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Approximately 400,000 medical travelers visited Mexico each year for health purposes before the COVID-19 pandemic. The revenues from medical tourists in Mexico were estimated in approximately $3.1 billion dollars in 2014 (1). As a destination, Mexico has gradually increased the services offered to medical tourists. In the early 20th century, Mexican border cities were offering different health care services to transnational patients such as dental, vision, elective, and cosmetic treatments. Currently, Mexico supplies a wide variety of medical tourism and medical wellness services in multiple destinations ranging from beach resorts to colonial towns and large metropolitan areas. Highly specialized care is available to transnational patients in large cities (2). Mexican border cities with the United States, however, still supply the majority of health care services to medical tourists (3).

The main incentives for the development of the medical travel industry in Mexico have been lower cost of health care and geographic proximity to the United States. Medical travelers to Mexico are predominantly from the United States. Approximately 70% of these visitors are either Mexican or Latino immigrants living in the U.S. or Mexican Americans and other U.S. citizens who are familiar with health care delivery in Mexico (4). Non-Latino medical travelers mainly cross the border to receive dental treatments, purchase prescription drugs, and receive elective treatments that are not covered by health insurance plans in the U.S. (5).

An offering of health and tourism services for medical tourists in Mexican border towns has evolved from a relatively unregulated and disorderly industry into organized "clusters" of health care and tourism providers who have partnered with government authorities to promote the medical travel industry in cities and towns along the U.S.-Mexico border. The five cities in the Mexican state of Baja California were the pioneers in the development of these medical travel clusters in Mexico (6). For example, the medical, dental, and hospital cluster of Baja California organized a range of medical services along with hotels, food, and recreational services (1). This new structure of the industry enabled health care providers to include recreational services along with the comprehensive health services, responding to demands of medical travelers and their companions. This association also encouraged the certification and accreditation of Mexican health care providers, facilitated links with development agencies to fund improvements and certification, and began to actively promote Baja California as a medical travel destination (1, 6).

U.S.-Mexico Health Visitors

Health services for international medical travelers are provided mostly by private organizations and paid out-of-pocket. According to a recent study that examined international travelers to Baja California, cost and quality are the main considerations for the use of services in Mexico (6). According to estimates from the Mexican government, in 2013 costs in Mexico were 36% to 86% less when compared to U.S. prices for different types of health services (2). Insurance coverage was the main motivation to cross the border for health care only among 3% of the surveyed population. While uninsured individuals are the majority of cross-border patients, it is not unusual for dental treatments and other health services to be administered to individuals with health insurance coverage in the U.S., even to those covered by relatively generous public health insurance plans (5, 7).

Different "push" and "pull" factors incentivize U.S. to Mexico health visitors. Lack of adequate health insurance coverage and access to care in the U.S. have been "push" factors to use health care abroad. Familiarity, geographic proximity, and lower cost of treatment in Mexico has been a "pull" factor (6, 8, 9). One study analyzed data from international travelers into Baja California to examine the profile of health travelers to Mexico from the U.S., from 2010-2013 (10). Its main findings are in table 1.

Table 1: Health Care Travelers to Baja California, 2010 and 2013		
Variable	**2010**	**2013**
Average Age	41	43
Annual Income (USD)	36,000	35,496
Married	64.0%	72.0%
Education		
Less than High School	25.0%	21.0%
High School	44.0%	41.0%
More than High School	31.0%	38.0%
Race/Ethnicity		
U.S. born Latino	32.0%	41.0%
Latino Immigrant	59.0%	33.0%
Non-Latino White	7.0%	9.0%
Other	2.0%	17.0%
Health Insurance in the U.S.	33.0%	33.0%
Transportation		
Car	82.0%	78.0%
Pedestrian	17.0%	10.0%
Bus	0.8%	11.0%
Airplane	0.2%	1.0%
Traveling With Companions	59.0%	73.0%
Main motivation for medical travel		
Lower Cost	57.0%	49.0%
Quality	13.0%	33.0%
Health Insurance Coverage	3.0%	2.0%
Other	27.0%	16.0%
Use of Health Services in Mexico		
Primary Care	29.5%	28.4%
Internal Medicine	6.8%	6.8%
Dental Treatment	29.1%	28.8%
Vision	1.3%	1.1%
Trauma-Orthopedics	7.3%	6.5%
Cardiology	3.4%	3.2%
Other Specialities	22.6%	25.2%

SOURCE: Vargas Bustamante A., "U.S.-Mexico cross-border health visitors: how Mexican border cities in the state of Baja California address unmet healthcare needs from U.S. residents," *Journal of Ethnic and Migration Studies,* 2020, 46(20):4230-47.

The Role of the Mexican Population in the United States in the Evolution of the Medical Tourism Industry in Mexico

The Mexican population represents approximately 11% of the overall U.S. population (11). This figure includes 11.4 million Mexican immigrants and 22.3 million U.S.-born individuals who self-identify as Mexican-Americans (11). Almost 83% of Mexican immigrants are concentrated in ten states and 37% reside in California (12). Previous research shows that the Mexican population in the U.S. is twice as likely to underutilize health care and experience low quality of care compared to non-Mexicans (13-15). U.S.-born Mexican Americans as well as Mexican immigrants experience access to care barriers, low utilization of preventive services, and lower health care spending compared to other U.S. racial/ethnic groups (16-21). One of the main deterrents to health care access and use and health insurance coverage among Mexican immigrants in the U.S. is legal status, since approximately 50% of Mexican immigrants are undocumented (22, 23). Undocumented immigrants are excluded from federal government programs that provide subsidized health insurance coverage (Medicaid and Medicare) and from all provisions related to the Affordable Care Act (ACA), which expanded health insurance coverage to approximately 70% of the U.S. uninsured population after its implementation in 2011 (24, 25).

U.S.-Mexico Cross-Border Health Care Utilization

Mexicans in the U.S. travel across the border to Mexico to utilize health care and to overcome some of the barriers encountered within the United States. Cultural familiarity, geographic closeness, and lower cost of health care in Mexico are among the main drivers of health care utilization south of the border (26, 27). Different studies have documented and characterized the cross-border utilization of health care in regions and states close to the border (28-30). For instance, a 2001 study from California estimated that approximately one million individuals, 70% of Mexican origin, crossed the border between California and Mexico to utilize health care, purchase medications, or receive dental treatments (4). Another study from 2011 found that Mexican immigrants in the U.S. return to Mexico regularly to receive hospital care for serious illnesses in response to limited access to care in the U.S. (31).

Almost one third of Mexicans in the U.S. have immigrated recently to the U.S. and most are first or second-generation immigrants. Cultural beliefs from Mexico and familiarity with the Mexican health care system are still strong among millions of Mexican adults. Cultural approaches to

health care and understanding the Mexican health care system are likely to influence cross-border health care utilization among Mexican adults and future retirees (5, 32, 33). The main predictors of health care use in Mexico are health need, lack of health insurance coverage in the U.S., employment status, delay seeking care, more recent immigration, limited English proficiency, and prescription drug use (19, 27, 34). Additionally, cultural factors such as language and provider attitudes influence health care utilization south of the border (35, 36). However, lack of legal status for undocumented immigrants also deters undocumented Mexican immigrants from using health care in Mexico, since mobility across the border has diminished due to increased border enforcement by U.S. border authorities (25, 37).

Documented and undocumented Mexican immigrants in the U.S. contribute to health care utilization in Mexico in another way. Some $40.6 billion in 2020 was sent by these immigrants as remittances to their relatives in Mexico (38). One of the main reported uses of migrants' remittances has been spending for health care (39). It is estimated that 46% of those receiving remittances use some share of these funds for health care, which represents the single largest category of the intended use of remittances (40).

California-Mexico Health and Health Care Cooperation after COVID-19

The U.S.-Mexico border is the busiest in the world. After the decline in border crossings in 2020 with the onset of the COVID-19 pandemic and U.S. government restrictions, the flow of cross-border patients and medical tourists has been gradually recovering to its 2019 peak. Healthcare cost differentials between the U.S. and Mexico will continue to incentivize cross-border health care utilization in the future (10). Private health care providers in Mexico are quickly adopting international standards to treat cross-border patients (28). Cooperation between California and Mexico has centered in the health and health care needs of Mexican immigrants in the state and the important presence of Mexican nationals who cross the border each day to work in California, but who reside in Mexican border cities. Currently, California is the only U.S. state where health insurance can operate in conjunction with Mexico. This was accomplished through the amendment of the Knox-Keene Act in 1998. Three private U.S. insurance companies and one insurance group from Mexico are licensed to offer this type of coverage (28). Providers in California offer a variety of plans with different service options that range from managed

care coverage (Health Maintenance Organization or Preferred Provider Organization) to emergency coverage only (42).

Two main challenges for California-Mexico cooperation in health care regulation and quality of care relate to population aging and the coverage under the Affordable Care Act and Medicare.

a) With population aging, it is expected that the number of Mexicans in the U.S. who will retire in Mexico will increase rapidly in the next 3 decades (43). Future policy developments could impact the U.S.-Mexico transnational patient flow and transform its current characteristics. Transnational health care utilization is likely to evolve from border crossing of uninsured or underinsured individuals who purchase cheaper prescription drugs, dental treatments, and pay out-of-pocket for regular doctor visits, to one of newly insured individuals and Medicare eligible persons who may opt for health care in Mexico, driven by cultural familiarity and high cost of care in the United States. Policy makers and health care organizations in California and Mexico will have to respond to an increased demand for affordable and quality public and private health care services for Mexicans who will spend their productive years in the U.S.

b) In addition to access to care barriers that have remained in place after the ACA implementation, cultural familiarity with the Mexican health system, cost control policies in the U.S., and population aging are likely to increase the flow of U.S. patients to Mexico. Previous research shows health care and socioeconomic barriers are the main drivers of U.S.-Mexico cross-border health care use (4, 26, 44). Future U.S. budget restrictions could limit available resources for subsidized health care for low-income and uninsured Mexican adults who reside in the U.S. Cross-border health care utilization in Mexico would remain a feasible option for this population.

Legal and Political Considerations

The high cost of treating currently uninsured individuals with complex and expensive health conditions is a serious financial burden for safety net hospitals in the U.S. (45). Previous attempts to expand cross-border regulations in U.S. border states show that physicians and other organized health professional groups are unlikely to support cross-border health care use and medical tourism. For instance, in 2001 the state legislature in Texas

considered a bill to establish a regulatory framework at the Texas-Mexico border, along similar lines as the scheme approved in California (28). The Texas Medical Association, however, strongly objected to this proposal based on regulatory and liability issues (46).

The growth of cross-border health care use and medical tourism still struggles on how the legal systems of two countries could work to solve cases of medical malpractice. The European experience could be useful to consider (47). Various European directives allow the free movement of health professionals recognizing their qualifications throughout the European economic area (48, 49). Audit, quality assurance, timeliness of reporting, confidentiality, and quality of the data are day-to-day aspects of the medical practice factored into contractual agreements (50).

In the U.S., physicians are licensed to provide medical care within the boundaries of each state. Different states have different definitions of medical malpractice; some are defined more broadly than others (51, 52). One possibility could be to use the United States-Mexico-Canada Agreement (USMCA) model (53), which resolved differences in trade law across states in the U.S. and between Canada and Mexico by agreeing to settle any trade disputes using a common legal framework (28). A similar model could be developed for disputes involving medical tourism.

Conclusions

Health care costs keep rising rapidly in the U.S. and the cost differential of health services in comparison to Mexico is widening. Budget restrictions also limit the resources available for subsidized health care for low-income vulnerable populations in the U.S. Cross-border health care use and medical tourism could serve as a mechanism to improve coverage and provide quality and affordable health care to underserved individuals living in the U.S., particularly Mexican immigrants and Mexican Americans. Any policy to promote medical tourism, however, will require financing schemes and regulations that promote quality of care, response in case of medical complications, and effective mechanisms to solve cases of medical malpractice. Policymakers, health care providers, and researchers in both the U.S. and Mexico should continue to explore potential opportunities to expand the availability of affordable and quality health care options for medical tourists in Mexico.

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