

Childbirth Is Top Expense for Illegal Immigrants

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WASHINGTON — The first study of emergency Medicaid expenditures for illegal immigrants shows that childbirth is the most expensive component. However, at least in North Carolina, that expense was less than 1% of the state's Medicaid budget, showing that state and federal authorities are not pouring huge amounts of dollars into providing health care for undocumented immigrants, Dr. C. Annette DuBard, the study's lead author, said at a media briefing presented by the Journal of the American Medical Association.

With debate growing over whether states should pay for illegal immigrants' health care, Dr. DuBard, a research associate at the University of North Carolina, Chapel Hill, and Dr. Mark W. Massing of the Carolinas Center for Medical Excellence in Cary, N.C., set out to document the expenditures. They published their results in a special issue of JAMA devoted to access to care issues (JAMA 2007;297:1085-92).

North Carolina had a 274% increase in its foreign-born population in the 1990s, including about 300,000 undocumented immigrants by 2004, according to the authors.

Federal law excludes illegal immigrants from receiving Medicaid; even legal immigrants aren't eligible until they've been in the United States for 5 years. But un-

documented immigrants who are children, pregnant, part of a family with dependent children, or elderly and disabled who meet income and residency requirements can get Medicaid coverage for emergency medical services.

From 2001 to 2004, 48,000 undocumented immigrants received emergency Medicaid services in North Carolina. Overall, spending rose from \$41 million in 2001 to \$53 million in 2004. About 90% of the patients were aged 18-40 years, 95%

were female, and 90% were eligible because of pregnancy. Almost all (93%) were Hispanic. Childbirth and complications of pregnancy accounted for 86% of total expenditures in 2001, dropping to 82% in 2004. The dollar amount spent for children and pregnant women grew about 20% over the 4-year period.

Given that most children born to illegal immigrants are granted citizenship, it "calls into question the rationale of excluding this population from comprehen-

sive contraceptive and prenatal care coverage," Dr. DuBard and Dr. Massey wrote.

Eight states provide coverage for prenatal care under the State Children's Health Insurance Program and five other states cover prenatal care regardless of immigration status, according to the authors.

Spending on childbirth paled in comparison with North Carolina's expenditures on the disabled and the elderly, which increased 82% and 98%, respectively, since 2001. ■

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