



People immigrate to the United States for many reasons, and struggle to obtain legal status for many reasons as well. Immigrants without documents are neighbors, families, coworkers, caretakers, and Minnesotans, and they need health care for the same reasons as everyone else. However many are cut out of supports that allow other low-income families and essential workers to access coverage.

Two proposals have been introduced this year to allow undocumented immigrants who meet the other eligibility requirements to enroll in MinnesotaCare and contribute to affordable coverage at the same costs paid by other Minnesotans at their income level.

- **HF3665/SF3618** removes the ban on MinnesotaCare eligibility for undocumented immigrants. This same language is carried in **Section 5 of HF11/SF2109**.
- The Governor's supplemental budget allows MinnesotaCare eligibility for undocumented immigrants under the age of 19. This is carried in **HF4307/SF4013 Article 4 Section 4** and in **HF4576 Article 2 Section 9**.

Please support these proposals to include undocumented immigrants in MinnesotaCare.

In 2016 95,000 undocumented immigrants comprised 20 percent of the immigrant population and 2 percent of the total state population in 2016.¹ An estimated 30,700 U.S. citizen children in Minnesota have undocumented parents, 2.4% of all children under 18 in the state.²

Undocumented immigrants are not eligible for Medicaid, except through Emergency Medical Assistance (EMA) which only covers care provided in an Emergency Department (ED), an inpatient hospital setting resulting from an ED visit, or limited additional services when specifically approved to prevent a person's medical condition from becoming an emergency condition within 48 hours. EMA doesn't cover chronic or non-emergency conditions even if the long-term effect would be hospitalization or death, nor any of the primary and preventative services people need to support their wellbeing and ongoing health needs. Although uninsured undocumented immigrants may receive sliding-scale primary care at Federally Qualified Health Centers, there are only 17 FQHCs in Minnesota serving a total of 190,000 patients, 12 of those clinics are in Minneapolis or St. Paul,³ and there is much essential specialty care they do not provide.

Access to healthcare is a fundamental human right recognized by the United Nations, World Health Organization and others.⁴ Denying certain immigrants access to healthcare contributes to Minnesota's

¹ [Immigrants in Minnesota, American Immigration Council](#)

² [A Profile of the Unauthorized Immigrant Population in the United State, Migration Policy Institute, 2018](#)

³ <https://mnachc.org/community-health-centers/is-an-fqhc-a-fit-for-your-community/>

⁴ [UN Declaration of Human Rights, WHO Constitution](#)

health inequities. One in three Latina women in Minnesota reported that they could not see a doctor because of costs in 2021.⁵ Immigrants receive optimal care and screening at significantly lower rates than U.S. born Minnesotans for a range of conditions including asthma, diabetes, and mental health needs.⁶ Latinx Minnesotans' have died of COVID-19 at twice the age-adjusted rate of white Minnesotans and their age-adjusted ICU-admittance rate for COVID-19 nearly four times higher.⁷ Because health happens primarily in the community, increased access to insurance coverage has public health benefits beyond just the covered individuals, including preventing new pandemics and other infectious diseases.

As if that weren't reason enough to allow equitable access to coverage, undocumented Minnesotans contribute heavily to Minnesota's economy. In 2018 undocumented immigrants in Minnesota paid an estimated \$191 million in federal taxes and \$108 million in state and local taxes.⁸ Immigrant workers make up more than 1 in 10 Minnesota workers,⁹ and immigrants are 24% more likely to work than U.S. born Minnesotans.¹⁰ According to Census Bureau Data, 69% of undocumented immigrants work in front-line jobs considered "essential" to the U.S. fight against COVID-19,¹¹ including agriculture, meat packing, grocery, manufacturing, janitorial and cleaning services, security, and construction.

For all of these reasons, many states either cover or are considering covering low-income undocumented immigrants through state-funded healthcare programs. Six states and D.C. already cover undocumented youth with state-funds (IL, NY, CA, CT, WA, MA). New York is poised to cover undocumented adults with state funds under their BHP. Illinois covers undocumented immigrants over age 65, and California will offer Medi-cal to undocumented adults over 50 starting in May 2022.

Community Voices

"I have patients that they have to choose between buying food for their kids today and having a tooth pulled. People know that they have a chronic disease but are terrified of re-entering the healthcare system because they don't think that they can afford this one," health care provider, MN Council of Latino Affairs (MCLA) Community Listening Session, Mankato, June 2017

"I met a patient that had a retinal tear. And if he didn't get the services, he would go blind, but EMA said that it wasn't life threatening. And I thought that if they don't do something then it's going to be a lot worse, he's now going to have a disability and not be able to work and it's going to cost a lot more to help him out" Latina participant, MCLA Community Listening Session, Willmar June 2017

"My daughter is currently 11 years old. She was a vibrant child who loved and excelled in her school work until last year when she contracted COVID-19 and became very ill. We can not afford to seek any more help through a regular clinic or doctors because we are unable to pay the high hospital bills we already have. We continue to receive calls and bills from them which are impossible for us to survive. We are responsible people but without insurance we have been devastated." Reina, Willmar, patient at a Fe y Justicia free clinic in St. Cloud, 2022

⁵ [Women's Foundation of Minnesota. 2022 Status of Women and Girls in Minnesota](#)

⁶ [MN Community Measurement Health Disparities Report 2020](#).

⁷ [Minnesota Department of Health COVID-19 Data by Race and Ethnicity](#), accessed 3/21/22

⁸ [Immigrants in Minnesota. American Immigration Council. 2020](#)

⁹ [Immigrants in Minnesota. American Immigration Council. 2020](#)

¹⁰ [The Contributions of New Americans in Minnesota. New American Economy, August 2016](#)

¹¹ ["Sixty-nine percent of undocumented workers have jobs essential to fighting COVID-19, says study."](#) NBC News, 12/16/20