

Medicaid Coverage of Maternity Care For Aliens in California

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The quantity and cost-effectiveness of prenatal care is a critical reproductive health issue as federal and state legislators consider reducing publicly funded services to aliens. An analysis of data from Medi-Cal, California's Medicaid program, shows that undocumented and legalized aliens who qualified for coverage under the provisions of federal legislation or the state's expansion of eligibility criteria accounted for 45% of deliveries financed by Medi-Cal in 1991; outlays for these deliveries are estimated at less than 2% of all Medi-Cal payments for that year. Most of these women also received prenatal care covered by Medi-Cal, but more than half were not enrolled in the program until after the first trimester of pregnancy (and thus may not have received adequate prenatal care). Alien women were enrolled for an average of 5–6 months of their pregnancy, whereas nonalien women who qualified for coverage were enrolled for about seven months. California's Proposition 187 would eliminate funding for prenatal care for undocumented aliens, but public outlays for labor and delivery could grow as a result of an increase in poor birth outcomes.

(Family Planning Perspectives, 28:108–112, 1996)

In November 1994, California voters passed, by a 3–2 margin, a ballot measure that proposed to cut off publicly funded schooling and nonemergency health care to undocumented immigrants; the measure (Proposition 187, which sponsors called Save Our State) also required education and health officials to report to immigration authorities any person who they knew or suspected did not have proper documents.¹ Sponsors of Proposition 187 argued that California's extensive social service programs had drawn illegal immigrants from across the border and that their subsequent use of public services increased state outlays considerably. The state estimated that in 1992, Medicaid coverage for undocumented aliens accounted for \$700 million² of the state's \$13.6 billion in Medicaid expenditures.³

California voters' approval of Proposi-

tion 187 helped to reshape the U.S. immigration debate: Other states have attempted to enact legislation similar to Proposition 187,⁴ and in 1995, the U.S. House of Representatives passed the Personal Responsibility Act, which would deny nonemergency Medicaid, welfare, food stamps and social services to most legal and all undocumented immigrants.⁵

Federal and state judges have temporarily barred the enforcement of Proposition 187 on the grounds that denying most government services to undocumented aliens might cause undue hardship and may preempt law enforcement powers reserved for the Immigration and Naturalization Service.⁶ However, the measure has drawn attention to the extent to which Medi-Cal (the California Medicaid program) is providing health coverage for undocumented aliens.

This article examines the provision of maternity care services to aliens in California. It also addresses the timing of pregnant aliens' enrollment in Medi-Cal (and thus their likelihood of receiving timely prenatal care), the potential cost to the state and federal government of providing services to these women and the possible implications of Proposition 187 for state expenditures and birth outcomes.

Medicaid Coverage for Aliens
Until 1986, aliens qualified for Medicaid coverage only if they were otherwise eligible (in other words, they met income cri-

teria for Aid to Families with Dependent Children) and were lawfully admitted for permanent residence or were permanently residing in the United States with government knowledge, but without legal resident status. Beginning in 1986, with the passage of the Omnibus Budget Reconciliation Act (OBRA) and the Immigration Reform and Control Act (IRCA), states were permitted to expand Medicaid coverage to undocumented aliens.

OBRA

Through the 1986 OBRA, federal financial participation was made available for state expenditures on immigrants who did not meet categorical or residency requirements but met income criteria for Medicaid eligibility and had an emergency medical condition;* labor and delivery were classified as emergencies. In response to the changes introduced under this measure, in October 1988, California began providing services to undocumented aliens requiring emergency medical services if their family income was less than 81% of the federal poverty level.

In 1987, another OBRA was passed (which was effective January 1, 1988), under which states were given the option to extend Medicaid coverage to groups, including pregnant women, with incomes less than 185% of the poverty level. In 1989, California extended Medi-Cal coverage for labor and delivery services to all women, including undocumented aliens and temporary visitors, up to this income level; state and federal matching funds were used to cover the costs of these services. In addition, the state decided to fund prenatal care services (which are not considered emergency services) for undocumented aliens with incomes less than 185% of the poverty level.

In 1990, California extended services to pregnant women with incomes of 185–200% of the federal poverty level. Because the federal limit remained unchanged, all services to women in this in-

*As defined in section 9406(a)(3) of the act, an emergency is characterized by "acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy."

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come group had to be paid through state revenues and did not qualify for the 50% federal reimbursement guaranteed for Medicaid services.

IRCA

IRCA created a program under which some undocumented aliens could become legal U.S. residents. The measure covered two groups of individuals: persons who had been living continuously in the United States since January 1, 1982, and special agricultural workers who had been employed in the United States for 90 or more days between May 1985 and May 1986.⁷

For five years after applying for legalization, these immigrants were ineligible for certain public services (including Medicaid), but they could receive emergency medical services (including labor and delivery care) under Medi-Cal. California also extended coverage for prenatal care to this group.

Additionally, IRCA provided state legislative impact assistance grants, in which the state received reimbursement for Medi-Cal costs incurred by aliens qualifying through this measure. Funding provided by these grants supplemented the partial reimbursement provided through the federal matching of state Medicaid spending.

Data

This analysis is based on 1987 and 1991 data from the Medicaid Tape-to-Tape files for California. Tape-to-Tape is a multistate database developed by the Office of Research and Demonstrations at the Health Care Financing Administration. The files include information on every Medicaid enrollee and all claims processed in Medi-Cal's management information system since 1980. These data have been subject to extensive editing, code mapping and reformatting to produce uniform records suitable for research.

One frustrating aspect of Medicaid enrollment and claims data is that management information systems servicing the state programs typically do not specifically identify pregnant women. Thus, states cannot report the number of pregnant women covered by Medicaid at a given time. Consequently, to improve the estimates of deliveries covered by Medi-Cal, we relied primarily on diagnosis, procedure and accommodation codes (and in some instances, diagnosis-related groups) from inpatient hospital claims.* Data on gender, age and dates of service were also used to consolidate, edit and verify the data.⁸

This approach excludes women who did not have inpatient claims for delivery

and those in fully capitated managed care plans, for whom claims were not available. (The exclusion of women in capitated plans is unlikely to be of importance for the alien groups examined here because their eligibility for emergency services does not lend itself to participation in such plans. According to the enrollment data, in 1991, 13% of women enrolled in Medicaid were in capitated plans; of these, fewer than 20% were aliens.)

For each woman identified as having had a delivery financed by Medi-Cal from 1987 through 1991, we compiled a data set indicating her Medi-Cal eligibility status for 18 months, including the 12 months prior to delivery. We were thus able to study Medi-Cal enrollment patterns throughout pregnancy. We also retained information on the eligibility criteria under which the woman qualified during each month of enrollment, since some women met different criteria at various points in their pregnancy; we categorized each woman according to the criteria under which she qualified for the longest time during pregnancy. Finally, we retained information on the woman's location, race and age.

One note of caution is warranted regarding the identification of aliens qualifying for Medi-Cal through OBRA or IRCA. At the time of our study, Medi-Cal workers could not legally ask applicants about their immigration status.[†] As a result, OBRA might have been serving as a type of default, since individuals who failed to provide documents—but were eligible for full Medi-Cal benefits—were classified as undocumented aliens. Consequently, using state eligibility files is likely to lead to an overestimate of the number of undocumented aliens in the system.⁹

Results

Who Is Covered

Table 1 identifies aliens having deliveries financed by Medi-Cal in 1991, according to eligibility group. Women eligible under the OBRA legislation accounted for 84% of deliveries among aliens, and those eligible under IRCA accounted for 16%. Fewer than 1% of alien women who delivered in 1991 qualified for care as a re-

Table 1. Number and percentage distribution of aliens having deliveries covered by Medi-Cal, by eligibility group, California, 1991

Eligibility group	No.	%
Total	103,434	100.0
OBRA	87,324†	84.4
Undocumented alien eligible for Aid to Families with Dependent Children‡	78,322	75.7
Undocumented alien with income <185% of poverty	9,001	8.7
IRCA	16,070	15.5
Legalized alien living in United States since January 1, 1982§	10,684	10.3
Legalized alien agricultural worker§	2,710	2.6
Legalized alien with income <185% of poverty§	2,676	2.6
State-only	40	0.0
Legalized or undocumented alien with income 185–200% of poverty	40	0.0

†Includes one woman residing in the United States with government knowledge, but without legal resident status. ‡This category expired in 1993. §This program was phased out between April and September 1993. Notes: Medi-Cal is the California Medicaid program. Benefits among all groups except aged, blind and disabled undocumented aliens and those in a long-term care facility are restricted to emergency and pregnancy-related services.

sult of the state's extension of coverage to those with incomes of 185–200% of the federal poverty level. (Because of the small number of women in the last group, in the remainder of the analysis, they are included in the "other" eligibility category, along with nonalien women who qualified because of financial or medical need.)

The Medi-Cal administrative files reveal notable, and statistically significant, differences between the racial and age distributions of alien women and others enrolled in the program (see Table 2, p. 110). Not surprisingly, considering the composition of California's immigrant population, 97% of aliens whose deliveries were covered by Medi-Cal in 1991 were American Indian, Asian or Hispanic; only 2% were white or black. By contrast, among other Medi-Cal recipients, these proportions were 43% and 54%, respectively.

In 1991, 4–6% of alien women having deliveries covered by Medi-Cal were younger than 18, compared with 10% of other program enrollees. A considerably higher proportion of women qualifying through IRCA than of those qualifying through OBRA or for other reasons were older than 29 (41% vs. 22% and 24%, respectively); this difference may reflect that most of those in the IRCA group had been

*Relying exclusively on claims with a delivery code has been shown to understate the number of inpatient deliveries covered by Medicaid. We therefore used a large number of diagnosis codes—such as those for normal deliveries, complications during labor and delivery, and complications mainly related to pregnancies—to identify deliveries. (See: reference 8.)

†California has since appealed a ruling that prohibited the state from asking enrollees about their immigration status. At present, under limited conditions, eligibility workers can require enrolling aliens to present information regarding their immigration status.

Table 2. Number and percentage distribution of women having deliveries covered by Medi-Cal, by race or ethnicity and by age-group, according to eligibility group, 1991

Characteristic	OBRA		IRCA		Other†	
	No.	%	No.	%	No.	%
Total	87,324	100.0	16,070	100.0	124,593	100.0
Race/ethnicity						
White	970	1.1*	161	1.0*	47,317	38.0
Black	305	0.3*	56	0.3*	20,224	16.2
Other‡	85,053	97.4*	15,589	97.0*	52,980	42.5
Unknown	996	1.1*	264	1.6*	4,072	3.3
Age-group						
<18	4,798	5.5*	588	3.7*	12,204	9.8
18-29	63,379	72.6*	8,902	55.4*	82,273	66.0
>29	19,147	21.9*	6,580	40.9*	30,116	24.2

*Percentage is significantly different from that in the "other" eligibility category; p<=.01. †Includes aliens qualifying under the state program and nonalien women eligible because of financial or medical need. ‡This group included women who were American Indian, Asian, Hispanic and Pacific Islander.

living in the United States continuously since 1982. Similarly, women receiving coverage for delivery as a result of IRCA were 28 years old, on average, whereas those in the OBRA and other eligibility groups were 25 (not shown).

Shifts in Caseload

Medi-Cal financed 41% of deliveries in California in 1991, up from 26% in 1987.*¹⁰ Of the roughly 600,000 births to residents of California in 1991,¹¹ about 100,000 were to aliens covered by Medi-Cal.† These deliveries constituted 45% of all deliveries financed by the program (see Table 3).

Medi-Cal covered about twice as many women who delivered in 1991 as in 1987, and more than 90% of the increase appears to be attributable to births to aliens qualifying through IRCA or OBRA. However, the number of nonalien women eligible for cov-

*These estimates are approximately six percentage points higher than the estimates for California from a study based on a survey of state Medicaid directors. (See: S. Singh, R. B. Gold and J. J. Frost, "Impact of the Medicaid Eligibility Expansions on Coverage of Deliveries," *Family Planning Perspectives*, 26:31-33, 1994.)

†The number of births to women in the state is not directly comparable to the number of women with inpatient deliveries financed by Medicaid because the latter fails to account for women who had outpatient deliveries or multiple births.

‡Women eligible for coverage through IRCA or OBRA also accounted for more than 50% of the Medi-Cal delivery caseload in Colusa, Marin, Orange, San Mateo, Santa Barbara and Santa Cruz counties.

§Caution should be observed when interpreting these results. The first trimester was defined as including the period 6-9 months before delivery. Therefore, some women who delivered preterm may have been classified as not having enrolled in the first trimester when in fact they had done so. For the same reason, our figures may underestimate the length of enrollment. Moreover, some women may have become eligible for Medi-Cal after the first trimester because of changes in their economic situation while they were pregnant.

erage declined by 13% between 1988 and 1989, which may, in part, reflect a reclassification of women from nonalien to alien eligibility groups. If we assume that all of this decline reflects a reclassification, we estimate that 78% of the growth of the Medi-Cal caseload was attributable to increases in the number of aliens served because of IRCA or OBRA provisions (not shown).

Table 3 also provides data on Medi-Cal coverage of women who give

birth in Los Angeles County, which had the largest caseload of deliveries to women eligible through IRCA or OBRA in 1991. The roughly 57,000 alien Medi-Cal recipients who gave birth in Los Angeles represented 25% of all women in the state who had deliveries financed by Medi-Cal, 55% of aliens who did so and 65% of Los Angeles County women who did so.‡ Half of the total growth in the statewide Medi-Cal caseload between 1987 and 1991 was attributable to the increased number of deliveries in Los Angeles County among women qualifying through IRCA or OBRA. Again, some of this growth may reflect a reclassification of women from nonalien to alien eligibility groups.

The composition of the Medi-Cal caseload is likely to be different now than it was in 1991. By September 1993, all IRCA eligibility groups were phased out because the five-year period during which aliens applying for legalization could not receive public benefits had expired; women in those groups had become legal permanent residents and were eligible for regular Medi-Cal benefits. However, it is not clear where these women have received coverage since becoming legal residents. Although they are eligible for full Medi-Cal benefits, some women may still be hesitant to provide the needed documentation to authorities and thus may receive only limited coverage under the OBRA classification.

Information available after our period of analysis suggests that the size of the OBRA population may have

leveled off after 1991. According to an analysis by the California health department, the number of deliveries among aliens qualifying for Medi-Cal coverage through OBRA increased by 5% between 1991 and 1992; however, the number of pregnant women who were eligible through OBRA declined by 4% between 1992 and 1993.¹² Thus, the total OBRA caseload in 1993 was slightly larger than the caseload in 1991, but the number of pregnant women who qualified through OBRA peaked in 1992.

Timing of Enrollment

While Proposition 187 would eliminate Medi-Cal funding for prenatal care services for undocumented aliens, its impact on prenatal care use and public outlays might not be great if most undocumented alien women are receiving only labor and delivery services through Medi-Cal. One analysis of Tape-to-Tape data found that eligible aliens were half as likely as other groups of women to be enrolled in Medi-Cal during the first trimester of pregnancy.¹³

This difference might indicate that women qualifying through IRCA or OBRA experience problems gaining access to timely prenatal care services and thus may delay initiating care. Unfortunately, the data do not explain why these women postpone enrollment in Medicaid. Some may enroll late because they were already pregnant when they entered the United States. Others, who were living in the United States prior to conception, may enroll late because they are unaware of their eligibility for Medi-Cal services or because they are not interested in enrolling.

As can be seen in Table 4, women qualifying for Medi-Cal through OBRA had somewhat distinctive enrollment patterns. Some 38% of these women enrolled during the first trimester of pregnancy, compared with 45% of those covered through IRCA and 70% of other Medi-Cal recipients.[§]

Table 3. Number and percentage distribution of women having deliveries funded by Medi-Cal, by residence and eligibility group, 1987 and 1991

Residence	1987		1991	
	No.	%	No.	%
Statewide	116,417	100.0	227,987	100.0
OBRA/IRCA	na	0.0	103,394	45.4
Other†	116,417	100.0	124,593	54.6
Los Angeles County	44,585	100.0	87,834	100.0
OBRA/IRCA	na	0.0	56,894	64.8
Other‡	44,585	100.0	30,940	35.2

†Includes aliens qualifying under the state program and nonalien women eligible because of financial or medical need. Note: na=not applicable.

Moreover, a considerably higher proportion of women in the OBRA category than of IRCA women or others enrolled during the last month of pregnancy (12%, 7% and 4%, respectively).

Although we cannot identify the day within a month on which a woman delivered and thus cannot identify with precision the length of enrollment prior to delivery, we can estimate that 80–90% were enrolled for at least one full month before giving birth (not shown). (The upper bound of this range assumes that all women delivered at the end of the month; the lower bound, that all women delivered at the beginning of the month.) Thus, the proportion of women who came across the border at the time of delivery was relatively small.

Table 4 reveals that alien women were enrolled for 5–6 months of their pregnancy, whereas other Medi-Cal recipients were enrolled for seven months, on average. Given the higher proportion of women in the OBRA group enrolling in the month of delivery, and the fact that many nonalien women would have been enrolled prior to pregnancy, it is not surprising that women qualifying through OBRA were enrolled for about half a month less than those qualifying through IRCA and two months less than nonalien Medi-Cal recipients.

Discussion

This analysis suggests that in 1991, a significant number of aliens received Medi-Cal coverage for labor and delivery services, and possibly prenatal care services, as a result of the IRCA and OBRA legislation and California's decision to cover prenatal care services for undocumented aliens. Our findings also raise questions regarding the potential impact of implementing Proposition 187 (or similar legislation) to eliminate prenatal care services to undocumented aliens. The sheer volume of alien women eligible for Medi-Cal deliveries statewide, and particularly in Los Angeles County, raises the issue of how their delivery and prenatal care services would be financed in the absence of these measures.

Labor and Delivery

While labor and delivery costs cannot be estimated from our data set, other data suggest that in 1991, Medi-Cal may have paid as much as \$2,000 per vaginal delivery (including physician and hospital fees).¹⁴ At this rate, outlays for delivery services totaled roughly \$200 million—less than 2% of all Medi-Cal payments in 1991. Nonetheless, because births

to women qualifying through IRCA or OBRA may account for as many as 17% of births in California, this funding is likely to be critical to providers and to constitute a significant share of spending on labor and delivery services in the state.

To the extent that hospitals, physicians and local governments absorbed some of the costs of these delivery services before IRCA and OBRA went into effect, the implementation of these measures conceivably reduced local and state outlays associated with providing delivery services to these women. While Medi-Cal payments may not have completely covered the costs of providing care to eligible aliens, they probably reduced the financial burden for providers and local governments in areas with large numbers of such women.

The impact on state outlays is less clear. In principle, the costs of providing care under the IRCA provisions were completely absorbed by the federal government. Under OBRA, state expenditures could have increased over what they would have been otherwise, but half of the labor and delivery costs to the state for aliens who qualified for coverage through OBRA was borne by the federal government (by way of the 50% match for Medicaid services). Moreover, the impact on state outlays hinges on the role the state was playing in financing these deliveries before October 1988: If state dollars were funding many of these deliveries, OBRA could have reduced the burden on the state.

Prenatal Care

Proposition 187 or similar legislation would affect prenatal care services that California chose to cover with state funds, under its OBRA expansions. In 1990, the cost of such services was approximately \$480 per pregnancy (computed as the difference between global payments, which include payments for prenatal care visits, and payments for labor and delivery services only).¹⁵ Thus, if each of the roughly 85,000 undocumented aliens eligible under the 1991 OBRA expansions received prenatal care services, the cost to the state could have been as much as \$40.8 million. Given that undocumented aliens may have also been receiving enhanced services provided through the Comprehensive Perinatal Services Program (for which

Table 4. Number and percentage of women having deliveries covered by Medi-Cal, by timing of enrollment, and average length of enrollment, according to eligibility group, 1991

Eligibility group	Enrolled in 1st trimester		Enrolled in month of birth		Average months enrolled
	No.	%	No.	%	
Total	128,293	56.3	15,491	6.8	6.3
OBRA	33,289	38.1*	10,065	11.5*	5.2*
IRCA	7,281	45.3*	1,059	6.6*	5.7*
Other†	87,723	70.4	4,367	3.5	7.1

*Figures for alien groups are significantly different from those in the "other" eligibility category; $p = .01$. †Includes aliens qualifying under the state program and nonalien women eligible because of financial or medical need.

all pregnant women eligible for Medi-Cal qualified), and given the slight increase in the number of such aliens with deliveries covered by Medi-Cal since 1991, the cost to the state of providing care to these women may now be somewhat higher.

However, \$40.8 million constitutes only 17% of state spending on pregnancy-related services for these women. Moreover, the loss of prenatal care coverage for a large cohort of women could lead to increases in poor birth outcomes.¹⁶ As a result, public outlays could grow because the state would be required to cover the delivery and because these potentially unhealthy children would be entitled to publicly funded benefits.

Finally, this analysis suggests that pregnant undocumented aliens are not making maximum use of their Medi-Cal eligibility. The majority of women who qualify through OBRA provisions do not enroll in the program early in pregnancy and thus may not receive timely prenatal care. Since earlier prenatal care could reduce the incidence of low birth weight and neonatal infant mortality, California might want to increase, rather than decrease, the provision of prenatal care services to these women and undertake greater outreach efforts to enroll them in Medi-Cal early in pregnancy.

In view of the size of the undocumented alien population in California, these results clearly point to a need for more research on the enrollment patterns of pregnant undocumented aliens and on the quality, adequacy and cost-effectiveness of the prenatal care services they receive. Attention to these issues becomes even more critical as the federal government considers reducing publicly funded social services for all aliens, including those legally residing in the United States who are not yet citizens.

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