

# Refugee Resettlement Patterns and State-Level Health Care Insurance Access in the US

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# Refugee Resettlement

- 70,000 refugees from over 65 countries are resettled in the US each year
- Unique healthcare needs
  - More likely to have medical conditions than other immigrants
  - Higher likelihood of mental health needs
- Poor healthcare access and worse outcomes

# Refugee Resettlement

- Numerous drivers of poor healthcare access
  - Gaps in state insurance programs
  - Employer-based insurance restrictions
  - Insufficient income for co-pays or prescriptions
- Refugee resettlement experiences have been described as a “Lottery”

# Refugee Medical Assistance

- Eligible for cash assistance for 8 months
  - Uninsured
  - Medicaid
  - Exchanges
  - Employers
- Even if successful in gaining employment, hard to get Medicaid
  - Different rules in different states for refugees

# The Affordable Care Act

- Intended to expand access to comprehensive health insurance for vulnerable populations
  - Expansion of Medicaid coverage
    - Coverage for all adults to 138% FPL (\$16,105)
  - Creation of health insurance marketplaces (exchanges)
    - Federal exchange available in states without exchange
- Marked state-level variability in ACA implementation
  - Led to unanticipated gaps in health insurance access among refugees

# Knowledge Gaps

- What is the impact of the ACA on healthcare access for refugees?
- What is the relationship between current refugee resettlement patterns and healthcare insurance expansions created by the ACA?

# Methods

- Design:
  - Cross-Sectional analysis of 2014 state-level resettlement and ACA expansion data
- Datasets:
  - Refugee resettlement data from Office of Refugee Resettlement (Dept. Health & Human Services)
  - ACA expansion data including exchange premiums from Kaiser Family Foundation
  - State Census data

# Analytic Approach

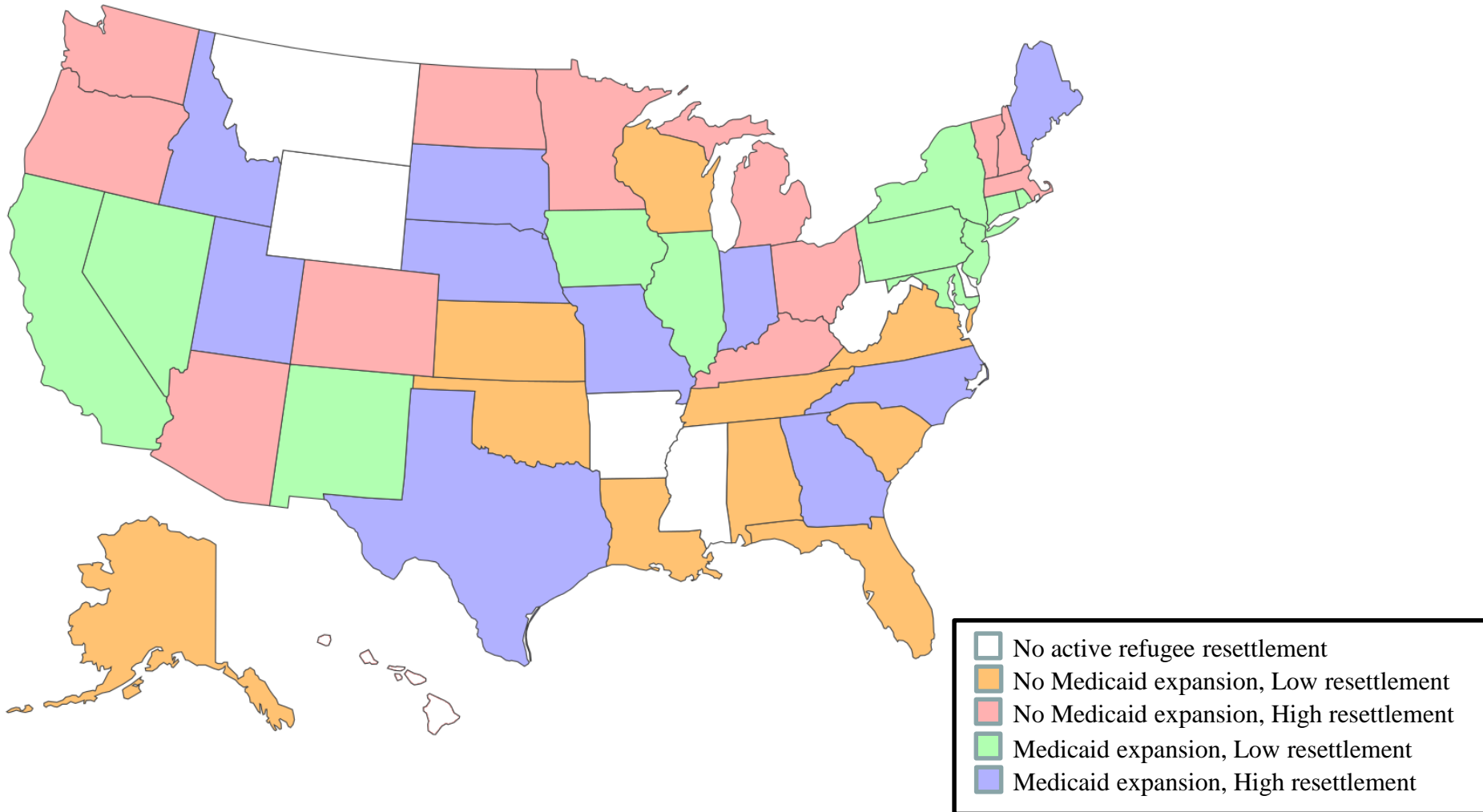
- Primary Analysis
  - Description of resettlement based on state Medicaid expansion status and state-exchange creation
- Secondary Analysis
  - Compared lowest cost 2015 bronze-level health insurance plan for each state and federal exchange
  - Compared monthly premium costs between low and high resettlement groups



# Definitions

- State resettlement groups
  - No active resettlement:  $<1$  refugee/100,000 pop
  - Low resettlement:  $<23$  refugees/100,000 pop
  - High resettlement:  $\geq 23$  refugees/100,000 pop

# Resettlement And Medicaid Expansion





# Results

- Median monthly premium for health insurance plan not different between high (\$151) and low (\$141) resettlement states
- 3 states with the highest resettlement rates have monthly insurance premiums over the national average (\$147)

# Limitations

- State-level analysis
- Does not account for differences in Medicaid eligibility criteria or coverage differences
- Cross-Sectional design

# Conclusions

- Current resettlement patterns do not disproportionately favor non-expansion states
  - Variability may impede access for 40% refugees
- Highest resettlement states have costly coverage on exchanges

# Policy Implications

- Refugee allocation process should consider health status and insurance access when determining resettlement location
- HHS may consider unique subsidies or support for refugees resettled to non-expansion states
- State-level policies could selectively expand access for vulnerable refugee populations

# Questions?

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