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Health Policy Brief

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Reducing Access Disparities in California by Insuring Low-Income Undocumented Adults

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"The Affordable Care Act… did not extend eligibility for coverage to undocumented U.S. residents."

SUMMARY: While the Patient Protection and Affordable Care Act (ACA), signed into law in 2010, expanded health insurance coverage to millions of Californians, it did not extend eligibility for coverage to undocumented U.S. residents. Federal policy prohibits the use of federal funds to provide Medicaid to undocumented individuals. In 2015, the state of California extended Medi-Cal (California's Medicaid program) to undocumented children using state funds, and policies to extend eligibility to undocumented adults have been proposed. This policy brief includes the latest data from the California Health Interview Survey (CHIS) on the health insurance, demographics, health status, and access to care of undocumented low-income Californians ages 19-64. The data indicate that the great majority of these undocumented adults are working, live in families with children, and report being relatively healthy. However, significant disparities exist in access to health care between this group and their documented counterparts. This overview of undocumented low-income adult residents of California provides insights into the implications of extending full-scope Medi-Cal eligibility to this population, who currently have very limited options for affordable health insurance coverage and experience access disparities.

Under the Patient Protection and Affordable Care Act (ACA), California's uninsured rate has reached a historic low, driven in large part by the expansion of Medi-Cal (California's Medicaid program) to include low-income adults with earnings at or below 138 percent of the federal poverty level (FPL). But federal policy prohibits the use of federal Medicaid funds to provide full-scope coverage to undocumented residents, a restriction unchanged by the Affordable Care Act.* However, in 2016, California extended full-scope Medi-Cal eligibility to undocumented low-income children up to age 19, using state funds.

Most undocumented low-income California adults have remained uninsured due to ineligibility for full-scope Medi-Cal, the inability to purchase policies under Covered California (California's ACA exchange marketplace),† and limited affordable private options for coverage. Undocumented low-income adults are projected to comprise an estimated 37 percent of California's remaining uninsured in 2020.[1] As of January 2019, the California legislature was considering proposals to expand Medi-Cal to low-income undocumented adults. Governor Gavin Newsom has also proposed state funding to

* Undocumented low-income residents of the United States are eligible for restricted-scope Medicaid, which covers emergency and pregnancy-related services rather than providing comprehensive coverage. Throughout this brief, we use Medicaid/Medi-Cal to refer to full-scope Medicaid/Medi-Cal, which covers the full set of benefits described here.

† Under the ACA, undocumented immigrants are prohibited from purchasing insurance through the ACA marketplaces.

California Health Care Foundation

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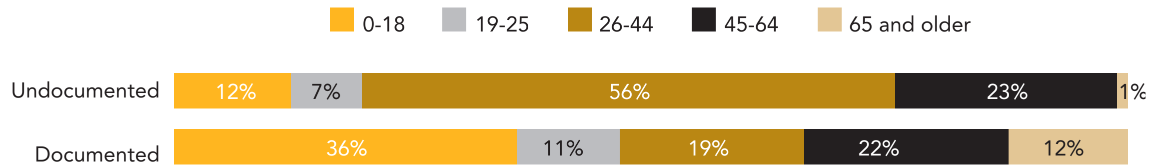
Exhibit 1

Age Distribution of Low-Income Documented and Undocumented Populations, California, 2016-2017



Source: UCLA Center for Health Policy analysis of the combined 2016 and 2017 California Health Interview Survey (CHIS).

Notes: "Low-income" is defined as having income of 0-138 percent FPL.
Estimates do not sum to 100 percent due to rounding.

> *"Sixty-one percent [of undocumented Californians] are low-income."*

extend Medi-Cal to low-income undocumented young adults ages 19-25.

We analyzed the most recent data from the California Health Interview Survey (CHIS)[2] to provide information on the characteristics of California's low-income undocumented adults, including sources of health insurance coverage, demographics, health status, and access to health care. We included English proficiency to assess the ability of individuals to communicate effectively with medical professionals in English and to navigate the health care system. To understand access to care, we examined rates of utilization of services and, as an indicator of continuity and ease of getting care when needed, whether survey respondents had a usual source of care other than the emergency department.

In this policy brief, we focus on undocumented adults ages 19-64 with incomes at or below 138 percent of the federal poverty level (FPL), which is the Medi-Cal income eligibility threshold for low-income adults with satisfactory immigration status. We excluded the undocumented elderly in the analyses due to their very small sample size. We compared the characteristics of low-income nonelderly undocumented adults to those of their documented counterparts, including U.S.-born citizens, naturalized citizens, and legal permanent residents (see the "Methodology" section for further detail).

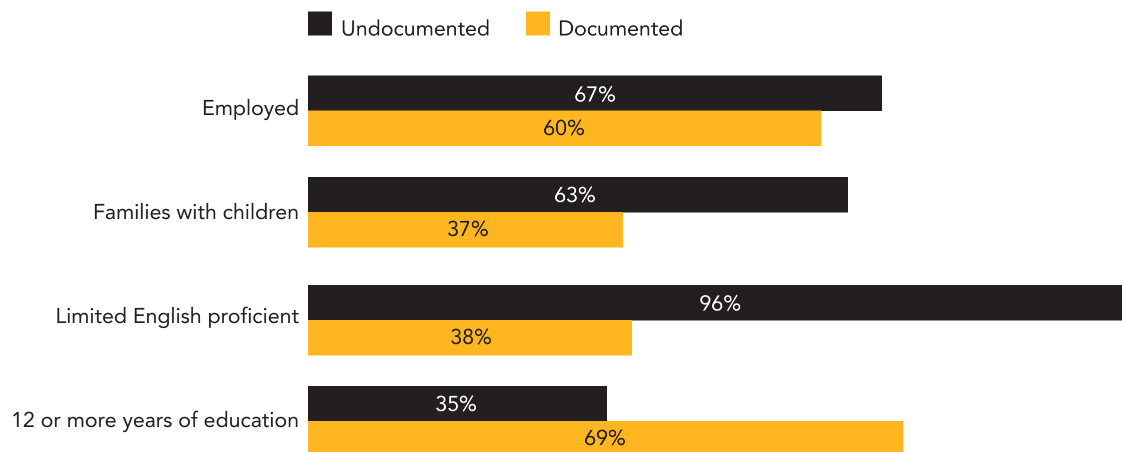
The majority of undocumented residents are low-income and nonelderly adults.

An estimated 2.2 million California residents are undocumented.[3] Of these, 61 percent are low income, defined here as having an income of 0–138 percent FPL (data not shown). The great majority of low-income undocumented residents are nonelderly adults, including 56 percent who are ages 26-44 (Exhibit 1). Young adults between 19 and 25 years of age comprise 7 percent of the low-income undocumented population. The age distribution of documented and undocumented low-income populations is significantly different, with more undocumented than documented adults being between 26 and 44 years of age (56 percent vs. 19 percent).

Most undocumented low-income adults are working and have children.

Examining selected demographic characteristics of low-income undocumented and documented adults revealed statistically significant differences between the two groups in education level, English proficiency (spoken English), family status, and employment status. For example, fewer undocumented than documented low-income adults have 12 or more years of education (35 percent vs. 69 percent), and more are limited English proficient, reported as speaking English less

Selected Demographic Characteristics of Documented and Undocumented Low-Income Adults Ages 19-64, California, 2016-2017 **Exhibit 2**



Source: UCLA Center for Health Policy analysis of the combined 2016 and 2017 California Health Interview Survey (CHIS).

Note: "Low-income" is defined as having income of 0-138% FPL.

than very well (96 percent vs. 38 percent; Exhibit 2). Similarly, compared to low-income documented adults, more low-income undocumented adults live in families with children (63 percent vs. 37 percent), and more are employed (67 percent vs. 60 percent). The two groups do not differ significantly in the proportion who are female (52 percent vs. 56 percent, respectively).

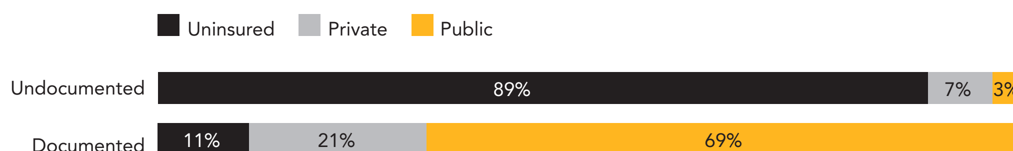
Most low-income undocumented adults are uninsured.

The great majority (89 percent) of low-income undocumented adults in California are uninsured, and 7 percent have private insurance, most often through employers (Exhibit 3).* In contrast, only 11 percent

* Uninsured undocumented low-income adults include 52 percent who report having Medi-Cal. We considered these individuals to have restricted-scope emergency benefits, as they are ineligible for full-scope Medi-Cal.

> *"Eighty-nine percent of low-income undocumented adults in California are uninsured."*

Insurance Status of Documented and Undocumented Low-Income Adults Ages 19-64, California, 2016-2017 **Exhibit 3**



Source: UCLA Center for Health Policy analysis of the combined 2016 and 2017 California Health Interview Survey (CHIS).

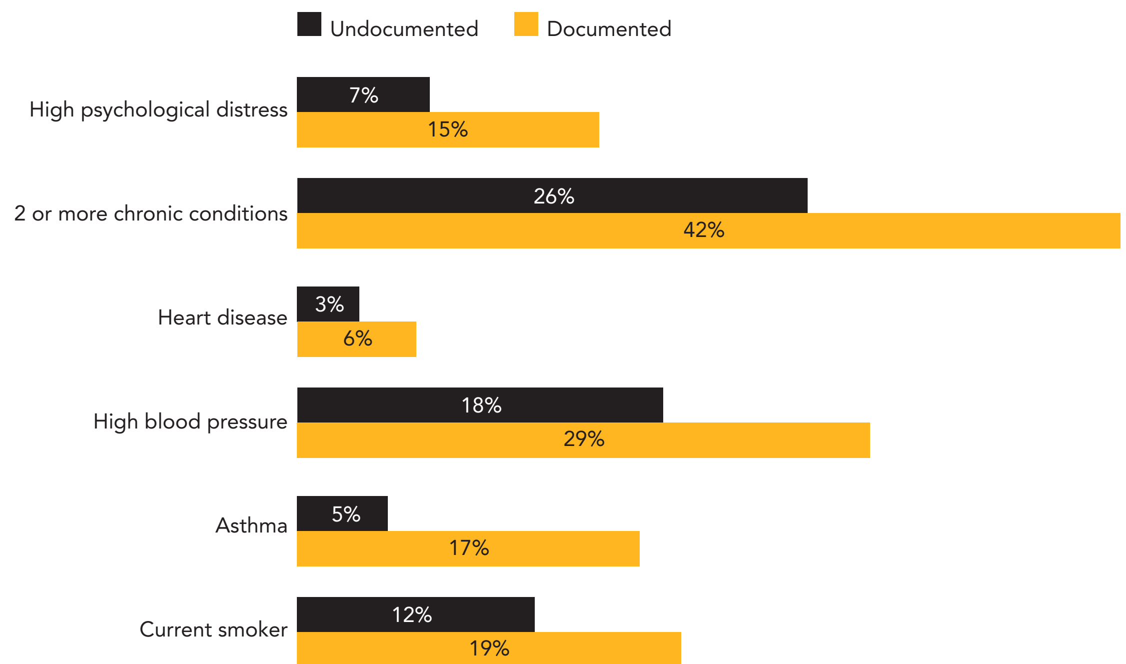
Notes: "Low-income" is defined as having income of 0-138 percent FPL.

Undocumented low-income adults who reported Medi-Cal are identified as uninsured.[4] Private insurance includes employer-sponsored insurance and privately purchased insurance. Public insurance for the documented population includes Medi-Cal, Medicare, and other public programs.

Estimates do not sum to 100 percent due to rounding.

Exhibit 4

Health Status of Documented and Undocumented Low-Income Adults Ages 19-64, California, 2016-2017



Source: UCLA Center for Health Policy analysis of the combined 2016 and 2017 California Health Interview Survey (CHIS).

Notes: "Low-income" is defined as having income of 0-138 percent FPL.
Multiple chronic conditions include asthma, diabetes, heart disease, and high blood pressure.

"Most undocumented low-income adults report being relatively healthy."

of low-income documented adults report being uninsured, and 21 percent have private insurance. The latter includes 16 percent with employer-sponsored coverage and 5 percent with privately purchased insurance. Insurance among undocumented individuals reporting public coverage was primarily through county programs. The majority (69 percent) of low-income documented adults have coverage through public sources, including 66 percent with Medi-Cal.

Most undocumented low-income adults report being relatively healthy.

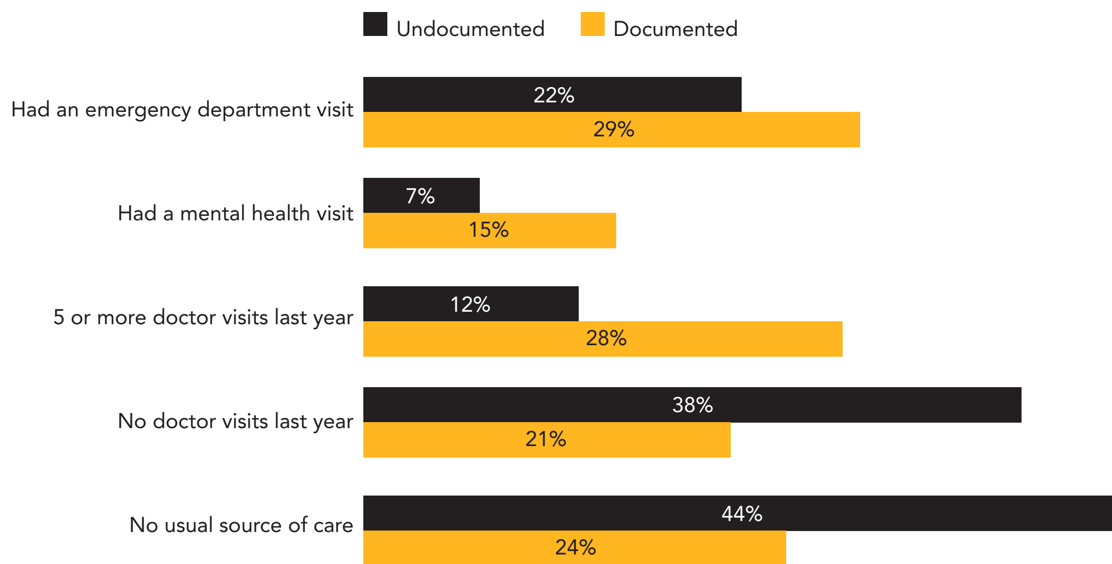
We examined differences in several indicators of health status between undocumented and documented low-income adults. Compared with their documented counterparts, undocumented low-income adults report statistically significant lower rates of asthma, high blood pressure, heart disease, high levels of psychological distress, two or more chronic conditions, or being current smokers (Exhibit 4). Undocumented low-income adults reported statistically similar rates of fair or poor health (34 percent vs. 38 percent), diabetes (13 percent vs. 10 percent), and being overweight or obese (69 percent vs. 71 percent) compared to documented low-income adults (data not shown).*

Undocumented low-income adults have limited access to care.

Data reveal disparities in access to health care between documented and undocumented low-income adults. Low-income undocumented adults have statistically significant lower rates of having a usual source of care and higher rates

* The age-adjusted estimates of health status of documented and undocumented low-income adults showed results similar to those of the unadjusted estimates presented in this brief for being a current smoker, having asthma, high blood pressure, heart disease, two or more chronic conditions, and high psychological distress. The age-adjusted results showed a higher likelihood of being in poor health and a lower likelihood of having diabetes and being overweight or obese, but these relationships were not significant.

Access to Care of Documented and Undocumented Low-Income Adults Ages 19-64 in the Past Year, California, 2016-2017 **Exhibit 5**



Source: UCLA Center for Health Policy analysis of the combined 2016 and 2017 California Health Interview Survey (CHIS).

Note: "Low-income" is defined as having income of 0-138 percent FPL.

of no doctor visits in the past year compared with their documented counterparts. In addition, undocumented adults report lower rates of five or more doctor visits, any mental health visits, and any emergency department (ED) visits in the past year compared to low-income undocumented adults. In contrast, undocumented adults report statistically similar rates of delays in getting medical care due to cost (13 percent vs. 14 percent) and delays in getting needed medications (14 percent vs. 10 percent) as documented adults (data not shown).

Opportunities to reduce disparities in access to care among the remaining uninsured

This policy brief provides data on demographics, insurance coverage, health status, and access to care for undocumented low-income nonelderly adults in California. The great majority are not highly proficient in English and are uninsured, and many experience access limitations, including lacking a usual source of care and going without a doctor visit in the past year. These results are consistent with research showing that uninsured individuals face greater access barriers to health care than documented adults.[5]

Research shows that individuals without access often postpone seeking needed care and may have higher rates of undiagnosed conditions.[6] Thus, the lower prevalence of chronic conditions among low-income undocumented adults compared to their documented counterparts may be partly due to lower rates of health insurance and fewer visits to health care providers to diagnose conditions.[7-9] Linguistic, education level, and cultural differences can contribute to variations in how individuals report on their health and their need for care.[10] These variations might contribute to the contradictory findings that low-income undocumented adults report being in fair or poor health or delaying needed care at similar rates as low-income documented

"Low-income undocumented adults have … lower rates of having a usual source of care."

"Medicaid expansion has been associated with reduced mortality and improved health status."

adults, while other health indicators have significant differences. Research also shows that immigrants often arrive with better health profiles, but that this advantage declines over time.[11, 12] Thus, the healthier profile of undocumented low-income adults compared to the documented group might vary with the number of years of having lived in the U.S.

Undocumented low-income adults are eligible only for restricted-scope Medi-Cal, which is limited to episodic access to pregnancy-related services and emergency care for specific urgent conditions and is not designed for receipt of comprehensive preventive, primary, or specialty care.[13] Previous research indicates that obtaining comprehensive and affordable insurance is likely to reduce access disparities.[8, 14] In particular, Medicaid expansion has been associated with reduced mortality and improved health status, as well as better access to care.[4] Extending full-scope Medi-Cal eligibility to undocumented low-income adults provides new opportunities to reduce the remaining disparities in health and access statewide.[14]

Data Source and Methods

We pooled the 2016 and 2017 CHIS data for these analyses. Undocumented individuals were identified using a predictive model described elsewhere.[6] Documented individuals include U.S.-born citizens, naturalized citizens, and permanent residents. Undocumented low-income adults who reported having Medi-Cal are identified as uninsured. English proficiency is based on self-reported data on how well the individual speaks English. We combined data on chronic conditions to identify those with multiple (two or more) chronic conditions. These included asthma, diabetes, high blood pressure, and heart disease. High psychological distress is based on having a Kessler 6 score of 13 or higher in the past year. Those without a usual source of care included individuals who reported using the emergency department as their usual source of care. We considered differences between estimates as statistically significant when probabilities were less than 0.05.

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This publication contains data from the California Health Interview Survey (CHIS), the nation's largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data give a detailed picture of the health and health care needs of California's large and diverse population.

CHIS is a collaboration of the UCLA Center for Health Policy Research, California Department of Public Health, California Department of Health Care Services, and the Public Health Institute. Learn more at: ***www.chis.ucla.edu***

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