



**ISSUE BRIEF**

## California Leaders Must Expand Comprehensive Medi-Cal Coverage to Undocumented Seniors

APRIL 2021 | BY MONICA DAVALOS, SCOTT GRAVES, AND ADRIANA RAMOS-YAMAMOTO

Over one year since the COVID-19 pandemic began, hospitalizations of Californians who have tested positive for the virus are declining and over 20 million vaccines have been administered. While these are positive developments, state leaders must invest in communities that have been historically underserved and have been most impacted by the pandemic. Long-standing state and federal policy choices that do not value communities of color have compromised people's ability to be healthy before and during the pandemic. Undocumented seniors, in particular,

have a higher risk of severe illness and death due to COVID-19 because of their age while at the same time they have faced unjust exclusion from comprehensive health coverage through Medi-Cal, California's Medicaid program, due to their immigration status. Blocking Californians who are undocumented from vital health coverage is not only detrimental to their health, but also perpetuates racial health disparities. State policymakers can advance health equity by expanding comprehensive Medi-Cal coverage to all undocumented Californians with an urgency to cover seniors in the immediate future.

# COVID-19 Is Disproportionately Harming Older Adults, Especially Seniors of Color

While COVID-19 affects people of all ages and backgrounds, some groups are at a higher risk of severe illness and even death. Seniors and people with chronic health conditions have the highest risk for severe illness from COVID-19, according to 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> Moreover, seniors are most likely to die from COVID-19.<sup>3</sup> Since the pandemic began, nearly 3 in 4 Californians who

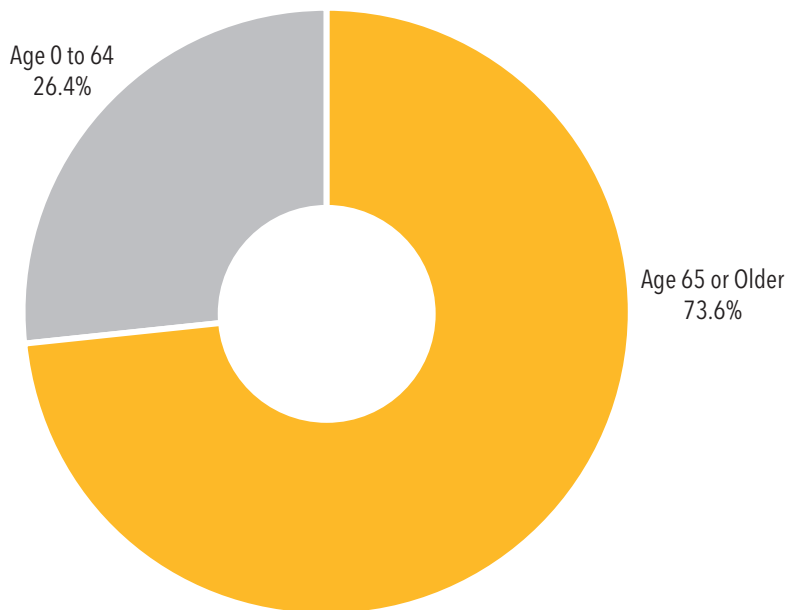
have died from the disease are age 65 or older (Figure 1).<sup>4</sup> These data highlight the need for older adults to have access to comprehensive, quality health care services, which can reduce emergency room visits and help manage chronic health conditions.<sup>5</sup>

The risk of contracting and dying from COVID-19 are not distributed equally among older adults: seniors of color face the greatest risks from the virus. In fact, Native Hawaiian and other Pacific

FIGURE 1

## Seniors Comprise Nearly 3 in 4 Californians Who Have Died from COVID-19

Deaths Associated with COVID-19 in California = 58,788



Note: Data are as of April 7, 2021. Of the total deaths, eight (0.01%) were excluded due to missing data.

Source: Budget Center analysis of California Department of Public Health data

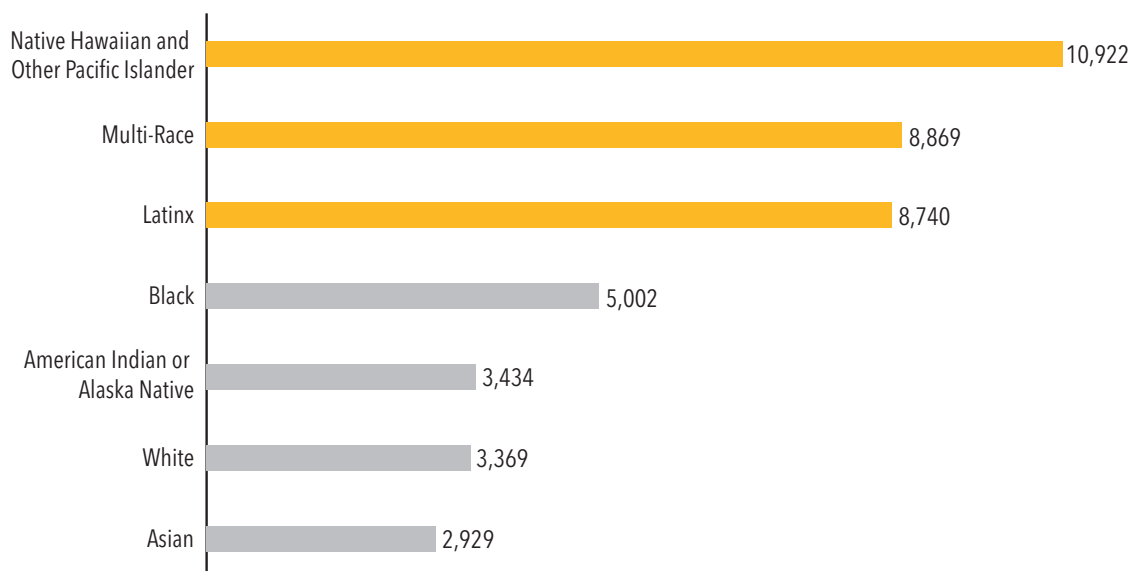
Islander, multi-race, and Latinx adults age 65 or older in California have the highest rates of reported COVID-19 infection (**Figure 2**).<sup>6</sup> Racial disparities are apparent in COVID-19 death rates as well. Specifically, Latinx seniors have the highest rates of COVID-19 deaths, followed by Native Hawaiian and other Pacific Islander and multi-race seniors (**Figure 3**). Many factors drive these infection and death disparities. For instance, communities of color are more likely to live in multigenerational homes, which can

present challenges in preventing the spread of the virus.<sup>7</sup> In addition, communities of color have higher rates of underlying health conditions, such as a heart condition, asthma, obesity, or a weakened immune system, making them more vulnerable to the virus.<sup>8</sup> This is the result of long-standing policies and practices that bar families of color from high-quality housing, health care, employment, and education, and the ability to build generational wealth — all of which have implications on health.<sup>9</sup>

**FIGURE 2**

## Native Hawaiian and Other Pacific Islander, Multi-Race, and Latinx Seniors Have Highest Rates of COVID-19 Infection

COVID-19 Case Rates in California for Adults 65+ Per 100,000 by Race/Ethnicity



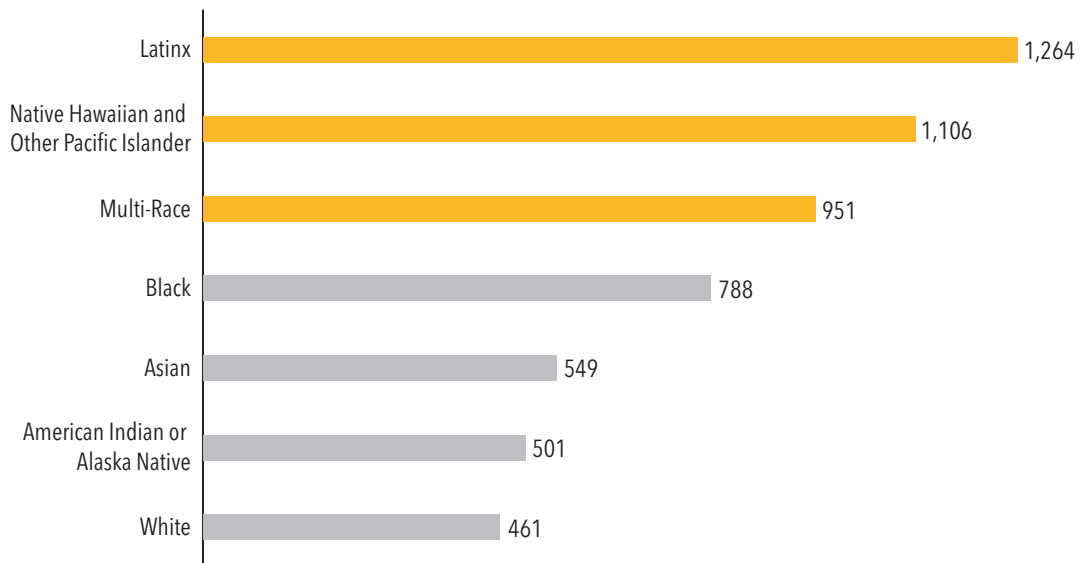
Note: Data are as of April 7, 2021. Of the 382,037 total cases in this age group, 24.8% were excluded due to missing data.

Source: Budget Center analysis of data from the California Department of Public Health and the Department of Finance

FIGURE 3

## Latinx, Native Hawaiian and Other Pacific Islander, and Multi-Race Seniors Have Highest Rates of COVID-19 Death

COVID-19 Death Rates in California for Adults 65+ Per 100,000 by Race/Ethnicity



Note: Data are as of April 7, 2021. Of the 43,259 total deaths in this age group, 3.2% were excluded due to missing data.  
Source: Budget Center analysis of data from the California Department of Public Health and the Department of Finance



The risk of contracting and dying from COVID-19 are not distributed equally among older adults: seniors of color face the greatest risks from the virus.

## Exclusionary Policies Block Californians from Vital Health Care Coverage

Californians who are undocumented make up the largest share of people who lack health coverage in the state.<sup>10</sup> While they are part of the state's social fabric and workforce, pay taxes, and make significant contributions to our society and economy, they generally lack access to and often cannot afford health care.<sup>11</sup> In part, this is because undocumented Californians are less likely to have access to jobs that offer health insurance.<sup>12</sup> In addition, racist policies adopted by the federal government exclude people who are undocumented from affordable health coverage options solely because of their immigration status. Specifically:

- Undocumented immigrants are prohibited from purchasing health coverage — with or without subsidies — through Covered California, the health insurance marketplace that was established as part of our state's implementation of the federal Affordable Care Act.<sup>13</sup>
- Undocumented immigrants are not eligible for *comprehensive*, federally funded health coverage through Medicaid (Medi-Cal in California), which provides health care services for people with low incomes.<sup>14</sup>

Federal policy does allow states to use their *own funds* to extend comprehensive (or “full scope”) Medicaid coverage to residents who are undocumented. California uses state dollars to provide full-scope Medi-Cal coverage to undocumented immigrants under age 26 who qualify for the program except for their immigration status. Even so, federal and state

policies continue to exclude other undocumented Californians with low incomes — including seniors — from comprehensive Medi-Cal coverage.<sup>15</sup> This exclusion is not accidental. Instead, it reflects an intentional choice to single out and prevent certain immigrants with low incomes from accessing vital health care coverage. As a result, the vast majority of undocumented Californians with low incomes remain uninsured.<sup>16</sup>

Since residents who are undocumented tend to have lower health care utilization rates, which is partially due to their exclusion from comprehensive health coverage, underlying health conditions can exacerbate the detrimental health effects of other diseases.<sup>17</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>18</sup> Providing limited health care services through Medi-Cal is an inadequate and inequitable approach to a long-term systemic problem.

Californians who are undocumented can significantly benefit from having access to vital health care services that promote overall health. Access to health care is critical for promoting health.<sup>19</sup> People who lack 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>20</sup> Moreover, having regular access to health care services may help to improve one's health status. California's policy choice to not provide comprehensive coverage through Medi-

Cal for undocumented adults places these communities at a higher risk of developing undiagnosed health conditions, including those that could lead to life-threatening complications from COVID-19.<sup>21</sup> Additionally,

COVID-19 can lead to long-term health complications, further underscoring the need for state policymakers to do more than extend temporary access to COVID-19 treatment for seniors who are undocumented.<sup>22</sup>

## Investment is Needed to Increase Access to Health Care for All Seniors

Earlier this year, Governor Newsom's proposed budget failed to reinstate his January 2020 proposal to extend full-scope Medi-Cal coverage to undocumented seniors who would otherwise be eligible.<sup>23</sup> It is estimated that 29,000 undocumented seniors would be eligible — a relatively small number, as they comprise a small percentage of the state's undocumented population.<sup>24</sup> Some legislators have expressed interest in expanding Medi-Cal to all undocumented Californians, beginning with seniors.<sup>25</sup> While extending Medi-Cal to qualifying seniors would require the state to commit new ongoing funding, this coverage 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 — especially in the midst of a

pandemic that is disproportionately harming older adults.

While the COVID-19 vaccine is available to older adults regardless of immigration status, there is more work to do to address access barriers, such as targeted outreach to undocumented Californians. Research suggests that access to health care is a major factor for vaccination uptake, which is why expanding Medi-Cal to undocumented seniors can also play a vital role in increasing vaccination rates and building trust in undocumented communities.<sup>26</sup> Policymakers can additionally begin to address other substantial barriers to health care and vaccination through tailoring services to seniors who may have physical disabilities, difficulties with technology or lack internet access, language barriers, and limited transportation capabilities.<sup>27</sup>



Continuing to prevent undocumented seniors from enrolling in comprehensive health coverage undermines efforts to improve the collective health of communities — especially in the midst of a pandemic that is disproportionately harming older adults.

## State Leaders Have an Opportunity to Advance Health Equity

Upholding racist, exclusionary policies that block undocumented Californians from vital health coverage is harmful to the state's collective health and perpetuates racial health disparities. State policymakers should expand *comprehensive* Medi-Cal coverage to all undocumented Californians and urgently cover seniors. By advancing this policy change along with investing in other equitable health policies that focus on the well-being of communities of color, policymakers can ensure all Californians have the opportunity to be healthy and thrive. Policies that promote health are especially important in light of the COVID-19 pandemic. While all Californians are

at risk from COVID-19, the effects of this virus have disproportionately impacted underserved communities of color. Undocumented seniors are particularly at risk from severe illness due to COVID-19 because they have been historically excluded from health coverage and face additional barriers to accessing routine care and treatment for chronic health conditions. By expanding *comprehensive* Medi-Cal coverage to all undocumented Californians and urgently to seniors, state policymakers have an opportunity to advance health equity and promote the health and well-being of communities across the state.



By expanding comprehensive Medi-Cal coverage to all undocumented Californians and urgently to seniors, state policymakers have an opportunity to advance health equity and promote the health and well-being of communities across the state.

---

*Funding for this Issue Brief was provided by the California Health Care Foundation.*

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 Californians with low and middle incomes.

General operating support for the Budget Center is provided by foundation grants, subscriptions, and individual contributions.



# Endnotes

- <sup>1</sup> “COVID-19: People at Increased Risk and Other People Who Need to Take Extra Precautions,” US Centers for Disease Control and Prevention (webpage), last modified March 15, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>.
- <sup>2</sup> “Supporting Older Patients with Chronic Conditions,” US Department of Health and Human Services (webpage), accessed February 22, 2021, <https://www.nia.nih.gov/health/supporting-older-patients-chronic-conditions>.
- <sup>3</sup> “COVID-19: Older Adults at Greater Risk of Hospitalization or Dying if Diagnosed with COVID-19,” US Centers for Disease Control and Prevention (webpage), last modified March 17, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.
- <sup>4</sup> “Cases and Deaths Associated with COVID-19 by Age Group in California: April 7, 2021,” California Department of Public Health (webpage), <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Cases-by-Age-Group.aspx>.
- <sup>5</sup> “Access to Health Services,” US Department of Health and Human Services (webpage), last modified October 8, 2020, <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.
- <sup>6</sup> “COVID-19 Race and Ethnicity Data: April 7, 2021,” California Department of Public Health (webpage), <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx#>.
- <sup>7</sup> “Health Equity Considerations and Racial and Ethnic Minority Groups,” US Centers for Disease Control and Prevention (webpage), accessed December 7, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>; Shannon Guzman and Jennifer Skow, *Multigenerational Housing on the Rise, Fueled by Economic and Social Changes* (AARP Public Policy Institute, June 2019), <https://www.aarp.org/content/dam/aarp/ppi/2019/06/multigenerational-housing.doi.org.10.26419-2Fppi.00071.001.pdf>.
- <sup>8</sup> Samantha Artiga, Rachel Garfield, and Kendal Orgera, *Communities of Color at Higher Risk for Health and Economic Challenges Due to COVID-19* (Kaiser Family Foundation, April 7, 2020), <https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>. See also “Health Disparities,” US Centers for Disease Control and Prevention (webpage), accessed March 5, 2021, <https://www.cdc.gov/aging/disparities/index.htm>.
- <sup>9</sup> See, for example, Adriana Ramos-Yamamoto and Monica Davalos, *Confronting Racism, Overcoming COVID-19, and Advancing Health Equity* (California Budget & Policy Center, February 2021), [https://calbudgetcenter.org/wp-content/uploads/2021/02/R-FP-Health-Equity\\_.pdf](https://calbudgetcenter.org/wp-content/uploads/2021/02/R-FP-Health-Equity_.pdf).
- <sup>10</sup> Laurel Lucia, *Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults* (UC Berkeley Labor Center, February 2019), 3, <https://laborcenter.berkeley.edu/pdf/2019/Towards-Universal-Health-Coverage.pdf>.
- <sup>11</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 2019), <https://laborcenter.berkeley.edu/wp-content/uploads/2019/11/Steps-Toward-Universal-Health-Coverage.pdf>. 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), <https://calbudgetcenter.org/resources/californias-undocumented-workers-and-mixed-status-families-are-locked-out-of-safety-net-and-federal-covid-19-support/>. 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), <https://calbudgetcenter.org/resources/californias-undocumented-immigrants-make-significant-contributions-to-state-and-local-revenues/>.
- <sup>12</sup> Lucia, *Universal Health Coverage*, 4.
- <sup>13</sup> “Information for Immigrants,” Covered California (webpage), accessed February 26, 2021, <https://www.coveredca.com/learning-center/information-for-immigrants/>.
- <sup>14</sup> Under a longstanding federal policy, federal Medicaid dollars may be used only to provide emergency and pregnancy-related services to undocumented immigrants who otherwise meet Medicaid’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 to undocumented immigrants: long-term care, dialysis, total parenteral nutrition, anti-rejection medication, and breast and cervical cancer treatment. See Lucia, *Universal Health Coverage*, 5. In addition, California provides access to “all inpatient and outpatient services necessary for the testing and treatment of COVID-19” to all Medi-Cal beneficiaries, including undocumented immigrants. See Department of Health Care Services, *Coverage of Emergency COVID-19 Inpatient or Outpatient Services* (April 8, 2020), [https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_30339\\_29.aspx](https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_29.aspx).

<sup>15</sup> 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 Dietz et al., *California’s Steps*, 12.

<sup>16</sup> Scott Graves, *Nearly 9 in 10 Undocumented Adults With Low Incomes Lack Health Coverage* (California Budget & Policy Center, March 2019), <https://calbudgetcenter.org/resources/nearly-9-in-10-undocumented-adults-with-low-incomes-lack-health-coverage/>.

<sup>17</sup> Eleanor Hall and Norma Graciela Cuellar, “Immigrant Health in the United States: A Trajectory Toward Change,” *Journal of Transcultural Nursing* 27, no. 6 (2016): 611-626, <https://www.scph.org/sites/default/files/editor/Immigrant-Health-in-the-US.pdf>.

<sup>18</sup> See, for example, Missouri Foundation for Health, *Consequences of the Lack of Health Insurance on Health and Earnings* (2006), 7, <https://www.urban.org/sites/default/files/publication/50321/1001001-Consequences-of-the-Lack-of-Health-Insurance-on-Health-and-Earnings.PDF>; and Cecilia Ayón, *The Health Needs of Undocumented Older Adults* (UC Riverside Center for Social Innovation: July 2019), 3, <https://socialinnovation.ucr.edu/sites/g/files/rcwecm2981/files/2019-08/policy%20brief%20%281%29.pdf>.

<sup>19</sup> See, for example, Randall R. Bovbjerg and Jack Hadley, *Why Health Insurance Is Important* (The Urban Institute, November 2007), <https://www.urban.org/research/publication/why-health-insurance-important>.

<sup>20</sup> “Access to Health Services.”

<sup>21</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), 5, <https://healthpolicy.ucla.edu/publications/Documents/PDF/2019/undocumented-policybrief-feb2019.pdf>.

<sup>22</sup> Researchers are investigating the short- and long-term health effects associated with COVID-19. Long-term symptoms range from mild to serious, from shortness of breath to difficulty with thinking and concentration to more severe cardiovascular and respiratory health problems. See “Long-Term Effects of COVID-19,” US Centers for Disease Control and Prevention (webpage), accessed March 3, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html>. On California’s extension of COVID-19 testing and treatment to all Medi-Cal beneficiaries, including undocumented immigrants, see Department of Health Care Services, *Coverage of Emergency COVID-19*.

<sup>23</sup> In January 2020, the administration estimated 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 assumed that this expansion would be implemented on or after January 1, 2021. See Department of Finance, *Governor’s Budget Summary 2020-21* (January 2020), p. 34, <http://www.ebudget.ca.gov/2020-21/pdf/BudgetSummary/FullBudgetSummary.pdf>.

<sup>24</sup> For more on the estimated number of undocumented seniors eligible for Medi-Cal, see Laurel Lucia, director, UC Berkeley Labor Center, “Expanding Medi-Cal to All Low-Income Adults,” prepared for Assembly Budget Subcommittee on Health and Human Services, informational hearing, *Health4All, Coverage, Caseloads, and Subsidies* (March 8, 2021), 11, <https://abgt.assembly.ca.gov/sites/abgt.assembly.ca.gov/files/March%208%20%20Budget%20Sub%201%200030821%20Lucia%20Final.pdf>.

<sup>25</sup> Senate Bill 56 (Durazo), amended Senate March 1, 2021, [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=20210220SB56](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20210220SB56); and Assembly Bill 4 (Arambula), introduced December 7, 2020, [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=20210220AB4](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20210220AB4).

<sup>26</sup> 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* 74 (May 2015): 97-102, <http://dx.doi.org/10.1016/j.ypmed.2015.02.008>.

<sup>27</sup> Denny Chan, *Equitable Vaccine Distribution for Older Adults Requires a Tailored Approach and Key Principles* (Justice in Aging, March 1, 2020), <https://justiceinaging.org/equitable-vaccine-distribution-for-older-adults-requires-a-tailored-approach-and-key-principles/?eType=EmailBlastContent&eld=c0b41435-e4f0-4fcd-b1b6-603d64313597>.