



THE UCLA CENTER FOR HEALTH POLICY RESEARCH



# Public Charge - Health and Economic Impacts in California

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Insure the Uninsured Project

# Study Authors and Funders

Today's speakers



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California  
Health Care  
Foundation



# Public Benefits Included in Proposed Public Charge Rule

## CURRENT

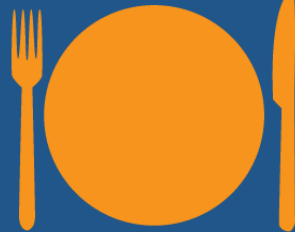
## PROPOSED ADDITIONS



- SSI\*
- CalWORKS/TANF\*
- Cash assistance programs\*



- Public assistance for long-term institutional care\*



- CalFresh/SNAP



- Medicaid/Medi-Cal

- Medicare Part D Low-Income Subsidy Program



- Section 8 (Housing Voucher & Rental Assistance programs)
- Subsidized Public Housing

\*Benefits included in current rule (per *Inadmissibility and Deportability on Public Charge Grounds*, 1999)

# General Approach

## California Health Interview Survey

- Population-level representative data ~ 20,000 households per year, conducted in English, Spanish, Mandarin, Cantonese, Korean, Tagalog & Vietnamese
- Self-reported measures of visa, immigration status, citizenship, country of birth, years in US
- Regional and some county-level estimates (see additional slides)

## Disenrollment Scenarios

- 15%, 25% & 35% within range of past observations of “chilling effect” as a result of the immigrant eligibility restrictions in the 1996 Welfare Reform Act
- Scenarios align with recent public charge KFF studies, FPI & CHCF, Children’s Partnership (see additional slides for detail)

## Population Affected

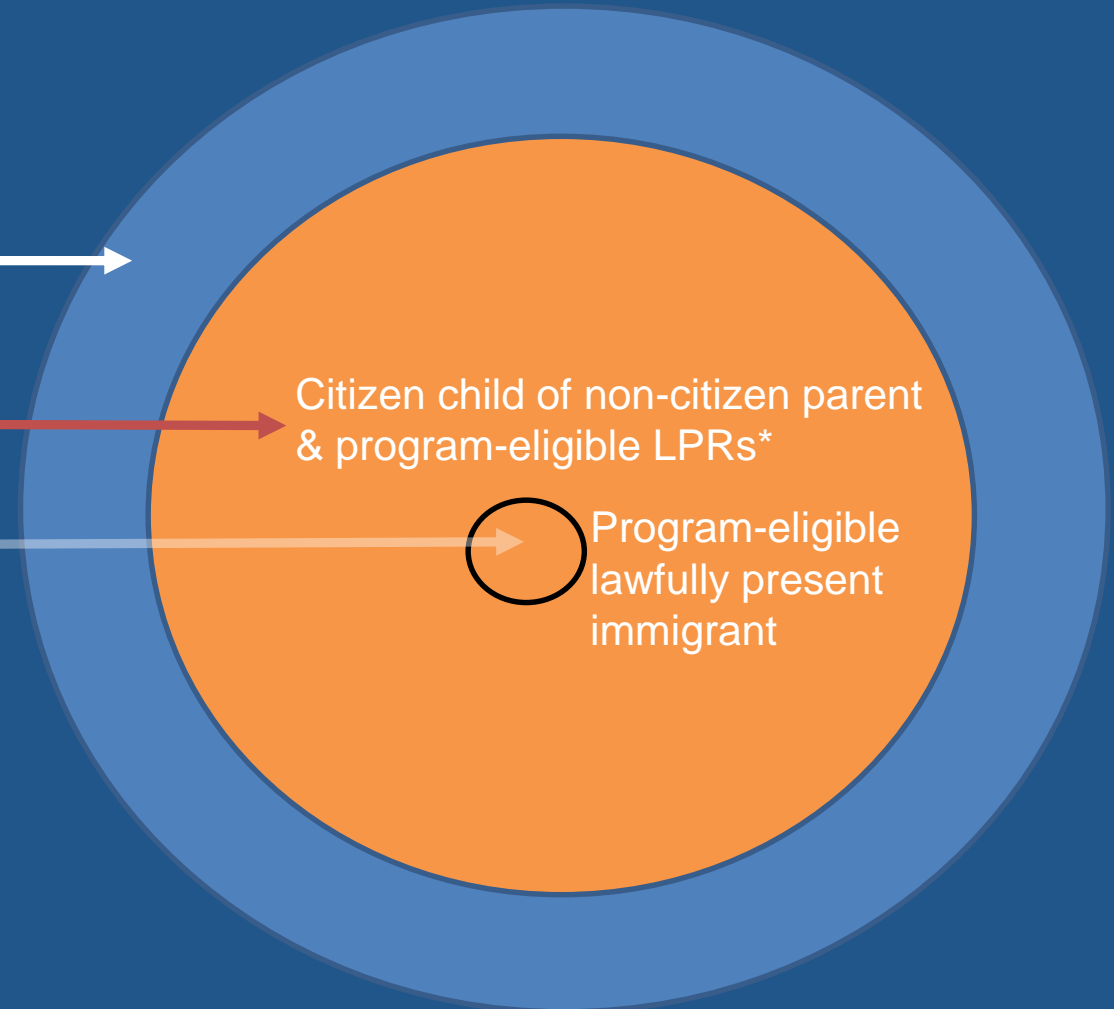
- Focus on those enrolled in federally-financed benefits to estimate federal dollars lost in the economy
- Focus on noncitizens and citizen children of noncitizen parents
- Limited to individual-level exposure to risk, not entire household-level exposure

# Defining the Population Affected for Federal Benefits

All Californians in a household with a non-citizen, with at least one member participating in a public program

**California population of focus for our analysis**

Californians who may potentially be denied a green card based on public benefit use as proposed in public charge test



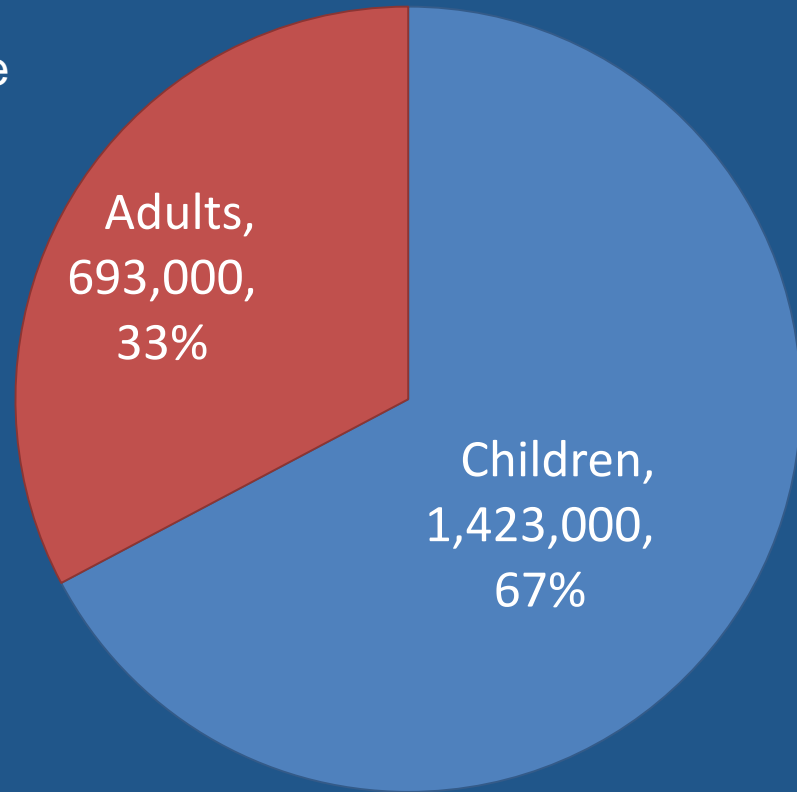
Citizen child of non-citizen parent & program-eligible LPRs\*

Program-eligible lawfully present immigrant

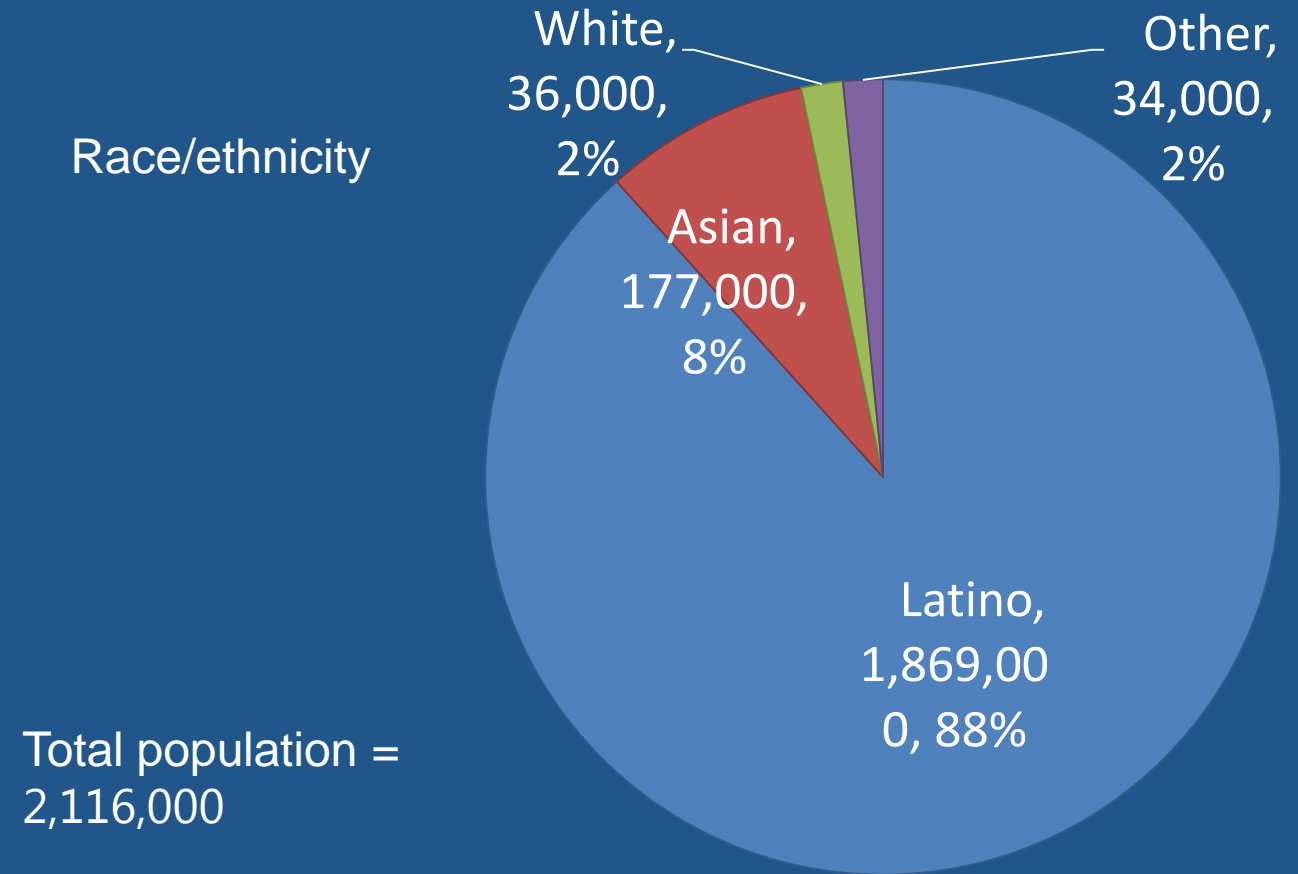
\*LPR = Lawful permanent resident/green-card holder

# Medi-Cal: Chilling effect population

Age



Race/ethnicity



Notes: Enrollment estimates are rounded to the closest 1,000 individuals. Estimates may not sum to totals due to rounding.

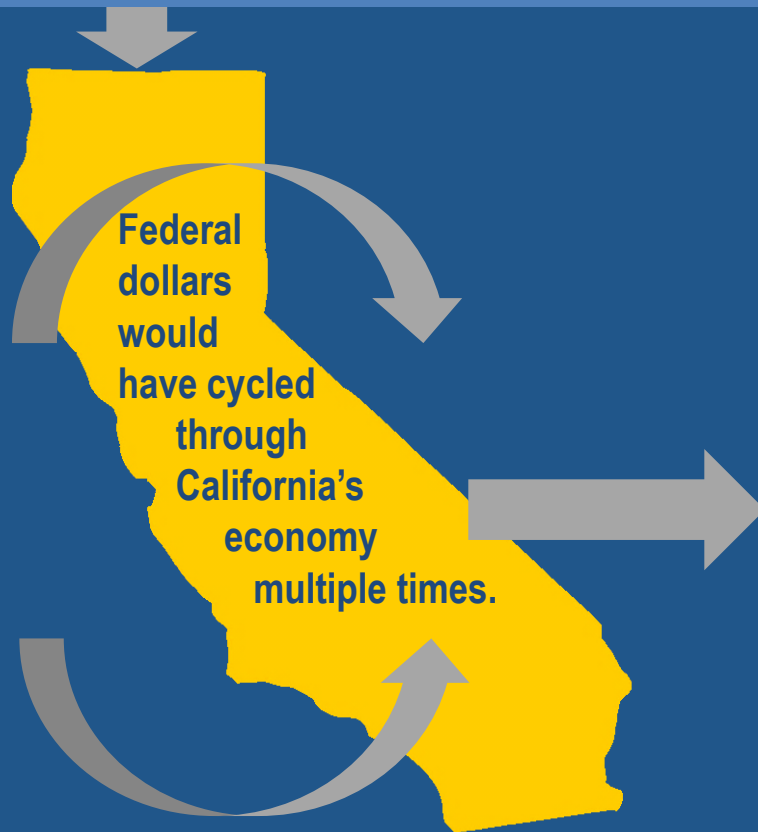
# Medi-Cal: Possible Disenrollment Scenarios

	Total Medi-Cal chilling effect population	Disenrollment rate scenarios (% of chilling effect population)			Annual reduction in federal support for Medi-Cal
		If 15%	If 25%	If 35%	
Total	2,116,000	-317,000	-529,000	-741,000	-\$509 million to -\$1.187 billion

Notes: Enrollment estimates are rounded to the closest 1,000 individuals. Estimates may not sum to totals due to rounding.

# Economic Ripple Effect

**-\$718 million to -\$1.67 billion** = Reduction in federal benefits due to chilling effect under proposed public charge rule



## Estimated economic effects

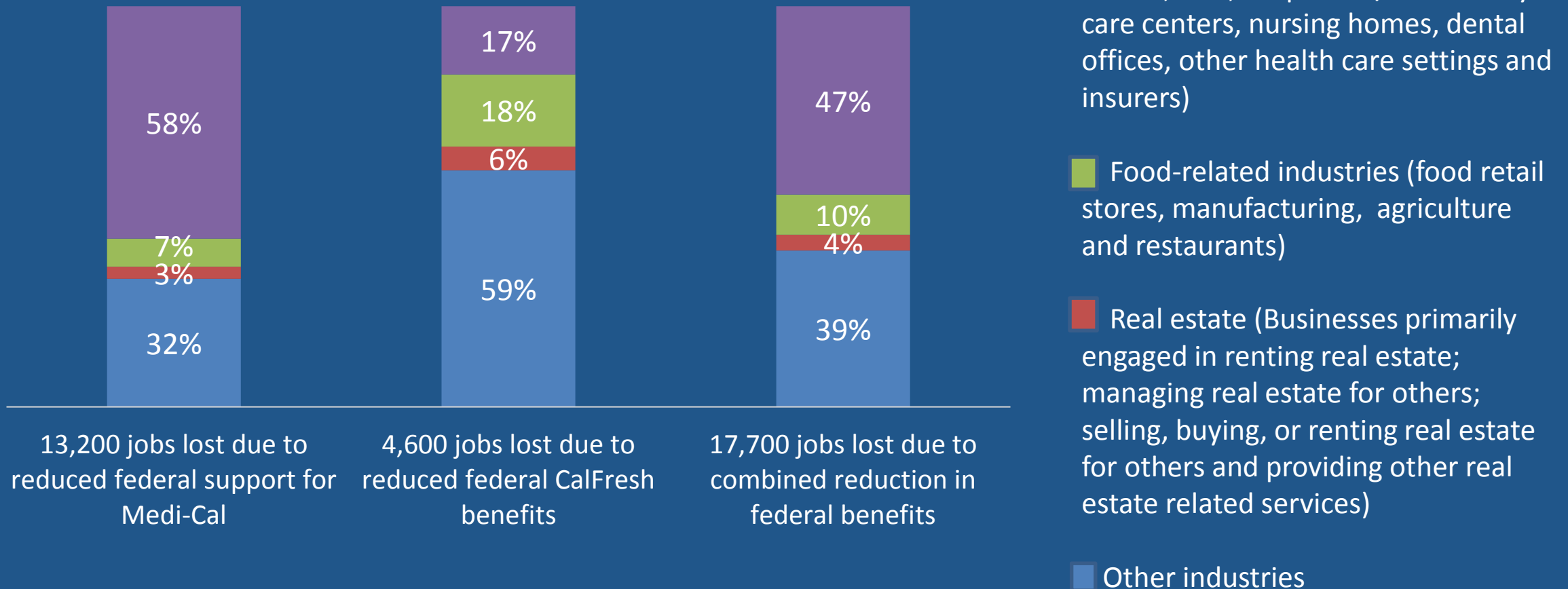
**-7,600 to -17,700** = lost jobs  
**-\$1.2 to -2.8 billion** = lost economic output  
**-\$65 to -151 million** = lost state/ local tax revenue

*Modeled using IMPLAN, an industry-standard input-output economic modeling software package*



# Top 3 CA Industries with Job Losses under 35% Disenrollment Scenario

Distributions of estimated job losses by industry



Note: Analysis using IMPLAN. Estimates are rounded to the closest 100 jobs.

# Total impact including CalFresh chilling effect:

- Lives touched
  - Nearly **2.2 million** Californians enrolled in CalFresh and/or in Medi-Cal
  - **~765,000** would disenroll from either program under 35% disenrollment scenario
  - Nearly **70% of lives touched are children**; Mostly Latinos and Asians; **9 in 10 Latinos**
- Economic Impact
  - **\$718 million to \$1.67 billion** in lost federal benefits
  - **17,700** estimated lost jobs under 35% Disenrollment Scenario—47% in healthcare, 10% in food, 4% in real estate industries
  - **\$2.8 billion** estimated lost output under 35% Disenrollment Scenario
  - **\$151 million** in lost state and local tax revenue
  - All regions affected

# Regional and county disenrollment and economic impacts also estimated

<b>Northern and Sierra region<sup>1</sup></b>
<b>Sacramento region</b>
Sacramento County
El Dorado, Placer and Yolo counties (grouped) <sup>2</sup>
<b>Bay Area region</b>
Alameda County
San Francisco County
San Mateo County
Santa Clara County
Solano County
Sonoma County
Contra Costa, Marin and Napa counties (grouped) <sup>2</sup>

<b>Central Coast region</b>
Monterey County
Ventura County
San Benito, San Luis Obispo, Santa Barbara and Santa Cruz counties (grouped) <sup>2</sup>
<b>San Joaquin region</b>
Fresno County
Kern County
Kings County
Madera County
Merced County
San Joaquin County
Stanislaus County
Tulare County

<b>Los Angeles County</b>
<b>Other Southern California region</b>
Imperial County
Orange County
Riverside County
San Bernardino County
San Diego County

# Publications and other resources from this study:

Fact Sheet: Proposed Changes to Immigration Rules Would Cost California Jobs, Harm Public Health

<http://healthpolicy.ucla.edu/publications/Documents/PDF/2018/publiccharge-factsheet-dec2018.pdf>

Regional Data Tables

<http://healthpolicy.ucla.edu/publications/Documents/PDF/2018/PublicChargeDataTables.pdf>

Seminar recording, methodology document, and other resources

<https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1789>

# Impact on CA's efforts to expand coverage

Under the proposed expansion of full-scope Medi-Cal to all low-income Californians regardless of immigration status:

- More than 1 million California undocumented adults could enroll
- If public charge rule is finalized and if enrollment rate is 35% lower, 680,000 adults would enroll

Towards Universal Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults

<http://laborcenter.berkeley.edu/medi-cal-undocumented-adults/>

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# Additional Slides

# Disenrollment Assumptions: 15%, 25%, 35%

Rationale: Studies of welfare reform – The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) – show immigrant disenrollment from public benefits, even when qualified, due to confusion and fear; range of 15%-35% disenrollment for all non-citizen immigrants & mixed-family children, up to 60% for refugees

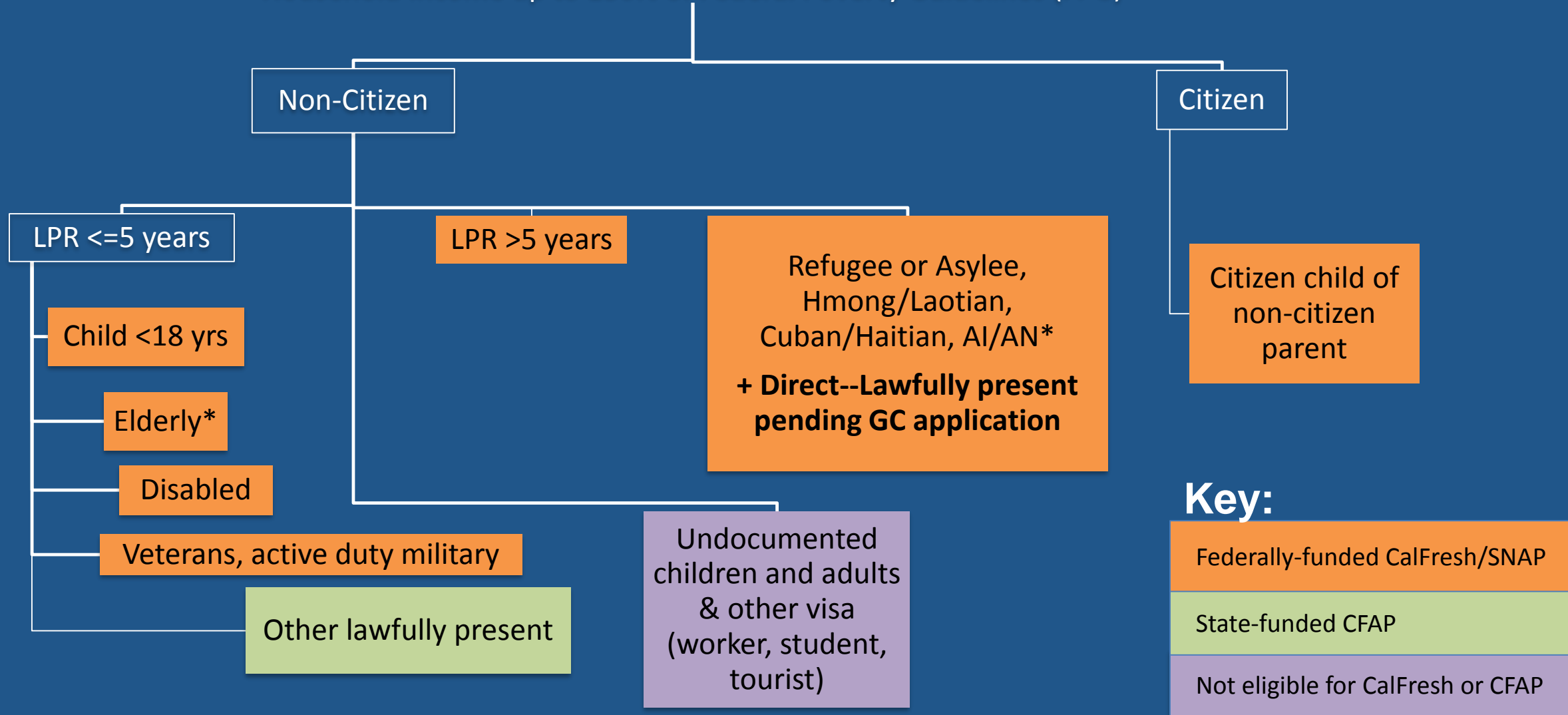
## Key studies

- Fix, M., & Passel, J. (1999). Trends in noncitizens' and citizens' use of public benefits following welfare reform, 1994-97. Washington D.C.: Urban Institute.
- Fix, M., & Passel, J. (2002). The scope and impact of welfare reform's immigrant provisions. Washington D.C.: Urban Institute.
- Kandula, N. R., Grogan, C. M., Rathouz, P. J., & Lauderdale, D. S. (2004). The unintended impact of welfare reform on the Medicaid enrollment of eligible immigrants. *Health Serv Res*, 39(5),1509-1526.



# CalFresh (SNAP) Eligibility of Non-citizen Individuals

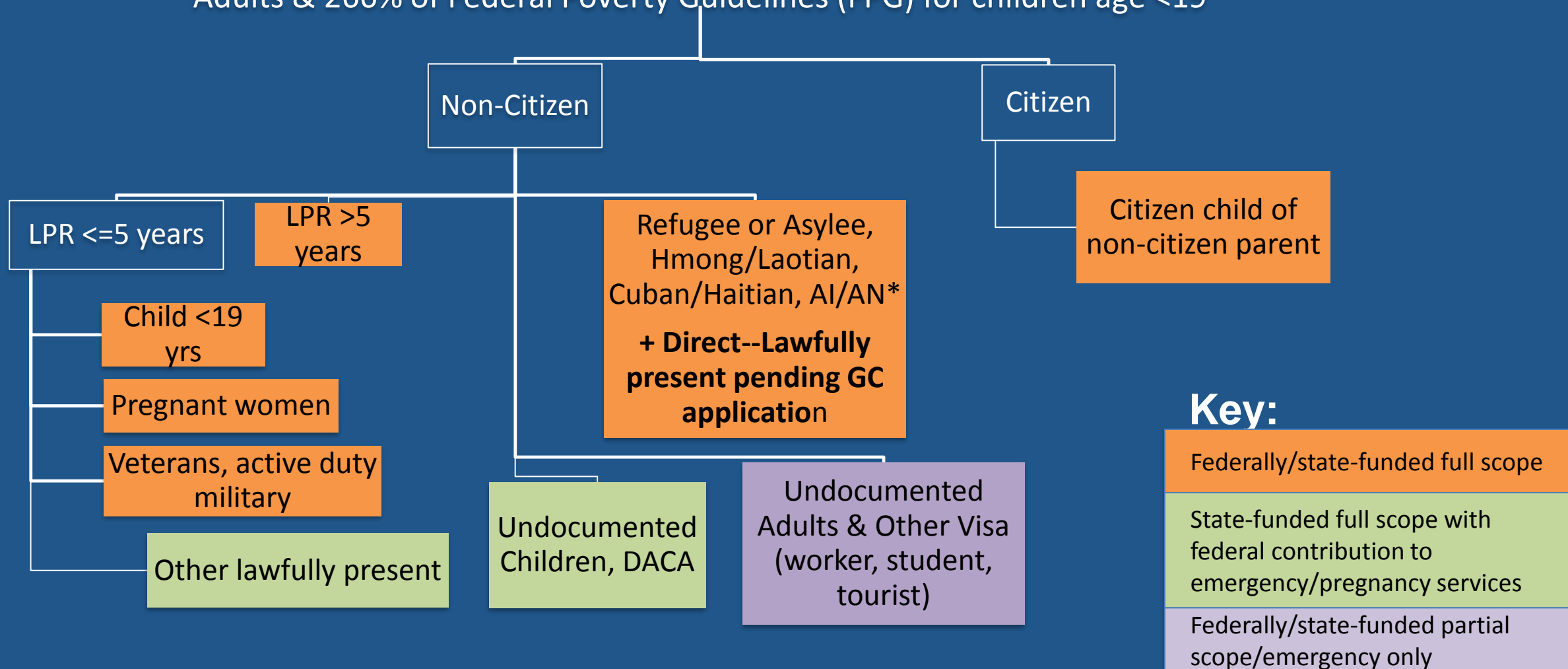
Household Income up to 130% of Federal Poverty Guidelines (FPG)



\*Elderly individuals born on or before 8/22/1931 and who lawfully resided in U.S. on 8/22/1996, AI/AN = American Indian/Alaska Native born abroad  
 Sources :<https://www.fns.usda.gov/snap/snap-policy-non-citizen-eligibility>, <http://calfresh.guide/immigrant-eligibility-for-calfresh-benefits/#qualified>

# Medi-Cal (Medicaid) Eligibility of Non-citizen Individuals

Household income up to 138% of Federal Poverty Guidelines (FPG) for Adults & 266% of Federal Poverty Guidelines (FPG) for children age <19



\*Elderly individuals born on or before 8/22/1931 and who lawfully resided in U.S. on 8/22/1996, AI/AN = American Indian/Alaska Native born abroad  
 Sources :<https://www.fns.usda.gov/snap/snap-policy-non-citizen-eligibility>, [https://www.dhcs.ca.gov/dataandstats/statistics/Documents/noncitizen\\_brief\\_ADfinal.pdf](https://www.dhcs.ca.gov/dataandstats/statistics/Documents/noncitizen_brief_ADfinal.pdf)