

## IMPORTANT FACTS ABOUT IMMIGRANTS AND THE US HEALTH CARE SYSTEM

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Immigration restrictionists and nativists often assert that immigrants, both legal and illegal, are overburdening the US health care system. Some argue that immigrants come to this country for the purpose of getting health care, bring communicable diseases with them, strain the capacity of hospitals to treat them, and that the health of the native-born population is suffering as a result of this “overuse” of the system. Here are some facts and research findings that call into question all of these assumptions.

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- Many immigrants are ineligible for public health insurance programs.
- Immigrants are often employed in industries and jobs that do not provide private health insurance coverage.
- Uninsured immigrants, like other uninsured Americans, often postpone seeking treatment for illness because they can't afford the cost.
- Health care expenditures for immigrants are lower than for U.S.-born persons. A recent study showed that per capita health care expenditures for immigrants were 55% lower than for native-born persons.<sup>1</sup>
- When immigrants arrive in the United States, they are more likely to be healthier than native-born individuals. In New York City, immigrants had comparable or lower death rates from the 10 leading causes of death than native-born Americans.<sup>2</sup>
- Contrary to widely held assumptions, immigrants appear to make less use of emergency room services than native-born individuals.<sup>3</sup> It is also wrong to assume that emergency rooms dispense all the health care that uninsured people need.
- The New Jersey Hospital Association estimates that undocumented immigrants used 18.75% of the total \$1.6 billion that New Jersey hospitals spent in 2006 and 2007 serving poor and uninsured patients through the Charity Care program.<sup>4</sup> Based on an estimate of 400,000 undocumented immigrants in the state, the average per capita expenditure per undocumented immigrant was \$37.50, of which roughly half was reimbursed by the state and half covered by the hospitals. If the Association's estimate is correct, the total cost to New Jersey taxpayers for Charity Care services to undocumented immigrants during this period was \$75 million.
- All human beings, whether immigrant or native-born, will consume publicly-funded services during the course of their lifetimes, especially during childhood

and old age. Most will also pay into the system during their productive years through direct and indirect tax payments. In order to calculate the net contribution (or the net loss) requires a complicated analysis. Isolating a single expenditure and suggesting that it proves a pattern of dependence is misleading. By and large, immigrants, whether documented or not, are helping to finance the cost of retirement for the baby boom generation. They're also providing the care for the infirm elderly.

*Information compiled by Dr. Nicholas V. Montalto, Diversity Dynamics, LLC, Cranford, New Jersey.*

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<sup>1</sup> "Health Care Expenditures of Immigrants in the United States: A Nationally Representative Analysis," *American Journal of Public Health*, Vol. 95, No. 8.

<sup>2</sup> "The Health of Immigrants in New York City," New York City Department of health and Mental Hygiene, June, 2006.

<sup>3</sup> Peter Cunningham, "What Accounts for Differences in the Use of Hospital Emergency Departments Across U.S. Communities?" *Health Affairs*, July 18, 2006.

<sup>4</sup> "Illegal Immigrants Turn to Hospitals for Care," *Courier-Post*, July 6, 2007