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Ensuring California's Future by Insuring California's Undocumented

*Why Excluding Undocumented Californians
from the Affordable Care Act Hurts All of Us*

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Contents

Introduction	1
How does the ACA exclude some Californians?	2
Undocumented Californians: Geography, economics, and medical insurance coverage	3
How expanded access to insurance will improve health, finances, and our communities	4
Making it real: Effectively reaching undocumented Californians	5
Political considerations	5
End Notes	7

* This policy memo is based on a longer report to be released by USC CSII in the summer of 2014. That report takes the form of a literature synthesis at the intersection of research on the demographics and geographic distribution of undocumented immigrants in California, access to medical insurance, health outcomes, the health policy landscape, and framing for policy reform. Visit the CSII website at: http://csii.usc.edu/ensuring_ca_future.html

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Introduction

The Affordable Care Act (ACA) represents the most dramatic increase in access to medical insurance since the growth of employer-provided insurance in the post-WWII period and the creation of Medicare and Medicaid in the 1960s. An estimated 26 of the 50 million non-elderly uninsured Americans are projected to gain new coverage.¹ While the goal of the ACA is to eventually provide coverage to all Americans, one group of residents who are an important part of our economy and society are explicitly excluded: the undocumented.

Expanding coverage to all makes sense for all of California. While only one of many determinants of health, expanding access to insurance is likely to improve health. Nearly certainly, it will result in economic stability by preventing personal financial catastrophe – important for undocumented Californians, their (overwhelmingly citizen) children, and their communities. Moreover, our state insurance exchange, Covered California, would be strengthened because it will improve risk sharing by adding a group that tends to be younger and healthier – and we could also prevent future financial burden by addressing health problems now instead of in the (more expensive) emergency room.

Currently, legislation proposed by State Senator Ricardo Lara (D-Long Beach) would seek to address this issue by making Medi-Cal, the public insurance set up for low-income residents, available to the undocumented and developing a private insurance exchange option nearly identical to Covered California. Debates about this bill and its goals are likely to raise the usual passions about immigration, passions that can often get in the way of good public policy design. The goal of this brief is to provide a factual basis for a consideration of both the Lara bill and other alternatives that may surface in the near future.

We specifically focus on the following questions:

- What stands in the way of inclusion of all Californians because of policy design?
- Who are the undocumented Californians left out of the reform?
- How does access to medical insurance impact undocumented Californians and the state?
- What does past experience suggest is the best way to reach this population?
- Is it politically feasible for California to expand coverage for all?



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How does the ACA exclude some Californians?

Undocumented immigrants are excluded from the ACA and its medical insurance expansion programs.² Specifically, they are ineligible for (1) subsidies to make private health insurance more affordable, (2) Medicaid expansion, and (3) the Basic Health Program (BHP) option which is designed to bridge Medicaid and subsidized private insurance (which only a handful of states are opting to set up).³

Undocumented immigrant youth who have received DACA (“Deferred Action on Childhood Arrivals” which grants temporary permission to stay in the U.S.) are also excluded from all of these programs.⁴ In California, some undocumented Californians will have job-based coverage, privately-purchased insurance, or other coverage, but 1.4 to 1.5 million will remain uninsured.⁵

The ACA will increase direct funding to Community Health Centers, including designated Migrant Health Centers on which immigrants rely, and other Federally Qualified Health Centers (FQHCs) by \$11 billion over the five years,⁶ although the threat of losing funding is constant.⁷ However, it also reduces federal funding for hospitals that help cover care for the uninsured,⁸ which may prove to be detrimental for uninsured immigrants. Even if an immigration reform bill with a pathway to citizenship were to pass, current proposals deny access to public funding to insure the newly legalized for at least 11 years.⁹

California is a forerunner in providing medical insurance access to all of its residents. The state has adopted broad ACA program options (both a higher poverty threshold of 133 percent and CHIP),¹⁰ is



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running its own insurance exchange, and provides some fully state-funded medical care programs regardless of status.¹¹ California also pays 100 percent of Medi-Cal funding for legal permanent residents (LPRs) during their first five years of residency.¹² The number of uninsured undocumented may be reduced since the state is extending full-scope Medi-Cal for income-eligible DACAs using state funds.¹³

Not just a question of state policy, counties are important medical service providers and decision-makers, as well. For example, Alameda, Fresno, Kern, Los Angeles, Riverside, San Francisco, San Mateo, Santa Clara, and Santa Cruz Counties provide services to patients regardless of immigration status and Contra Costa covers undocumented children (only).¹⁴ Healthy Kids in San Francisco uses city funding to provide coverage to all uninsured children under 19 who do not qualify for other federal or state programs, regardless of legal status.¹⁵

Unfortunately, these local efforts are at risk. The State is cutting its funding for low-income and uninsured medical services that goes to counties because of anticipated increased coverage from the ACA.¹⁶ In response, counties like Fresno are attempting to cut medical care services to undocumented immigrants.¹⁷ One solution to tattering safety nets: direct federal Health and Human Services funds to states with large informal labor markets where undocumented and other low-income immigrants live.¹⁸

Given this gap in direct support and the threats to indirect support of medical insurance for the undocumented, State Senator Lara has proposed an expansion of Medi-Cal availability to the undocumented as well as a private insurance exchange option that would essentially mirror Covered California.¹⁹ While the costs to the State need to be considered and are being estimated,²⁰ it is also important to realize that undocumented Californians pay \$2.7 billion annually in sales, income and property taxes.²¹ To get a sense of the population that is being left out – and who the Lara bill might help – we turn below to estimates of the size of the undocumented population in the Golden State.

Undocumented Californians: Geography, economics, and medical insurance coverage

California has about 2.6 million undocumented immigrants, about one-quarter of the nation's undocumented residents.²² They constitute nearly 7 percent of the state's total population, 8 percent of all adults, and 9 percent of the state's workforce. They work in industries such as agriculture (37 percent of the industry), construction (16 percent), personal services (16 percent), and retail (14 percent) – and mostly in jobs that tend to pay low wages. Indeed, the median income for full-time undocumented workers is \$20,000, which is \$30,000 lower than that of U.S.-born workers, and two out of three children (67 percent) with an undocumented parent live below 150 percent of the federal poverty level.

Despite overall poverty, the aggregate annual income of undocumented Californians in the workforce totals \$31.5 billion. Research suggests that legalization and naturalization of this population could increase their income by \$4.6 to \$7.9 billion.²³ Already, work and income possibilities have increased for the 300,000 or more Californians eligible for DACA.²⁴ Comprehensive immigration reform would change the economic status of this population dramatically – although as noted above, the current proposed legislation would still exclude this population from the benefits of the ACA for over a decade.

Certain regions have more history with undocumented Californians. The predominantly rural Central Valley and immigrant enclaves in Southern California (i.e. the San Fernando Valley, in mid-city Los Angeles, and inner-ring suburbs in and around Santa Ana and parts of Orange County) have the highest shares of the adult population who are undocumented. Nonetheless, undocumented immigrants have settled throughout the state – for example, nearly 200,000 live in the Silicon Valley region. Nearly half (49 percent) of undocumented Californians have lived in the state for more than 10 years – making them long-standing members of the state's society and economy.



Photo by Neil Parekh/SEIU Healthcare

Unsurprisingly, medical insurance coverage rates are low among undocumented Californians. Roughly half to three-quarters of undocumented Californians do not have medical insurance.²⁵ Though the citizen children of undocumented parents are not excluded from the ACA's programs, their rates of coverage and access to medical services fall behind their peers. Undocumented parents are less likely to access programs where they fear their legal status will be exposed.²⁶ This is a significant problem for the next generation of Californians: There are about 1.5 million children of undocumented parents, more than 80 percent of whom are U.S. citizens and thus entitled to access.²⁷

So if we build it, will they come? There is evidence that undocumented immigrants might be eager to sign up if medical insurance was offered. For example, although the proportion of undocumented immigrants who were eligible for employer-sponsored medical insurance was slightly lower than the state average, undocumented Latinos were significantly more likely to embrace ("take-up") this offer when available.²⁸ So we know that extending insurance to this set of California residents and families would find a ready and sizable market. What then would be the benefits to them and to other Californians?

How expanded access to insurance will improve health, finances, and our communities

While medical insurance is only one of many determinants of health,²⁹ access to medical insurance and care can indeed improve individual and population health.³⁰ Medicaid and CHIP has been linked to broad quality of life improvements for immigrant families by providing access to preventative and primary care, health education, and connecting eligible immigrants to social services.³¹ Although access to medical insurance does not guarantee good health,³² most researchers agree that expanded insurance coverage increases the use and quality of medical services, as well as the health of those with medical conditions.³³

Coverage has been shown to reduce psychological distress, to increase use of medical services, to establish usual sources of care, to improve continuity of care, and all of these effects of expanded coverage are arguably and positively associated with long-term individual health.³⁴ For example, mortality is higher

for the uninsured than the insured when they are hospitalized.³⁵ In Hawaii and Massachusetts, where there is near universal insurance coverage, research is showing lower mortality rates.³⁶

In addition, research shows that medical insurance prevents major financial crisis for individuals and families.³⁷ A national study found that 62 percent of all bankruptcies in 2007 involved medical debt.³⁸ The research confirms what undocumented immigrants experience: in a 2013 poll of Californians, 82 percent of undocumented respondents reported wanting health insurance and 79 percent indicated that the primary reason was to prevent financial crises in the case of a medical emergency.³⁹ Indeed, the uninsured pay for more than one-third of their care from out-of-pocket and are often charged higher amounts than the insured.⁴⁰ Leaving the undocumented without insurance coverage leaves a large share of the state's residents – again, 7 percent of the state is undocumented – vulnerable to economic hardship.⁴¹ Addressing the scope of benefits, cost-sharing, and inclusion of low-income populations are critical to decreasing rates of financial catastrophe.⁴²

Finally, expanded access will be good for the state and insurance pools. The National Academy of Sciences' Institute of Medicine has argued that it is not cost-effective to deny individuals insurance – whether considering labor productivity, government social spending, or the health and finances of the uninsured themselves.⁴³ Insuring all Californians will reduce future costly public emergency room visits⁴⁴ – the costs of which are passed on to those paying into insurance pools.⁴⁵ The success of medical insurance programs depends on risk sharing, where a relatively large number of low-risk people pay to help spread the costs of a smaller number of expensive cases.⁴⁶ Undocumented Californians are younger and healthier than the average population⁴⁷ and when they do use medical care, their costs are lower than U.S. residents.⁴⁸



Photo by Steve Rhodes

Making it real: Effectively reaching undocumented Californians

So what do we know about reaching this population from past experiences? In the early 2000s, the Children’s Health Initiatives (CHIs) started in California, one program of a few intended to medically insure low-income individuals who would not otherwise qualify for coverage. Financed through foundation grants, private donations, and some county funding, CHIs provided comprehensive coverage with very low premiums for more than 85,000 children in 26 counties at the program’s peak.⁴⁹ An evaluation of the program found that compared to those on the wait list for coverage (a good control group to isolate the impacts), enrollees were more likely to have a usual source of care.⁵⁰ The program’s major barrier was lack of state funding to close the gap between availability and demand.⁵¹

To make any medical insurance program work, though, it must be taken-up by residents (see the low estimated rates of medical insurance mentioned earlier). Immigrants can be dissuaded from seeking insurance if systems are too bureaucratic, not

culturally sensitive or linguistically accessible, and not tuned into the realities of a population with too many jobs, too little time, and high use of public transit.⁵² Another important factor is fear: immigrants worry that they (or their relatives or friends) will get caught up in a system seemingly focused on deportations.⁵³ In a study of DACA-eligible immigrants, actual and perceived cost was also seen as a deterrent.⁵⁴

Apart from matters of insurance take-up, accessing care has policy design implications. A study done for the Department of Health and Human Services recommends that agencies establish partnerships with community-based organizations (CBOs) to help eligible immigrant families feel more comfortable in accessing services.⁵⁵ Undocumented immigrants rely heavily on community-based health clinics⁵⁶ and strongly favor these over other possible places of care,⁵⁷ except in emergencies.⁵⁸ Training for health care and enrollment staff on who is eligible and outreach to those groups will help close the gap.⁵⁹

Political considerations

Californians are generally quite supportive of changes in immigration law that might improve the conditions of undocumented immigrants. For example, 86 percent of California adults favor a path to citizenship for “illegal immigrants” who meet certain characteristics, such as paying fines and back taxes and learning English. The support is bi-partisan: while it is true that 90 percent of self-identified Democrats favor a path to citizenship, so do 72 percent of self-identified Republicans.⁶⁰

Moreover, 58 percent of California residents and 55 percent of registered voters support the state government making its own policies—separate from the federal government—to address the needs of undocumented immigrants.⁶¹ Such state-level efforts have become increasingly popular given the

stalemate in Washington on comprehensive reform and the Lara bill, the “Health for All Act,” is one such effort.

While we have seen no specific polling on the health side, this may seem to be a harder lift than simply supporting a path to citizenship. On the other hand, nationwide, 63 percent of Americans believe undocumented immigrants who would achieve provisional status under comprehensive reform should have access to Medicaid and 59 percent believe they should have access to insurance subsidies under the ACA.⁶² Strikingly, the immigration reform bill passed by the Senate in June 2013 ignored public opinion on the matter and wrote those populations out.



Photo by California Immigrant Policy Center (CIPC).

As we have argued above, writing out undocumented Californians is problematic from the point of view of overall public health and well-being. It hurts us now, it hurts us in the future, and it makes us less prepared for what we think is inevitable: a future immigration reform that will finally reflect the common sense and open hearts of the American people.

Such a reform is broadly popular and extending health care to all could, with proper leadership and framing, pass the test of public opinion as well. Moreover, while opinion matters in politics, we also urge decision-makers to consider the human cost of inaction. Many undocumented residents cannot access or afford medical care so pressing medical needs are going unaddressed.⁶³ They remain under the threat of sickness and financial collapse. Health insurance and access to care have become significant factors in well-being in our nation. And while that should be reason enough, California's undocumented

are woven throughout our communities and drive important portions of our economy.

California has historically been a place of opportunity *and* a place where new ideas are tested; a place where innovation and inclusion come together to show the nation a brighter future. It will take courageous action on the part of many to truly offer the stability of health insurance access for all, but it will move us forward, together. Moreover, as with our demographics, California is often "America fast forward" – what happens here does not stay here and so the lessons we will learn from these efforts will also be important for the country as a whole. Another (and healthier) world is possible but only if we recognize that including everyone will ultimately benefit everyone.

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