



Provided Insurance, Undocumented Immigrants Can Do Well in HIV Care

An undocumented group in New York had slightly better retention in care and viral suppression rates than others receiving HIV care.

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Undocumented immigrants, who are often shut out of insurance options in the United States, can do well in HIV care if provided health coverage.

This is the finding from a group of researchers at the Albert Einstein College of Medicine and Montefiore Medical Center in the Bronx. They conducted a retrospective cohort analysis of 7,551 HIV-positive patients who were at least 18 years old, linked to care at Einstein-Montefiore between 2006 and 2014 and followed for a median five years.

Jonathan Ross, MD, an instructor of medicine at Albert Einstein, presented findings from the study at the 2017 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle.

To determine whether patients were undocumented immigrants, the investigators used an algorithm that incorporated Social Security numbers and insurance status and was verified by reviewing medical charts.

New York State's AIDS Drug Assistance Program provides insurance coverage, including medications, to undocumented immigrants living with HIV.

A total of 173 members of the study cohort (2.3 percent) were undocumented immigrants. Compared with the rest of those studied, the undocumented individuals were younger (average age 37.8 years versus 40.6 years), less likely to report injection drug use as their main risk factor for contracting HIV (3 percent versus 18 percent) and had a lower median CD4 count (299 versus 341).

During each year the researchers analyzed, higher proportions of the undocumented individuals were retained in medical care (meaning they had at least two CD4 tests conducted at least 90 days apart), were prescribed antiretroviral treatment (they received at least three active ARVs) and had a fully suppressed virus (their last viral load was below 200).

After adjusting the data for age, race and ethnicity, sex, HIV risk factor and substance use

disorder, the study authors found that compared with being documented, being undocumented was associated with a 5 percent increased likelihood of being retained in care, a 5 percent increased likelihood of receiving ARVs and a 13 percent increased likelihood of being virally suppressed.

The researchers concluded that when insurance coverage is available to undocumented individuals, they can do as well in HIV care— according to the progressive steps in the so-called HIV care continuum, also known as the treatment cascade—as other people living with the virus.

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