Issue Brief

California Budget & Policy Center
Independent Analysis. Shared Prosperity.

OCTOBER 2019 | BY SCOTT GRAVES AND MONICA DAVALOS

California's Uninsured Rate Stalled Out, but 2020 Promises Renewed Progress

California has been a national leader in helping people receive the health coverage they need since the enactment of the federal Affordable Care Act (ACA) in 2010. Until 2016, the share of Californians without health coverage dropped substantially. But this decline slowed significantly before finally stalling out in 2018, leaving close to 3 million Californians uninsured.

This recent trend in large part reflects two factors: 1) federal efforts to undermine the ACA and 2) state policymakers' focus on protecting California's health coverage gains rather than boosting state health investments. After Governor Gavin Newsom took office in January 2019, state policymakers' approach shifted and several policies that aim to improve health coverage and affordability – all of which take effect in 2020 – were adopted. California can make further progress in 2020 and in the coming years to help more people access and afford coverage – so long as the ACA remains intact and state policymakers continue to build on the investments in health they've made in the last decade.

California's Uninsured Rate Stalled Out in 2018, Following Several Years of Declines

The share of Californians lacking health coverage last year – 7.2% – was unchanged from 2017, and roughly similar to the 2016 rate (7.3%), according to US Census Bureau data (Figure 1).[1] At the same time, the uninsured rate for the US as a whole increased – to 8.9% – in 2018. In other words, the US rate ticked up, while California's rate stalled out. These recent trends contrast sharply with those of prior years. For example, the share of Californians without health coverage plunged by nearly 10 percentage points between 2013 and 2016 – from 17.2% to 7.3% – the largest drop in the nation during this period.

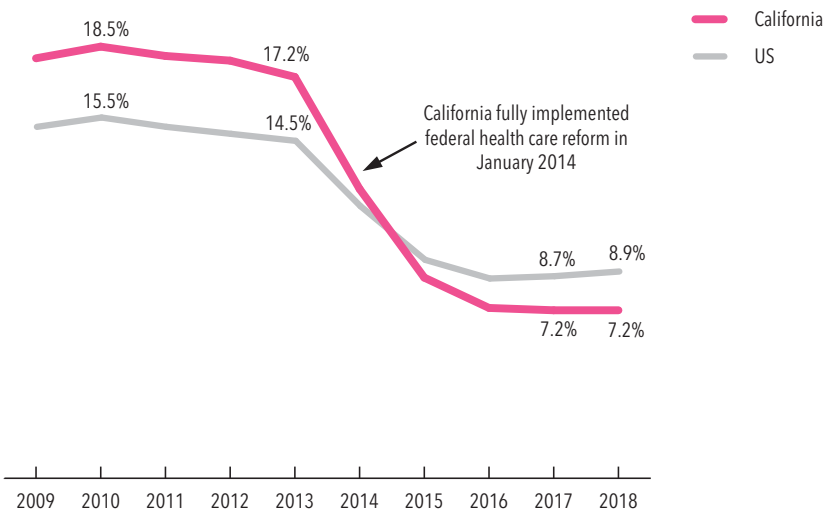
Looking behind the percentages, the *number* of Californians without health coverage fell by almost half between 2013 and 2015, from 6.5 million to 3.3 million. This number declined further to 2.8 million in 2016, where it remained through 2018.[2] This means that around 3 million Californians missed out on the benefits of health coverage, including earlier diagnosis of chronic conditions, improved use of preventive services, better access to mental health treatment, a reduction in preventable mortality, and protection from financial distress.[3]

To some degree, it is not surprising that the decline in California's uninsured rate came to a halt in 2018. The large gains of recent years, particularly in 2014 and 2015, occurred as California expanded coverage in the wake of the Affordable Care Act (ACA), which President Obama signed into law in 2010. California rolled out new coverage options for Californians with low incomes through Medi-Cal (our state's Medicaid program) as well as through Covered California, the state-run online health insurance marketplace (also known as the "exchange").

FIGURE 1

California's Uninsured Rate Stalled Out in 2018

Percentage of People Without Health Coverage, 2009 to 2018



Note: Estimates are based on survey respondents' health care coverage status at the time of the interview. The change in the US rate from 2017 to 2018 is statistically different from zero at the 90% confidence level.
Source: US Census Bureau, American Community Survey

Many Californians who remain uninsured face greater obstacles to enrolling in coverage than those who signed up during the early years of the ACA. For example, a large share of uninsured Californians are undocumented immigrant adults, who generally lack access to affordable coverage. Other Californians are eligible for federal financial assistance to help lower the cost of private health insurance, but may not know about this help or continue to have concerns about affordability even *with* this assistance.

In short, there were reasons to expect California's uninsured rate to decline more slowly as the ACA matured. However, the fact that California's progress in expanding access to health coverage came to a *standstill* last year suggests that other factors also were in play.

Federal Threats and Lack of New State Investments Hindered Progress in 2017 and 2018

The fact that California's uninsured rate stalled out in 2018 largely reflects the impact of federal efforts to undermine the Affordable Care Act (ACA), coupled with California's focus on protecting health coverage gains rather than making new health investments during a tumultuous period of political uncertainty.

President Trump and Congressional Republicans Adopted a Strategy Aimed at Undermining the Affordable Care Act

In 2017, Republican leaders in Congress made multiple attempts to repeal the ACA and cut federal funding for Medicaid. These efforts ultimately failed. However, President Trump signed tax legislation in late 2017 that eliminated the ACA's financial penalty for going without health insurance.[4] As a result, health insurance companies selling plans through Covered California increased their 2019 rates by an average of 3.5% "due to concerns that the removal of the penalty" would produce "a less healthy and costlier consumer pool."[5] In fact, the elimination of the federal penalty "likely contributed" to a 23.8% decline in the number of new consumers who enrolled in coverage through Covered California."[6]

In addition, President Trump used his executive authority to destabilize the ACA. This included ending federal payments ("cost-sharing reductions") that decreased out-of-pocket health care costs for people with low incomes; promoting unnecessary and counterproductive work requirements in Medicaid; expanding the availability of limited-benefit health plans ("junk insurance"); and drastically cutting federal funding for advertising and consumer assistance.[7] These actions created tremendous uncertainty in health insurance markets and forced California into a defensive posture.

California Policymakers Focused on Protecting the State's Health Coverage Gains and Did Not Approve New Investments

In his final year in office in 2018, Governor Brown signed several bills aimed at shielding Californians from the impact of President Trump's executive actions.[8] These included Senate Bill 910 and SB 1375.[9] SB 910 banned the sale of short-term (junk) insurance plans, which provide coverage for fewer than 12 months and lack the full range of essential health benefits required by the ACA. SB 1375 prohibits the sale of association health plans to sole proprietorships or partnerships without employees and also requires these plans to abide by ACA rules, contrary to the Trump Administration's policy. In addition, Covered California countered the loss of federal cost-sharing reduction payments by putting in place a "workaround" that protected most consumers from cost increases at the expense of the federal government.[10] However, given the president's persistent efforts to undermine the ACA and Governor Brown's reluctance to approve new state health investments, California did not make further progress in advancing health care access or affordability in late 2017 or 2018.[11]

California Adopted Policies in 2019 to Boost Health Coverage and Affordability in the Coming Years

After Governor Gavin Newsom took office in January 2019, state policymaker's approach to health policy shifted. The Governor and state lawmakers adopted several policies that aim to improve health coverage and affordability, beginning in 2020. Specifically, state policymakers: 1) created new state premium assistance subsidies to reduce the cost of health insurance purchased through Covered California; 2) established a new state requirement for Californians to maintain health coverage or pay a penalty; 3) expanded comprehensive Medi-Cal coverage to undocumented young adults with low incomes; and 4) reformed Medi-Cal's eligibility rules so that more seniors with low incomes will qualify for no-cost health coverage.

New State Subsidies in Effect From 2020 to 2022 Will Reduce the Cost of Health Insurance Purchased Through Covered California

Californians who lack access to health insurance through their jobs and who do not qualify for Medi-Cal may purchase coverage in the individual market, which includes health plans sold through Covered California as well as those sold "off exchange." Around 2.2 million Californians buy health insurance in the individual market, with almost 1.4 million of them purchasing a plan through Covered California.[12] People who purchase a Covered California plan *and* whose income does not exceed 400% of the federal poverty line (around $50,000 for one person) generally qualify for federal financial assistance to reduce their monthly premiums.[13] In contrast, people who purchase health insurance off-exchange in the individual market do not receive federal premium subsidies regardless of their income.

In 2019, lawmakers and Governor Newsom created *state* premium assistance subsidies to help further reduce the cost of health insurance purchased through Covered California (Table 1).[14] The vast majority of these new subsidies will benefit people with incomes between 400% and 600% of the poverty line (roughly $50,000 to $75,000 for one person). These residents – unlike people with lower incomes – do not qualify for any *federal* financial assistance even though they often face high monthly premiums as well as large out-of-pocket costs.[15] With the new state subsidies, these middle-income Californians could see their premiums reduced by hundreds or even

TABLE 1

Projected Impact of New State Premium Assistance Subsidies in Coverage Year 2020

	≤138% FPL	>200% to ≤400% FPL	>400% to ≤600% FPL	Total
Number of Recipients*	23,000	663,000	235,000	922,000
Reduction to Individual or Household Premium	Premium for benchmark plan reduced to $1 per member per month	Premium reduced by an average of $15 per household per month	Premium reduced by an average of $172 per household per month	N/A
State Cost	$5 million	$81 million	$335 million	$421 million

FPL = federal poverty line
* Subtotals do not sum to total due to rounding.
Note: State premium assistance subsidies are available only to people who purchase health insurance through Covered California.
Source: Covered California

thousands of dollars each year.[16] The remainder of the new state subsidies will go to people with incomes that are 1) between 200% and 400% of the poverty line (roughly $25,000 to $50,000 for one person) or 2) at or below 138% of the poverty line (around $17,200 for one person). These state subsidies will remain in effect for coverage years 2020 to 2022.[17]

The 2019-20 state budget provides more than $420 million from the General Fund to support these new state premium subsidies, with this funding projected to rise to nearly $550 million by 2021-22.[18] A portion of this funding will come from a new state penalty assessed on Californians who do not maintain health coverage (see next section).

Starting in 2020, Californians Will Be Required to Maintain Health Coverage or Pay a Penalty

The Affordable Care Act (ACA) included a requirement for people to carry a minimum level of health insurance. This requirement was known as the "individual mandate." The goal was to encourage young and healthy people to enroll in coverage in order to create healthier risk pools and keep premiums lower than if only older and sicker people signed up for coverage. With some exceptions, people who failed to comply had to pay a penalty to the federal government. However, Congress and President Trump zeroed out this penalty effective January 1, 2019.[19]

In 2019, lawmakers and Governor Newsom created a *state* individual mandate and penalty to replace the penalty that was eliminated at the federal level. This new "minimum essential coverage" mandate takes effect on January 1, 2020.[20] With some exceptions, Californians who fail to enroll in and maintain coverage – including for their spouse and dependents – will be required to pay a penalty to the state. In 2020, this penalty "could be up to nearly $2,100 per family," according to Covered California.[21] Revenues from this penalty will be deposited into the state's General Fund and used to help pay for the new state premium assistance subsidies (described above).

Projections suggest that 229,000 Californians will newly enroll in coverage in 2020 due to the combination of the new state penalty and the availability of state premium subsidies. Of these, 187,000 are expected to sign up through Covered California and the remaining 42,000 are projected to purchase health insurance off-exchange.[22]

Starting in 2020, Undocumented Young Adults With Low Incomes Will Be Eligible for Comprehensive Medi-Cal Coverage

Undocumented immigrants make significant contributions to California. They comprise roughly one-tenth of the workforce and are estimated to pay well over $3 billion in state and local taxes each year.[23] Yet, undocumented immigrants face substantial hurdles to accessing health coverage. Federal policy prevents these immigrants from purchasing health insurance through Covered California, even *without* federal subsidies. Moreover, states cannot use federal dollars to provide comprehensive ("full scope") health coverage to undocumented immigrants through the Medicaid program.[24] States, however, may use their *own* funds to provide Medicaid coverage. In 2016, California extended full Medi-Cal benefits to income-eligible children and youth through age 18 regardless of immigration status, with state funds used to pay for this expansion.[25] In 2019, state lawmakers and Governor Newsom expanded this policy to include income-eligible undocumented adults ages 19 to 25. About 90,000 undocumented young adults are projected to initially benefit from this policy change, which will take effect no sooner than January 1, 2020. The cost in 2019-20 is projected to be $98 million ($74 million General Fund).[26]

Starting in 2020, More Seniors With Low Incomes Will Qualify for No-Cost Health Coverage Due to a Change to Medi-Cal's Income Limit

Medi-Cal is a critical source of coverage for seniors with low incomes because it provides many services that are not covered by the federal *Medicare* program.[27] Unfortunately, Medi-Cal's eligibility rules have historically placed seniors with low incomes at a disadvantage compared to their younger counterparts. While adults age 64 and younger generally qualify for no-cost Medi-Cal with incomes up to 138% of the poverty line ($17,236 for one person), the income limit for adults age 65 and older is only 122% of the poverty line ($15,238 for one person).

In other words, once they turn 65, many Californians with low incomes cannot access free Medi-Cal because the countable-income limit for seniors – which is set by the state – is *much lower* than it is for younger adults. These seniors may still access Medi-Cal services, but only if they pay a deductible, known as a "share of cost," that can amount to hundreds of dollars per month. In effect, Medi-Cal's unreasonably stringent income rules impose a financial penalty on seniors.[28]

In 2019, state lawmakers and Governor Newsom eliminated this "senior penalty" by reforming Medi-Cal's eligibility rules. Specifically, state policymakers raised Medi-Cal's income limit for seniors to 138% of the poverty line, matching the income threshold that applies to adults age 64 and younger. This change, which requires federal approval, will allow thousands of additional seniors with low incomes to qualify for no-cost Medi-Cal. The cost in 2019-20 is projected to be $63 million ($31.5 million General Fund), with implementation occurring no sooner than January 1, 2020.[29]

California Can Further Improve Health Care Access and Affordability in 2020 – While Also Exploring Options for Transforming the Health Care System

Although California made significant progress in advancing health care access and affordability in 2019, much work remains to be done to ensure that health care is truly accessible and affordable to all Californians. Assuming the state's near-term fiscal outlook remains positive, with growing state revenues, state policymakers will have an opportunity in 2020 to lay the groundwork for additional coverage and affordability gains. Moreover, a new state commission will be exploring options for achieving unified financing of health care delivery in California, including through a single-payer system.

State Policymakers Have Opportunities in 2020 to Advance Health Coverage and Affordability Gains

In 2020, Governor Newsom and state lawmakers could:

- **Expand state assistance for Californians who purchase health insurance through Covered California and continue to struggle with high costs.** As noted above, many Californians who purchase health insurance through Covered California will, starting in 2020, qualify for new state subsidies to reduce the amount they spend on premiums. These state subsidies will primarily benefit people with incomes between 400% and 600% of the poverty line (roughly $50,000 to $75,000 for one person). Yet, even with this new state assistance, Californians in this income range will still be required to spend a large share of their income – up to 18% – on premiums before they begin to receive state subsidies.[30] (The examples in this paragraph assume that households purchase the second-lowest-cost "silver" plan.) For example, a person who earns $62,450 per year (500% of the poverty line) will have to spend 16% of their income on premiums – totaling almost $10,000 per year – before they may begin receiving state assistance to cover the remainder. Someone who earns around $75,000 per year (600% of the poverty line) will be required to spend 18% of their income on premiums, or roughly $13,500 per year. California could further reduce the burden of health care costs on both middle- and lower-income households by expanding the new state premium subsidies as well as by providing additional state assistance to decrease consumers' out-of-pocket costs, such as for deductibles and office visit co-pays.
- **Provide full Medi-Cal benefits to additional undocumented adults.** As noted above, California provides full-scope Medi-Cal coverage to undocumented children and youth who are income-eligible, and will soon extend this coverage to income-eligible adults through age 25 regardless of immigration status. However, undocumented adults ages 26 and older are still excluded from full Medi-Cal benefits. In some cases, undocumented adults can access low- or no-cost health care services provided by counties and safety-net providers, such as public hospitals and community clinics. Even so, these adults "generally have more limited access to care than their citizen and documented counterparts."[31] California could further close this health care access gap by expanding full Medi-Cal benefits to at least some undocumented adults ages 26 or older who have low incomes. In fact, Governor Newsom recently committed to work with the Legislature in 2020 "to address" the expansion of full Medi-Cal benefits to people age 65 or older with low incomes who are undocumented, a change that is estimated to benefit approximately 30,000 California seniors.[32]

A State Commission Will Explore Options for Achieving Unified Financing of Health Care Delivery, Including Through a Single-Payer System

In 2018, state policymakers created a five-member "Council on Health Care Delivery Systems" to examine pathways toward achieving "unified financing" of health care delivery in California.[33] In 2019, Governor Newsom and state lawmakers recast the council as the "Healthy California for All Commission" and enlarged the commission's charge to include a focus on how California can move toward creating "a single-payer financing system."[34] Moreover, the commission's membership was increased from five to 13: eight appointed by the Governor, two appointed by the Senate Rules Committee, two appointed by the Speaker of the Assembly, and the secretary of the California Health and Human Services Agency (who is a gubernatorial appointee).

The Healthy California for All Commission is required to produce two reports. The first, due by July 1, 2020, will outline "steps California can take to prepare for

transition to a unified financing system," among other things. This includes exploring the reorganization of state programs as well as the need for federal waivers and changes to state law and the state Constitution. The second report, due by February 1, 2021, will highlight "key design considerations" for a unified financing system, including covered benefits and services, provider payments, enrollee cost-sharing, and ways to contain health care cost growth.

The single-payer approach to health care financing has potential benefits for Californians, but also would face key challenges related to financing, implementation, and various provisions of the state Constitution.[35] Even under the best of circumstances, shifting California's health care system to a single-payer model would be a complex undertaking, requiring fundamental changes to health care delivery and financing as well as the active support of the federal government. The work of the Healthy California for All Commission could help to shed additional light on how California could most effectively move toward a single-payer financing system, should Californians decide to shift away from the state's current multi-payer model.

Conclusion

In 2019, Governor Newsom and state lawmakers adopted policies that will boost Californians' access to health coverage while also making coverage more affordable. As a result, more Californians will experience the benefits of health coverage, which should help to reduce the state's uninsured rate in 2020 (other things being equal). If California's near-term economic outlook remains positive, with growing state revenues, state policymakers will be strongly positioned in 2020 to prioritize *additional* investments aimed at further improving coverage and affordability, potentially benefitting hundreds of thousands of low- and middle-income Californians. Looking beyond 2020, California's ability to help more people access and afford coverage – whether through incremental changes or transformational advances (such as a state-level, single-payer system) – will hinge not only on the health of the economy but also on the outcome of the November 2020 elections, which will determine whether Congress continues to be divided between Democrats and Republicans and President Donald Trump serves a second term.

Scott Graves and Monica Davalos prepared this *Issue Brief*. The Budget Center was established in 1995 to provide Californians with a source of timely, objective, and accessible expertise on state fiscal and economic policy issues. The Budget Center engages in independent fiscal and policy analysis and public education with the goal of improving public policies affecting the economic and social well-being of low- and middle-income Californians. General operating support for the Budget Center is provided by foundation grants, subscriptions, and individual contributions. Please visit the Budget Center's website at calbudgetcenter.org. Support for this *Issue Brief* was provided by the Blue Shield Foundation of California.

ENDNOTES

1 US Census Bureau, *Health Insurance Coverage in the United States: 2018* (September 2019), p. 19, and US Census Bureau, *Health Insurance Coverage in the United States: 2017* (September 2018), p. 19. The data come from the American Community Survey (ACS) and reflect one-year estimates. These estimates are based on respondents' coverage status at the time of the ACS interview and reflect "an annual average of current health insurance coverage status." On this point, see US Census Bureau, *Health Insurance Coverage in the United States: 2018* (September 2019), p. 17.

2 US Census Bureau, Health Insurance Historical Tables – HIC ACS, *HIC-4 Health Insurance Coverage Status and Type of Coverage by State – All Persons: 2008 to 2018*, available at https://www.census.gov/library/publications /2019/demo/p60-267.html.

3 Miranda Dietz, et al., *California's Health Coverage Gains to Erode Without Further State Action: Projections From California Simulation of Insurance Markets (CalSIM) Model* (UC Berkeley Labor Center and UCLA Center for Health Policy Research: November 2018), p. 6.

4 This federal penalty was zeroed out beginning on January 1, 2019. This change was included in the Tax Cuts and Jobs Act, which President Trump signed into law in December 2017. See Christine Eibner and Sarah A. Nowak, *The Effect of Eliminating the Individual Mandate Penalty and the Role of Behavioral Factors* (The Commonwealth Fund: July 2018), p. 2, and William G. Gale, "(Not So) Happy Birthday to the Tax Cuts and Jobs Act" *TaxVox* (Tax Policy Center: December 19, 2018).

5 Covered California, *Covered California's Health Insurance Companies and Plan Rates for 2019* (August 16, 2018), p. 5.

6 Covered California, *Covered California Annual Report: Fiscal Year 2019-20* (June 26, 2019), p. 1.

7 See, for example, Timothy Jost, "Administration's Ending of Cost-Sharing Reduction Payments Likely to Roil Individual Markets," *Health Affairs Blog* (October 13, 2017); Hannah Katch, Jennifer Wagner, and Aviva Aron-Dine, *Taking Medicaid Coverage Away From People Not Meeting Work Requirements Will Reduce Low-Income Families' Access to Care and Worsen Health Outcomes* (Center on Budget and Policy Priorities: August 13, 2018); Amy Goldstein, "Trump Administration Widens Availability of Skimpy, Short-Term Health Plans," *The Washington Post* (August 1, 2018); and Sabrina Corlette and Rachel Schwab, *States Lean In as the Federal Government Cuts Back on Navigator and Advertising Funding for the ACA's Sixth Open Enrollment* (The Commonwealth Fund: October 26, 2018).

8 Health Access, *2018 Legislative Scorecard* (November 2018), p. 3.

9 SB 910 (Hernandez, Chapter 687 of 2018) and SB 1375 (Hernandez, Chapter 700 of 2018).

10 For descriptions of this workaround, see Stan Dorn, "Silver Linings for Silver Loading," *Health Affairs Blog* (June 3, 2019); Michael Hiltzik, "Trump Doesn't Know It, But His Attempt to Blow Up Obamacare Could Help California – and Other States," *Los Angeles Times* (October 16, 2017); and Covered California, *Covered California: Supplemental Guidance on Rate Filing Instructions Related to the Cost-Sharing Reduction Program* (June 6, 2017).

11 For details on the lack of new state investments in 2018, see Health Access, *2018 Budget Scorecard* (June 8, 2018).

12 Covered California, *California's Initiatives Will Lead to Hundreds of Thousands Gaining Health Care Coverage With Lower Premiums and New Financial Help* (July 9, 2019), p. 2.

13 Some people with incomes at or below 400% of the poverty line do not qualify for federal premium assistance. For example, a person "may have an offer of employer-sponsored insurance that disqualifies them from subsidies." Laurel Lucia and Ken Jacobs, *Towards Universal Health Coverage: California Policy Options for Improving Individual Market Affordability and Enrollment* (UC Berkeley Labor Center: March 5, 2018), p. 10.

14 SB 78 (Committee on Budget and Fiscal Review, Chapter 38 of 2019).

15 Laurel Lucia and Ken Jacobs, *Towards Universal Health Coverage: California Policy Options for Improving Individual Market Affordability and Enrollment* (UC Berkeley Labor Center: March 5, 2018), pp. 16-17.

16 Covered California, *California's Initiatives Will Lead to Hundreds of Thousands Gaining Health Care Coverage With Lower Premiums and New Financial Help* (July 9, 2019), p. 3.

17 SB 78 (Committee on Budget and Fiscal Review, Chapter 38 of 2019).

18 Department of Finance, *California State Budget 2019-20* (July 2019), p. 54.

19 Christine Eibner and Sarah A. Nowak, *The Effect of Eliminating the Individual Mandate Penalty and the Role of Behavioral Factors* (The Commonwealth Fund: July 2018), p. 2.

20 SB 78 (Committee on Budget and Fiscal Review, Chapter 38 of 2019).

21 Covered California, *Projected Impacts of State Laws Affecting Health Care Consumers and Covered California in 2020* (no date), p. 3.

22 Covered California, *Projected Impacts of State Laws Affecting Health Care Consumers and Covered California in 2020* (no date), p. 2.

23 See Joseph Hayes and Laura Hill, *Undocumented Immigrants in California* (Public Policy Institute of California: March 2017) and Kayla Kitson, *California's Undocumented Immigrants Make Significant Contributions to State and Local Revenues* (California Budget & Policy Center: April 2019).

24 Laurel Lucia, *Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults* (UC Berkeley Labor Center: February 2019), p. 4. However, federal Medicaid dollars *are* used to pay for "restricted scope" (emergency and pregnancy-related) services to undocumented immigrants with low incomes. Moreover, California uses *state* dollars to provide additional restricted-scope services to low-income undocumented immigrants who are not eligible for full Medi-Cal benefits. These services are: long term care, dialysis, total parenteral nutrition, anti-rejection medication, and breast cancer and cervical cancer treatment. See Laurel Lucia, *Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults* (UC Berkeley Labor Center: February 2019), p. 5.

25 Annual enrollment of these undocumented children and youth has fluctuated around 130,000. Ana B. Ibarra, *Medi-Cal Enrollment Among Immigrant Kids Stalls, Then Falls. Is Fear to Blame?* (Kaiser Health News: July 9, 2019).

26 Department of Finance, *California State Budget 2019-20* (July 2019), p. 56.

27 Medicare covers a broad range of benefits and services, such as hospitalizations, doctor visits, and prescription drugs. However, Medicare does not pay for many services that play an important role in keeping seniors healthy, including long-term supports and services (LTSS). LTSS help older adults as well as people with disabilities to live independently in their own homes and avoid placement in more costly institutional settings, such as skilled nursing facilities. Medi-Cal fills this gap by covering many services – including LTSS – that are not available through Medicare and therefore is a critical source of coverage for low-income seniors in California.

28 Medi-Cal's program for seniors and people with disabilities is called the Aged, Blind, and Disabled Federal Poverty Level Program. For a discussion of how Medi-Cal's eligibility rules put seniors at a disadvantage, see Scott Graves, *California Policymakers Can End Medi-Cal's Senior Penalty* (California Budget & Policy Center: April 2019).

29 Department of Finance, *California State Budget 2019-20* (July 2019), p. 54.

30 Covered California, *Covered California Policy and Action Items* (June 26, 2019), p. 7.

31 Laurel Lucia, *Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults* (UC Berkeley Labor Center: February 2019), pp. 5-6.

32 Office of Senator María Elena Durazo, *Senator Durazo Announces Agreement With Governor Newsom to Work on Providing Medi-Cal Coverage to Undocumented Seniors* (September 14, 2019).

33 California Budget & Policy Center, *2018-19 State Budget Invests in Reserves and an Array of Vital Services, Sets Course for Future Advances* (June 27, 2018).

34 Senate Bill 104 (Committee on Budget and Fiscal Review, Chapter 67 of 2019).

35 See for example, Andrew B. Bindman, Marian Mulkey, and Richard Kronick, *A Path to Universal Coverage and Universal Health Care Financing in California* (University of California, San Francisco: March 12, 2018); Scott Graves, *Key Questions About the Single-Payer Approach to Health Care Financing* (California Budget & Policy Center: January 2018); California Health Care Foundation, *Key Questions When Considering a State-Based, Single-Payer System in California* (November 2017); Scott Graves, *Three Key Principles That Should Guide Efforts to Create a Single-Payer Health Care System in California* (California Budget & Policy Center: October 11, 2017); and Scott Graves, *Can California Implement a Single-Payer Health Care System Without Going to the Ballot?* (California Budget & Policy Center: July 21, 2017).