‘Race-ing’ Immigration and Citizenship: Life along the Racialized Documentation Status Continuum

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Outline for Talk

• Focus for Today’s Talk
• Theoretical Background: Citizenship, Documentation Status, Public Policy
• Data and Methods
• Findings
• Conclusion
• Implications of 2016 Election
• Research Trajectory
How public policy facilitates a racialized citizen-noncitizen divide in U.S. society?

- Discourse: undeserving undocumented vs deserving documented immigrants
- Role of prior public policy: immigration, welfare
- Relationship to recent health policy: MA and ACA health reforms, Trump admin immigration policy
- Argument: Public policy has created classes of individuals on the basis of documentation status who are situated along a *racialized documentation status continuum*
Legal/State/Political Citizenship (Flores-Gonzalez 2017; Gottleib 2015; Smith 2015)
- Person is legally recognized as a citizen
- Tied to state sovereignty, determines who is officially part of a nation-state
- Members legally entitled to certain benefits while nonmembers may be excluded

Social Citizenship (Flores-Gonzalez 2017; Mettler 1998; Fix and Laglaron 2002)
- Person feels fully politically and socially included as a citizen

Stratified/Differentiated Citizenship (Epp et al. 2014; Flores-Gonzalez 2017; Mettler 1998; Smith 2015)
- All legal citizens may not be social citizens
- Stratifiers: Race/ethnicity, gender, sexual orientation, social class
- Policy has been used to stratify the U.S. citizenry
Estimated 41 million immigrants in U.S. (MMPI 2015)

Impact on country: racially, politically, socially, economically

Increasing racial and anti-immigrant sentiment towards immigrants

• Fear of racial and foreign “others”: national security
• Immigration racialized as Latino issue

Discrimination, Social Exclusion → Marginalization
Construction of “Legality”

• Children & adolescents: Abrego (2011); Enriquez (2015); Gonzales (2015)
• Adults: De Genova (2002); Dreby (2015); Menjivar (2006); Massey and Sanchez (2010); Yukich (2014);


• Having Temporary Protected Status (TPS) creates precarious lives for immigrants

Deportability of Immigrants

• All non-citizens are vulnerable, even Legal Permanent Residents (LPRs) (Brotherton and Barrios 2011; Golash-Boza 2012, 2015)
U.S. Immigration Policy

• Race/ethnicity as basis for citizenship until 1965 Immigration and Nationality Act

• Illegal Category created through restrictive policies and border enforcement starting in 1800s through present (Ngai 2004; Massey et al. 2002)

• 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA): employment verification, border security, fraudulent documents

• No comprehensive reform since 1996, (no) DACA, state-level policies

• Disproportionately affects people of color
Welfare Policy

• New Deal Reforms: race and gender as basis for exclusion despite citizenship eligibility (Fox 2012; Mettler 1998)
• Racial Stereotypes of “welfare” queens and undeserving recipients
• 1996 Personal Responsibility and Work Opportunity Act (PRWORA): 5 yr residency bar for LPRs to receive benefits

Health Policy

• Documentation Status: basis for (in)eligibility for Medicaid, etc. (Castaneda 2017; Joseph 2016, 2017; Marrow and Joseph 2015; Sanchez et al. 2017)
• Ethno-racial disparities in access to coverage and care despite eligibility (Artiga et al. 2016; Sanchez et al. 2017; Vargas and Flores 2017)
Law Enforcement/Criminal Justice/Penal Policy
(Alexander 2010; Armenta 2015; Epp et al. 2015; Golash-Boza 2015)

- Police Stops and Racial/Immigrant Profiling
- Different Prison sentences for similar offenses
- Prison/Detention Industrial Complex

All of these policies have yielded and exacerbated various ethno-racial disparities

- Disproportionately affect noncitizens and citizens of color
- Gender and class impacts (i.e. poor men of color)
- Illustrate the intersection of de jure and de facto discrimination, importance of relationality
Data and Methods

Policy Analysis of MA and ACA Reforms

• Role of documentation status, race, ethnicity
• Intersection with immigration and welfare policy

153 Semi-structured Interviews: 3 groups in Boston

• Immigrants
• Healthcare Providers
• Immigrant/Health Organization Employees
• Role of documentation status, race/ethnicity in healthcare system experiences, everyday life
### Semi-Structured Interviews (N=153)

<table>
<thead>
<tr>
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<tr>
<td><strong>Immigrants (N=70)</strong></td>
<td>N=31</td>
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<td>Brazilians</td>
<td>21</td>
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<tr>
<td>Dominicans</td>
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<td>Salvadorans</td>
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<td><strong>Health Care Providers at BHC (N=38)</strong></td>
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<tr>
<td>Physicians</td>
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<td>Medical Interpreters</td>
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<td>Other Medical Staff</td>
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<td><strong>Immigrant/Health Organizations (N=45)</strong></td>
<td>N=20</td>
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<td>Brazilian</td>
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<td>Salvadoran</td>
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<td>General Immigrant Organizations</td>
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<tr>
<td>Health Organizations</td>
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<tr>
<td>City/State Officials</td>
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<tr>
<td><strong>Total</strong></td>
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<td>83</td>
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BHC = Boston Health Coalition
**Latin American Immigrants (N=70)**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>2012-2013 Immigrant Sample (N=31)</th>
<th>2015-2016 Immigrant Sample (N=39)</th>
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<tbody>
<tr>
<td></td>
<td>Brazilians (N=21)</td>
<td>Dominicans (N=10)</td>
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<tr>
<td>Gender (# women)</td>
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<td>5</td>
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<tr>
<td>Median Age (years)</td>
<td>40</td>
<td>55</td>
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<tr>
<td>Average Time in US (years)</td>
<td>12</td>
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<tr>
<td>Documentation Status</td>
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<td>- Current Undocumented (N)</td>
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<td>- Current Visa/Green Card Holders (N)</td>
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<td>- Current Naturalized Citizens (N)</td>
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<td>Health Insurance Coverage</td>
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<td>- Mass Health (N)</td>
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<td>- Commonwealth Care (N)</td>
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<tr>
<td>- Private (N)</td>
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Boston Health Coalition Demographics (N=38)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>2012-2013 Sample (N=19)</th>
<th>2015-2016 Sample (N=19)</th>
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<td>Gender (# women)</td>
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<td>14</td>
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<tr>
<td>Average Age (years)</td>
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<td>Number of Years at BHC</td>
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<td>Number of BHC Sites</td>
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<td>Occupation Categories</td>
<td>Physician, Psychiatrist, Interpreter, Social Worker, Outreach</td>
<td>Physician, Psychiatrist, Interpreter, Multicultural Affairs</td>
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<td>Ethnoracial Classification</td>
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<tr>
<td>- White (N)</td>
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<td>- Black (N)</td>
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<td>- Latino/Hispanic (N)</td>
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<tr>
<td>- Asian American (N)</td>
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<td>1</td>
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<tr>
<td>- Other (N)</td>
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### Immigrant/Health Organizations Demographics (N=45)

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>2012-2013 (N=19)</th>
<th>2015-2016 (N=26)</th>
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<tbody>
<tr>
<td></td>
<td>Staff Position</td>
<td># Interviewed</td>
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<tr>
<td>Brazilian Immigrants</td>
<td>Exec Director, Board Member, Health Education</td>
<td>6</td>
</tr>
<tr>
<td>Salvadoran Immigrants</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Dominican Immigrants</td>
<td>Exec Director, ESL</td>
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<tr>
<td>Immigrant Advocacy</td>
<td>Coordinator</td>
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</tr>
<tr>
<td>Health Advocacy</td>
<td>Health Policy, Helpline Staff, Communications</td>
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<tr>
<td>Miscellaneous Advocacy</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Local/State Government</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Data and Methods, cont’d

Ethnographic observations at immigration, healthcare events

Analysis

• Access to health coverage and care
• Daily and overall life
• Intersection of race, ethnicity, and documentation status
Findings: Theoretical

Documentation Status Continuum

- Various documentation statuses ascribed by law
  - Has socioeconomic/political consequences (voting, benefits)
  - *Legal basis* for discrimination

- Continuum rather than a binary
  - Undocumented at one end, citizens at other
  - *All noncitizens are deportable*, naturalized citizens: revocable
  - U.S. Born are most privileged: entitled to all benefits
  - Movement to the right in continuum improves situation, but is difficult with current immigration policy
Findings: Theoretical, cont’d

Documentation Status Continuum (DSC)

1996 - present

- Most Vulnerable
- Undocumented Immigrants: high priority e.g. DACA, children, Tourist B1/B2, Work H2A/B (1986), Student F1, M1, Work H1B
- Visa-Holders: 11M (FY16)
- TPS (1990), Asylees (1980), Refugees (1952), LPRs (1940)
- Deportable: 340K (FY16), 26K (FY16), 54K (FY17), 13.3M
- Least Vulnerable

Slide 17
Racialized Documentation Status Continuum (RDSC)

- Importance of race/ethnicity throughout U.S. history
  - Immigration issue currently framed as Latino/minority
  - Racial disparities continue into present
  - Role of white privilege/phenotype

- Intersection of race/ethnicity and documentation status
  - Most current immigrants are of color: double vulnerability
  - Citizens of color subject to de facto discrimination
  - Immigration/law enforcement affects these groups disproportionately
Findings: Theoretical, cont’d

Racialized Documentation Status Continuum (RDSC)

* Includes Blacks, African/Caribbean immigrants, dark Latinos
# Health Coverage along DSC

## Findings: Theoretical, cont’d

<table>
<thead>
<tr>
<th>Coverage Based on Documentation Status</th>
<th>MA: Ch. 58 (Pre-PPACA)</th>
<th>MA: Post-PPACA Implementation</th>
<th>PPACA in Other States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented</td>
<td>Yes: HSN* if income eligible No: Exchange</td>
<td>Yes: HSN if income eligible No: Exchange</td>
<td>No coverage</td>
</tr>
<tr>
<td>Undocumented Deferred Action Recipients (Dreamers)</td>
<td>Yes: HSN if income eligible No: Exchange</td>
<td>Yes: HSN if income eligible No: Exchange</td>
<td>No coverage</td>
</tr>
<tr>
<td>Temporary Protected/ Special Status: Refugees, Asylees</td>
<td>Yes: HSN, Exchange, Mass Health, CommCare** if income eligible</td>
<td>Yes: HSN, Exchange, Mass Health Standard/ CarePlus if income eligible</td>
<td>Eligible for all</td>
</tr>
<tr>
<td>Visas: Work, Student</td>
<td>Yes: HSN if income eligible, Private via Exchange No: Mass Health, CommCare</td>
<td>Yes: HSN if income eligible, Private via Exchange No: Mass Health Standard/ Care Plus</td>
<td>Yes: Private via Exchange No: Medicaid</td>
</tr>
<tr>
<td>Legal Permanent Residents (&lt; 5 years in US)</td>
<td>Yes: HSN, CommCare if income eligible, Private via Exchange/ Carriers if &gt; 400% FPL No: Mass Health</td>
<td>Yes: HSN, ConnectorCare if income eligible, Private via Exchange/ Carrier if &gt; 400% FPL No: Mass Health</td>
<td>Yes: Private via Exchange with income &lt; 400% FPL No: Medicaid</td>
</tr>
<tr>
<td>Legal Permanent Residents (&gt; 5 years in US)</td>
<td>Eligible for all</td>
<td>Eligible for all</td>
<td>Eligible for all</td>
</tr>
<tr>
<td>Naturalized and US-born Citizens</td>
<td>Eligible for all</td>
<td>Eligible for all</td>
<td>Eligible for all</td>
</tr>
</tbody>
</table>

Source: Joseph 2016

Slide 20
Findings: Interview Data

Being a Noncitizen of Color Strains Healthcare Access even with Coverage

We face issues with Latino patients who are facing deportation because they were coming to the clinic and they were pulled over. There was a period of time when the new reform came about and the new law was put in place that the police were going and stopping people and doing raids and stuff. So a lot of our patients got caught. We had a patient who was coming to the clinic one day, and they called to say, “I'm not going to make it to the visit because on my way to the clinic I saw a police car, so I'm turning around.” So all that plays in with the patients. And patients sometimes get afraid to drive without a license and they don't have the money to get a cab or transportation.

-Social Worker, Boston Health Coalition 2012-2013
Mistreatment tied to intersection of race, ethnicity, documentation status

If you're more like, dark skinned, sometimes that plays in your favor because they [ICE] might say "he's African American." But, our people [Salvadorans], that are like "Indian" type of color, we have a huge disadvantage. So, that would be the only difference (between Latinos). Because if you're illegal, but you're from Ireland, and you're illegal but your from El Salvador, who has a better chance when ICE comes to a T Station, they [ICE] have a profile. And they won't stop any white people, thinking that they are illegal. And there are some of our people that are very very white-looking that they don't get in trouble so much.

-Salvadoran Pastor and Advocate, 2015-2016
My family is here, they came legally with residency (LPR) status. So, they arrived fine, different from me because I was illegal... Since they arrived, they could get work, apply and get apartments. They arrived good. And here I have suffered so much because there is this enclosure [being closed in], the snow, all this depression, and so much stress…” Here, as an immigrant, you’re less. They are racist towards you. If you’re Hispanic, don’t know English, and don’t have papers, they [Americans] believe you’re a pickpocket, that you’re a thief, that you’re a nobody. And it shouldn’t be that way because we are all human beings even if you don’t have papers.

-Male Dominican, 2012-2013
Legal Limbo of Temporary Protected Status

At this time, Nicaragua, Honduras, and El Salvador are the countries that have been in TPS for maybe 15 years and they are eager to earn the legal permanent residence because they feel that they earn[ed] it, doing good things over here. We are tired of being in this process of renewing, paying $465, waiting for the work permit. Sometimes, we lose our jobs because the companies, they said you need to bring your work permit or authorization. I believe that that piece of regulation by the U.S. definitely needs to be done as soon as possible. I guess people who don't have any piece of document, it's worse, it is, they feel that now with the election time, talking about deporting, specifically from the Republicans, saying we're going to deport every single (laughs) undocumented here, that doesn't bring you piece of mind, it stresses you every day, it makes you sick because you're thinking "am I going to be deported?"

-Salvadoran Immigrant Organization Employee, 2015-2016
Movement along Continuum can improve Coverage Eligibility

It was [difficult to get care] for a while, but I understand the reasons for it. I overstayed [visa]. I knew I wouldn’t have access to medical [insurance]. Every time I would go [to doctor] I thought I would get like a $2000 bill and if I did not pay, the police would go to my house and deport me. When you are illegal, you are afraid. And then finally this year after the green card came, then me and my husband got Commonwealth Care [insurance]. And I cried when I saw the letter. It was so, I have got to tell you, I love this system here, everything.

-Female Brazilian immigrant, 2012-2013
Conclusion

ACA Implementation/Repeal Attempts

Imperfect ACA implementation, Repeal Attempts, and existing public policy exacerbate these divides

Categorical Inequality in Healthcare \(\rightarrow\) Disparities by race, documentation status, income, and state of residence

Current Status of State Medicaid Expansion Decisions, 2014

NOTES: Data are as of June 18, 2014. *AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and implemented in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014. SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here]. States noted as “Open Debate” are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.
DSC and RDSC can be extended to other benefits

Public Policy is creating different classes of people along the DSC \(\rightarrow\) racialized citizen vs noncitizen divide

- Increases social and symbolic boundaries between immigrants and citizens (Marrow and Joseph 2015, Joseph 2017)
- And between whites and people of color (Flores-Gonzalez 2017)
- May have implications for other social constructions (i.e. gender, social class)
- Stratified citizenry
- De jure/facto discrimination, social inequality
Conclusion, cont’d

Limitations and Broader Implications

• Small sample in progressive Boston
  – How might this play out in other immigrant-friendly/hostile or more/less racially diverse locales?

• Research needs to move beyond binary and use DSC
  – Consider how race, ethnicity, and documentation status intersect
  – Explore in-between noncitizen statuses and impact on life in U.S.

Shifting policy regimes and how this affects immigrants and “citizens” of color in current socio-political climate?

MORE RESEARCH NEEDS TO BE DONE
Overtly racialized anti-immigrant policies
- “Law and Order” stance
- Increasing immigration and law enforcement, community (of color) distrust
- Ending DACA, Diversity Lottery Program, TPS for certain nationalities, Shifting Public Charge Policy?

Recent Health Policy Shifts
- Failed ACA Repeal Attempts and removal of Individual Mandate in 2017 Tax Bill?
- Trump EO on ACA: subsidies, essential benefits?
- May reshape MA health policy landscape again
  - Future of Health Safety Net (HSN) Program, coverage for other immigrants?

MAY YIELD MORE STRATIFIED CITIZENRY BY DOCUMENTATION STATUS, RACE/ETHNICITY, CLASS, AND STATE OF RESIDENCE
Implications of 2016 Election

Chilling Effect in Immigrants’ Use of Social Services

Of course, people are afraid, and particularly with Islamophobia, with anti-immigrant sentiment which is way too prevalent these days and with people like I don’t even want to say his name, Donald Trump and the flames of hate, and just such misguided ideas about policy, I think people get even more afraid and it really does create a culture of fear in some immigrant communities... And what I hear from my clients and from my partner organizations is that people really are afraid and that this kind of rhetoric that we hear really does drive people away, and people they stay in the shadows, they don’t want to apply for coverage, I mean including if they have legal status.

- Health Law Advocate, 2015-2016
Next Steps and Future Research

Conduct additional research with relevant stakeholders (2019-2020)

• Reassess micro-level impact of shifting policies/events in Boston
  – ACA/MA health, GOP governor vs Dem mayor, intersecting policies

• Examine how these are influencing migration to Boston area
  – Transnational flows: Salvadorans (Temporary Protected Status expiration), Brazilians (new influx), Dominicans (Hurricane Maria)

• Explore intersection of de jure/facto discrimination for immigrants and ethnoracial minorities
Acknowledgements

Respondents

RWJF Health Policy Scholars Program, Harvard University

ASA FAAD Program

Woodrow Wilson Foundation

College of Arts and Sciences, Stony Brook University
Questions/Feedback?

Email: t.joseph@northeastern.edu
Website: www.tiffanyd joseph.com
Supplemental Slides
Background: MA Health Reform

- Signed into law 4/12/06
- Individual Mandate
- Health Exchanges
- Cost Containment
- **Includes** immigrants
- Model for ACA

“May it be said of this day that something good and lasting happened here... an achievement for all the people of our Commonwealth and perhaps for the rest of America, too”

—U.S. Senator Ted Kennedy
Background: ACA

- Signed into law 2010
- Individual Mandate
- Medicaid Expansion
- Health Exchanges
- *Excludes* many immigrants
- Imperfect Implementation

*May be repealed and replaced?*

President Obama signing ACA
Immigrants by Documentation Status

Estimated Total = 41.3 million

Source: Migration Policy Institute 2014, 2015
Coverage Determinants

- Income eligibility
- Documentation: aligns with DSC; proof of residency, income
- “Categorically Unequal” (Light 2012)

Coverage Options

- Private Insurance
  (high-income)
- Commonwealth Care
  (private insurance subsidized via health exchange)
  (middle-income; must be documented, but no 5-year residency requirement)
- Mass Health
  (Medicaid/SCHIP programs)
  (low-income; must be documented, 5-year residency requirement)
- Health Safety Net
  (state-funded access to the safety net)
  (low-income; unauthorized & anyone else left uninsured post-reform)

Source: Joseph 2016
<table>
<thead>
<tr>
<th>HSN 2006-2016</th>
<th>HSN 2016 -</th>
</tr>
</thead>
<tbody>
<tr>
<td>State budget: $30M/year</td>
<td>State budget: eliminated for FY 2017</td>
</tr>
<tr>
<td>Retroactive eligibility: 6 mo.</td>
<td>Retroactive eligibility: 10 days</td>
</tr>
<tr>
<td>Income eligibility: &lt;400% FPL</td>
<td>Income eligibility: &lt;300% FPL</td>
</tr>
<tr>
<td>Deductibles: &gt;=200% FPL</td>
<td>Deductibles: &gt;= 150% FPL</td>
</tr>
</tbody>
</table>

**Bottom line:** Reduced coverage for federally ineligible immigrants and low-income residents, increased costs for them and healthcare facilitates that serve them.

MA Health Coverage Options (Pre-ACA implementation)

Apply to Mass Health

**Health Safety Net**
- Un(der) insured
- Citizenship ≠ matter
- Income ≤ 400% FPL
- HSN Trust Fund

No card issued
- Safety Net hospitals
- Various Services

**Mass Health**
- Children
- Adults 19-64
- Low income

Card issued
- Can be used at accepted hospitals
- Various Services
- Dental (some)

**Commonwealth Care**
- Mass Health Ineligible
- Ages 19-64
- Citizens, Documented
- Low/Middle Income
- The Connector

Card issued
- Accepted more
- Various Services
- Vision Care
- Dental (some)
MA Health Coverage Options (Post-ACA implementation)

Apply to Commonwealth Connector

**Health Safety Net**
Income \( \leq 400\% \) FPL
*State-Funded*
*Citizenship ≠ matter*

- No card issued
- Various Services Accepted at 101 facilities
- No private care

**Mass Health Standard/Care Plus**
Income < 133% FPL
*Federally-Funded*
(Documented, *LPRs > 5 years*)

- Card issued
- Various Services Accepted where Medicaid is

**Connector Care**
Mass Health Ineligible
Income 133-%<400% FPL
*State-Funded*
(Documented, *LPRs > 5 years*)

Low/Middle Income
The Connector

- Card issued
- Various Services Accepted where private plan is
Current Status of State Medicaid Expansion Decisions, 2014

- **Implementing Expansion in 2014 (27 States including DC)**
- **Open Debate (3 States)**
- **Not Moving Forward at this Time (21 States)**

**NOTES:** Data are as of June 10, 2014. *AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and implemented in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

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# Background: MA Demographics

<table>
<thead>
<tr>
<th>Relevant Demographics from 2010 Census (%)</th>
<th>MA</th>
<th>US</th>
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</thead>
<tbody>
<tr>
<td>Population, 2012 Estimate (Millions)</td>
<td>6.6</td>
<td>313</td>
</tr>
<tr>
<td>Female</td>
<td>51.6</td>
<td>50.8</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>76.4</td>
<td>63.4</td>
</tr>
<tr>
<td>Hispanic/Latino Origin</td>
<td>9.9</td>
<td>16.7</td>
</tr>
<tr>
<td>Black</td>
<td>7.8</td>
<td>13.1</td>
</tr>
<tr>
<td>Asian Persons</td>
<td>5.6</td>
<td>5</td>
</tr>
<tr>
<td>Foreign Born (Immigrants)</td>
<td>14.7</td>
<td>12.8</td>
</tr>
<tr>
<td>Undocumented Immigrants*</td>
<td>2.4</td>
<td>3.8</td>
</tr>
<tr>
<td>Other Language Spoken at Home</td>
<td>21.4</td>
<td>20.3</td>
</tr>
<tr>
<td>Education: Bachelor's or Higher</td>
<td>38.7</td>
<td>28.2</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$66K</td>
<td>$53K</td>
</tr>
<tr>
<td>Persons Below Poverty Level</td>
<td>10.7</td>
<td>14.3</td>
</tr>
</tbody>
</table>

* Source: Pew Hispanic Center, 2011
Background: MA Demographics

MA Race/Ethnic Makeup
- Non-Hispanic White: 76.4%
- Black: 7.8%
- American Indian: 0.5%
- Asian: 5.6%
- Hispanic/Latino: 9.9%
- 2+ races, 2:

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- 2+ races, 2.3:
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Top 10 Foreign-Born Populations in MA (2010 ACS)

- Brazil: 70,897 (21%)
- Dominican Republic: 68,314 (7.7%)
- China (excluding Hong Kong, Taiwan): 64,390 (4%)
- Portugal: 58,743 (4.5%)
- India: 51,129 (3%)
- Haiti: 48,280 (8%)
- Vietnam: 34,087 (3%)
- Canada: 29,852 (3.7%)
- El Salvador: 27,625 (2.3%)
- Guatemala: 26,384 (3.2%)

Countries of Origin (%= MA/US)