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# Immigrants' Experience with Medicaid Enrollment: Challenges and Recommendations

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Medicaid enrollment can be a daunting process for many people—both U.S.-born New Yorkers and those who are foreign-born. It is even more challenging for those that don't speak English, don't have access to a computer, or those who do not understand the complicated health insurance system in the United States.

To better understand the difficulties that immigrants face when enrolling for Medicaid, we interviewed 20 immigrants from across New York State to uncover the challenges that may arise for these community members. To ensure a sample that engages a range of immigrant experiences, we interviewed New Yorkers from different countries, living in different parts of the state, and with different immigration statuses—including refugees, New Yorkers with Special Immigrant Visas (SIVs), Victims of Criminal Activity (U-visa), and undocumented individuals, some of whom are eligible for state-funded Medicaid as “PRUCOLs” (Persons Residing Under Color of Law) or through emergency Medicaid.

From these interviews we were able to uncover the systemic and cultural challenges that many immigrants face when trying to access Medicaid, in addition to the kind of administrative challenges that many applicants face whether or not they are immigrants. These challenges include language

barriers, access to technology, **anxiety created from the Trump Administration's radical changes to the public charge rule** [<https://fiscalpolicy.org/public-charge>](https://fiscalpolicy.org/public-charge), interacting with unwelcoming Medicaid employees, a lack of knowledge about the enrollment process, and feelings of discrimination based on race, gender, language, religious, or culture.

Despite the challenges that caused anxiety and stress for immigrants during the enrollment process, many immigrants expressed how grateful they are that the Medicaid program provides them with access to health care that they would not have received in their birth country.

The findings of our interviews are summarized in four short reports:

- **"If you don't understand English, you may need help": Navigating Challenges of the Medicaid System** [<https://immresearch.org/wp-content/uploads/Navigating-Challenges-Blog.pdf>](https://immresearch.org/wp-content/uploads/Navigating-Challenges-Blog.pdf)
- **"I Made Arrangements to Go Back to Mexico to Die": Impacts of the Public Charge Rule on Immigrant New Yorkers** [<https://immresearch.org/wp-content/uploads/Updated-Public-Charge-Blog.pdf>](https://immresearch.org/wp-content/uploads/Updated-Public-Charge-Blog.pdf)
- **"It Depends on the Person": Immigrant New Yorkers Experiences of Discrimination and Unwelcoming Medicaid Personnel** [<https://immresearch.org/wp-content/uploads/Discrimination-Blog.pdf>](https://immresearch.org/wp-content/uploads/Discrimination-Blog.pdf)
- **Lessons Learned: Community-Based Organizations Are a Key to Immigrant Medicaid Enrollment** [<https://immresearch.org/wp-content/uploads/Lessons-Learned.pdf>](https://immresearch.org/wp-content/uploads/Lessons-Learned.pdf)

Note: All participants were given a pseudonym to protect their identity. Participants were a diverse group coming from Afghanistan, Benin, Burma,

Columbia, El Salvador, Mexico, Nepal, Pakistan, and Russia, speaking a variety of languages including Karen, French, Russian, and Spanish. To ensure that our interviews were representative of experiences across New York State, respondents were from upstate New York, the Hudson Valley, and New York City.

This work was initiated as a project of the Fiscal Policy Institute (FPI), and continues as work of Immigration Research Initiative. The interviews were done by Cyierra Roldan, and in some cases also by Shamier Settle. Funding for the project is from the Robert Wood Johnson Foundation through a grant administered by the Center on Budget and Policy Priorities in an effort to better understand the challenges that immigrants face when trying to access Medicaid. Interviews were conducted by telephone or teleconference, with interpreters. Every participant signed a consent form, and pseudonyms were used to protect their identity.

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