

Health Care Programs for California Immigrants

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California has the largest foreign-born population of any state in the U.S. In 2017, the most recent year for which data is available, 27 percent of California's population, or 11 million residents, were foreign-born (not citizens at birth, including those who become U.S. citizens through naturalization), more than double the percentage in the rest of the country.¹

California has historically administered health care programs that exceed federal requirements, generally funded with state and local funds, expanding the health care options for California immigrants. For example, California provides comprehensive coverage for undocumented, low-income children and, starting in 2020, young adults 19-25, in the state's Medicaid program, Medi-Cal, as well as lawfully residing immigrants during the 5-year waiting period for federally supported Medicaid.

Undocumented adults are the largest group of the remaining uninsured. Before the recent Medi-Cal expansion to 19-25 year olds, undocumented uninsured adults were projected to total 1.5 million in 2020.² Among undocumented adults with incomes at or below 138 percent of the Federal Poverty Level (FPL), 90 percent lacked health insurance, compared to 10 percent of all other California adults in the same income range.³

This fact sheet provides an overview of existing health coverage programs for California immigrants.

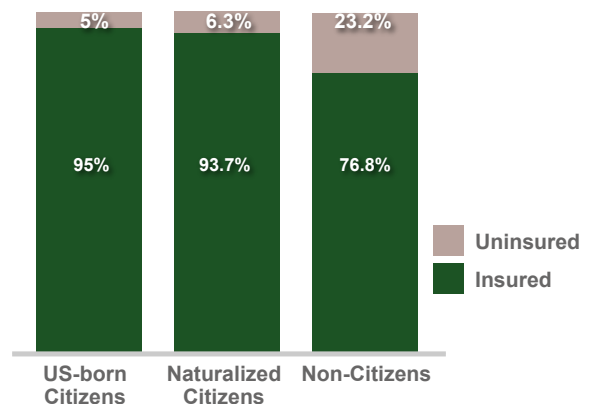
1.5 Million by 2020²

Uninsured
Undocumented
Adults



- **Over 11 million Californians are foreign-born**, approximately 27 percent of California's population.⁴
- Approximately half of California immigrants are naturalized citizens, 34 percent are lawfully present and approximately 14 percent are undocumented.⁵
- Two-thirds of workers in California's agriculture, forestry, fishing, and hunting industries, and **one-third of California's total labor force**, are immigrants.⁶
- In 2017, non-citizens were three times more likely to be uninsured when compared to naturalized and U.S. born citizens. **At 90 percent, low-income undocumented adults have the highest uninsured rate among Californians.**⁷

Figure 1. Percent Insured and Uninsured in California, by Citizenship Status, 2017



Source: UCLA Center for Health Policy Research, 2017 California Health Interview Survey, Public Use File, October 2018.

THE INTERSECTION OF IMMIGRATION AND HEALTH CARE

Under federal immigration laws, foreign-born residents may have different legal status or classifications depending on a variety of factors, including the reasons they came to the U.S., their country of origin, family connections, whether their presence is authorized or unauthorized and whether they are authorized to reside in the U.S. on a temporary or permanent basis (see terminology below).

The intricate categories of U.S. immigration law, and federal, state and local benefit laws, form the backdrop for a complicated patchwork of federal, state and county health care programs that serve foreign-born populations in California. Federal law and legal precedents may affect immigrants' eligibility for public programs, including health care programs, depending on

their legal status. Many Californians also live in mixed-status households where some family members may be citizens, some may be immigrants who are lawfully present, and some may be undocumented. Navigating coverage options can be difficult for immigrants generally and especially challenging for "mixed-status" families.

Federal Immigration Terminology

For federal immigration purposes, the term “immigrant” (or “foreign born”) refers to people residing in the United States who were not U.S. citizens at birth. This population includes naturalized citizens, lawful permanent residents (LPRs), certain nonimmigrants (e.g., persons on student or work visas), those admitted under refugee or asylee status, and persons residing in the United States without authorization, referred to as undocumented or “unauthorized” persons.

The federal government distinguishes between *immigrants* (lawfully admitted on a permanent basis) and *nonimmigrants* (lawfully admitted for a specific purpose or time period).⁸

Deferred Action for Childhood Arrivals (DACA). A federal policy allowing temporary relief from deportation for undocumented immigrants who arrived in the U.S. as children and meet certain criteria. DACA allows eligible individuals to receive a renewable two-year period of deferred action from deportation and to become eligible for a work permit in the U.S.

Lawfully Present Immigrants (LPI). A classification for non-citizens granted authorization to live and, in most cases, work in the U.S., on a permanent or temporary basis, including lawful permanent residents, refugees and asylees. This classification is used in the Affordable Care Act (ACA) and affects eligibility for federal ACA programs.

Lawful Permanent Residents (LPR). A classification for non-citizens granted authorization to live and work in the U.S. on a permanent basis. In general, LPRs can apply to become naturalized citizens after living in the U.S. for five years. Lawful permanent residents are given a “green card,” a photo ID that proves their status (although the card is no longer green).

Naturalized Citizen. Foreign-born residents who have become citizens of the U.S.

Permanently Residing Under Color of Law (PRUCOL). A public benefits eligibility category created by the courts that is not an immigration status. The definition of PRUCOL may vary from program to program and from state to state. The term generally means that federal immigration officials are aware of a person’s presence in the U.S. and have no plans to remove them from the country (either due to their status, individual circumstances or some combination). Individuals granted relief under the DACA program are classified as PRUCOL in California.

Refugees and Asylees. Classifications of foreign nationals unable or unwilling to return to their country of origin because they fear persecution based on their political opinion, religion, national origin, race, or membership in a particular social group. These classifications provide authorization to reside in the U.S. and a pathway to lawful permanent residence.

Temporary Protected Status. A temporary status given to eligible nationals of designated countries affected by armed conflict or natural disaster that allows them to live and work in the United States for a limited time as specified by federal rules.

Undocumented or Unauthorized Immigrants. Foreign nationals residing in the U.S. without authorization. This classification includes individuals who entered the country without authorization and individuals who were admitted to the U.S. and stayed after their visa or other legal status expired.

In addition to complicated program rules and eligibility, the federal immigration enforcement climate affects immigrant access to health care and coverage. See [ITUP Notes from the Field: Immigrant Communities in California Under the Cloud of Immigration Enforcement](#).

Immigrants may be confused or hesitant to seek health coverage programs for fear of exposing themselves or other family members to immigration enforcement actions or deportation. For example, pending federal rules would revise the public programs affecting some immigrant applications for a change in immigration status. Since the release of the proposed changes to the so-called “public charge” rule, anecdotal evidence suggests that immigrants may be declining or dropping coverage for which they are eligible. For more information, see [ITUP Comments on the Proposed Federal Rule Affecting Public Charge](#).

HEALTH CARE COVERAGE FOR IMMIGRANTS IN CALIFORNIA

California administers some of the nation’s largest public health care programs, including Medi-Cal and coverage through California’s Affordable Care Act (ACA) exchange, Covered California. Although federal restrictions limit which immigrant groups have access to federally supported health coverage, California has historically extended coverage for immigrants up to and beyond federal standards, including some cases where there is no federal financial participation or federal “match.”

Medi-Cal

Medi-Cal provides health coverage for approximately 13 million low-income Californians. The full-scope Medi-Cal program provides comprehensive benefits and services like those under job-based coverage to beneficiaries who meet income and other eligibility requirements. Restricted scope Medi-Cal covers specific services for low-income immigrants (and some other groups) who are ineligible for full-scope Medi-Cal, including emergency services, pregnancy-related services and, when needed, long-term care.

In general, under federal law, lawfully present immigrants must have a “qualified” immigration status to be eligible for federal Medicaid or the Children’s Health Insurance Program (CHIP).⁹ Many eligible immigrants, including most LPRs, (green card holders), must wait five years after obtaining qualified status before they may enroll in federal Medicaid.¹⁰ The delay is often referred to as the “five-year bar.”¹¹

Some immigrants, such as refugees and asylees do not have to wait five years for federal comprehensive Medicaid, and some immigrants, such as those with temporary protected status, are not federally eligible regardless of their length of time in the country.

Federal Medicaid payments are available for emergency and pregnancy-related services for all otherwise eligible individuals without a qualifying immigration status.

California extends Medi-Cal eligibility to LPRs who meet income and other eligibility requirements during the five-year waiting period, making them eligible for Medi-Cal regardless of their date of entry. California also extends full-scope Medi-Cal eligibility to refugees, asylees, PRUCOL immigrants and undocumented children and young adults up to age 26. For immigrant groups not eligible for full-scope federal Medicaid, California pays for comprehensive services with state funds and federal matching funds for restricted scope services (emergency and pregnancy services) provided to enrolled immigrants.

Figure 2 outlines Medi-Cal eligibility by immigrant category. For additional details on the Medi-Cal program see [ITUP Issue Brief: Mapping the Future of Medi-Cal](#) and [ITUP Legislative Update: 2019-2020 Final State Budget Health Care Highlights](#).

Covered California

Covered California is the state’s ACA exchange and offers private individual and small group coverage options in 19 geographic regions outlined in state law. Covered California was the first ACA

Figure 2. Medi-Cal Eligibility by Immigrant Category		
Immigrant Group	Program Eligibility (subject to income and other eligibility rules)	Funding Sources
<ul style="list-style-type: none"> Naturalized Citizens LPRs – legally residing in the U.S. for 5 years or longer Refugees, Asylees and certain other “humanitarian” immigrants 	<ul style="list-style-type: none"> Full-scope Medi-Cal 	<ul style="list-style-type: none"> State funds Federal Medicaid match for all Medi-Cal services
<ul style="list-style-type: none"> LPRs – legally residing in the U.S. for less than 5 years Immigrants under PRUCOL, including immigrants given TPS who meet certain state requirements Undocumented children and young adults 19-25 (2020) 	<ul style="list-style-type: none"> Full-scope Medi-Cal 	<ul style="list-style-type: none"> State funds Federal match for restricted scope services only (emergency and pregnancy-related services)
<ul style="list-style-type: none"> Undocumented adults Immigrants given Temporary Protected Status Nonimmigrants with temporary status, such as those on student and work visas 	<ul style="list-style-type: none"> Restricted scope Medi-Cal 	<ul style="list-style-type: none"> State funds Federal match for emergency and pregnancy-related services only State funds for long-term care, if needed

Source: Insure the Uninsured Project, 2019

state exchange and at approximately 1.5 million enrollees has the second highest state exchange enrollment in the country.¹²

Covered California administers ACA federal tax credits that reduce monthly premiums for individuals between 100 and 400 percent of the federal poverty level (FPL) (\$12,140 - \$48,560 in annual household income for one person) on a sliding fee scale basis. In addition, the ACA requires qualified health plans (QHPs) offered in the exchange to lower consumer out-of-pocket costs (deductibles and copayments) through Cost-Sharing Reductions (CSRs) for individuals and families with incomes between 100 and 250 percent FPL. The ACA included federal funds to reimburse health plans for the CSRs, but in 2017 the Trump Administration cancelled the federal CSR payments. QHPs still provide the CSR discounts, but because of how ACA premium tax credits are structured, the federal tax credits adjust to cover the

premium increases resulting from the loss of CSR payments. For more information, see [ITUP Health Policy Essentials: Covered California and Individual Health Insurance](#).

Significantly, undocumented immigrants are not eligible for ACA financial assistance and cannot enroll or purchase coverage in ACA exchanges, even using their own funds, but may purchase individual coverage outside of the exchange if they pay the full premium.

The ACA established the new lawfully present immigrant (LPI) category and included eligibility for ACA federal subsidies for lawfully residing immigrant groups. LPIs with incomes between 100-400 percent FPL are eligible for premium tax credits as well as LPIs below 100 percent FPL who are not eligible for Medicaid because they do not have “qualified status” under federal law. In California, most LPIs under 138 percent FPL are eligible for full-scope Medi-Cal.

For LPIs ineligible for Medi-Cal, such as immigrants with TPS, their premiums starting in 2020 will be reduced to \$1 for individuals with incomes at or below 138 percent FPL.¹³ The 2019-20 state budget also established state financial assistance for individuals with incomes between 200-600 percent FPL when buying coverage through Covered California. For additional details on state subsidies see [ITUP Legislative Update: 2019-2020 Final State Budget Health Care Highlights](#).

Figure 3 outlines immigrant eligibility for federal tax credits and CSRs in Covered California.

Figure 3. Immigrant Eligibility for Subsidies in Covered California		
Immigrant Group	Program Eligibility (subject to income and other eligibility rules)	Funding Source
<ul style="list-style-type: none"> Naturalized Citizens LPIs 	<ul style="list-style-type: none"> Eligible for federal tax credits Eligible for CSR reductions in deductibles and copayments 	<ul style="list-style-type: none"> Federal funds Health plan premiums
<ul style="list-style-type: none"> Undocumented Individuals, DACA grantees, and some immigrant groups who may fall within the PRUCOL category 	<ul style="list-style-type: none"> Ineligible for tax credits or CSRs Prohibited from purchasing individual coverage in Covered California even if using their own funds 	Not applicable

Source: Insure the Uninsured Project, 2019

County Medically Indigent Programs

Under state law, California counties are the “providers of last resort” for lawfully present county residents with no other source of care.¹⁴ Counties have historically administered a range of programs in this role, including local health care programs for low-income uninsured county residents (typically known as medically indigent (MI) programs, or medically indigent adult (MIA) programs). The primary funding sources for county MI programs are Realignment funds (dedicated sales tax and motor vehicle license fees), and county general funds.

In administering MI programs, counties have broad discretion to define eligibility, benefits, and services, including whether to serve undocumented county residents. Most county MI programs serve citizens and lawfully residing immigrants. Forty-seven county MI programs also serve undocumented residents, but services and length of eligibility vary depending on county of residence. Following implementation of the ACA, enrollment in most county MI programs dropped, especially in counties that limit eligibility for undocumented residents.¹⁵

Figure 4 provides an overview of county MI programs. For more information on county MI programs, see [ITUP Tracking: County Medically Indigent Programs](#) and [ITUP Health Policy Essentials: California’s Health Care Safety Net](#).

Figure 4. County Medically Indigent Programs		
Key Features		Number of Counties
Income Eligibility*	Under 200% FPL	13
	Up to 300% FPL	39
	300+ % FPL with at least one program	6
Coverage Period	< 3 months	3
	4-6 months	38
	6-12 months	17
Immigration Status	Eligibility regardless of immigration status	47
Enrollment (July 1, 2018)	< 1,000	46
	> 1,000	11
	> 10,000	4

*Some counties impose cost-sharing in the form of deductibles or copayments on a sliding scale based on income. Source: Insure the Uninsured Project, 2019

Conclusion

In general, California provides immigrants better access to health care coverage than other states.¹⁶ As outlined above, California extends coverage that is available to citizens to low-income, lawfully residing immigrants, as well as some other immigrant groups, even if federal matching funds are not available for the coverage.

Undocumented adults are the largest group of remaining uninsured in California.¹⁷ Although they are generally eligible for emergency and pregnancy-related services, without comprehensive coverage they often are left to episodic care in emergency rooms and public and nonprofit hospitals and clinics. Some may simply go without care until a treatable condition becomes more serious and often more costly to treat.

The 2019-20 state budget extends coverage to uninsured undocumented young adults 19-25 and establishes state subsidies above the level of federal ACA subsidies for individuals who buy coverage through Covered California. For additional details on the budget see [ITUP Legislative Update: 2019-2020 Final State Budget Health Care Highlights](#). Policymakers will need to maintain existing immigrant coverage programs and consider additional coverage options for undocumented adults as part of the effort to reach universal coverage in the state.

Notes

- Hans Johnson and Sergio Sanchez, [Immigrants in California](#), Public Policy Institute of California, May 2018.
- Laurel Lucia, [Toward Universal Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults](#), February 2019. In this calculation, individuals in restricted Medi-Cal are considered uninsured.
- Lucia, [Toward Universal Coverage](#).
- Johnson and Sanchez, [Immigrants in California](#).
- Johnson and Sanchez, [Immigrants in California](#).
- American Immigration Council, [Immigrants in California](#), 2017.
- UCLA Center for Health Policy Research, 2017 California Health Interview Survey, Public Use File, October 2018.
- William Kandel, Congressional Research Service, [A Primer on U.S. Immigration Policy](#), June 22, 2018.
- The Children’s Health Insurance Program (CHIP) is a federal-state partnership created in 1997 to help more low-income children have access to affordable health care. In California, CHIP covers children 18 years of age or younger whose families do not meet Medicaid income criteria. California’s CHIP has been integrated into Medi-Cal. According to the state Department of Health Care Services, children enrolled in California’s CHIP account for 25 percent of all children enrolled in Medi-Cal.
- Kaiser Family Foundation, [Health Coverage of Immigrants](#), February 15, 2019.
- To be eligible for federally supported, full-scope Medi-Cal, federal law subjects many lawful permanent residents (LPRs) and certain other immigrants with a “qualified” immigration status (defined at 8 USC 1641) to a five-year waiting period. Federal law exempts refugees, asylees and certain other “humanitarian” immigrants from the five-year waiting period.
- Kaiser Family Foundation, [Marketplace Enrollment 2014-2019](#), obtained online May 23, 2019.
- On June 26, 2019, the Covered California Board approved the [2020 California State Premium Program Design](#) establishing subsidy levels for 2020.
- Insure the Uninsured Project (ITUP), [2019 County Medically Indigent Programs](#), March 2019.
- ITUP, [2019 County Medically Indigent Programs](#).
- Tanya Broder, [Medical Assistance Programs for Immigrants in Various States](#), National Immigration Law Center, January 2018.
- Lucia, [Toward Universal Coverage](#).

Resources

National Immigration Law Center (NILC): <https://www.nilc.org>

NILC Health Care Toolkits available at <https://healthtoolkit.nilc.org>

California Immigrant Policy Center (CIPC): <https://caimmigrant.org>

Immigrant Legal Resource Center (ILRC): <https://www.ilrc.org/community-resources>

About ITUP

Insure the Uninsured Project (ITUP) is a Sacramento-based nonprofit health policy institute that for more than two decades has provided expert analysis and facilitated convenings for California policymakers and decisionmakers focused on health reform.

The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of Californians, through policy-focused research and broad – based stakeholder engagement.

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