



On The Path Toward Health for All:

Opportunities for States to Expand Public
Coverage to Immigrants Using State Funds ▶



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By Gabrielle Lessard | December 2023



This is part **three** of a series of policy briefs explaining different tools available to states to achieve Health for All – access to quality, affordable health coverage for all state residents, regardless of immigration status.

Overview

Communities are stronger when all residents have access to quality, affordable health care. This was a core value underlying the Affordable Care Act (ACA), but one that remains unfulfilled for many immigrants. More than a decade since the ACA passed, undocumented residents remain a disproportionate share of the uninsured, and the COVID-19 pandemic only magnified the disparities in access to health care. As a result, and spurred by years of organizing, a growing number of states have recognized the importance of providing access to health coverage for all low-income residents, regardless of their immigration status.¹

While undocumented people and many other immigrants are eligible only for emergency Medicaid services, states can fill the gap by using their own funds to provide supplementary or comprehensive public coverage. In growing numbers, states have made this investment, often starting with certain populations, and eventually closing the gap to cover all income-eligible residents. In taking this step, states are recognizing that ensuring access to health care is essential for equity, public health, and the future of their communities.



The Problem: Federal Law Excludes Many Immigrants from Adequate Health Coverage

Undocumented immigrants are ineligible for comprehensive or full-scope Medicaid, the Children's Health Insurance Program (CHIP), and ACA subsidies, despite paying taxes that support those programs.² While they participate in the labor force at higher rates than U.S.-born workers, many are not offered employer-sponsored health insurance.³ Unsurprisingly, more than half of undocumented immigrants are uninsured.⁴

Undocumented immigrants are woven into the fabric of communities throughout the United States. This interconnectedness was thrown into sharp focus during the COVID-19 pandemic, when an estimated

5.2 million undocumented immigrants were exposed to heightened risk as frontline essential workers.⁵ Moreover, many undocumented immigrants have family members who are citizens or have different immigration statuses—nationally, 4.7 million U.S.-citizen children have one of more parents who are unauthorized immigrants.⁶

The Evidence: The Benefits of Health Coverage

The benefits of access to affordable health care are well-documented. As compared to people with health insurance, people who are uninsured are more likely to:

- ▶ receive an initial diagnosis in the advanced stages of a disease
- ▶ die or suffer permanent impairment after an accident or sudden-onset condition
- ▶ live with a chronic condition that could be managed if diagnosed

People with health coverage are more likely to have a regular source of treatment and to receive preventive care, assistance with management of chronic conditions, and timely diagnosis.⁷ As compared to the insured, uninsured people are less likely to receive a diagnosis in the early stages of a disease and more likely to suffer complications from aggravated medical conditions. For example, people who don't have insurance are more likely to receive an initial diagnosis of cancer in a late stage of the disease and to die within less time after being diagnosed.⁸

Extending health coverage to parents benefits children on multiple levels, including the likelihood that the children will receive adequate medical care. One study found that children whose parents were enrolled in Medicaid were nearly 30% more likely to have an annual well-child medical visit.⁹

Access to coverage saves lives. A study of the effects of three states' early Medicaid expansions found a statistically significant reduction in mortality as compared to a control group of counties with similar pre-expansion mortality rates and demographic characteristics. The most significant reductions were observed in deaths from conditions amenable to medical intervention, such as heart disease, infections, and cancer, demonstrating the connection to access to medical care.¹⁰

Access to health insurance also has powerful economic effects. Uninsured individuals who become hospitalized experience a host of financial setbacks in the subsequent *four years*, including reduced access to credit and a significantly higher likelihood of filing for bankruptcy.¹¹ Access to affordable health coverage improves consumer well-being through reduced debt, improved credit scores, and decreased bankruptcy filings.¹²

At the community level, access to health coverage benefits local economies and healthcare systems. Studies that compare Medicaid expansion and non-expansion states show that hospitals in expansion



states have better financial performance and are less likely to close.¹³ Access to affordable coverage allows individuals and families to spend their disposable income on essential goods and services. In addition to increasing tax revenues, this additional spending produces a “multiplier effect,” as increased business revenues are passed on to suppliers and employees. One estimate puts the multiplier effect of Medicaid expansion at between 1.5 and 2 times the amount of new federal Medicaid spending.¹⁴

Health coverage improves access to care, supports positive health outcomes, provides incentives for appropriate use of care, and reduces financial strain for individuals, families, and communities.



The Solution: State-Funded Public Coverage Programs

While federal law restricts undocumented immigrants' access to federally supported health coverage, it doesn't limit states' ability to spend their own money on similar programs. This authority was made explicit in the law that imposed benefits eligibility restrictions on many immigrants, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), otherwise known as the welfare law. PRWORA specifically authorized states to provide state or local public benefits to their residents who were not lawfully present by enacting laws that affirmatively make them eligible.¹⁵

Although the policy has gained ground in recent years, the idea of using state funds to cover immigrants who are ineligible for federal programs is not new. As soon as PRWORA passed, states begin to fill in gaps in eligibility, such as by providing coverage to immigrants newly subject to a five-year waiting period for federal eligibility.¹⁶

Recommendations and Best Practices

Expand in stages, if necessary. States have taken different approaches to moving toward health care for all residents. A number are implementing coverage expansions on a phased basis by age group. Illinois first extended eligibility to children, followed by seniors, then other older adults. California first covered children, followed by young adults, then older adults, and is currently working toward the implementation of coverage for the remaining uninsured adults.¹⁷

Promote collaboration between state agencies and community stakeholders. Engaging knowledgeable advocates, immigrant-serving organizations, and health care providers in the development of the program implementation plan and agency communications to the affected communities is a best practice for achieving maximum impact. Oregon's legislation, for example, requires the State Health Authority to convene a work group of individuals with experience conducting outreach to the newly eligible community "to advise and assist the authority in carrying out its duties under this section and in developing an implementation plan to ensure that community feedback is included from a health equity perspective."¹⁸

Streamline enrollment. States can also simplify their enrollment processes as an onramp to coverage expansion. California has leveraged emergency Medicaid to facilitate enrollment at each phase of its eligibility expansion. State policies allow ongoing enrollment in restricted-scope Medicaid (rather than allowing enrollment only *after* an emergency occurs). People who are enrolled in emergency or other restricted scope Medicaid coverage have their category of coverage or 'aid code' changed to full scope coverage as they become eligible, without having to apply for the expanded program.¹⁹ This means that as California has added new coverage categories, the number of uninsured residents has declined even before substantial investments in public education and outreach.

Include policies and allocate resources to improve access, utilization, and program evaluation. In addition to expanding eligibility, Health for All legislation should incorporate provisions that ensure eligible residents know about the expansion, have resources to address their concerns, and are able to enroll.

Immigrants and their family members often have concerns about engaging with government programs, particularly about their application information being shared with immigration enforcement.²⁰ The legislation should anticipate these concerns and incorporate confidentiality provisions that are at least as strong as those included in the state's Medicaid program.²¹

Another common concern relates to 'public charge,' or whether participation in a public program could harm a person's immigration status or ability to become a lawful permanent resident (green card holder).²² States can help to mitigate public charge concerns by making available accurate, accessible, multi-lingual materials and by funding trusted experts to provide legal consultation and community education.²³

To combat these concerns, funding allocated for the implementation of the expansion should include money for outreach and enrollment assistance, with an emphasis on trusted entities serving immigrant communities, such as community health centers and schools. For example, Oregon's Cover All People Program legislation includes a grant program to provide funding to organizations and community-based groups to deliver culturally specific and targeted outreach, application assistance, and navigation.²⁴

It's also advisable to incorporate reporting requirements and evaluation to track the performance of any expansion. States can engage outside evaluators to review their programs or aspects of their programs, such as Washington's requirement to evaluate the effectiveness of outreach and enrollment grants.²⁵ Legislation commonly requires reports to state legislatures, which are generally available to the public under state open records laws.²⁶ Advocates can use these reports to determine where additional outreach or other resources are needed in particular areas or for certain language or cultural groups.

Program funding. Securing program financing is often the final hurdle to be overcome in implementing a Health for All policy. Oregon, for example, began by covering children and



subsequently adopted legislation that would expand eligibility to all qualifying residents. Unfortunately, the state initially delayed the implementation of coverage for certain adults due to budget constraints.²⁷ The expansion was fully funded to cover all otherwise eligible undocumented residents as of July 1, 2023.²⁸

Leverage federal financing for covered services. States also have different approaches to managing the cost of their programs. California “wraps around” the pre-existing emergency Medicaid program to receive federal matching funds for qualifying services. A 2015 analysis found that this approach would allow the state to provide full-scope Medicaid to its low-income undocumented residents while increasing state Medicaid spending by just two percent.²⁹

Campaign Strategies

Build diverse coalitions that center directly affected people. Effective health coverage expansion campaigns bring together diverse coalitions, including health and immigration advocates who have relationships with policymakers and insight into technical policy issues, health care professionals who can speak credibly about the need for coverage expansions and their effects on the healthcare system, and, importantly, members of the affected community.

Immigrant community members act as a powerful force for change by speaking directly to policymakers about the lived experience of being denied meaningful access to health care. They also play a critical role within coalition spaces by articulating community priorities when the coalition needs to make compromises about its objectives. For example, in California, community members identified older adults as being a priority for coverage.

Learning from State Campaigns: Oregon

By Isobel Mohyeddin

Developed in collaboration with community members and a coalition of organizers, advocates, state agencies, and the Governor’s Racial Justice Council Health Equity Committee, Healthier Oregon expands eligibility for comprehensive health care to immigrants who are ineligible for Medicaid, regardless of their age or immigration status.

According to the Oregon Health Authority’s (OHA’s) [official report on the program](#), Healthier Oregon expands access to Oregon Health Plan (Medicaid-like) coverage as well as long-term care services and supports to all eligible people, regardless of immigration status. “Innovative design and collaboration with the Centers for Medicare and Medicaid Services (CMS) enabled OHA to integrate members into coordinated care organizations (CCOs) and still claim federal match for eligible services, thereby stretching state dollars further.” Under this model, people enrolled through Healthier Oregon can access all of the same services as those enrolled in the state’s traditional Medicaid program. The campaign to pass Cover All Kids in 2017 set the foundation for the expansion. Led by organizations including the Oregon Latino Health Coalition, the campaign built a broad consensus that leaving children out of health care was a morally, socially, and financially bad decision. This shared

understanding helped to build the momentum needed to take the next step and expand coverage to youth up to age 26, and adults 55 years and older in 2022, as part of the Cover All People campaign. Healthier Oregon was fully funded and implemented for all ages in July 2023.

Beth Englander from the Oregon Law Center shared some background on the driving ethos of the campaign: "The OHA leadership under Patrick Allen (with many others in leadership at OHA) really embraced health equity as a primary focus of the agency's goals, and the Cover All People work was an important extension of that philosophy and work."³⁰ The successful passage of Healthier Oregon in 2021, and additional funding allocated in 2023, made Oregon the first state in the country to expand its state-funded public coverage program to persons of all ages, regardless of their immigration status.

The 2021 legislative session fell in the middle of the pandemic, adding challenges to building relationships with partners and legislators, and straining internal capacity. However, re-engaging on a regular basis with former Cover All Kids champions like health systems, hospitals, community-based organizations, and legislators helped to drive the campaign forward. Olivia Quiroz, Executive Director of the Oregon Latino Health Coalition shared that "the campaign resonated with everyone because we were in the pandemic, and people understood the importance of health care coverage and the impact to the economy."³¹

Conclusion

Undocumented people are integral members of U.S. communities. Ensuring access to affordable, comprehensive health care for all community members is essential for equity and public health. States can use their own funds to provide access to people excluded by federal policymakers. The progress made over the past decade provides a blueprint and a variety of policy options that advocates and policymakers can choose from to ensure that all people, regardless of where they were born or how much money they make, have access to affordable healthcare coverage.

Endnotes

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