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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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* 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.

Endnotes

- ¹ Kaiser Family Foundation, "Focus on Health Reform: Summary of the Affordable Care Act," (Menlo Park, CA: The Henry J. Kaiser Family Foundation, 2013); Matthew Buettgens and Caitlin Carroll, "Eliminating the Individual Mandate: Effects on Premiums, Coverage, and Uncompensated Care Timely Analysis of Immediate Health Policy Issues," (Washington, D.C.: The Urban Institute, 2012).
- ² Gabriel R. Sanchez and Shannon Sanchez-Youngman, "The Politics of the HealthCare Reform Debate: Public Support of Including Undocumented Immigrants and Their Children in Reform Efforts in the U.S.," *International Migration Review* 47, no. 2 (2013). Undocumented immigrants will not be penalized through the individual mandate provision for not having obtained insurance. Kaiser Family Foundation, "Focus on Health Reform: Summary of the Affordable Care Act.," Benjamin D. Sommers, "Stuck between Health and Immigration Reform – Care for Undocumented Immigrants," *New England Journal of Medicine* 369, no. 7 (2013).
- ³ Leighton Ku, "Stengthening Immigrants' Health Access: Current Opportunities," (Washington, D.C.: The George Washington University: School of Public Health and Health Services, Department of Health Policy, 2013); Amanda Cassidy, "Health Policy Brief: Basic Health Program," (Health Affairs, 2014).
- ⁴ National Immigration Law Center, "Current Immigration Reform Proposals Fail to Ensure That Aspiring Citizens Will Have Access to Health and Nutrition Programs: Analysis of Access to Health Care and Nutrition Assistance in Current Immigration Reform Proposals," (Los Angeles, CA: National Immigration Law Center, 2013).
- ⁵ *California Simulation of Insurance Markets (CalSIM) Model Version 1.91 Statewide Data Book* (UCLA Center for Health Policy Research and the UC Berkeley Center for Labor Research and Education, May 2014). Forthcoming.
- ⁶ "The Affordable Care Act and Health Centers," ed. U.S. Department of Health and Human Services (Washington D.C.). <http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf>
- ⁷ Jayne O'Donnell and Alicia McElhaney, "Federally funded health centers brace for financial loss," *USA Today*, February 27, 2014.
- ⁸ Joseph R Pitts, "H.R.4302 - Protecting Access to Medicare Act of 2014," (Washington D.C.: U.S. Congress, 2014).
- ⁹ National Immigration Law Center, "Current Immigration Reform Proposals Fail to Ensure That Aspiring Citizens Will Have Access to Health and Nutrition Programs: Analysis of Access to Health Care and Nutrition Assistance in Current Immigration Reform Proposals."
- ¹⁰ Ku, "Stengthening Immigrants' Health Access: Current Opportunities."
- ¹¹ Jessica Stephens and Samantha Artiga, "Key Facts on Health Coverage for Low-Income Immigrants Today and Under the Affordable Care Act " in *Medicaid and the Uninsured* (Washington D.C.: Henry J. Kaiser Family Foundation, 2013).
- ¹² Henry A. Barrios, "Immigrants face complicated rules under Obamacare," *The Bakersfield Californian*, October 12, 2013.
- ¹³ Having taken effect as of January 1, 2014. California Pan-Ethnic Health Network, "Summary of Medi-Cal Coverage for Immigrants," (Oakland, CA: California Pan-Ethnic Health Network, 2013).
- ¹⁴ Health Access Foundation, "California's Uneven Safety Net: A Survey of County Health Care," (2013).
- ¹⁵ Michael K. Gusmano, "Undocumented Immigrants in the United States: U.S. Health Policy and Access to Care," (Garrison, NY: The Hastings Center, 2012).
- ¹⁶ Health Access Foundation, "California's Uneven Safety Net: A Survey of County Health Care.," Soumya Karlamangla, "Immigrants without legal status remain mostly in healthcare limbo," *Los Angeles Times* 2014.
- ¹⁷ Barbara Anderson, "Fresno County aims to cut health care to undocumented immigrants," *The Fresno Bee*, January 5, 2014.
- ¹⁸ Nancy Berlinger and Michael K. Gusmano, "Undocumented Patients: Undocumented Immigrants & Access to Health Care," (Garrison, NY: The Hasting Center, 2013).

¹⁹ Soumya Karlamangla, “Senator Hopes to Provide Healthcare to Immigrants Lacking Legal Status,” *The Los Angeles Times*, February 14, 2014; Ricardo Lara et al., “California SB1005: Healthcare for All,” (Sacramento, CA: California State Legislature, 2014); Jennifer Medina and Abby Goodnough, “States Struggle to Add Latinos to Health Rolls,” *The New York Times*, February 14, 2014; Claire D. Brindis et al., “Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Demographics and Health Coverage,” (San Francisco, CA: UCSF Phillip R. Lee Institute for Health Policy Studies, UCLA Center for Health Policy Research, UC Berkeley Labor Center, 2014).

²⁰ For estimated increases in Medi-Cal enrollment by undocumented Californians and costs to the State, see forthcoming Laurel Lucia et al., *A Little Investment Goes a Long Way: Modest Cost to Expand Preventive and Routine Health Services to All Low-Income Californians* (Berkeley, CA: UC Berkeley Center for Labor Research and Education, UCLA Center for Health Policy Research, May 2014).

²¹ Alma Castrejon et al., “The Affordable Care Act and California Immigrants: Implementing Policies and Practices for the Remaining Uninsured,” (Los Angeles, CA: The California Endowment, MALDEF Property Management Corporation, Dream Resource Center, MALDEF, and CIRCLE Project, 2013); Ronald Coleman, “Making the Affordable Care Act Work for Immigrants in California,” (Sacramento, CA: California Immigrant Policy Center, 2012).

²² For a detailed discussion and evaluation of the methods used to estimate the number and characteristics of the undocumented population, see the full report that this brief is based on, to be released in summer 2014 through the CSII. All data in this paragraph, unless otherwise noted, is from Manuel Pastor and Enrico A. Marcelli, “What’s at Stake for the State: Undocumented Californians, Immigration Reform, and Our Future Together,” (Los Angeles, CA: USC Center for the Study of Immigrant Integration, 2013).

²³ The estimates of gains are based on regression analysis developed in Manuel Pastor and Justin Scoggins, “Citizen Gain: The Economic Benefits of Naturalization for Immigrants and the Economy,” (Los Angeles, CA: USC Center for the Study of Immigrant Integration, December 2012).

²⁴ Brindis et al., “Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Demographics and Health Coverage.”

²⁵ Dana P. Goldman, James P. Smith, and Neeraj Sood, “Legal Status and Health Insurance among Immigrants,” *Health Affairs* 24, no. 6 (2005); Arturo Vargas Bustamante et al., “Variations in Healthcare Access and Utilization among Mexican Immigrants: The Role of Documentation Status,” *Journal of Immigrant & Minority Health* 14 (2012); Leo R. Chavez, “Undocumented Immigrants and Their Use of Medical Services in Orange County, California,” *Social Science & Medicine* 74, no. 887 (2012); Steven P. Wallace et al., “Undocumented and Uninsured: Barriers to Affordable Care for Immigrant Populations,” (Los Angeles, CA: UCLA Center for Health Policy Research, 2013); Pastor and Marcelli, “What’s at Stake for the State: Undocumented Californians, Immigration Reform, and Our Future Together.”; Enrico A. Marcelli, “The Unauthorized Residency Status Myth: Health Insurance Coverage and Medical Care Use among Mexican Immigrants in California,” *Migraciones Internacionales* 2, no. 4 (2004).

²⁶ Sommers, “Stuck between Health and Immigration Reform – Care for Undocumented Immigrants.”; Berlinger and Gusmano, “Undocumented Patients: Undocumented Immigrants & Access to Health Care.”

²⁷ Berlinger and Gusmano, “Undocumented Patients: Undocumented Immigrants & Access to Health Care.”; Pastor and Marcelli, “What’s at Stake for the State: Undocumented Californians, Immigration Reform, and Our Future Together.”

²⁸ Marcelli, “The Unauthorized Residency Status Myth: Health Insurance Coverage and Medical Care Use among Mexican Immigrants in California.”

²⁹ Paula Braveman, Susan Egerter, and David R. Williams, “The social determinants of health: coming of age,” *Annual Review of Public Health* 32(2011); Lisa F. Berkman and Ichiro Kawachi, eds., *Social Epidemiology* (New York, NY: Oxford University Press, 2000).

³⁰ Steven P. Wallace and E. Richard Brown, “Health Barriers,” in *Encyclopedia of Immigrant Health*, ed. Sana Loue and Martha Sajatovic (New York, NY: Springer, 2012).

- ³¹ Oscar C. Gomez and Samantha Artiga, "Connecting Eligible Immigrant Families to Health Coverage and Care: Key Lessons from Outreach and Enrollment Workers," in *Medicaid and the Uninsured* (Washington D.C.: The Henry J. Kaiser Family Foundation, 2011).
- ³² Katherine Baicker et al., "The Oregon Experiment – Effects of Medicaid on Clinical Outcomes," *New England Journal of Medicine* 368, no. 18 (2013).
- ³³ Institute of Medicine, *America's Uninsured Crisis: Consequences for Health and Health Care* (Washington, D.C.: National Academy Press, 2009); Mark V. Pauly and José A. Pagán, "Spillovers and Vulnerability: The Case of Community Uninsurance," *Health Affairs* 26, no. 5 (2007). D.C.: National Academy Press, 2009.
- ³⁴ Gomez and Artiga, "Connecting Eligible Immigrant Families to Health Coverage and Care: Key Lessons from Outreach and Enrollment Workers.;" Emanuel J. Ezekiel, *Reinventing American Health Care: How the Affordable Care Act Will Improve our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System* (New York, NY: Public Affairs, Perseus, 2014); Gregory D. Stevens et al., "Healthy Kids insurance and experiences of medical home quality for vulnerable children," *Medical Care* 49, no. 9 (2011).
- ³⁵ Stan Dorn, "Uninsured and Dying Because of It: Updating the Institute of Medicine Analysis on the Impact of Uninsurance on Mortality," (Washington, DC: Urban Institute, 2008); Jack Hadley et al., "Covering The Uninsured In 2008: Current Costs, Sources Of Payment, And Incremental Costs," *Health Affairs* 27, no. 5 (2008).
- ³⁶ Noam Levey, "Hawaii's Trailblazing Healthcare Underscores Disparity," *Los Angeles Times*, April 5, 2014; Benjamin D. Sommers, Sharon K. Long, and Katherine Baicker, "Changes in Mortality After Massachusetts Health Care Reform: A Quasi-Experimental Study," *Annals of Internal Medicine* 160, no. 9 (May 6, 2014): 585–93.
- ³⁷ Shana Alex Lavarreda et al., "The State of Health Insurance in California: Findings from the 2009 California Health Interview Survey," (UCLA Center for Health Policy Research 2012); Keziah Cook, David Dranove, and Andrew Sfekas, "Does Major Illness Cause Financial Catastrophe?," *Health Services Research* 45, no. 2 (2010); Hugh F. Trey III Daly et al., "Into the Red to Stay in the Pink: The Hidden Cost of Being Uninsured," *Health Matrix: Journal of Law-Medicine* 12(2002); Kaiser Family Foundation, "Covering the Uninsured: Options for Reform," in *Health Care and the 2008 Elections* (Menlo Park, CA: Kaiser Family Foundation, 2008).
- ³⁸ David Himmelstein et al., "Medical Bankruptcy in the United States, 2007: Results of a National Study," *The American Journal of Medicine* 122, no. 8 (2009).
- ³⁹ Kaiser Family Foundation, "Focus on Health Reform: Summary of the Affordable Care Act."
- ⁴⁰ Hadley et al., "Covering The Uninsured In 2008: Current Costs, Sources Of Payment, And Incremental Costs."
- ⁴¹ Pastor and Marcelli, "What's at Stake for the State: Undocumented Californians, Immigration Reform, and Our Future Together."
- ⁴² Felicia Marie Knaul et al., "Health System Reform in Mexico 4: Evidence is good for your health system: policy reform to remedy catastrophic and impoverishing health spending in Mexico," *The Lancet* 368, no. 9549 (2006); Ye Li et al., "Factors affecting catastrophic health expenditure and impoverishment from medical expenses in China: policy implications of universal health insurance," *Bulletin of the World Health Organization* 90, no. 9 (2012).
- ⁴³ Institute of Medicine, *America's Uninsured Crisis: Consequences for Health and Health Care*. Washington, D.C.: National Academy Press (2009).
- ⁴⁴ In a recent article, researchers from the UCLA Center for Health Policy Research found that undocumented Californians use the emergency room at about half the rate of U.S.-born residents. Nadereh Pourat et al., "Assessing Health Care Services Used By California's Undocumented Immigrant Population In 2010," *Health Affairs* 33, no. 5 (2014): 840–47.
- ⁴⁵ Samantha Artiga, "Immigration Reform and Access to Health Coverage: Key Issues to Consider," in *Medicaid and the Uninsured* (Henry J. Kaiser Family Foundation, 2013).
- ⁴⁶ Ibid.

- ⁴⁷ Enrico A. Marcelli, "Legal Status and the Health of Mexican Immigrants Residing in the United States," in *Migration Working Group Seminar, Department of Sociology, UCLA & El Colegio de la Frontera Norte (COLEF) Migration Seminar* (Los Angeles, CA 2007).
- ⁴⁸ Jim P. Stimpson, Fernando A. Wilson, and Dejun Su, "Unauthorized Immigrants Spend Less than Other Immigrants and U.S. Natives on Health Care," *Health Affairs* 32, no. 7 (2013).
- ⁴⁹ Gregory D. Stevens, Kyoko Rice, and Michael R. Cousineau, "Children's Health Initiatives in California: the experiences of local coalitions pursuing universal coverage for children," *American Journal of Public Health* 97, no. 4 (2007).
- ⁵⁰ Stevens et al., "Healthy Kids insurance and experiences of medical home quality for vulnerable children."
- ⁵¹ Michael R. Cousineau, Kai-Ya Tsai, and Howard A. Kahn, "Two responses to a premium hike in a program for uninsured kids: 4 in 5 families stay in as enrollment shrinks by a fifth," *Health Affairs* 31, no. 2 (2012).
- ⁵² Robert Crosnoe et al., "Promising Practices for Increasing Immigrants' Access to Health and Human Services," (Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE): U.S. Department of Health and Human Services, 2012); Krista M. Perreira et al., "Barriers to Immigrants' Access to Health and Human Service Programs," (Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE): U.S. Department of Health and Human Services, 2012).
- ⁵³ Lucia Graves, "Deportation Anxiety is Making Latinos Obamacare Shy," *National Journal*, December 27, 2013; Medina and Goodnough, "States Struggle to Add Latinos to Health Rolls.,"; Shawn Fremstad, "The INS Public Charge Guidance: What Does It Mean for Immigrants?," (Washington, D.C.: Center on Budget and Policy Priorities, 2000); Perreira et al., "Barriers to Immigrants' Access to Health and Human Service Programs.,"; Brindis et al., "Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Demographics and Health Coverage.,"; Claire D. Brindis et al., "Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Health Needs and Access to Health Care," (San Francisco, CA: UC Berkeley Labor Center, UCSF Philip R. Lee Institute for Health Policy Studies, UCLA Center for Health Policy Research, 2014).
- ⁵⁴ Brindis et al., "Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Demographics and Health Coverage.,"; Brindis et al., "Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Health Needs and Access to Health Care."
- ⁵⁵ Kaiser Family Foundation, "Focus on Health Reform: Summary of the Affordable Care Act.,"; Crosnoe et al., "Promising Practices for Increasing Immigrants' Access to Health and Human Services."
- ⁵⁶ Chavez, "Undocumented Immigrants and Their Use of Medical Services in Orange County, California."
- ⁵⁷ Steven P. Wallace et al., "Improving Access to Health Care for Undocumented Immigrants in the United States," *Salud Pública de México* 55, no. 4 (2013).
- ⁵⁸ Brindis et al., "Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Health Needs and Access to Health Care."
- ⁵⁹ Ibid.; Brindis et al., "Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA): Demographics and Health Coverage."
- ⁶⁰ Public Policy Institute of California, "Statewide Survey Tools," ed. <http://www.ppic.org/main/surveytooltopics.asp> (Sacramento, CA, March 2014).
- ⁶¹ Mark Baldassare et al., "Californians and Their Government," (Public Policy Institute of California, 2014).; Sanchez and Sanchez-Youngman, "The Politics of the HealthCare Reform Debate: Public Support of Including Undocumented Immigrants and Their Children in Reform Efforts in the U.S."
- ⁶² These numbers include 40 percent of Republicans on both counts. Sy Mukherjee, in *Why Undocumented Immigrants Should Have Access To Taxpayer-Funded Health Care*, *ThinkProgress* (ThinkProgress, 2013).
- ⁶³ Imelda Plascencia et al., "Undocumented and Uninsured: A Five-Part Report on Immigrant Youth and the Struggle to Access Health Care in California," (Los Angeles, CA: Dream Resource Center of the UCLA Labor Center, 2014).



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