The Benefits of Health Coverage for Immigrants in Illinois

Research Brief

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Produced for Healthy Illinois Campaign

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Introduction

The benefits of providing health coverage extend not only to the individual, but also to their family, community, and society at large. Illinois was once a leading state in providing health coverage to low-income immigrants, notably becoming the first state to expand coverage to undocumented children in 2006. Continuing its efforts, in 2020, Illinois became the first state to provide Medicaid-like coverage to low-income seniors aged 65 and older, regardless of their immigration status, through its Health Benefits for Immigrant Seniors (HBIS) program. Building upon this pioneering program, Illinois expanded health coverage for low-income immigrant adults aged 55-64 in 2021, and subsequently extended it to those aged 42-54 in 2022, under its Health Benefits for Immigrant Adults (HBIA) program. Now, Illinois’ commitment to ensuring all of its residents have health coverage has been surpassed, most recently by California.

Moreover, HBIA and HBIS use the same federal poverty income eligibility limits as federal Medicaid, providing health coverage to Illinois residents who would otherwise qualify for Medicaid but are ineligible due to their immigration status. In that sense, HBIA and HBIS establish parity with federal Medicaid for a population that otherwise would be excluded. This research brief will provide context and highlight the value added to Illinois by extending targeted medical coverage to low-income undocumented adults through the HBIA and HBIS programs.

Program costs

Illinois’ FY2023 estimated expenditure for its Medical Assistance program, which encompasses the state’s Medicaid spending, was about $34.7 billion. FY2023 estimated expenditures for HBIA and HBIS were about $414 million and $207 million, respectively, resulting in a combined total of around $621 million across both programs. This means in FY2023, HBIA and HBIS spending was about 1.8 percent of the total Medical Assistance estimated expenditure for all state covered populations. As a share of the total state budget for FY 2023, Healthcare comprised 29.4 percent of spending. Put in the context of the entire state budget, HBIA and HBIS accounted for only 0.6 percent of the total budget.


EXECUTIVE SUMMARY
Benefit 1:
Immigrants are employed at high rates, and medical coverage promotes a more healthy and productive labor force that expands the tax base.

Immigrant-led households in Illinois paid $8.6 billion in state and local taxes and $13.1 billion in federal taxes in 2021.²

The total employment rate for adults aged 19-64 in Illinois was 95.5 percent in Illinois. Most of Illinois’ adult population were U.S. citizens, who had an employment rate of 95.4 percent. The employment rate for non-citizens was 96.5 percent in 2022, 1.1 percentage points higher than citizens.³

Low-income individuals, such as those served by HBIA and HBIS, have reported that it is easier to work and look for work after receiving health care coverage. Health care coverage reduces work absenteeism, as well as promoting a healthier and more productive workforce.

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³ American Community Survey, public use files. Tabulation by Great Cities Institute.
Benefit 2:

Medical coverage reduces financial strain and medical debt for previously uncovered individuals and their households.

Analyzing the change in medical financial strain indicators before and after low-income individuals gained coverage through new ACA insurance pathways reveals a decrease in the number of individuals who:

- Could not afford prescription medication in the last 12 months due to costs: -4.6%
- Experienced delayed care due to costs in the last 12 months: -5.5%
- Did not receive care due to costs in the last 12 months: -5.1%
- Experienced problems in paying medical bills in the last 12 months: -7.0%
- Worried about paying medical bills in the last 12 months: -7.0%  

Benefit 3:

Medical coverage for adults also helps the children in their households.

As households are able to avoid medical debt and financial stressors, children experienced improved development outcomes in terms of their socioemotional development and educational attainment.  

In Illinois in 2022, 178,502 households had at least one uninsured non-citizen adult, compromising a total of 282,300 children present.  

Benefit 4:

Increasing insured rates decreases postponing needed care and avoids preventable hospital admissions.

Not having a usual source of care causes individuals to delay seeking treatment, resulting in health outcomes that become more difficult and expensive to treat. A usual source of care for individuals who are not covered for regular doctor visits becomes costly emergency room visits when health situations become dire. Consequently, hospitals provide uncompensated charity care to individuals that are unable to pay for all or part of the services they receive. Given that lower income and uninsured or underinsured individuals are more likely to receive charity care, targeting HBIA and HBIS toward individuals that are lower income and less insured could reduce the uncompensated care that hospitals provide.  

In 2022, there were an estimated 165,000 individuals in Illinois that were ineligible for financial assistance for ACA Health Coverage due to their citizenship status.
Benefit 5:
Access to medical coverage improves health outcomes and leads to increases of routine checkups and preventive care.

Medical coverage yields transformative positive impact on health outcomes by promoting routine checkups and preventive care. This proactive approach not only enhances individual well-being but also contributes to broader public health by addressing health issues at early stages.

Comparing preventive care and health behaviors of individuals before and after receiving coverage via the ACA Medicaid expansion showed increases of:

- 20 percent for dental visits.\(^9\)
- 14 percent for breast exams, contributing to early detection and prevention of breast cancer and other diseases.
- 16 percent for mammograms, showing a heightened awareness and proactive approach to breast health, which is one of the prevalent causes of death for women.
- 10 percent for routine check-ups, showing a growing emphasis on proactive healthcare practices.

**Figure 9: Increase in Preventative Care and Health Behaviors after ACA Medicaid Expansions, 2016**


**Conclusion**

As Illinois residents contemplate the most effective investments in the state’s future, they should consider the well-established return on investment that flows from providing healthcare coverage to those who need it most but do not qualify for existing programs. The state has an opportunity to realize these benefits by providing Medicaid-like coverage to low-income adults and seniors through HBIA and HBIS, which targets those who would otherwise qualify for federal Medicaid but are ineligible due to their immigration status.

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The benefits of providing health coverage extend not only to the individual, but also to their family, community, and society at large. Research shows that expansions of health coverage, such as the Affordable Care Act (ACA) and more recent expansions to immigrant adults and seniors:

- Improves labor force participation and adds value to the state’s taxbase;
- Increases early disease detection, which leads to reduced long-term medical costs, saving taxpayer dollars in the long run;
- Improves individuals’ and families’ financial security, which decreases the need for social services;
- Improves health outcomes; and
- Helps a population that has historically been excluded from accessing health care already provided to others.

In 2020 Illinois became the first state to provide Medicaid-like coverage to low-income seniors age 65 and over, regardless of their immigration status, through its Health Benefits for Immigrant Seniors (HBIS) program. Building upon this pioneering program, Illinois expanded health coverage for low-income immigrant adults ages 55-64 in 2021, and 42-54 in 2022, through its Health Benefits for Immigrant Adults (HBIA) program.

These programs target a segment of the population that have long been denied the health coverage they need and as a result, are in worse health. They use the same federal poverty income eligibility limits as federal Medicaid and are providing health coverage to Illinois residents who would otherwise qualify for Medicaid but are ineligible due to their immigration status. In that sense, HBIA and HBIS create parity with federal Medicaid for a population that does not qualify.

California & Other States Surpass Illinois In Health Care for All

Now, Illinois’ commitment to ensuring all of its residents have health coverage has been surpassed, most recently by California. As of January 1, 2024, California expanded its Medi-Cal program, which provided Medicaid-like coverage for individuals aged 19 and over, and added eligibility for individuals who are undocumented aged 19 and over who were previously ineligible. Illinois and California are not alone. Washington D.C. operates a similar program to California’s, while Oregon and New York have recently expanded state-funded medical coverage to segments of their low-income immigrant adult populations. Colorado and Washington have taken a slightly different approach by subsidizing their noncitizens’ purchase of private coverage. Starting in or after 2025, Minnesota’s state subsidized sliding scale program for low-income individuals, MinnesotaCare, will extend eligibility to allow enrollment for individuals regardless of their immigration status.11

This research brief on the benefits of Illinois HBIA and HBIS programs will provide context and show the value added to the state by extending specific medical coverage to low-income, undocumented adults.

Key findings of this Research Brief include:

- **HBIA and HBIS were 0.6 Percent of the 2023 Illinois State Budget:**

HBIA and HBIS spending was about 1.8 percent of the Medical Assistance estimated expenditure, which encompasses the state’s Medicaid spending, and 0.6 percent of the FY2023 state budget. As a share of the total state budget for FY 2023, the Healthcare appropriation comprised 29.4 percent of state spending, reflecting a large commitment to the health of many, but not all Illinoisans with the pauses and coverage gaps existing with HBIA and HBIS.

- **Non-U.S. Citizens in Illinois are Employed at a Slightly Higher Rate than U.S. Citizens:**

The employment rate for noncitizen adults in Illinois was 96.5 percent in 2022, 1.1 percentage points higher than citizens. Health coverage makes it easier to work. After the 2010 Affordable Care Act expanded Medicaid, new recipients reported an 8 percent decrease in the number of workdays missed due to poor health.

- **Immigrants Add Value to Tax Base:**

Immigrant-led households in Illinois had $54.9 billion in spending power in 2021, paying $8.6 billion in state and local taxes and $13.1 billion in federal taxes.

- **Medical Coverage Enhances Wealth Building:**

Medical coverage reduces financial strain and medical debt for previously uninsured individuals and their households. After the ACA expansion, by 2016, individuals who were newly insured had reductions compared to the prior 12 months in: delaying care (-5.5 percent), not receiving care due to costs (-5.1 percent), experiencing problems paying medical bills (-7.0 percent), and being worried about paying medical bills (-7.0 percent).

- **HBIA and HBIS Target Populations Long Denied Health Coverage:**

Providing medical coverage to low-income individuals regardless of immigration status, aims to assist people who have historically been denied coverage and as a result, are sicker than the general population. The uninsured rate in Illinois in 2022 was 34.8 percent for noncitizens and 6.8 percent for citizens, a 28 percentage point gap. In 2023, 38 percent of likely undocumented immigrants had no usual source of care other than the emergency room compared to 12 percent of naturalized citizens. Additionally, 37 percent of likely undocumented immigrants had to visit doctors in the prior 12 months compared to 18 percent for naturalized citizens.

- **Increases Timely Usage of Preventive Care:**

Medical coverage improves health outcomes and leads to increases in routine checkups and preventive care. Comparing preventive care and health behaviors of individuals before and after


receiving coverage via the ACA Medicaid expansion, in 2016, there were increases of 10 percent for routine checkups, 16 percent increase of mammograms, a 14 percent increase in breast exams, and 20 percent increase in dental visits.18

- **Coverage for Adults Helps an Entire Household:**

Children participated in Medicaid at a rate 20 percentage points higher in states that expanded Medicaid to cover additional parents than in states with no expansions.19 In Illinois, 92.5 percent of eligible children participate in Medicaid/CHIP in 2019.20 Additionally, as households are able to avoid medical debt and financial stressors, children have better development outcomes in terms of their socioemotional development and educational attainment.21 In 2022 in Illinois there were 282,300 children present in households with an uninsured non-citizen adult.22

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**PROGRAM COSTS**

Illinois’ FY2023 estimated expenditure for its Medical Assistance program, which encompasses the state’s Medicaid spending, was about $34.7 billion. FY2023 estimated expenditures for HBIA and HBIS were about $414 million and $207 million, respectively, totaling about $621 million across both programs (see Figure 1). This means in FY2023, HBIA and HBIS spending was about 1.8 percent of the total Medical Assistance estimated expenditure for all state covered populations. As a share of the total state budget for FY 2023, Healthcare comprised 29.4 percent of spending (see Figure 2). Put in the context of the entire state budget, HBIA and HBIS were 0.6 percent of the budget.23

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**Figure 1: HBIA, HBIS, and Medical Assistance Estimated Expenditures for FY 2023**

**Figure 2: Illinois State Budget Appropriations by Major Area, FY 2023**


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22 2022 American Community Survey, public use files. Tabulation by Great Cities Institute.

Benefit 1: Immigrants are employed at high rates, and medical coverage promotes a more healthy and productive labor force that expands the tax base.

Immigrants are vital to the Illinois economy. In 2021, Illinois residents in immigrant-led households had $54.9 billion in spending power (after-tax income).24

- 22 percent of the immigrants contributing to this spending power are estimated to be undocumented.25
- Immigrant-led households in Illinois paid $8.6 billion in state and local taxes and $13.1 billion in federal taxes in 2021 (see Figure 3).

- Noncitizens comprise 8.2 percent of all workers in Illinois, indicating a substantial presence and impact on the economy of the state.
- Noncitizens are crucial for filling unmet labor needs26 and are heavily concentrated in sectors that generally negatively impact one’s health and are less likely to provide health insurance27, including Administrative and Support Waste Management Services (15.2 percent of all industry workers), Construction (13.9 percent), Manufacturing (12.6 percent), Accommodation and Food Services (12.0 percent), and Transportation and Warehousing (11.2 percent) (See Table 1).

### Figure 3: Taxes paid by Immigrant-led households in Illinois, 2021


<table>
<thead>
<tr>
<th>Total</th>
<th>8.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative and support and waste management services</td>
<td>15.2%</td>
</tr>
<tr>
<td>Construction</td>
<td>13.9%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>12.6%</td>
</tr>
<tr>
<td>Accommodation and Food Services</td>
<td>12.0%</td>
</tr>
<tr>
<td>Transportation and Warehousing</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

Data Source: 2022 American Community Survey, public use files. Tabulation by Great Cities Institute.

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25 Ibid.
27 Pillai, Drishti, and Samantha Artiga Published. “Employment Among Immigrants and Implications for Health and Health Care.” KFF, June 12, 2023.
Non-U.S. citizens in Illinois are employed at a slightly higher rate than U.S. citizens.

![Figure 4: Employment Rate for Nonelderly Adult by Citizenship Status in Illinois, 2022](image)

Data Source: 2022 American Community Survey, public use files. Tabulation by Great Cities Institute.

The total employment rate for adults aged 19-64 in Illinois was 95.5 percent in Illinois. Most of Illinois’ adult population were U.S. citizens, who had an employment rate of 95.4 percent. The employment rate for noncitizens was 96.5 percent in 2022, 1.1 percentage points higher than citizens (see Figure 4).

Low-income individuals, such as those served by HBIA and HBIS, report it is easier to work and look for work after receiving health care coverage.

Addressing previously untreated health conditions promotes a more productive labor force by allowing them to keep working and look for work. The effect of the Medicaid expansion to adults in Ohio resulted in newly covered individuals indicating that their Medicaid coverage made it easier to work and look for work.

83.5 percent of newly covered enrollees indicated that Medicaid made it easier to work.28

Health care coverage reduces work absenteeism, and promotes a healthier and productive workforce.

Following the ACA’s Medicaid expansion, there was a noteworthy improvement in the health and productivity of Medicaid recipients.

After the ACA expansion, new Medicaid recipients reported an 8 percent decrease in the number of work days missed due to poor health.29

Benefit 2:

Medical coverage reduces financial strain and medical debt for previously uncovered individuals and their households.

The ACA’s Medicaid expansion and other new coverage pathways reduced a variety of financial strain measures for low-income individuals. Expanding medical coverage as done through the ACA with Medicaid expansion, tax credits to reduce private insurance premiums, and cost-sharing subsidies to reduce out of pocket spending, substantially protected individuals from multiple types of financial strain.

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Figure 5: Reduction in Medical Financial Strain Measures after Affordable Care Act for Individuals with Income 0-124% of Federal Poverty Line, 2016

Examining the change in medical financial strain measures from before and after low-income individuals obtained coverage via new ACA insurance pathways indicates reductions in the number of individuals who:

- Could not afford prescription medication in the last 12 months due to costs: -4.6%
- Experienced delayed care due to costs in the last 12 months: -5.5%
- Did not receive care due to costs in the last 12 months: -5.1%
- Experienced problems in paying medical bills in the last 12 months: -7.0%
- Worried about paying medical bills in the last 12 months: -7.0%

(see Figure 5).

Benefit 3: Medical coverage for adults also helps the children in their households.

Health coverage is essential for children’s healthy development; even short gaps in coverage for children can result in delayed care, unaddressed medical conditions like asthma, or families incurring significant out-of-pocket costs or medical debt. One way to connect uninsured children to coverage is by ensuring that their parents have coverage too. In states where adults gained Medicaid eligibility due to expansions, children in the households with newly eligible adults had enrollment gains. One study found that in states that expanded Medicaid to cover additional parents, children participated in Medicaid at a rate 20 percentage points higher than children who lived in states with no expansions.30 A separate study found children are more likely to have regular medical check-ups if their parents are enrolled in Medicaid. Children whose parents were enrolled in Medicaid were 29 percentage points more likely to have an annual doctor’s visit compared to children of parents who were not covered.31 In Illinois in 2022, 95,800 children were uninsured.32


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Benefit 4:

Increasing insured rates decreases postponing needed care and avoids preventable hospital admissions.

Providing medical coverage to low-income individuals regardless of immigration status is an approach that targets a less insured population compared to all adults age 19 and over. These individuals tend to visit doctors less and report worse health status\(^{35}\) due to lack of access to affordable, comprehensive health coverage. If Illinois leaders want to reduce the state’s uninsured rate, they will have to address the fact that a large population has structural barriers to obtaining affordable, comprehensive insurance coverage, most notably, ineligibility for Medicaid.

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In Illinois, there were an estimated 165,000 individuals in 2022 that were ineligible for financial assistance for ACA Health Coverage due to their citizenship status.\(^ {36}\)

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Figure 6: Uninsured Rates Among Adults by Citizenship Status in Illinois, 2022

- **Citizens**: 7.0%
- **Non-citizens**: 34.8%

Data Source: 2022 American Community Survey, public use files. Tabulation by Great Cities Institute.

Examining uninsured rates by citizen status in Illinois in 2022 shows:

- Illinois citizens had an uninsured rate of 7.0 percent in 2022.
- The significantly higher uninsured rate of 34.8 percent among non-citizens underscores the importance of advancing policy solutions that target noncitizens (see Figure 6).

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36 KFF. “Distribution of Eligibility for ACA Health Coverage Among the Remaining Uninsured,” 2022. [https://www.kff.org/affordable-care-act/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22%3A%22location%22%2C%22sort%22%3A%22asc%22%2C%22%7D](https://www.kff.org/affordable-care-act/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22%3A%22location%22%2C%22sort%22%3A%22asc%22%2C%22%7D).
Examining uninsured rates among U.S. adults by citizenship and immigration status reveals substantial gaps. Those rates are:

- An alarming 50 percent for undocumented immigrants, indicating a critical need for targeted interventions to address the stark inequality in insurance rates.
- Only 8 percent for U.S. Citizens, reflecting a relatively high healthcare access landscape for citizens born in the U.S.
- A notably higher 18 percent for lawfully present immigrants, reflecting large barriers to healthcare (see Figure 7).

Examining health care access and use among immigrant adults by immigration status reveals that likely undocumented immigrants are far more reliant on utilizing care from emergency rooms, are less likely to have had a doctor’s visit in the past 12 months, and are more likely to skip and postpone care.

- 38 percent of likely undocumented immigrants have no usual source of care other than an emergency room, 37 percent have no visit in the past 12 months to a doctor, and 31 percent skipped or postponed care in the past 12 months (see Figure 8).
Not having a usual source of care results in individuals delaying care and having health outcomes that become more difficult and expensive to treat. A usual source of care for individuals who are not covered for regular doctor visits becomes costly emergency room visits when health situations become dire.\(^{37}\)

Hospitals provide uncompensated charity care to individuals that are unable to pay for all or part of the services they receive (see Map 1). Since lower income and uninsured or underinsured individuals are more likely to receive charity care,\(^{38}\) HBIA and HBIS being targeted toward individuals that are lower income and less insured could reduce the uncompensated care that hospitals provide.

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**Map 1: Percent Charity Care by Hospital (2020) and Percent Non-Citizens by County, 2017-2021**


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Benefit 5:
Access to medical coverage improves health outcomes and leads to increases of routine checkups and preventive care.

Medical coverage has a transformative positive impact on health outcomes by promoting routine checkups and preventive care. This proactive approach not only enhances individual well-being but also contributes to broader public health by addressing health issues at early stages.

Comparing preventive care and health behaviors of individuals before and after receiving coverage via the ACA Medicaid expansion showed increases of:

- 20 percent for dental visits.
- 14 percent for breast exams, contributing to early detection and prevention of breast cancer and other diseases.
- 16 percent for mammograms, showing a heightened awareness and proactive approach to breast health, which is one of the prevalent causes of death for women.
- 10 percent for routine checkups, showing a growing emphasis on proactive healthcare practices (see Figure 9).

Figure 9: Increase in Preventative Care and Health Behaviors after ACA Medicaid Expansions, 2016


PROFILE OF HBIA AND HBIS ENROLLEES

HBIA and HBIS enrollments are concentrated in northeastern Illinois with the top 5 counties with the most enrollees being Cook (10,310), Lake (1,238), DuPage (1,266), Kane (874), and Will (655). Other counties with high numbers of enrollees outside of northeastern Illinois include Boone, Champaign, Kankakee, Peoria, McLean, Winnebago, and Rock Island, with a total of 3,134 enrollees (see Table 2).

Table 2: Top Five Counties with most HBIA and HBIS Enrollees, December 31, 2023

<table>
<thead>
<tr>
<th>County</th>
<th>Number of HBIA and HBIS Enrollees</th>
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<tbody>
<tr>
<td>Cook</td>
<td>10,310</td>
</tr>
<tr>
<td>DuPage</td>
<td>1,266</td>
</tr>
<tr>
<td>Lake</td>
<td>1,238</td>
</tr>
<tr>
<td>Kane</td>
<td>874</td>
</tr>
<tr>
<td>Will</td>
<td>655</td>
</tr>
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</table>

Map 2: HBIA and HBIS Total Enrollment, December 31, 2023


Map created by Great Cities Institute.
HBIA and HBIS provide medical coverage for more than 68,000 low-income immigrant adults across the state of Illinois. Examining HBIA and HBIS enrollment by race shows a diversity of enrollees including 33,349 White (many of whom identify as Hispanic or Latino), 3,319 Pacific Islander, 2,120 Asian Indian, 1,722 Black or African American, 1,118 other Asian, 535 American Indian or Alaskan Native, 508 Chinese, 490 Filipino, and small numbers of Korean Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, and Japanese (see Figure 10).

Examining HBIA and HBIS enrollment by ethnicity shows that 28,767 or about 42 percent identify as Mexican, Mexican American or Chicano/a, 14,747 or 21 percent were another Hispanic, Latino or Spanish origin (not including Cuban (80 enrollees) and Puerto Rican (65 enrollees)), and 10,376 or about 15 percent were non-Hispanic/Latino (see Figure 11).

Over half (52 percent) of enrollees prefer to receive services in Spanish while 36.6 prefer English (see Figure 12).

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of Enrollees</th>
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<tbody>
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<td>Spanish</td>
<td>26,117</td>
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<tr>
<td>English</td>
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CONCLUSION

Healthcare coverage provides benefits for society at large, individuals, and their households and offers a significant return on investment. Ample research has shown that such coverage improves labor force participation, which adds value to tax bases and reduces the need for financial assistance; it increases early disease detection, which reduces long-term medical costs; it relieves financial hardship, which helps individuals and members of their households; and improves health outcomes.

As Illinoisans decide the best way to invest in the state’s future, they should look to the well-established return on investment that flows from providing healthcare coverage for those who need it most but do not qualify for existing programs. The state has an opportunity to realize these benefits by providing Medicaid-like coverage for low-income adults and seniors through HBIA and HBIS, which target residents who would otherwise qualify for federal Medicaid but are ineligible due to their immigration status.
REFERENCES

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