

Perceptions of Affordability of Care and Access to Information about Health Insurance among Immigrants after Massachusetts Health Reform

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Background: Under the Affordable Care Act (ACA), immigrants are eligible to gain insurance through Medicaid expansion and subsidized private insurance, although undocumented and legally present immigrants in the US for <5 years will continue to be barred from federally sponsored coverage, including Medicaid. Because immigrants often have limited financial resources, concern about the affordability of care under the ACA remains a concern. In addition, because of limited English language proficiency and limited experience with the US health care system, accessing information about newly available health plans could be a particular challenge for some immigrants. The ACA was modeled on Massachusetts' (MA) 2006 health reform law. Thus, although the MA law covered some low-income legally residing immigrants who are not eligible under that ACA, the MA reform may serve as a bellwether for immigrants' experiences with national health reform, begun only one year ago. Despite MA's efforts to provide insurance to immigrants, no studies have investigated immigrants' experience with perceptions of affordability of care or knowledge of insurance under MA health reform.

Methods: Between August 2013 and January 2014, we conducted face-to-face surveys in four languages of a convenience sample of 1306 (response rate of 81%) patients in three Emergency Departments at the 2nd largest safety net institution in MA. We interviewed 647 immigrants and 664 US-born patients with private (commercial) insurance, no insurance, Medicaid and Commonwealth Care, subsidized insurance made available under the MA reform to low income individuals (including legally residing immigrants). We assessed knowledge about insurance and views on affordability of care and insurance. We determined the percentage of immigrants and non-immigrants experiencing each outcome and then performed comparisons using chi square analyses. We also conducted multivariable logistic regression analyses to adjust for age and gender.

Results: Immigrants reported higher levels of financial burden than did non-immigrants; they were more likely to report that they could not afford basic needs due to medical bills (17% vs 12%, $p=0.0163$) and more likely to be worried about the cost of their current hospital visit (36% vs 22%; $p<0.0001$). Immigrants reported more difficulty affording their insurance (14% vs 9%, $p=0.0141$) and were more concerned about paying their premiums (28% vs 11%, $p=0.0003$). Immigrants were also less likely to know their copayment for regular doctor visits and medications (44% vs 58%, $p=0.0002$), less likely to have received insurance information in their primary language (29% vs 1%, $p<0.0001$), and more likely to report that signing up for insurance would be easier with fewer plans (50% vs 33%, $p=0.0187$). Among those with any chronic disease, immigrants reported no more cost-related barriers to seeking medical care (28% vs 30%, $p=0.6294$). Overall, adjustment for age and gender did not alter the findings.

Conclusions: Despite efforts to provide affordable insurance and information for all residents under MA health reform, immigrants continued to report more difficulty affording and understanding their insurance, though no higher cost-related barriers to care, as compared to non-immigrants. Our findings suggest that disparities in affordability and knowledge about insurance may persist for immigrants insured under the ACA. While some ACA measures – such as increased funding for insurance navigators - could help alleviate the disparities identified here, our study highlights the need for careful monitoring of and likely additional provisions to reduce disparities and improve immigrants' experiences affording care.