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## Comprehensive Health Coverage Can Help California's Undocumented Seniors Now and Beyond the COVID-19 Pandemic

**P**olicymakers have implemented various short-term actions to mitigate the serious health threat caused by the COVID-19 pandemic. Recognizing that COVID-19 does not discriminate, some groups are at a higher risk of complications from COVID-19 and even death. This includes seniors, and in particular, undocumented seniors with low incomes who have been historically excluded from comprehensive health coverage due to their immigration status. While the state recently extended coverage for COVID-19 testing and treatment in Medi-Cal, this is a temporary solution for a long-term systemic problem. Undocumented seniors can significantly benefit from having access to the preventive health services and routine care that promote overall health. State policymakers can improve health equity by expanding Medi-Cal eligibility to California's seniors who are undocumented. Doing so would help to address the deep underlying health needs that put these seniors at a higher risk of illness in the first place.

### Seniors Are Disproportionately Affected by COVID-19

While COVID-19 affects people of all ages and backgrounds, some groups are at a higher risk of severe illness and even death. Seniors (age 65+) and people with chronic health conditions have the highest risk for severe illness from COVID-19, based on the most up-to-date information from the US Centers for Disease Control and Prevention.<sup>1</sup> Most US seniors (85%) manage at least one chronic health condition, and 60% have at least two chronic conditions.<sup>2</sup> Additionally, seniors account for nearly 8 in 10 COVID-19 deaths reported in the US (Figure 1).<sup>3</sup> These data underscore the need for older adults to have a care plan and access to health care services, which can reduce emergency room visits and help manage chronic health conditions.<sup>4</sup>

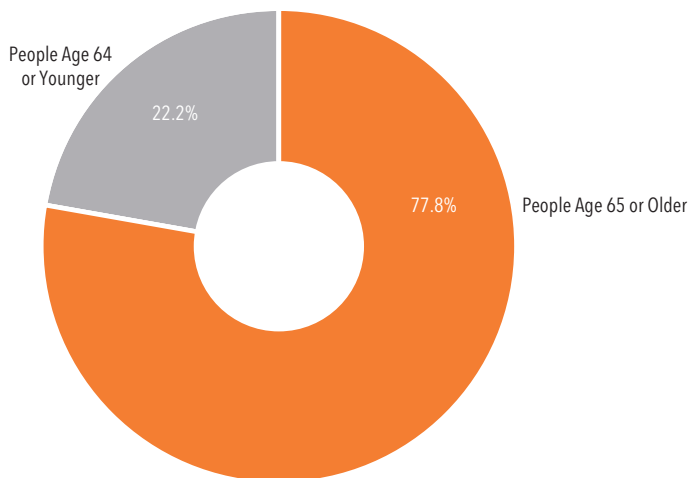
Undocumented Californians make up the largest share of people who lack health coverage in the state.<sup>5</sup>

While they are a key part of the state's workforce, pay taxes, and make significant contributions to our society and economy, they generally lack access to and often cannot afford health care.<sup>6</sup> Moreover, among undocumented immigrants with low incomes, a large majority are uninsured, largely because their immigration status means they are not eligible for comprehensive coverage through Medi-Cal, California's Medicaid program.<sup>7</sup> Yet, access to health care is critically important for promoting health.<sup>8</sup> People who do not have health coverage are less likely to receive preventive care, less likely to receive treatment for chronic health conditions, and more likely to report a poor health status.<sup>9</sup> Moreover, having regular access to health care services may help to improve one's health status, thereby improving the chances of recovering from COVID-19.

Seniors make up a small share of Californians who are undocumented (2%).<sup>10</sup> However, these older immigrants are in immediate need of comprehensive

FIGURE 1

## Seniors (Age 65+) Account for Nearly 8 in 10 COVID-19 Deaths Reported in the US



Note: Data reflect provisional COVID-19 death counts for the US (6,930) based on death certificate data received and coded as of April 13, 2020. Death counts are delayed and may differ from other published sources.  
 Source: US Centers for Disease Control and Prevention

health coverage, especially in light of the current pandemic. Undocumented seniors are particularly at risk from severe illness due to COVID-19 because they have been historically excluded from health programs and services and face additional barriers to accessing routine care and treatment for chronic health conditions.

### Undocumented Seniors With Low Incomes Are Eligible Only for Limited Health Care Services Through Medi-Cal

Under federal policy, people who are undocumented can receive emergency and pregnancy-related services through Medicaid if they otherwise meet the program’s eligibility rules. In California, these limited services are provided as part of “restricted-scope” Medi-Cal and are funded with both state and federal dollars. California uses state-only funds to provide several additional restricted-scope services: long-term care, dialysis, total parenteral nutrition, anti-rejection medication, and breast and cervical cancer treatment.<sup>11</sup> However, restricted-scope Medi-

Cal generally does *not* cover primary and preventive health care services, prescription drugs, or medical care for chronic conditions that seniors are likely to experience.

The lack of comprehensive coverage places people who are undocumented at a higher risk of developing undiagnosed health conditions, including those that could lead to life-threatening complications from COVID-19.<sup>12</sup> Since residents who are undocumented tend to have lower health care utilization rates, which can be attributed to the lack of insurance among other factors, underlying health conditions can exacerbate the detrimental health effects from other diseases.<sup>13</sup> When these individuals do seek treatment, it is often through emergency medical services or through the patchwork of community-provided health services, by which point they may have more advanced diseases and conditions that are harder to treat.<sup>14</sup> Relative to those who have had access to routine care, undocumented seniors may be at a disadvantage when confronting COVID-19.

## A New State Policy Addresses COVID-19 Testing and Treatment Needs for Undocumented Seniors, but Leaves Ongoing Health Coverage Gaps

California recently announced that all Medi-Cal beneficiaries, including undocumented immigrants, will have access to “all inpatient and outpatient services necessary for the testing and treatment of COVID-19.”<sup>15</sup> Under this new policy, these COVID-19-related inpatient and outpatient services are classified as emergency services that are needed to treat an emergency medical condition, including when provided outside of an emergency room.

This new policy is particularly meaningful for undocumented immigrants with low incomes, who generally are eligible only for limited Medi-Cal services, including emergency services.<sup>16</sup> By defining COVID-19 testing and treatment as *emergency services*, this new policy ensures that undocumented immigrants who qualify only for restricted-scope Medi-Cal can access COVID-19 testing and treatment with no out-of-pocket costs. Yet, while this change will allow many undocumented immigrants to receive the care they need to overcome COVID-19 and keep communities healthy, it does not address the underlying health needs that make many people, particularly undocumented seniors, susceptible to the harmful effects of the novel coronavirus virus in the first place. Additionally, experts suggest that COVID-19 can cause long-term damage to vital organs, including to the heart, lungs, and kidneys, resulting in ongoing health issues for those who recover from this disease.<sup>17</sup> This further highlights the need for state policymakers to do more than just extend temporary access to COVID-19 treatment for seniors who are undocumented.

### California Can Better Address the Health Care Needs of Undocumented Seniors

State policymakers have taken a key step to ensure that all Californians with low incomes, regardless of immigration status, can receive COVID-19 testing and treatment, but California can do more to help its people access ongoing health care and address their preventive health needs. In order to protect health and

safety during this pandemic *and* better prepare for the next public health crisis, state policymakers should expand full-scope Medi-Cal coverage to seniors who are undocumented.

Earlier this year, Governor Newsom proposed to expand full-scope Medi-Cal coverage to undocumented seniors who are otherwise eligible for the program. The Administration estimated that 27,000 seniors would enroll in the first year.<sup>18</sup> While this proposal would require the state to commit new funding during a period of economic and fiscal uncertainty, this expansion is critical from a long-term public health perspective. Continuing to prevent undocumented seniors from enrolling in comprehensive health coverage undermines efforts to improve the collective health of communities.

Preventive health services and treatment for chronic health conditions promote health and mitigate health threats such as COVID-19. When a vaccine for COVID-19 becomes available, it is imperative that *everyone* have access to it, regardless of immigration status. Research suggests that access to health care is a major factor in vaccination uptake.<sup>19</sup> By removing barriers to care, individuals are better able to take preventive health measures that keep themselves and their communities healthy. State policymakers should ensure that those who are most at risk of complications related to COVID-19 have *comprehensive* health coverage. Doing so will ensure more Californians have the opportunity to be healthy now and will better prepare the state for the next serious health threat.

### Conclusion

While all Californians are at risk from COVID-19, the effects of this disease will disproportionately impact communities that are underserved and have historically lacked access to comprehensive health coverage – namely communities of color and people who are undocumented. Continuing to exclude Californians who are undocumented from vital health coverage is harmful to the state’s collective health and perpetuates racial health disparities. State policymakers should enact more equitable policies that ensure all Californians have the opportunity to be healthy.

**Monica Davalos, Scott Graves, and Adriana Ramos-Yamamoto** 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](http://calbudgetcenter.org).

## ENDNOTES

- <sup>1</sup> US Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19) – People Who Are at Higher Risk for Severe Illness* (April 2, 2020).
- <sup>2</sup> US Department of Health and Human Services, *Supporting Older Patients With Chronic Conditions* (May 17, 2017).
- <sup>3</sup> US Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19) – Older Adults* (April 7, 2020).
- <sup>4</sup> US Department of Health and Human Services, *Access to Health Services* (April 8, 2020).
- <sup>5</sup> Laurel Lucia, *Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults* (UC Berkeley Labor Center: February 5, 2019), p. 3.
- <sup>6</sup> For estimates of uninsured Californians by eligibility category and income, see Miranda Dietz, et al., *California's Steps to Expand Health Coverage and Improve Affordability: Who Gains and Who Will Be Uninsured?* (UC Berkeley Labor Center: November 19, 2019). For undocumented immigrants' share of the California workforce, see Sara Kimberlin and Aureo Mesquita, *No Safety Net or Federal COVID-19 Relief: California's Undocumented Workers and Mixed Status Families Are Locked Out of Support* (California Budget & Policy Center: April 2020). For undocumented immigrants' estimated contributions to state and local revenues, see Kayla Kitson, *California's Undocumented Immigrants Make Significant Contributions to State and Local Revenues* (California Budget & Policy Center: April 2019).
- <sup>7</sup> Scott Graves, *Nearly 9 in 10 Undocumented Adults With Low Incomes Lack Health Coverage* (California Budget & Policy Center: March 2019). California provides comprehensive ("full-scope") Medi-Cal coverage to undocumented immigrants under age 26 who qualify for the program but for their immigration status. Undocumented immigrants age 26 and older are ineligible for full-scope Medi-Cal coverage unless they qualify for Deferred Action for Childhood Arrivals (DACA) status. On this point, see Miranda Dietz, et al., *California's Steps to Expand Health Coverage and Improve Affordability: Who Gains and Who Will Be Uninsured?* (UC Berkeley Labor Center: November 2019). As discussed later in this *Issue Brief*, undocumented immigrants who are ineligible for full-scope Medi-Cal coverage may receive limited health care services, including emergency services, through "restricted-scope" Medi-Cal.
- <sup>8</sup> See, for example, Randall R. Bovbjerg and Jack Hadley, *Why Health Insurance Is Important* (The Urban Institute: November 2007).
- <sup>9</sup> US Department of Health and Human Services, *Access to Health Services* (April 8, 2020).
- <sup>10</sup> Laurel Lucia, *Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults* (UC Berkeley Labor Center: February 5, 2019), p. 11.
- <sup>11</sup> Laurel Lucia, *Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults* (UC Berkeley Labor Center: February 5, 2019), p. 5.
- <sup>12</sup> Nadereh Pourat and Ana E. Martinez, *Reducing Access Disparities in California by Insuring Low-Income Undocumented Adults* (UCLA Center for Health Policy Research: February 2019), p. 5.
- <sup>13</sup> Eleanor Hall and Norma Graciela Cuellar, "Immigrant Health in the United States: A Trajectory Toward Change," *Journal of Transcultural Nursing* 27 (2016), pp. 611-626.
- <sup>14</sup> See, for example, Missouri Foundation for Health, *Consequences of the Lack of Health Insurance on Health and Earnings* (2006), p. 7, and Cecilia Ayón, *The Health Needs of Undocumented Older Adults* (UC Riverside Center for Social Innovation: July 2019), p. 3.
- <sup>15</sup> Department of Health Care Services, *Coverage of Emergency COVID-19 Inpatient or Outpatient Services* (April 8, 2020). It is uncertain whether federal funds will be available to help California pay for COVID-19-related emergency services provided to undocumented immigrants through Medi-Cal. On April 3, 2020, California submitted a Section 1115 Medicaid waiver request to the federal government that, if approved, would allow the state to receive federal Medicaid funds to help offset these new costs. The federal government had not yet acted on the state's proposal at the time this *Issue Brief* was finalized. See Department of Health Care Services, *Request for Section 1115 Demonstration Authority Related to the COVID-19 Public Health Emergency* (April 3, 2020).

- 16 California provides comprehensive (“full-scope”) Medi-Cal coverage to undocumented immigrants under age 26 who qualify for the program but for their immigration status. Undocumented immigrants age 26 and older are ineligible for full-scope Medi-Cal coverage unless they qualify for Deferred Action for Childhood Arrivals (DACA) status. On this point, see Miranda Dietz, et al., *California’s Steps to Expand Health Coverage and Improve Affordability: Who Gains and Who Will Be Uninsured?* (UC Berkeley Labor Center: November 2019).
- 17 Dawson White, “Threat of Long-Term Damage Looms After Patients Recover From Coronavirus, Experts Say,” *The Sacramento Bee* (April 12, 2020).
- 18 The Administration estimates that this expansion would cost \$80.5 million (\$64.2 million General Fund) in 2019-20, rising to an estimated \$350 million (\$320 million General Fund) by 2022-23. These estimates assume that this expansion would be implemented no earlier than January 1, 2021. See Department of Finance, *Governor’s Budget Summary 2020-21* (January 2020), p. 34.
- 19 Kathryn Gilstad-Hayden, et al., “Association of Influenza Vaccine Uptake With Health, Access to Health Care, and Medical Mistreatment Among Adults From Low-Income Neighborhoods in New Haven, CT: A Classification Tree Analysis,” *Preventive Medicine* (May 1, 2015), pp. 97-102.