



Bridging Refugee Youth & Children's Services

Health Insurance Options in the US With a Focus on Refugee Children

A physically and mentally healthy refugee has a greater chance of successful resettlement. This document provides basic information on the health risks associated with the refugee experience, and means of accessing care after resettlement in the United States, with a concentration on health insurance programs which target children's needs.

Although refugees' backgrounds may vary considerably (by country of origin, level of education, use of Western health care systems, exposure to infectious diseases, and experiences of physical and psychological trauma, etc), they all share the same experience of being forced to flee their home countries, unable to return due to a well-founded fear of persecution. Refugee health risks can be understood according to the different stages of this refugee experience: pre-migration, flight and time in refugee camps, and post-migration/resettlement.

Health Risks According to Stages of Forced Migration & Resettlement

Pre-migration: Prior to leaving their homes, refugees may be exposed to diseases, depending upon the region of the world in which they live, and may be targeted for violence, resulting in physical and psychic trauma.

During flight & refugee camps: As refugees flee their homes, and spend sometimes years in refugee camps, they may experience malnutrition, exposure to the elements, and continued trauma. Children who have been separated from their parents are more likely to experience physical and emotional trauma, and may be at higher risk of health problems. Refugee children, in particular, may arrive in the U.S. malnourished, in need of dental care, and with high blood lead levels.

Post-migration/Resettlement: Once in the U.S., refugees may confront racism and unemployment in addition to the stresses of adjustment to a different language and culture. Over time, refugees tend to develop a higher risk of chronic diseases, such as obesity, heart disease, and diabetes, and may have ongoing responses to trauma, including depressive, anxiety, and post-traumatic stress disorders. Families may also experience more conflict as some members, especially teenagers, adapt more quickly to the new culture than others. Compounding these risks may be a low health literacy and lack of access to, or low utilization of appropriate health and mental health services.

Prior to resettlement, all refugees, including children, must undergo a mandatory medical assessment. This assessment is sponsored by the U.S. State Department, and is typically administered by the IOM. The U.S. Center for Disease Control and Prevention (CDC) provides expert technical information for the development and implementation of these medical assessments. For more information on the system of medical assessments, please see the following link: <http://www.refugeehealthta.org/physical-mental-health/health-assessments/overseas-medical-exam/>

Once refugee families are resettled in the United States, they must learn to navigate the U.S. healthcare system. Typically, residents of the United States receive health insurance through employer-sponsored programs. This is not an option for the majority of recently resettled refugees, as accessing the types of positions that have health insurance benefits can be difficult.

The United States has a variety of public insurance programs that refugees can access. For the majority of these plans, eligibility for enrolment depends on income levels, although some of the plans are targeted to specific subsets of the population, such as women and children.

Below is a list of some public insurance options available to refugees post-resettlement. Children are eligible for all the programs listed below. It should be noted that because plans are typically administered by individual States, enrolment criteria can vary based on the location of resettlement. Refugees should determine the specific enrolment criteria for their State, or work with the resettlement agency to find appropriate services.

Under the new Affordable Care Act of 2010, children are allowed to remain on their parents' health insurance plans until the age of 26. To find more information about this plan, please see www.healthcare.gov

Insurance options:

- [Refugee Medical Assistance \(RMA\)](#) is funded by the Office of Refugee Resettlement (ORR) through the states for those refugees not eligible for Medicaid (generally single people and childless couples). Refugees may be eligible for RMA for up to 8 months following their arrival in the U.S., although specific policies vary by state. Since RMA services are based on each State's Medicaid Plan, it is necessary to check with your state's Medicaid office to find out which medical conditions are covered by RMA. The resettlement agency is generally responsible for ensuring refugees eligible for RMA are enrolled in the program.
- **Medicaid:** Refugee families with dependent children are often eligible for Medicaid. For more information on specific state enrolment criteria, see http://www.cms.gov/MedicaidDataSourcesGenInfo/06_DescStateProg.asp

- **State Child Health Insurance Program (SCHIP)**: SCHIP, by definition, varies by state. You can search individual state plans through this website, and also find general eligibility requirements. SCHIP is used either in place of Medicaid, or as part of the Medicaid program in some states. To find out about the program in your state, see the following website: <http://ccf.georgetown.edu/index/medicaid-and-schip-programs>
- **Federally Funded Health Centers** – the U.S. Department of Health and Human Services funds a network of health care clinics to provide health and medical services to the uninsured. For more information and to find a clinic near you, please visit http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- **Women, Infants and Children (WIC)** WIC provides supplemental foods, healthcare referrals, nutrition education, and breastfeeding promotion and support to low-income pregnant, breastfeeding, and postpartum women, and to infants and children up to age five who are found to be at nutritional risk. This program is administered on the State level, and eligibility information for your state can be found at <https://stars.fns.usda.gov/wps/pages/start.jsf>
- **Insure Kids Now** is a government program whose goal is to link kids with the appropriate health insurance programs in their states. For more information, go to <http://www.insurekidsnow.gov/> and call 1-877-Kids-Now (1-877-543-7669) to received tailored information on local resources.

This memo is an updated version of the BRYCS Spotlight on Health and Wellness, available for free download from http://www.brycs.org/documents/upload/brycs_spotaug2005.pdf.