

I Access to Health Care

Lack of health insurance and health care access pose serious health risks to the reproductive health of Latinas. The number of uninsured, low-income Latinas has climbed to a staggering 51% in 1998ⁱ and has only decreased to 38% in 2005.ⁱⁱ The number of Latinas receiving Medicaid declined from 29% in 1994 to 12% in 2004.ⁱⁱⁱ Without health insurance, many Latinas are forced to delay or forgo health care altogether. For example, approximately 25% of Latinas have not visited a physician in the last year, and almost one-third of Latinas do not have a regular health care provider. Latinas who cannot access important preventative care services are less likely to detect diseases at early stages. For example, the fact that almost one-third of Latinas have not had a clinical breast exam may explain why Latinas have a higher morbidity rate from breast cancer.

Immigrant Latinas have even less access to health care as result of recent changes in federal and state funding. Namely, the Deficit Reduction Act of 2005 (DRA) made funding cuts to the Medicaid program while further restricting eligibility rules. Medicaid partners with states to provide health coverage and long term care assistance to over 39 million people in low-income families, which includes citizen and non-citizen (legal permanent resident) immigrants who have been in the U.S. for five years or more.^{iv} Enactment of the DRA shifts costs to beneficiaries, as well as limiting healthcare coverage and access to services for low income beneficiaries.^v In addition, the lack of employer-based health insurance in industries that employ the majority of immigrants contributes to vast numbers of Latinas who are uninsured. Today, approximately 56% of low-income Latina *immigrants* of reproductive age lack health insurance.

To address the crisis in health care coverage among Latinas, the following recommendations are offered:

Policy Recommendations

- ☑ Develop a Universal Healthcare System^{vi}
 - A move toward a universal health care system through a publicly funded program would contribute to expanding health care coverage to uninsured Latinas. Such services would provide coverage for all medical services regardless of immigration or economic status. In addition, government subsidies and tax incentives offered to private employers to provide employer-based insurance allows the private sector to play a role in providing low-income Latinas who cannot afford health insurance with critical health care.

National Latina Institute for Reproductive Health

Blueprint for Action

- ☑ Restore Federal and State Level Safety Net Programs
 - Restore federal Medicaid and SCHIP eligibility for lawfully present immigrants, protect Medicaid as a safety net program, and remove Puerto Rico from the Medicaid cap. By restoring publicly funded programs at federal and state levels, Latinas that are currently marginalized from accessing healthcare services due to economic and legal status would be enabled to access the care that they need for their reproductive health.
- ☑ Increase Public Funding at Federal and State Levels
 - Increase federal and state funding for comprehensive reproductive health care services, including health screenings for cervical and breast cancer, HIV/AIDS and sexually transmitted infections (STIs), family planning and abortion access. Latinas have disproportionately high rates of cervical cancer, STI and HIV/AIDS contraction compared to white women and other ethnic minorities in the U.S., yet they are not receiving the preventative reproductive healthcare they need due to economic, language and legal status barriers.
- ☑ Develop an Office on Latina Health
 - An Office on Latina Health needs to be developed within the Department of Health and Human Services to coordinate Latina health initiatives, collect data, develop cultural competency materials and provide training and technical assistance in order to coordinate Latina health initiatives. An Office dedicated to addressing the specific challenges faced by Latinas in accessing reproductive healthcare would be a first step to eliminating some of these barriers.

ⁱ Kaiser Family Foundation, Women's Health Policy Facts, (February 2001) available at <http://www.kff.org/uninsured/upload/Health-Insurance-Coverage-Of-Low-Income-Women-Fact-Sheet.pdf>

ⁱⁱ Kaiser Family Foundation, Women's Health Policy Facts, (February 2007) available at http://www.kff.org/womenshealth/upload/6000_05.pdf

ⁱⁱⁱ Kaiser Family Foundation, Women and Health Care: A National Profile (July 2005) available at <http://www.kff.org/womenshealth/upload/Women-and-Health-Care-A-National-Profile-Key-Findings-from-the-Kaiser-Women-s-Health-Survey-Chapter-3.pdf>

^{iv} Only Emergency Medicaid available to unqualified immigrants

^v The Kaiser Commission on Medicaid and the Uninsured, Deficit Reduction Act of 2006: Implications for Medicaid, (February 2006) available at www.kff.org/medicaid/7465.cfm

^{vi} A push toward a universal health care system is supported in international law by various international human rights instruments that ensure the right to health care: *Universal Declaration on Human Rights*, Article 25, *International Covenant on Economic, Social and Cultural Rights*, Articles 7, 11, 12, *Convention on the Elimination of All Forms of Discrimination Against Women*, Articles 10, 12, and 14; *Convention on the Rights of the Child*, Article 24, available at [www.1.umn.edu/humanrts/](http://www1.umn.edu/humanrts/)