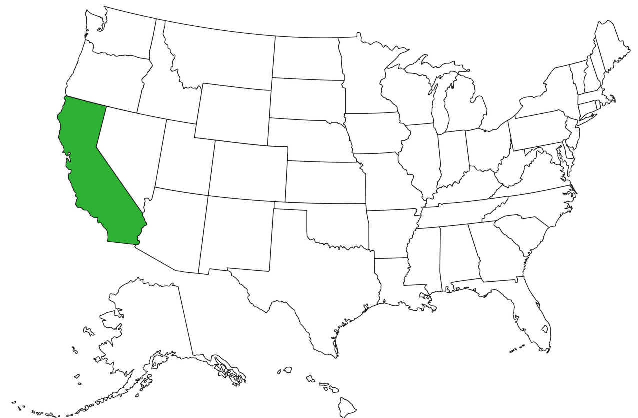
EXPANDING ACCESS TO HEALTH CARE FOR ALL: CALIFORNIA SEIZES THE DAY TO SUPPORT HEALTH FOR ALL



Expanding access to health care for all, regardless of immigration status, is a racial and health equity priority.

This case study is part of a set of resources that provides deeper insights into state policy levers to expand access to full health care for all. This set includes case studies for California, Colorado, Illinois, and Oregon that describe:

- data about the state's immigrant populations, and their access to health care coverage;
- the policy approach;
- key components of laws, including actionable and innovative provisions, and limits;
- actual or expected outcomes;
- political pushback;
- related laws; and
- key takeaways and lessons learned to help inform efforts in Minnesota and other states.

The other resources can be found at https://www.publichealthlawcenter.org/health-equity-and-policy.

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Introduction

Immigrants are vital members of thriving communities and contribute to the social and economic wellbeing of the U.S. across all sectors and walks of life. Yet, immigrants, and people with undocumented status in particular, are forced to navigate profound and unnecessary barriers to being able to live healthy lives. Immigration status has a major impact on both individual and family health outcomes. This in part because a person's status, and whether they are documented or undocumented, shapes when, where, and how they and their family members can access health care services. Numerous studies and reports show that:

- Structural racism and xenophobia are root causes of undocumented immigrants' lack of access to comprehensive health care coverage in the United States;
- Inequities in access to coverage contribute to significant disparities in health; and
- Indigenous, Black, Latine, Asian American/Pacific Islander, and other people of color* experience disproportionately negative health outcomes compared to white people, as borne out in the COVID-19 pandemic.[1]

Thus, expanding access to health care for all, regardless of immigration status, is a racial and health equity priority. This case study describes California's nearly decade long journey that has culminated in comprehensive health care coverage for all Californians, regardless of immigration status.

Background

On June 30, 2022, California Governor Gavin Newsom signed SB 184 (2021-22)[2], a budget trailer bill, into law, which included provisions making California the first state in the nation to provide access to full-scope health insurance coverage for people with undocumented status of all ages, based on income guidelines, using state funds. The legislation, which was the culmination of a movement over ten years in the making, extends access to full scope health care coverage for undocumented residents aged 26-49 years old, the last age group lacking access, effective no later than January 1, 2024. The legislation also creates an Office of Health

* For this resource, we have used the collective labels listed here as much as possible when referring to various political, racial, and ethnic groups. We occasionally have used alternative labels when appropriate, based on terminology used in source material, such as cited research reports, quotes, terminology used in a particular jurisdiction's materials, etc. We recognize that the language of equity is constantly evolving and no one label can capture the complexities of racial and ethnic identities. We also understand that there may be political implications regarding the use of labels. We do not wish to perpetuate insensitivity associated with any of these labels. We recommend that labels preferred by community members in the specific community or region be used whenever possible.

Care Affordability. This Office is charged with collecting and analyzing health care market data for cost drivers and trends, and using this data to develop policies and enforceable cost targets to contain rising costs so that affordable health care can be provided to all state residents. The Office will also promote, measure, and report performance on quality and health equity.[3]

California has the largest share of immigrants among U.S. states — almost 11 million — accounting for approximately one quarter of the state's residents. More than half (53%) are naturalized U.S. citizens, and another 25% have some form of legal status, e.g., green cards or visas.[4] California also has the largest share of the nation's undocumented immigrants — nearly a quarter of all undocumented people in the U.S. reside in California, where they comprise about six percent of the state's total population.[5] According to 2017 data (the most recent available), nearly one in ten workers in California was an undocumented immigrant (roughly 1.75 million).[6] Approximately 2.3 million undocumented immigrants resided in California as of 2019.[7]

Based on Migration Policy Institute estimates, Mexico is the country of birth for 48% of the 11 million people with undocumented status in the U.S., which makes it the leading country.[8] Almost 60% of Mexican immigrants in the U.S. live in either California or Texas, and most are non-citizens.[9] Consistent with these national statistics, about 77% of undocumented immigrants in California were born in Mexico and Central America (primarily El Salvador and Guatemala). Other undocumented people were born in Asia (18%); Europe/Canada/Oceania (3%); South America (2%); Africa (1%); and the Caribbean (less than 1%). *See* Profile of Unauthorized Population: California (Migration Policy Institute, 2019 data).[10] Notably, among California immigrants who arrived between 2010 and 2019, more than half (53%) were born in Asia, whereas 31% were born in Latin America.[11]

Similar to other states, undocumented immigrants in California are disproportionately unlikely to have health insurance. According to a May 2021 fact sheet from the Public Policy Institute of California, 8% of Californians were uninsured; in contrast, although undocumented immigrants make up about 27% of the state's population, they comprised 48% of California's uninsured population.[12] The fact sheet also noted that nearly two-thirds of uninsured children and adults lived in households with at least one immigrant family member.[13] Citizen children who have at least one noncitizen parent are much more likely to lack insurance compared to children with citizen parents (8% vs. 4%), based on national data.[14] When family members are undocumented, access to care can be even more challenging for children.[15]

The Approach: Adding Age Groups Incrementally, Starting with Kids, then Adults by Age Group

In 2022, California became the first state to enact laws extending access to its state Medicaid program (known as Medi-Cal) to undocumented immigrants of all ages, regardless of immigration status, using state funds. The state did this through budgeting measures introduced and adopted incrementally beginning in 2015 that appropriated state funds for the cause. That year, then-Governor Jerry Brown signed two bills into law: SB 75,[16] a state budget trailer bill, which included an investment to expand access to full-scope, comprehensive Medi-Cal to all undocumented children ages 18 and under who met the income guidelines; and SB 4,[17] which strengthened the expansion by ensuring that undocumented children already enrolled in a restricted-scope emergency version of Medi-Cal would be automatically and seamlessly transferred into the full-scope, comprehensive coverage without having to file an application. Through subsequent budget bills enacted between 2015 and 2022, the California Legislature progressively invested in extending access to the remaining undocumented immigrant age groups and categories: ages 19-25, SB 104 (2019);[18] ages 50 and older, AB 133 (2021, effective May, 2022);[19] expanded availability of pregnant and postpartum care to up one year, AB 133 (2021, starting April 1, 2022);[20] and expanded access to care for ages 26-49, SB 184 (2022, effective January 2024).[21] Eligibility for coverage requires household income to be at or below a set percentage of the federal poverty level (FPL), which varies by age bracket and pregnancy/postpartum status (see the Table of State Laws for information about specific thresholds).

The California Immigration Policy Center[22] and Health Access California,[23] along with a broad, diverse coalition of dozens of health, labor, legal, and community organizations (known as the *#Health4All Coalition*), were deeply involved in these policy advocacy efforts, working step by step, year by year, toward the grant of affordable health care coverage for all undocumented residents across the state. Advocacy campaign messages in a joint fact sheet[24] developed by these two organizations included the following points:

- Providing Medi-Cal health care coverage for undocumented people "strengthens our state by ensuring that every Californian has access to health care."
- Extending coverage to undocumented adults, in addition to children and people who are pregnant or postpartum, "continues California's well-established tradition of covering immigrant populations in Medi-Cal who are excluded from federal programs . . . including newly qualified immigrants (green card holders in the U.S. for less than five years) and immigrants with deferred action status (such as DACA recipients)."

- "No one should suffer or die from a treatable condition because of where they were born. Our health care system is stronger and more cost-effective when we detect and treat preventable conditions early, rather than force patients to resort to the emergency room for care."
- "Including all Californians in our health system, including undocumented immigrants who are our fellow students, family members, and colleagues, is essential to growing a strong economy and building a vibrant and inclusive California."
- "We invest in the health of our state when we invest in health coverage for low-income undocumented adults, who are a fundamental part of our workforce and communities . . . [moving] California and the nation closer to universal coverage by removing an eligibility barrier to full-scope Medi-Cal to all low-income adults who call California home."[25]

In addition, the California Immigration Law Center emphasized the following messages in a separate campaign fact sheet:[26]

- "Health care is a human right, and our health system is stronger when everyone is included."
- "Health insurance protects individuals from financial distress and excessive out-of-pocket spending, encourages earlier diagnosis of chronic conditions, improves use of preventative services, and reduces preventable mortality."[27]

California advocates framed the urgency of the need to close the coverage gap around evidence of disproportionate health and economic harms experienced by immigrant communities in California stemming from the COVID-19 pandemic, which were also highlighted by the waves of protest over racial injustice and structural inequities sparked by the police murders of George Floyd, Breonna Taylor, and other Black people. Also, California has experienced record budget surpluses since the start of the pandemic. Advocates succeeded in framing the situation as a unique opportunity for the California Legislature to correct past and present inequities by making critical safety net investments in health care access for undocumented immigrant residents, access to healthy food and nutrition, prevention of homelessness, and other much-needed programs.

Before the adoption of the most recent budget legislation, an analysis conducted by the Center for Labor Research and Education at the University of California, Berkeley showed that nearly two-thirds of undocumented immigrants in the state under the age of 65 lacked health insurance, compared with fewer than 10% of all Californians in the same age range.[28] Public support for the legislation was strong — a poll conducted in 2021 by the Public Policy Institute

of California found that 66% of Californians supported offering coverage to undocumented immigrants, up from 54% in 2015, when the first legislation was enacted.[29]

In a June 2021 analysis[30] of health care coverage of undocumented immigrants in California, the Public Policy Institute of California spoke to the devastating impact of COVID-19 on undocumented people — noting that gaps in health care coverage combined with inadequate access to vaccines, fear, and resulting avoidance of health care systems could impact entire communities. The report addressed barriers affecting mixed status families (where at least one family member is undocumented), examining aspects of how children in such families engage with the health care system, concluding that providing all low-income adults with access to affordable health care coverage could fill gaps in access to coverage and medical care for undocumented immigrants. Two notable report findings were:[31]

- "Undocumented immigrants and their families do not use more emergency department services than other immigrants; lack of connections to the health care system is a greater concern."
- "Children in families with at least one undocumented member are almost 11 percent less likely to have a usual source of care compared to children in other immigrant families, although they get health care at similar rates."

In the final stretch, Governor Newsom took the position that the unusually large budget surplus gave the state more flexibility to invest in safety net programs and would make it possible to close the gap and deliver universal health care access for all California residents.[32] Extending access to Medi-Cal coverage to the remaining undocumented population — those aged 26 to 49, approximately 700,000 people — was projected to cost about $2.2 billion annually.[33] In speaking to this investment, Newsom said, "Our health is connected to our neighbors, to our community, including the people who deliver our food, the people who drive the bus, the people who make society function . . . I think [living through a public health crisis] changed hearts and minds."[34] Closing this gap in access to health care is very significant in California and nationally because approximately one-fifth of all undocumented people in the U.S. reside in California.

Key Policy Components

Findings. The California laws providing full-scope health care coverage to undocumented immigrant residents came about through a series of budget bills enacted between 2015 to 2022. Relevant findings were not included in the bills.

Actionable Provisions. Effective no later than January 1, 2024, undocumented adults ages 26 to 49 years old will be eligible to enroll for the full scope of Medi-Cal health care benefits, if they would be otherwise eligible (i.e., based on income), resulting in access to Medi-Cal for all age groups of undocumented immigrants residing in California. For purposes of implementation, the legislation requires the state to make maximum use of federal participation and, where that is not possible, to use state funds appropriated for this purpose.

SB 184 (2022)[35] builds on previous legislation, adding important provisions designed to expand eligibility, types of services covered, contain costs of coverage, sustain affordability, and advance quality and health equity measures.[36] The legislation:

- Established the Office of Health Care Affordability (OHCA) to analyze the health care market for cost trends and expense drivers, develop data-informed policies to lower health care costs, set and enforce cost targets, and develop a strategy for containing costs and ensuring affordability. The legislation also created a Health Care Affordability Board (eight appointed members) and a Health Care Affordability Advisory Committee.[37]
- Requires OHCA to set health care metric standards, gather data, and annually report findings to the Board and the public at a public meeting starting in 2027 (with a baseline report due in 2025), allowing opportunity for public comment and feedback on the report. Required metrics include health care quality and equity, alternative payment models, primary care and behavioral health investments, and health care workforce stability.[38]
- Requires eligibility and enrollment plans to enable people, to the maximum extent possible, to maintain their primary care providers or medical homes. The state is required to coordinate with counties, consumer advocates, health care providers, and Medi-Cal managed health care plans to support and maintain such linkages. This, in effect, imposes a state-mandated local program.[39]
- Provides continuity of eligibility for children under five years of age, without regard to income, until they are five years old unless a family voluntarily disenrolls the child, the child dies, or the child moves out of state.[40]
- Expands access to full-scope Medi-Cal benefits for pregnant/postpartum people by raising the income threshold for eligibility from less than or equal to 109% of FPL to less than or equal to 208% of the FPL before application of a five percent income disregard.[41]
- Authorizes the state to choose to not impose premiums for children whose family income is above 160% and up to and including 261% of the FPL for certain programs, to the maximum extent allowed under federal law.[42]

- Requires the Department of Health Care Services (DHCS), the state agency charged with oversight, analysis, and reporting responsibilities, to provide semi-annual status reports to the Legislature, beginning six months after the effective date of the expansion of access.[43] The same was done with the earlier expansions. DHCS also must provide monthly updates to the policy and fiscal committees of the Legislature about enrollment, eligibility, and community outreach efforts.[44]

Innovative Provisions. The legislation is inherently innovative, in that California is the first state to provide access to full-scope health care coverage for undocumented immigrants of all ages. The legislation specifically aims to advance health equity and is an important component of Governor Newsom's goal to realize the promise of providing universal access to health care coverage for all Californians.[45] The establishment of the OHCA and its charge to develop and enforce cost targets and report to and receive comments from the public, as well as its stated commitment to advance equity, are also specific innovative provisions.

In enacting this provision, California joined a small but increasing number of states that are building off a model first developed by Massachusetts to gather, analyze, and publish data on health care cost growth trends across all health insurance types and health providers.[46] According to the Milbank Memorial Fund (MMF), in 2022, California joined Connecticut, Delaware, and Rhode Island, which each adopted new statutory and funding support for existing cost growth target programs, and five other states — Massachusetts, New Jersey, Nevada, Oregon, and Washington — that are implementing health care cost growth targets.[47] An MMF program officer has lauded California for "…taking an important step toward ensuring all Californians can afford the health care they need — instead of allowing more and more costs to fall on the state's 29 million residents."[48] She noted that California's establishment of the OHCA, its Board, and its Advisory Committee, will advance much needed transparency and enhance movement toward a more affordable and sustainable system both by mandating that board members cannot be representatives of health insurers or providers subject to the cost growth targets, and by granting OHCA authority to require performance improvement plans and impose fines on insurers and providers who fail to meet targets.[49]

Limitations

As in other states, California's legislation has several limitations, such as:

- Income and asset checking requirements may impede enrollment of individuals who are otherwise eligible. Elimination or minimization of paperwork promotes enrollment and use of services.

- Children over the age of five are not guaranteed continuity of coverage throughout childhood after enrollment.
- Expansion of enrollment, in and of itself, is insufficient to resolve coverage inequities. A comprehensive strategy, involving multiple policy initiatives, over time, will be needed to achieve long-term equity goals with regard to health status and health outcomes. The California Immigration Policy Center,[50] one of the advocacy organizations that led this *Health4All* legislative initiative, also lists food and nutrition access and homelessness prevention as among critical, targeted issue areas that need to be addressed through safety net investments.[51]

Actual or Anticipated Outcomes

This legislation is important for undocumented California residents 26 to 49 years of age and their families — and undocumented residents of all ages — who have been ineligible for access to full-scope health care coverage in California due to their immigration status. The legislation will increase access to coverage and health care services and improve health and well-being outcomes. The legislation will also enhance efforts to advance health equity aims, due to its data gathering, analysis, and reporting requirements, combined with opportunities for community engagement regarding decision-making processes.

Political Pushback

The 2022 legislation did not appear to face major political pushback; this may be because this was the final age group to be addressed after a decade-long, phased-in approach. The legislation passed on June 29, 2022, with the following vote counts: Assembly Floor — 60 ayes, 18 noes, 2 no-votes-recorded (NVR); Senate Floor — 28 ayes; 8 noes; 4 NVR.[52]

Related Legislation

Below are brief examples of other recent policy changes in California that remove barriers to access to health care and/or other government benefits or services for undocumented immigrants; establish programs or activities that otherwise support access; and promote and/or protect immigrants' health and safety.

- Expanding older, undocumented Californians' access to health care coverage is part of Governor Newsom's Master Plan for Aging strategy, *Health Care as We Age*, which includes five goals and 23 strategies that support healthy aging to be implemented by 2030,

including age-inclusive and culturally responsive care. Progress is being updated and monitored via a Data Dashboard for Aging.[53]

- AB 2193 (adopted in 2022): Requires legal representation be provided for low-income, undocumented people in civil matters involving critical issues affecting basic human needs (e.g., housing-related matters, probate conservatorships, guardianships, domestic violence, and civil harassment restraining orders).[54]
- AB 829 (adopted in 2022): Requires best efforts to provide legal representation for undocumented minors or nonminor dependents in foster care.[55]
- SB 187 (adopted in 2022): Expands the California Food Assistance Program (CFAP) to include all residents who are 55 years of age and up, regardless of immigration status.[56]
- Legislation enacted in 2021 expanded humane immigration policies through the addition of several protections and supports for California immigrants:
    - One of the enacted laws requires replacing the term "alien" when referring to noncitizens in California's in state statutes and other codes, encouraging terms such as "noncitizen" or "immigrant."[57] Governor Newsom observed that the term "alien" does not reflect the state's values, commenting that it "is not only an offensive term for a human being, but for far too long has fueled a divisive and harmful narrative."[58]
    - Legislation also was enacted to clarify health and safety standards at private detention facilities; address rights and protections for unaccompanied, undocumented minors housed in state-licensed facilities; and clarify that immigrants are covered under California's hate crime law.[59]
    - SB 714 (2021) amended the state's election code to allow aspiring citizens (e.g., DREAMers or other noncitizens who would be eligible to vote, but for citizenship status) to be appointed and elected members in a county central committee, provided that all other standard requirements for eligibility are met.[60]
    - California expanded the California Comeback Plan stimulus program, offering an additional $1,000 in stimulus checks to undocumented families through its rental assistance program, and providing additional financial support to undocumented people to cover back rent and rent several months into the future, and to assist with past-due utility bills.[61]
    - A press release issued by the Governor's office about this 2021 series of legislation noted that "California leads the nation with pro-immigrant policies . . . including expanding

access to higher education, expanding access to health care and public benefits, advancing protections for immigrant workers, supporting immigrant students through partnerships with school districts, improving opportunities for economic mobility and inclusion through access to driver's licenses and pro bono immigration services."[62]

- In the early 2000s, California enacted legislation, commonly referred to as AB 540, allowing all California residents of three or more years, including undocumented people, to receive in-state tuition and financial aid benefits at certain California public and private colleges.[63]
- In 2020, California allocated pandemic relief funds for workers, including undocumented workers, who did not qualify for other types of assistance.[64]

Key Takeaways and Lessons Learned

SB 184 (2022) represents the culmination of a long-term, sustained strategy to extend access to full scope health care coverage to undocumented immigrants in California. Over the course of nearly a decade, funding for each age group was built into state budget bills for this purpose. The success of this initiative has been aided by the participation of a strong, broad-based coalition that united immigrant communities with experts, allies, partners, and supporters representing interests in advancing racial and health equity, immigrant rights, workers' rights, and related public health advocacy concerns, including equitable health care finance, systems, and services.

California's legislation demonstrates the successful outcome of an investment in an incremental approach, starting with children and pregnant people, and then returning to the Legislature to extend and lengthen coverage, by additional age groups and need, session by session. Further consultation with California advocates and health leaders would likely yield additional valuable insights and guidance into lessons learned from their experiences.

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Endnotes

1 *See, e.g.*, Monika Damle et al., *Racism and Health Care: Experiences of Latinx Immigrant Women in NYC During COVID-19*, SSM - QUALITATIVE RESEARCH IN HEALTH CARE vol. 2 (2022): 100094. doi:10.1016/j.ssmqr.2022.100094, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9095080/; Supriya Misra et al., *Structural Racism and Immigrant Health in the United States*, 48 HEALTH EDUCATION BEHAVIOR 332 (2021), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8935952/; and Ruqaiijah Yearby et al., *Structural Racism in Historical and Modern U.S. Health Care Policy*, 41 HEALTH AFFAIRS 187, 187 (2022), https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2021.01466.

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