



YOUNG LATINOS AND THE ACA

Why Young Latinos Need Affordable Health Coverage

Young Latinos/Hispanics¹ are uniquely positioned to benefit from the new health care reform law, known as the Affordable Care Act (ACA). Latinos are the largest and fastest growing community of color in the United States. About 53 million Latinos live in the US, representing 17 percent of the national population.² Young Latinos ages 18 to 34 make up more than 28 percent of the total.³

Unfortunately, Latinos are uninsured at the highest rate of any ethnic group in the US.⁴ Young Latinos are even worse off — *almost half of Latinos ages 18 to 34 are uninsured.*⁵ That means fewer doctor visits and reduced health care access, leading to poorer health outcomes.⁶ Lower socio-economic status compared to non-Latino whites, limited language proficiency, and lack of a usual source of care all contribute to health disparities among Latinos.⁷ **The ACA stands to decrease these health disparities among young Latinos by increasing access to (1) affordable health insurance coverage; and (2) health services critical to the Latino community.**

Increasing Access to Health Insurance Coverage for Young Latinos

The ACA will provide low-income young Latinos with unprecedented access to quality, affordable health care. Many young Latinos have lower salaries⁸ and higher unemployment rates than white young adults.⁹ Low-income individuals may face difficulty paying for insurance. Even insured low-income individuals, sometimes struggle to afford out-of-pocket expenses associated with many health plans. Without access to affordable health insurance or health care services, many forego preventive care, become hospitalized for preventable diseases, and incur unmanageable medical expenses after treatment.¹⁰

*Since its enactment in 2010, the ACA has already made it possible for an estimated 913,000 additional Latino young adults to acquire health insurance.*¹¹ Most notably, the ACA provision allowing young adults to join their parent's health insurance plan until age 26 has extended coverage to an estimated 736,000 Latino young adults.¹² These, and other newly insured young Latinos, now have access to immunizations, HIV screenings, maternity care and a number of other preventive services at no extra cost.¹³ Additionally, plans beginning in 2014 can no longer deny a person coverage or charge them more because of a pre-existing health condition.¹⁴

New Health Insurance Marketplaces

Overall, as many as 10.2 million uninsured Latinos living in the US—including 6.5 million uninsured Latinos ages 18 to 34¹⁵—could be eligible for coverage through the new state health insurance marketplaces (“exchanges”) that opened to the public on October 1, 2013.¹⁶ Accessible via websites, call centers, or in-person assistance, health insurance marketplaces allow individuals, families, and small businesses to shop for and enroll in insurance plans. All plans sold on the new marketplaces will cover ten categories of “essential health benefits” ranging from prescription drugs to maternity care, and

specified preventive services at no extra cost.

*Up to 4 million of the 6.5 million uninsured Latinos ages 18 to 34 may also be eligible for a new kind of advanceable tax credit that will lower the cost of buying a plan on the marketplace.*¹⁷ Individuals with household incomes between about \$11,500 and \$46,000, or \$23,000 and \$94,000 for a family of four, who do not have an offer of affordable coverage through their employer could be eligible for this new benefit. Unlike normal tax credits, this credit can be applied immediately to reduce your monthly health insurance premiums up front.

Expanded Eligibility for Medicaid

Twenty-five states and the District of Columbia, including three of the five states with the largest Latino populations—California, New York, and Illinois—are expanding their Medicaid programs under the ACA.¹⁸ Previously, to qualify for Medicaid coverage, individuals had to be low-income and belong to an eligible group (ex. children, pregnant women, parents, blind or disabled). Thanks to the ACA, states have the option of expanding Medicaid eligibility to all individuals with incomes at or below 138 percent of the poverty level—currently about \$16,000 for individuals and \$32,500 for a family of four. This expansion will not only extend health coverage to more low-income families, but will also guarantee coverage to low-income adults without children for the first time. *Up to 3 million of the 6.5 million of the uninsured Latinos ages 18 to 34 could gain coverage through Medicaid, if all states adopted the ACA's Medicaid expansion.*¹⁹

Increasing Access to Needed Health Care Services

A number of studies have shown that certain health challenges disproportionately affect young Latinos. Increased access to regular health screenings, preventive services, and regular treatments made possible by the ACA may help address the health disparities that currently exist between Latinos and members of other ethnic groups. Preventive services like HIV screenings for everyone ages 15 to 65; diabetes (Type 2) screening for adults with high blood pressure; diet counseling for adults at higher risk for chronic disease; obesity screening and counseling for all adults; and sexually transmitted infection (STI) prevention counseling for adults at higher risk are now covered on insurance plans at no additional cost, i.e. without a copayment, coinsurance or deductible.²⁰ Additionally, approximately 11.8 million Latinos will no longer have lifetime limits on the dollar amount of health care services their plans cover thanks to ACA reforms.²¹

See the table below for examples of how the ACA can help with specific health conditions.

MEDICAL CONDITION	HOW THE ACA CAN HELP
Depression	
<ul style="list-style-type: none"> Studies suggest that Latino youth experience depression more frequently than any other ethnic group.²² 	<ul style="list-style-type: none"> ✓ The ACA requires that all “non-grandfathered” plans provide depression screenings at no additional cost.
Maternity and newborn care	
<ul style="list-style-type: none"> Approximately 30 percent of Latino women will have children by age 20, compared with 14 percent of non-Latino white women.²³ Latino women are two times more likely to die from pregnancy-associated complications than non-Latino whites.²⁴ 	<ul style="list-style-type: none"> ✓ Maternity and newborn care is now considered an “essential health benefit” covered under all plans sold on the new health insurance marketplaces.²⁵
Cancer	
<ul style="list-style-type: none"> Latino women are 20 percent more likely to die from breast cancer than non-Latino white women.²⁶ 	<ul style="list-style-type: none"> ✓ Plans must now cover preventive care like mammograms and well-woman visits at no extra cost. ✓ Starting in 2014, women can no longer be denied coverage or charged more due to pre-existing conditions such as cancer.
HIV/AIDS	
<ul style="list-style-type: none"> Latinos are three times more likely than non-Latino whites to be infected with HIV/AIDS.²⁷ In 2006, Latino young adults ages 20 to 24 accounted for 18 percent of the US population, but accounted for 23 percent of AIDs cases.²⁸ HIV/AIDS was the sixth leading cause of death among Latinos ages 25 to 34 in 2007.²⁹ 	<ul style="list-style-type: none"> ✓ HIV screenings are provided at no extra cost to everyone ages 15 to 65, and others at increased risk. ✓ STI prevention counseling is also available at no extra cost for high-risk adults.
Obesity	
<ul style="list-style-type: none"> Latino children have the highest childhood obesity rate in the country. About two in five Latino children ages 2 to 19 are overweight or obese.³⁰ Children who are overweight often continue to struggle with obesity into adulthood. Obesity is linked to a variety of negative health outcomes such as cancer, diabetes, heart disease, and premature death.³¹ 	<ul style="list-style-type: none"> ✓ Obesity screening and counseling is provided for all adults at no extra cost. ✓ Diet counseling is also available for adults at higher risk for chronic disease.
Diabetes	
<ul style="list-style-type: none"> Latino adults are 1.7 times more likely than white adults to have been diagnosed with diabetes by a physician.³² Latino men were 1.6 times as likely as white men to begin treatment for end-stage renal disease related to diabetes.³³ 	<ul style="list-style-type: none"> ✓ Diabetes (Type 2) screening will be provided for adults with high blood pressure at no extra cost.

Ongoing Challenges

While the ACA has made health care more accessible and affordable, Latinos still face a number of significant challenges. Florida and Texas, both states with Latino populations exceeding one million, have decided not to expand Medicaid at this time. In these states, childless, young Latinos with incomes below 100 percent of the poverty line will not qualify for tax credits or Medicaid. Young Latinos who are undocumented or in Deferred Action for Childhood Arrivals (DACA) status face similar challenges; they will not qualify for Medicaid or tax credits, nor will they be able to purchase unsubsidized plans on the marketplace.³⁴ These restrictions may severely inhibit the ability of many young Latinos to obtain affordable health care.

Community health centers (CHCs) have consistently been and will continue to be vital resources for undocumented and uninsured Latinos. CHCs serve people regardless of immigration status or income.³⁵ Nearly 40 percent of the 22 million patients served at the nation's 8,500 community health centers are uninsured,³⁶ and over 30 percent of patients served identified as Latino.³⁷ The ACA strengthens the community health care system by allocating a total of \$11 billion towards broadening the reach of existing community health centers and creating new health center sites in the areas most in need of medical services.³⁸

Conclusion

The ACA is already making a significant and positive impact on the health outcomes of young Latinos. Equally encouraging is the ACA's potential for even greater impact.

- **Almost half of uninsured Latinos ages 18 to 34 could gain access to free health care** if all states adopted the ACA's expanded Medicaid program.
- **Tax credits will reduce the cost of insurance for others**, making quality health care an attainable goal for everyday Americans.
- **Over 700,000 young Latinos have already benefited** from the ACA provision allowing young adults to join their parents' plans until age 26.
- These young adults, and those gaining insurance in the coming years, will have **free access to preventive care and other programs** designed to combat preventable diseases and manage chronic conditions.
- Young Latinos suffering from HIV/AIDS, diabetes, and other diseases that disproportionately affect the Latino community **can no longer be denied coverage because of pre-existing conditions**.

Creating unparalleled opportunities for access to affordable health insurance, the ACA is an important step towards promoting equitable health outcomes for young adults of all ethnic groups in the US.

End Notes:

1. We use the term “Latino” in this paper to refer to individuals who have identified themselves as of Hispanic, Latino or Spanish origin on the US Census or other surveys we cite. The US Census Bureau considers Latinos to be an ethnic rather than a racial group; as such, Latinos can be of any race or country of origin. None of these labels are universally embraced by the communities being labeled. See, e.g., D’vera Cohn, *Census Bureau Considers Changing Its Race/Hispanic Questions* (Washington, DC: Pew Research, 2012), accessed November 27, 2013, <http://www.pewsocialtrends.org/2012/08/07/census-bureau-considers-changing-its-racehispanic-questions/>; Jeffrey Passel and Paul Taylor, *Who’s Hispanic?* (Washington, DC: Pew Research, 2009), accessed November 27, 2013, <http://www.pewhispanic.org/2009/05/28/whos-hispanic/>.
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15. Data derived from: Current Population Survey (CPS) Table Creator, US Census Bureau, accessed Nov. 14, 2013, <http://www.census.gov/cps/data/cpstablecreator.html>.
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