

## Medicaid for the Undocumented

Federal law does not provide comprehensive coverage to undocumented immigrants, but does offer restricted-scope Medicaid (also known as “emergency Medicaid”)—it’s limited and not coverage in the way that many of us think about it, but it does provide a reimbursement to the hospital for care provided in the emergency room. These expansions may parallel coverage for citizens and lawful permanent residents but are not required to do so. After the ACA expansions, California expanded its restricted scope Medicaid coverage to parallel populations under the ACA: childless adults, as well as parents 108%-138% FPL.

### Benefits

Restricted scope benefits for non-pregnant adults and children covers the care received in an emergency room to stabilize them. It does not cover being admitted to the hospital. For undocumented people who are pregnant, restricted scope coverage can be functionally equivalent to full-scope coverage or limited to pregnancy-only conditions (e.g. gestational diabetes but not pre-existing diabetes).

### Enrollment

Enrollment for people in restricted scope and full-scope coverage is done the same way. The difference is that the status of the person determines the type of coverage they get. If a mixed status family enrolls in coverage, the dad may be enrolled in restricted scope Medicaid, and the mom and kids in full-scope Medicaid. Due to outreach during the ACA implementation, our current estimates are that most people are enrolled in restricted scope coverage now with a much smaller population not enrolled at all. In California, people can enroll in coverage when they end up in the emergency room, at a county social services office, by mailing an application, or online at Covered California, our state health exchange’s website.

### Federal Match

The federal/nonfederal match is the same for restricted scope coverage as for full-scope, just for the limited set of emergency services. In California, the traditional populations get a 50/50 match (SCHIP children get a 66/33 match). For adults without kids at home (the ACA expansion) it is 90/10.

Restricted scope federal match can be a significant amount of money, and an important offset for states expanding comprehensive coverage to undocumented immigrants.

For those under 18, estimates were that restricted scope services accounted for 60% or more of the cost of full-scope coverage. For those over 18, restricted scope also covers a significant share of cost. The Legislative Analyst’s Office (CA’s version of CBO) provided an estimated cost and separated the costs between restricted scope and full-scope:

- [Estimated Cost of Expanding Full-Scope Medi-Cal Coverage to All Otherwise-Eligible Californians Regardless of Immigration Status](#) clearly separates the cost of restricted scope from the cost of full scope.
- Initial study on expanding coverage to undocumented: [A Little Investment Goes a Long Way: Modest Cost to Expand Preventive and Routine Health Services to All Low-Income Californians - UC Berkeley Labor Center](#)

# FACT SHEET: Medicaid for the Undocumented

For California’s “state-only” expansions of comprehensive coverage to populations not eligible for full federal Medicaid coverage (such as recent legal immigrants, PRUCOL, and the recent expansions to children, young adults, and now 50+ regardless of immigrant status), California does seek the federal money that would have covered them as if they were in emergency-only Medicaid coverage. To claim the federal match, there is back-end reconciliation between the CA Department of Finance and OMB to true up what is covered by restricted scope with FFP and what is covered using state funds. The language requiring the state to “maximize federal funding” is standard language for all Medicaid program expansions.

## The New Implementation of the 50+ Expansion

During the implementation of the new expansion for people over 50, those already on restricted scope will receive a notice stating that as of a specific date they will be shifted to comprehensive Medicaid coverage and enrolled in a managed care plan. When that date arrives and those on restricted scope are shifted to full-scope, the managed care plan they are automatically enrolled in will do intake and assessment. This is similar to previous shifts of various populations from fee-for-service, such as parents and seniors/persons with disabilities.

## Allowing Undocumented Immigrants to Buy into ACA Marketplaces

In 2016, California did pass a law, Senate Bill 10 (Lara) and applied for a 1332 waiver to allow undocumented immigrants to purchase unsubsidized coverage in Covered California with their own money. While unsubsidized private coverage is available to all off-exchange, and many might find it unaffordable without subsidy, we thought it was still important not just symbolically, but especially to help the over 70% of undocumented immigrants in mixed-status families who could enroll together with their family.

This waiver was carefully crafted because Section 1332 does NOT allow waiver of all provisions of the ACA. Specifically, Section 1332 does NOT allow waiver of Subtitle E, Subpart B Eligibility Determinations, including Sections 1411 and 1413 which require determination of citizenship/lawful permanent residency for enrollment in an exchange. So waiving Section 1312 does not fix the problem—which is that determination of citizenship/lawful status for enrollment in an exchange is NOT permitted to be waived.

Instead, the 2016 CA proposed 1332 waiver requested a waiver of Section 1311 so that Covered CA could offer non-QHPs to the undocumented who were not qualified to enroll in QHPs.

- a. While we would have much preferred to allow undocumented immigrants to buy QHPs on Covered CA, we did not see that as an available option without a change in federal law.
- b. So instead, we created “CA QHPs,” non-QHP mirror products that are identical in every respect except that they are available to the undocumented (and there are no federal subsidies).
- c. States can waive the requirement for exchanges only to offer QHPs—and then create a parallel or “mirror” exchange that offers non-QHPs.

With a new federal Administration coming in 2017, California withdrew its waiver request. California advocates are looking at what the new 1332 guidance might be before considering what waivers to pursue.

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## Health4All Campaign

This has been a multi-year campaign. It began pre-ACA with efforts to expand coverage to undocumented children and really took off with the implementation of the ACA, when many legislators doing ACA enrollment efforts in 2013-14 found that of their uninsured constituents, 1/3 were Medi-Cal, 1/3 were Covered California—and 1/3 were undocumented.

Pushing the campaign forward is a broad coalition, anchored by Health Access California and the California Immigrant Policy Center, that includes dozens of advocacy and community organizations on both the health and immigrant justice sides. The coalition, deemed #Health4All, also includes labor and faith groups, and has grown slowly over time to 120+ organizations with varying levels of involvement, with an active listserv and biweekly calls during peak campaign season.

The Health4All coalition has worked in partnership with the sponsoring legislators and organizations to wage a consistent and tactically diverse campaign in support of removing barriers in Medicaid for all undocumented Californians. In recent years, the campaign has included press conferences, call-in days, twitter actions, email campaigns, op-eds, mass public comment at hearings, protests, lobby days, district office visits, and townhalls to pressure legislators and the administration. Committed community support has been essential to maintain a campaign of this scale. The success of these actions is also dependent on the policy advocates and lobbyists giving regular updates to campaign organizers with information like targets, legislative/budget deadlines, and political insights. Sustained media coverage also helped uplift the campaign's priorities throughout the legislative and budget negotiations.

The Health4All campaign also build strong relationships with legislative champions as well as the Governor's office. In this way, the campaign was able to have a number of elected officials serve as advocates on the issue, and prioritize the efforts in various groups such as the Latino Caucus and the API Caucus. The coalition also utilized local leaders to speak out in support of the issue where possible.

Though it took some years, the effort is now supported by a broad range of other health groups, from the statewide Hospital Association and Medical Association to the trade association for health plans. The industry groups needed to be assured that a) they would not be a source of funding and b) it would be a Medicaid expansion similar to the ACA (using the same managed care plans and doctors/hospitals). There has never been organized, funded opposition. The public polling was not especially positive initially, but has become improved in recent years with sustained public outreach and now shows majority support.

At some points, there has been bipartisan support from moderate Republicans in swing districts with substantial immigrant populations, but as these were replaced by (moderate, business) Democrats, the remaining (more polarized) Republicans have been less likely to support.

If there is no organized opposition, you may wonder why has it taken so long to get to *all*. Well, providing health care coverage isn't cheap. Ongoing state funding is required. Governors and legislators who went through the dark days of the 2008-09 economic recession have been hesitant to commit ongoing funding—and very reluctant to give health coverage to people that they might have to undo in a downturn. The pandemic has boosted support, especially of Health4All Seniors. In 2021, the push for Health4All Seniors began with an ask for those over age 65, but resulted in an expansion to those over age 50, due to a budget surplus and the ongoing pandemics impact on populations over 50.