Low-ESI Industries (<75% ESI)*	0.5	92%

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Estimates of documentation status were derived by Jeffrey Passel for the TRIM3 microsimulation model.

* "High-ESI" industries are those with employer-sponsored coverage rates of 75 percent or more among workers in New York State. High-ESI industries include Education/Information/Communications, Finance/Insurance/Real Estate, and Public Administration/Former Military; "Low-ESI" industries are those with employer-sponsored coverage rates of less than 75 percent among workers in New York State. Low-ESI industries include Services/Arts/Entertainment, Agriculture/Construction, Wholesale/Retail Trade, Professional, Health and Social Services, and Mining/Manufacturing/Utilities/Transportation.

Table A-8: **Characteristics of Nonelderly Uninsured Citizens, New York State, 2005**

	Percent of Nonelderly (Total = 14.6 million)	Percent of Uninsured (Total = 1.6 million)	Uninsured Rate
Total - Nonelderly Citizens	100.0%	100.0%	11.2%
Age			
Children	31.4%	16.2%	5.8%
Adults	68.6%	83.8%	13.6%
Annual Family Income			
<\$40,000	44.1%	74.6%	18.9%
\$40,000+	55.9%	25.4%	5.1%
Family Poverty Level			
<200%	35.0%	59.8%	19.1%
200%+	65.0%	40.2%	6.9%
Household Type			
Adults with no children	40.2%	57.8%	16.0%
Parent(s)/Multigenerational/ Other with children	59.8%	42.2%	7.9%
Family Work Status			
Working	84.8%	78.8%	10.4%
Non-Working	15.2%	21.2%	15.5%
Race/Ethnicity			
White only (non-Hispanic)	63.3%	56.9%	10.0%
Black only (non-Hispanic)	15.6%	18.2%	13.0%
Hispanic	14.3%	17.6%	13.7%
Other	6.8%	7.3%	12.0%
Geographic Area			
NYC	38.7%	42.4%	12.2%
Rest of state	61.3%	57.6%	10.5%
Health Status			
Excellent/Very Good	69.2%	63.4%	10.2%
Good/Fair/Poor	30.8%	36.6%	13.2%

Source: Urban Institute analysis of 2006 Annual Social and Economic Supplement to the Current Population Survey.

Table A-9: **Characteristics of Nonelderly Uninsured Noncitizens, New York State, 2005**

	Percent of Nonelderly (Total = 1.9 million)	Percent of Uninsured (Total = 0.7 million)	Uninsured Rate
Total - Nonelderly Noncitizens	100.0%	100.0%	33.6%
Age			
Children	13.7%	9.3%	22.6%
Adults	86.3%	90.7%	35.3%
Annual Family Income			
<\$40,000	66.2%	80.5%	40.8%
\$40,000+	33.8%	19.5%	19.4%
Family Poverty Level			
<200%	54.8%	67.5%	41.3%
200%+	45.2%	32.5%	24.2%
Household Type			
Adults with no children	42.6%	48.9%	38.5%
Parent(s)/Multigenerational/ Other with children	57.4%	51.1%	29.9%
Family Work Status			
Working	85.0%	85.3%	33.7%
Non-Working	15.0%	14.7%	32.9%
Race/Ethnicity			
White only (non-Hispanic)	17.8%	9.0%	17.0%
Black only (non-Hispanic)	16.4%	15.9%	32.5%
Hispanic	42.2%	55.7%	44.3%
Other	23.5%	19.4%	27.6%
Citizenship Status			
Documented	61.8%	n/a	n/a
Undocumented	38.2%	n/a	n/a
Geographic Area			
NYC	74.1%	74.3%	33.7%
Rest of state	25.9%	25.7%	33.3%
Health Status			
Excellent/Very Good	62.4%	64.2%	34.5%
Good/Fair/Poor	37.6%	35.8%	32.0%

n/a = not available

Source: Urban Institute analysis of 2006 *Annual Social and Economic Supplement to the Current Population Survey*. Estimates of documentation status were derived by Jeffrey Passel for the TRIM3 microsimulation model.

Table A-10: **Eligibility for Medicaid and CHIP by Health Insurance Coverage Status and Citizenship Status, New York State, 2005**

	Eligible Nonelderly (millions)	Uninsured (percent)
All Eligible Nonelderly	5.2	15.5%
Citizens	4.6	14.6%
Noncitizens	0.6	22.9%
Eligible Children	2.7	9.3%
Citizens	2.5	8.2%
Noncitizens	0.2	22.6%
Eligible Adults	2.5	22.2%
Citizens	2.1	22.0%
Noncitizens	0.4	23.1%

Notes: Eligible noncitizens include documented adults as well as documented and undocumented children. The estimated number of eligible but uninsured adults may be understated to the extent that some adults whom New York State deems eligible for public coverage (i.e., PRUCOLs) may have been identified as ineligible on the basis of immigration status in this analysis. Close to 40 percent of all of New York State's 200,000 eligible noncitizen children and at least half of all eligible uninsured noncitizen children are estimated to be undocumented noncitizens.

Source: Urban Institute Health Policy Center eligibility simulation model, derived from the 2006 *Annual Social and Economic Supplement to the Current Population Survey* and 2005 New York State eligibility requirements for Medicaid, Family Health Plus, and Child Health Plus.

Additional copies of *Characteristics and Health Insurance Coverage of New York's Noncitizens* may be downloaded, at no charge, from the United Hospital Fund website, www.uhfny.org.



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