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HEALTH POLICY REPORT

# How to Expand Health Care Coverage to Undocumented Immigrants: A policy toolkit for state and local governments

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## EXECUTIVE SUMMARY

This toolkit provides an overview of available policy options for state and local governments to expand health care coverage for undocumented immigrants. Approximately, 45% of undocumented immigrants in the United States (U.S.) are uninsured, compared to 23% of documented immigrants and 8% of U.S. citizens (1). Lack of health insurance coverage among undocumented immigrants is linked to delays seeking health care and underutilization of cost-effective health care services (2). Improving access to care for undocumented immigrants could contribute to better health outcomes and financial security in immigrant households (3).

In this toolkit, we review a selection of policies and programs that state and local governments have implemented to provide health care coverage to undocumented immigrants. These efforts include policies, programs, and partnerships with community organizations. We classify these efforts into three distinct categories:

(**A**) **State initiatives:**
1) State programs that extend eligibility criteria to Medicaid programs and CHIP.
2) Waivers to create Uncompensated Care Pools (UCP).
3 ) End-Stage Renal Disease (ESRD) treatment.

(**B**) **Local/county initiatives include:**
1) Government-run medical homes.
2) County programs in partnership with FQHCs and other community clinics.

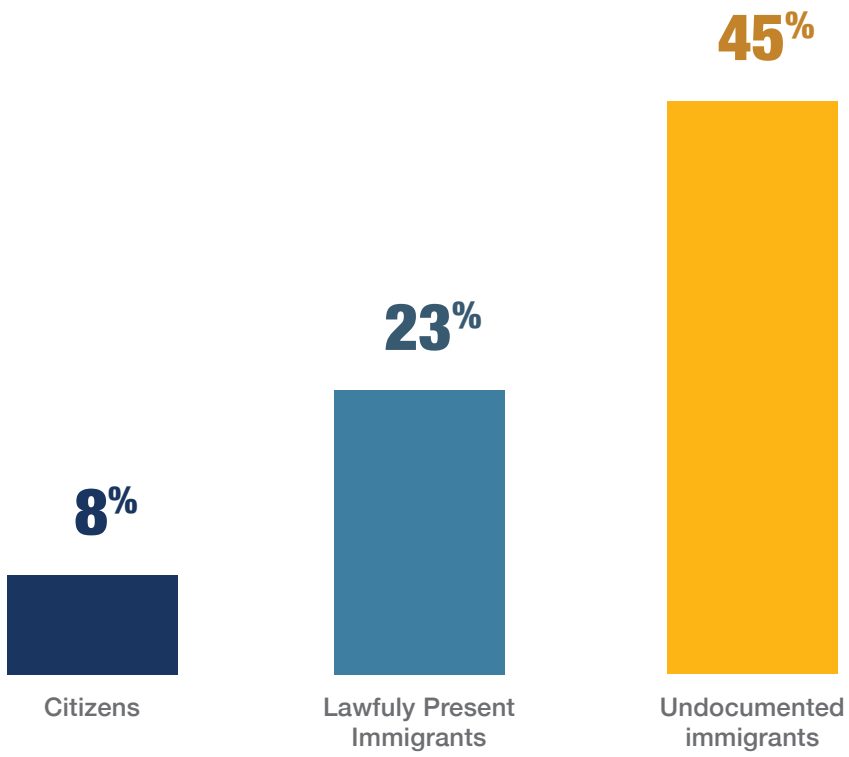
(**C**) **Partnerships with consular authorities and community organizations.**

We provide a list of available policies and programs in states such as California, Texas, New Mexico, New York, Arizona, District of Columbia, Washington, Illinois and Massachusetts that can inspire similar efforts in other states and counties with a presence of undocumented immigrant population.

## INTRODUCTION

Undocumented immigrants in the United States (U.S.) face multiple barriers in the health care system since federal law excludes this population from federally funded public health insurance programs (4-6). Lack of health insurance coverage among undocumented immigrants is linked to delays seeking health care and underutilization of cost-effective health care services (1-3, 7). These factors contribute to adverse health outcomes due to chronic conditions that often progress without being diagnosed and are only treated when they are too advanced and more expensive to treat (8). Lack of adequate health coverage is also responsible for an increased risk

**Graph 1. Uninsured rates among the nonelderly population by immigration status, 2017**




Source: Artiga, S. and M. Díaz (2019). Health Coverage and Care of Undocumented Immigrants. Issue brief. K. F. Foundation. Estimations by the Kaiser Family Foundation using 2017 American Community Survey (ACS) 1-year estimates

of personal bankruptcy due to catastrophic health expenses (9, 10). With federal inaction to regularize the stay of undocumented immigrants, state and local governments, private organizations, foundations, and stakeholders can take action to address the health care needs of this population.

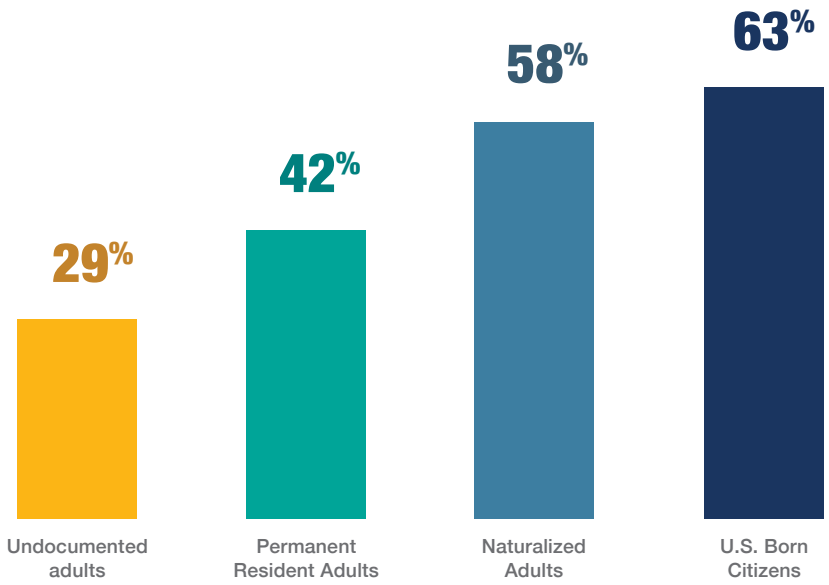
Undocumented immigrants are more likely to be uninsured. Graph 1 shows that approximately 45% of undocumented immigrants are uninsured, compared to 23% of documented immigrants (i.e. lawfully present immigrants), and 8% of U.S. citizens (1). Undocumented immigrants are also more likely to work in jobs that do not offer health insurance coverage. Graph 2 shows that approximately 29% of undocumented immigrants have employer provided health coverage, compared to 42% of lawful permanent residents (i.e. green card holders), 58% of naturalized citizens, and 63% of U.S.-born citizens.

Lack of health coverage makes undocumented immigrants more likely to experience adverse health outcomes and financial vulnerability (9, 10). As seen in Graph 3, undocumented immigrants are less likely to have a usual source of care other than the Emergency Department (ED). In addition, they report fewer doctor visits compared to documented immigrants and U.S. citizens (7). Lack of health insurance coverage also has negative consequences among U.S.-born children since approximately 25% of undocumented immigrants live in mixed-status households (3).

## PROFILE AND DISTRIBUTION OF UNDOCUMENTED IMMIGRANTS

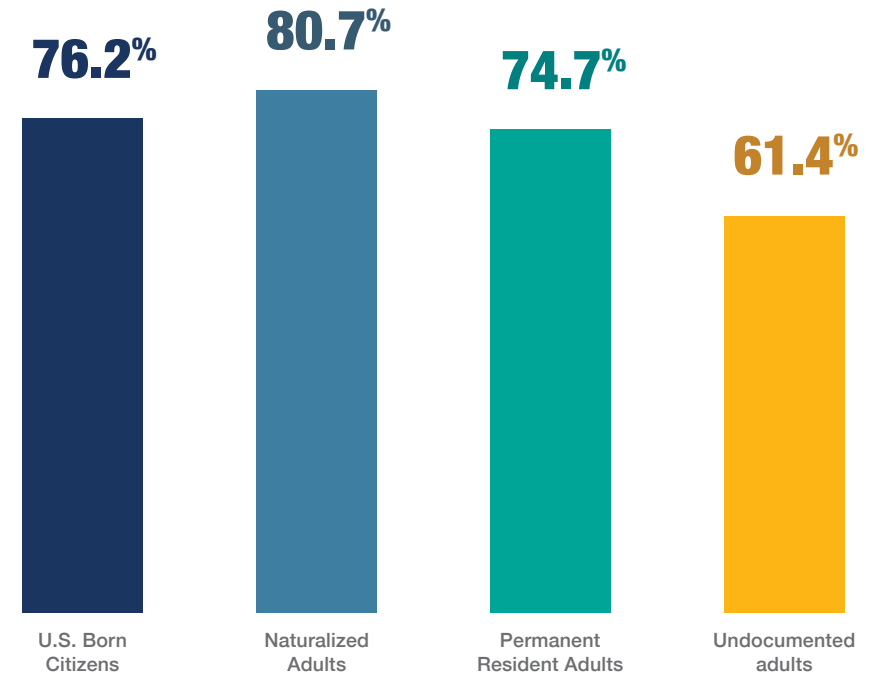
According to the American Community Survey (ACS), in 2016 undocumented immigrants accounted for 3% of the U.S. population, and the majority (61%) resided

## Graph 2. Employer-based and private coverage of adults by citizenship and immigration status, 2011




Elaborated by authors with data from Capps, R., et al. (2013). "A demographic, socioeconomic, and health coverage profile of unauthorized immigrants in the United States." Washington, DC: Migration Policy Institute using the American Community Survey 2011 and the 2008 Survey of Income and Program Participation (SIPP) 2008.

## Graph 3. Usual source of care other than emergency department by citizenship and immigration status, 2011-2015




Elaborated by authors with data from Capps, R., et al. (2013). "A demographic, socioeconomic, and health coverage profile of unauthorized immigrants in the United States." Washington, DC: Migration Policy Institute using the American Community Survey 2011 and the 2008 Survey of Income and Program Participation (SIPP) 2008.

in only 20 metropolitan areas (11). Approximately 57% undocumented immigrants live in only six states: California, Texas, Florida, New York, New Jersey, and Illinois (12). Undocumented Latino immigrants account for approximately 65% of all undocumented immigrants living in the U.S. (Graph 4) (12).

## EMTALA AND HEALTH CARE FOR THE UNDOCUMENTED

Since 1986, the Emergency Medical Treatment and Labor Act (EMTALA) ensures that emergency services are available to anyone in need, regardless of patient insurance status, national origin, and ability to pay. Under this federal law, hospital emergency departments are required to screen and stabilize all patients that seek emergency care (13, 14). Emergency care plays a critical role on local and state services available to undocumented immigrants (15). As a consequence, undocumented immigrants rely heavily on safety-net providers, emergency care, and federally qualified health centers (FQHCs) and other community clinics (16).

## POLICY OPTIONS

We reviewed some of the existing programs and actions that expand health access to undocumented immigrants. Our search included comprehensive and emergency coverage, targeted services on specific populations, such as those for pregnant women and children, and free or lower cost options such as those carried out by FQHCs.

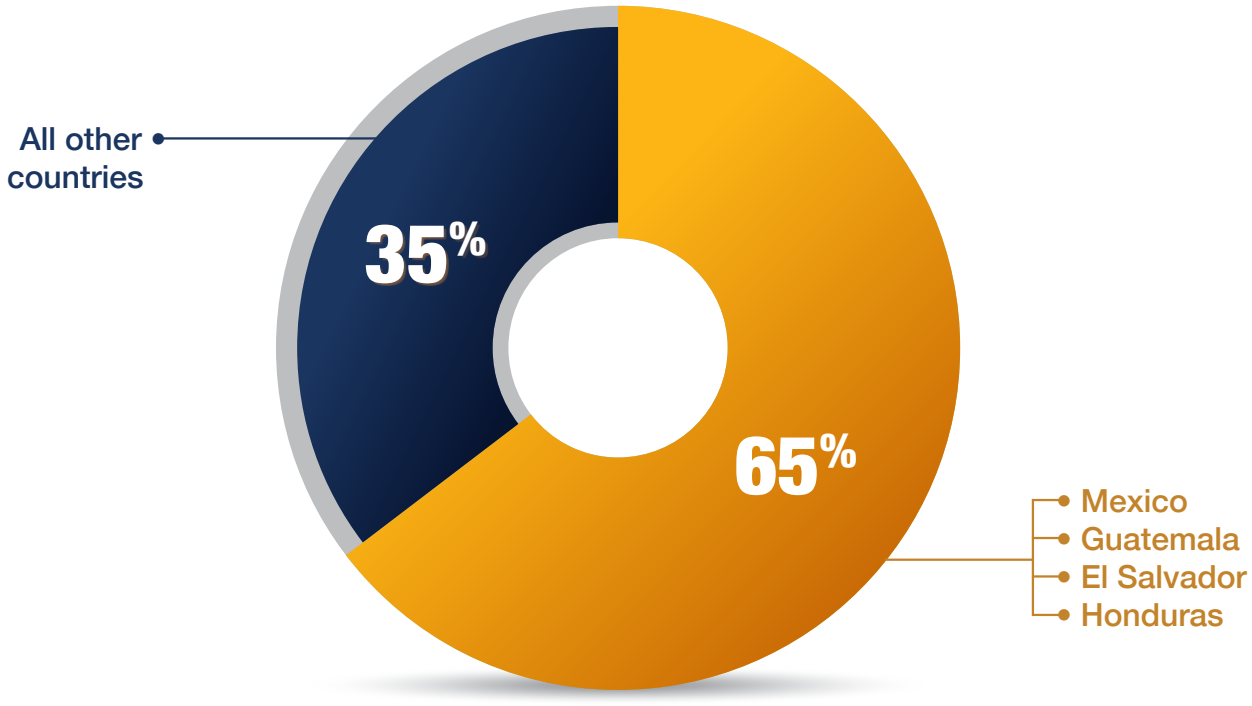
We classified the reviewed mechanisms in the following categories:

1) State initiatives
2) Local/county initiatives
3) Partnerships with consular authorities and community organizations

### 1 STATE INITIATIVES

**Description:** These actions are implemented by **state governments** and can be classified into three groups: 1) State programs that extend eligibility criteria to

**Graph 4. Country of origin of undocumented immigrants in the Unites States, 2017**




Source: Krogstad J.M, et al. (2019). "5 facts about illegal immigration in the U.S.." FACTANK News in the Numbers. Retrieved 08/16, 2019, from https://www.pewresearch.org/fact-tank/2019/06/12/5-facts-about-illegal-immigration-in-the-u-s/. Estimations carried out by Pew Research Center based on augmented U.S. Census Bureau data

the local Medicaid programs, either extending full scope Medicaid, emergency Medicaid, or Children's Health Insurance Program (CHIP). These initiatives are financed through a mix of federal and state funds or exclusively through state funds. Since 2002, 16 states have adopted the option to provide prenatal care to women by extending CHIP to their unborn child, regardless of the mother's immigration status (17). For all states (even those that have not expanded Medicaid), waivers can be requested to use state and federal funds to pay for uncompensated care, 3) ESRD treatment initiatives.

## 1.1 STATE PROGRAMS THAT EXTEND MEDICAID ELIGIBILITY

### California

The Department of Health Care Services coordinates a series of programs that are available to deliver care to undocumented immigrants and other underserved populations:

- Medi-Cal Access Program (MCAP) is a low-cost health insurance coverage for uninsured, middle income pregnant women. Benefits include maternity care, preventive care, hospital services, diagnostic services, prescription drugs, emergency care and medical transportation.
- Health for All Kids is an expansion of full scope Medi-Cal for low-income children under 19 years old, regardless of immigration status. This includes medical, dental, mental health, and vision benefits.
- Medi-Cal expansion was recently extended to benefit adults up to 25 years of age. With this expansion, low-income young adults under 26 years of age would have access to full scope Medi-Cal.
- Emergency-only Medi-Cal or restricted Medi-Cal: limited emergency scope Medi-Cal for adults over the age of 19 and below 138% the Federal Poverty Level (FPL). This program covers emergency care, pregnancy related services, post-partum care, breast and cervical cancer treatments, and kidney dialysis.
- Every Woman Counts (EWC) provides free breast cancer screening, diagnostic, and treatment services for low-income women under 21 years of age. They must qualify through the Breast and Cervical Cancer Treatment Program.

### District of Columbia

The Department of Health Care Finance coordinates the following programs:

- The DC Healthcare Alliance is a locally funded program that provides medical services for residents ineligible for Medicaid or Medicare. They must be older than 21 years of age and have an income below 200% FPL. This program includes doctor visits, preventive, prenatal care, laboratory services, up to $1,000 in dental services, and works through managed care.
- Immigrant Children's Program is a locally funded program that provides medical services for residents under 21 years of age and with a household income below 200% FPL. This program includes doctor visits, preventive care, prenatal care, laboratory services, up to $1,000 in dental services, and is operated through managed care.

### Illinois

The Department of Healthcare and Family Services administers the following programs for state residents, using state funding:

- Moms & Babies is for pregnant women who meet income requirement. This program includes outpatient and inpatient care for women while pregnant, 60 days after giving birth, and the first year of the child's life through "All Kids".
- All Kids includes preventive care for children under 18 years of age and who live in a household with an income under 300% FPL. This program includes doctor visits, hospital stays, prescription drugs, vision care, dental care, and eyeglasses. Premiums and co-payments are determined on a sliding scale.
- Emergency Medicaid provides limited emergency care to undocumented immigrants.

### Maryland

The Local Departments of Social Services under the Maryland Department of Public Health manages the following programs:

- Emergency Medicaid Services available for non-citizens who have not met the 5-year wait that would grant them access to full coverage Medicaid. This program covers emergency services and delivery during pregnancy.
- Children's Medical Services Program (CMS) offers low-cost medical care for children under 21 years of age with chronic conditions and disabilities. This program includes visits to specialists, hospitalization, surgeries, medications, therapies, and laboratory work.

### Massachusetts

The following state-funded programs are available to different populations, regardless of immigration status:

- Children's Medical Security Plan (CMSP) is available for uninsured children under 19 years of age who do not qualify for any other MassHealth coverage except MassHealth Limited. This program offers primary and preventive visits, urgent care, laboratory tests, mental health, and pharmacy services with low co-payments.
- MassHealth Limited is for individuals 65 years of age and older who meet income and asset requirements for full coverage MassHealth but cannot access this program due to immigration status. This program covers inpatient hospital emergency services, outpatient emergency services, certain outpatient services provided by community clinics, pharmacy services, and ambulance transportation.
- Health Safety Net are services provided by acute care hospitals and community health centers. They target uninsured and underinsured residents with a family income below the 150% FPL (free) and between 150% FPL and 300% with deductibles on a sliding scale.

### Minnesota

The Medical Assistance Program (MA) funds two programs coordinated by the Department of Human Services:

- CHIP funds the MA for pregnant women up to 60 days after giving birth.
- Emergency Medical Assistance (EMA) provides hospital care for low-income individuals not eligible to MA due to immigration status. This program covers hospital care but could include doctor visits, prescriptions, mental health, and other services.

### New Mexico

- Emergency Medicaid Service for Aliens (EMSA) is available for individuals not eligible for Medicaid due to immigration status. This program covers emergency medical bills as well as labor and delivery costs. Newborn Medicaid will cover the children.

### New York

This state has a diverse range of options operated by different entities:

- Medicaid covers low-income pregnant women. This includes free health insurance.
- Children Health Plus (CHP) is free or low-cost insurance for children under 19 years of age who do not qualify for Medicaid. Enrollees must be NY residents. This plan is free for individuals with a family income up to 160% FPL and has cost sharing on a sliding scale for those between 222% and 400% FPL. Higher income families pay full price.
- Emergency Medicaid pays for medical costs in the case of an emergency of low-income, undocumented, and temporary immigrants without NY residency.
- The New York City Health and Hospitals Corporation (HHC) offers affordable options for patients who are under or uninsured. This program includes clinic or emergency room visits for adults, children, pregnant women, prescription drugs, and surgery. Co-pays are determined on a sliding scale.
- The Community Health Care Association of New York State (CHNYS) operates Federally Qualified Health Centers (FQHCs) with primary, vision, mental, and dental health care available on a sliding scale.

### Texas

- CHIP Perinatal is for pregnant women who are ineligible for Medicaid with an income up to 202% FPL. This free program funded by the Texas Medicaid & Healthcare Partnership (TMHP) and coordinated by the Texas Health and Human Services includes prenatal doctor visits, prescription drugs, vitamins, labor, delivery and routine checkups.

### Washington

- The Washington Apple Health program is an "umbrella" program, managed by the Washington State Health Care Authority, integrating all Washington State medical assistance programs.
- Washington Apple Health for Pregnant Women covers women under 193% FPL, over 19 years of age. This program offers prenatal care, medical, vision, dental care, post-pregnancy follow-up, and one year of full medical care for the newborn.
- Washington Apple Health for Kids covers children under 19 years of age whose families have an income between 210% and 312% FPL. This program includes a low-cost premium for comprehensive care, including hospitalization, doctor visits, screenings, prescription drugs, and outpatient care.
- Alien Emergency Medical (AEM) covers individuals 19 to 64 years of age with emergency care, inpatient hospital admission, outpatient surgery, cancer treatment plan, and dialysis treatment.
- A limited number of individuals can receive in-home, residential or nursing facility care through state-funded long-term services.

## 1.2 WAIVERS FOR UNCOMPENSATED CARE POOLS (UCP)

**Description:** Uncompensated Care Pools (UCPs) are aimed to help providers defray unpaid health care costs. States with a high share of uninsured individuals depend on these waivers to sustain their safety nets. UCPs fall under the Section 1115 waivers approved by the Centers for Medicare & Medicaid Services (CMS). However, Medicaid guidelines post-ACA established that these pools should not pay for costs that would be covered under Medicaid expansion provisions since they are aimed at services for uninsured individuals. These waivers are typically approved for five-year periods and can be extended (18). Some states that did not expand Medicaid under the ACA, such as Florida, Texas, Kansas and Tennessee, have been approved to renew Medicaid waivers that include UCP.

As of 2018, the following states have UCPs. Arizona and Hawaii also had them, but they expired in 2017 and 2016, respectively (19):

### California

The Safety Net Care Pool (SNCP) initiative is included under the Medi-Cal 2020 Demonstration, which was awarded to the Health and Human Services Agency until December 2020 (20).

### Florida

The Low-Income Pool (LIP) is part of the Florida Managed Medical Assistance Demonstration, awarded until June 2022, to ensure continuing support to safety net providers with uncompensated care from uninsured individuals. This included an annual budget of $1.5 billion (21).

### Kansas

The UCP is awarded until December 2023 (22).

### Massachusetts

The Uncompensated Care (UCC) pool is part of the MassHealth Demonstration, approved until June 2022 (23).

### New Mexico

The UCP waiver allows funds to be used to defray costs of medical services that meet the definition of "medical assistance". The initiative is effective until December 2023 (24).

### Tennessee

UCPs are included in the Demonstration project until June 2021 (25).

### Texas

Uncompensated Care Pool is included as part of the "Texas Healthcare Transformation and Quality

Improvement Program" effective until September 2022 with a budget of $3.1 billion per year the first two years, and allocation subject to a formula for the following years (26).

## 1.3 END-STAGE RENAL DISEASE (ESRD)

**Description:** The lack of health care continuity of chronic conditions such as diabetes and hypertension among undocumented immigrants has led to the progression of end-stage renal disease (ESRD) among a growing number of undocumented immigrants (27-29). Approximately 8,000 undocumented immigrants have ESRD in the U.S. (30). Treating these patients with emergency-only hemodialysis is costly and leads to worse health outcomes and quality of life. States and counties should consider offering standard hemodialysis to undocumented immigrants (31), and ideally, kidney transplants (32).

The U.S. provides near-universal coverage treatment for ESRD, mainly through Medicare's End Stage Renal Disease Program. Undocumented immigrants, however, are excluded from this program. Only three options are available to deliver care to undocumented immigrants:

1. **Long-term scheduled outpatient dialysis** is the standard of care, which involves three weekly sessions. This can be funded through a combination of state and federal funds. If kidney failure is defined by the state as a "permanent emergency" to be covered by Medicaid, patients are allowed to qualify for standard dialysis (33).
2. **Emergency-only dialysis or "Compassionate dialysis"** means dialyzing a patient when deemed medically necessary, or when patients meet the "critically ill" criteria (29). Research shows that costs associated with this form of dialysis are four times as high as providing outpatient dialysis due to the emergency visits and intensive care unit stay. Inpatient dialysis is also linked to worse health outcomes, such as a higher death rate (34), physical distress, and anxiety (28).
3. **Kidney transplant.** Even though it is the most cost-effective option, regulations make it difficult for undocumented immigrants to receive kidney transplants (35). Organ transplants are not prohibited for this population, but undocumented immigrants are unlikely to afford transplant costs and post-care costs. Even for emergency treatment reimbursements under EMTALA, the Centers for Medicare and Medicaid (CMS) explicitly restate that the definition of emergency care cannot include organ transplantation (29). However, several factors can justify state governments to consider provisions for kidney transplants for undocumented immigrants. Undocumented immigrants treated with dialysis in the U.S. are relatively young and healthy. They are also more likely to have a potential living kidney donor, representing a cost-savings opportunity to reduce costs of ESRD care (36). Illinois became the first state to provide kidney transplantations for undocumented immigrants through the Medicaid state program.

### STATE VARIATION IN ESRD FINANCING FOR UNDOCUMENTED IMMIGRANTS

Variation in the provision of standard vs emergency hemodialysis is partially driven by care reimbursement. Since undocumented immigrants are excluded from most public insurance options, states receive federal reimbursements if they claim the patient had an emergency medical condition. States have the ability to define which medical conditions constitute an emergency. This leads to state variation in the availability of standard hemodialysis. A recent study found that 22 states do not provide standard hemodialysis through Medicaid reimbursements. In these states, hemodialysis is only available through emergency care. Sixteen states provide standard dialysis through funds other than Medicaid and 12 states provide standard hemodialysis through state reimbursements (see Table 1). In states in which Medicaid does not provide reimbursements for standard outpatient dialysis, patients are forced to repatriate or seek other options such as charity care (29).

Even though a kidney transplant is the most cost-effective and socially beneficial option to treat ESRD, only the state of Illinois has passed a law to pay for transplants for undocumented immigrants. Non-citizens with end-stage renal disease who receive emergency renal dialysis and meet state residency and other program rules may receive a kidney transplant.

**Table 1. Provision of standard outpatient dialysis for undocumented immigrants with end-stage kidney disease (ESKD) in the United States as of March 2019**

| PROVISION OPTION | STATES |
|---|---|
| Medicaid provides reimbursement for standard outpatient dialysis | Washington, California, Arizona, Colorado, Minnesota, Wisconsin, Illinois, Pennsylvania, North Carolina, Massachusetts, New York, Virginia |
| Medicaid does not provide reimbursement for standard outpatient hemodialysis but other available (county, safety-net, charity funds) | Nevada, Alaska, New Mexico, Texas, Nebraska, South Dakota, Iowa, Ohio, Mississippi, Louisiana, Florida, Delaware, Maryland, New Jersey, Maine, Rhode Island |
| Medicaid does not provide reimbursement for standard outpatient reimbursement and no other funds were identifies | Oregon, Idaho, Utah, Wyoming, Montana, North Dakota, Kansas, Oklahoma, Arkansas, Missouri, Indiana, Tennessee, Michigan, Kentucky, West Virginia, Alabama, Georgia, South Carolina |

Source: Cervantes, L., et al. (2019). "The Status of Provision of Standard Outpatient Dialysis for US Undocumented Immigrants with ESKD." Clinical Journal of the American Society of Nephrology: CJN-03460319.

## LESSONS AND HIGHLIGHTS

The lack of a national policy to provide access to health care for undocumented immigrants has led states to tailor programs that meet their population's needs through the expansion of Medicaid programs and CHIP.

To expand eligibility beyond that determined by Medicaid and CHIP, states can use a Section 1115 Demonstration waiver, which has to be approved by the Centers for Medicare and Medicaid Services (CMS). This option has motivated states to develop innovative options to expand care to undocumented immigrants. Different options area available across states. For example, as of 2020, California will provide full scope Medi-Cal to pregnant women, children and adults up to 25 years of age, making it the most inclusive state. Other states are more restrictive, such as Texas, which only provides care for undocumented pregnant women and New Mexico, which only provides the emergency care option. Other states, such as Washington or New York that have a broad set of options for pregnant women, children under 19 years old, emergency services, and state-funded long-term services.

The use of waivers to create uncompensated care pools that allow paying for costs of the uninsured has also been an option used to fund services for undocumented immigrants, even in states that did not expand Medicaid under the ACA. This option currently exists in California, Florida, Kansas, Massachusetts, New Mexico, Tennessee, and Texas.

ESRD is an expensive health condition that is growing among undocumented immigrants. States that provide inclusive care, such as California or Washington, also provide standard treatment for ESRD. Kidney transplants, however, is the most cost-effective treatment. Illinois is the first state to cover the cost of kidney transplants for undocumented immigrants. However, even in restrictive states such as Texas and Florida, non-state funds have been mobilized to provide scheduled dialysis as opposed to only treating ESRD through emergency dialysis like in Arkansas or Tennessee.

In the absence of any inclusive policies for undocumented immigrants at the federal level, states can use their own resources, funds and/or establish partnerships with community organizations and FQHCs to devise innovative policy options that allow them to provide free or low-cost medical care to undocumented immigrants.

## CASE STUDIES

### CASE 1

State initiatives: California expands Medi-Cal to adults under 26 years old and reinstates the individual mandate

**What is it?** The state legislature would allow 19 to 25-year-old undocumented residents to receive full scope Medi-Cal.

In June 2019, the California state legislature approved a budget that exands health care access to undocumented immigrants. This provision consists in the state expansion of full scope Medicaid coverage to low-income adults under 26 years of age, regardless of immigration status. According to the budget summary, this provision will cost $98 million during the first year (37).

**How will this be funded?**
This action in the State 2019-20 budget will be partially funded through the restoration of an Individual Mandate, i.e. penalties paid by state residents who forego health insurance coverage, similar to the federal penalty considered under the ACA (38).

According to Senate Bill No.78 (SB-78 Health), the bill creates the Minimum Essential Coverage Individual mandate to require an individual who is a California resident to ensure that the individual, and any spouse or dependent, maintains essential coverage for each month. An Individual Shared Responsibility Penalty will be imposed for failing to comply with the mandate, defined and collected by the Franchise Tax Board in collaboration with Covered California (39). These measures will go into effect in January 1st, 2020.

**Can other states follow the lead?**
After the ACA's individual mandate was repealed by Congress and eliminated in 2019, lawmakers in the states of California, District of Columbia, New Jersey, Rhode Island, and Vermont introduced legislative actions to adopt state individual mandates. Massachusetts already had a mandate approved before the ACA implementation. Each state mandate is effective between 2019 and 2020 with varying penalties. Health insurance mandates incentivize healthy individuals to purchase health coverage in the marketplace (40). These contributions improve risks pooling and contribute to health insurance affordability. State governments are able to impose financial penalties on those who forego the insurance mandate, providing additional revenues that could be redirected toward actions such as the Medi-Cal expansion for undocumented young adults in California.

### CASE 2

State initiatives: Illinois' innovated ESRD treatment by paying for kidney transplants

**What:** In 2014, Illinois started to fund kidney transplants for undocumented patients.

Illinois has long been a pioneer in providing treatment for ESRD. In 1967 it started providing dialysis coverage for uninsured patients who were not eligible for Medicaid coverage using state funds under the State Chronic Renal Disease Program. Kidney transplants, however, were excluded. As of 2014, Illinois is the first state to provide kidney transplants for undocumented immigrants.

**What the rules look like?**
The Department of Healthcare and Family Services pays for all pre-transplant, donor and post-transplant costs who are already receiving state-funded scheduled hemodialysis. Routine primary and preventive care and care related to other medical conditions, however, are not included in this benefit.

**Who is eligible?**
The benefit is available to uninsured patients who are in the state-funded dialysis program. They must provide annual proof of residence.

**Factors that contributed to this innovative effort**
This treatment option was possible due to different factors, legislative actions, coalitions between the medical community and legislators, and a campaign to incentivize organ donation.

- *Driver's licenses expansion:* As of 2014, undocumented drivers were able to apply for state driver's licenses in Illinois. An organ donation campaign was launched to incentivize organ donation among this population. As part of the campaign, one of the promises was to work on behalf of undocumented patients in need of transplants. A similar campaign took place in California through the organization Donate Life California.

- *State taskforce:* The Illinois House Joint Resolution

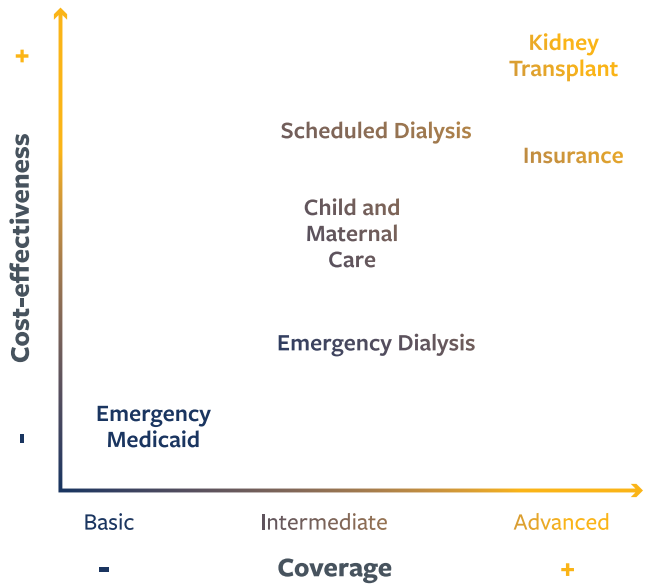
98, adopted May 21, 2014, created the Illinois Taskforce on Organ Transplantation for the Uninsured to propose policy recommendations regarding access to kidney transplants for the uninsured. This task force made the case for covering transplants for undocumented immigrants (41). The cost savings of organ transplants compared to standard of emergency dialysis was an important decision-making factor.

- *Legislative actions:* A series of bills proposed to expand coverage for kidney transplantation to undocumented immigrants. First, the Illinois Senate Bill 741 (SB 741) passed in 2014, was an omnibus bill that overhauled the Medicaid program, including: "Coverage for kidney transplantations for noncitizens with end-stage renal disease who are otherwise not eligible for Medicaid coverage, with some restrictions"(42). Coverage is under a special program coordinated by the Department of Healthcare and Medical Services (43). SB 741 was the legislative mechanism that allowed Illinois to extend Medicaid coverage to low-income adults, using $400 million in new federal funding provided under the ACA. Members of the medical community drafted the bill with Assemblywoman Cynthia Soto, a member of the Latino Caucus, who was able to obtain bipartisan support given that successful transplantation would decrease the cost of the state's emergency dialysis program.

## SUMMARY OF STATE POLICY OPTIONS

State governments across the U.S. can learn from a variety of programs implemented across the U.S. to deliver different combinations of health care services to undocumented immigrants. Figure 1 summarizes the different policy option for state governments based on two criteria: potential coverage in the horizontal axis and cost-effectiveness in the vertical axis. For example, a policy such as Emergency Medicaid would provide basic services since it would stabilize patients who visit the emergency department. This option, however, is less cost effective since continuity of care is often missing in the case of uninsured undocumented immigrants. Offering child and maternal coverage through Medicaid or CHIP would represent an improvement in terms of coverage and cost-effectiveness. Full scope Medicaid, however, would be preferred solution since it would provide comprehensive coverage and in the long-term it would be the most cost effective compared to more restrictive coverage options. Likewise, a policy such as kidney transplants is highly cost effective due to the cost savings from administering dialysis, increased life expectancy and patient's quality of life. In terms of coverage, kidney transplants would be more advanced compared to dialysis, although scheduled dialysis would be more cost effective compared to emergency dialysis. These policy options, however, need to be evaluated in terms of the political realities and budget constraints in each particular state.

### Figure 1. Cost-effectiveness and coverage of state policy options




Source: Elaborated by authors.

## 2. LOCAL/COUNTY INITIATIVES

**Description:** Programs from counties and cities to expand coverage for undocumented immigrants can be categorized into two groups: 1) the medical home model (MyHealthLA, Healthy San Francisco, NYC Care), 2) county programs in partnerships with Federally Qualified Health Clinics (FQHC) or other community clinics. These efforts are mostly funded

through a state, county, charity mix, and operated by government and community organizations.

## 2.1 THE MEDICAL HOME MODEL

The concept of a medical home has been important in program design, to offer services to adults who are ineligible for Medicaid and insurance subsidies. A medical home is a new model of primary care delivery that improves health care continuity by coordinating quality care for patients with one or multiple health conditions. Some medical homes adjust to different cultural and linguistic needs of undocumented immigrants and help them navigate the health care system. Patients have assigned locations for specialty care and emergency services, allowing streamlining of these services (44).

### CALIFORNIA

#### Los Angeles- MyHealthLA (MHLA)

- This program is the successor to "Healthy Way L.A.", which was previously used to reimburse clinics that provided emergency care to uninsured patients. My Health LA (MHLA) was launched in 2014 to provide no-cost health care for uninsured low-income residents in Los Angeles County who were ineligible for other types of health care coverage. MHLA care is delivered using a patient-centered medical home model, which coordinates access to health care and hospital services. This program is open for adults, 19 years of age and older, with an income under the 138% FPL. While this program is not comparable to health insurance coverage, it covers primary care and health screenings, provides health information and advice, specialty care at the Department of Health Services (DHS), hospital inpatient, urgent and emergency care at DHS clinics and hospitals, prescription drugs, and substance abuse treatment services (provided by the Mental Health and Public Health Departments). Health care is only available in a network of approximately 200 clinics, urgent care centers, and county facilities. The LA County Department of Health directly administers this program and reimburses medical homes through capitated payments. Patients sign-up directly at the clinics and are removed from the program if they become eligible for other forms of coverage. Participants are required to renew their MHLA coverage every year (44).

#### San Francisco- Healthy San Francisco (HSF)

- In 2006, employers with more than 20 workers were required to provide employer-sponsored health insurance or contribute funds toward health care costs. A portion of these funds was used to establish Healthy San Francisco (HSF). This program has been recognized as a pioneer of coordinated and comprehensive care for the uninsured. Funding consists of city and federal funds, patient co-payments, and penalties paid by businesses that do not comply with the employer mandate.
- Participants have access to a medical home for primary and preventive services and a designated site for specialty care and emergency services. Healthy SF is coordinated by the San Francisco Department of Public health (SFDPH) and pays providers through capitation per person enrolled. Eligibility requirements include an income of below 500% FPL, be a resident of San Francisco, not eligible for other forms of insurance, and at least 18 years of age. Participants pay quarterly fees based on a sliding scale, and point of service fees can also be charged for specialty care. The provider network includes 33 community clinics that work as medical homes, a public hospital, a nursing facility, and non-profit hospitals (44).

#### Health Program of Alameda County (HealthPAC)

- This is a program operated by the Alameda County Health Care Services Agency that delivers health care to uninsured residents through a network of community clinics. Participants must be residents of Alameda County, ineligible for other health coverage programs, and have an income under 200% FPL. This program also operates through the medical home model, which coordinates primary, chronic disease, and specialty care at different sites from the Alameda Health System. Co-pays are determined on a sliding scale (45).

**Table 2. Summary of details of the largest medical home programs**

| PROGRAM | ELIGIBILITY | ADMINISTRATOR | PAYMENTS | BENEFITS AND PROVISION |
|---|---|---|---|---|
| Healthy San Francisco (HSF) | Up to 500% FPL SF resident Age 18+ | San Francisco Department of Public Health (SFDPH) | Capitated payments to medical homes, quarterly user fees on a sliding scale and also for specialty care | Primary and preventive care (at medical home), specialty care (not-for profit hospitals), emergency care, urgent care, ambulatory services, hospital care, pharmacy, mental health, addictions, laboratory tests |
| My Health LA (MHLA) | Up to 138% FPL LA county resident Age 19+ | Los Angeles County Department of Health (LACDHS) | Capitated payments to medical homes. Care is free to participants | Primary care and screenings (medical homes), specialty and emergency care at LACDHS facilities, not included but sometimes available reimbursements for dental care, prescription medicines |
| NYC Care | Living in NYC for 6 + months | NYC Health + Hospitals | Participants pay fees on a sliding scale based on income | Primary and preventive care (medical home), specialty care and behavioral health (referral), women's health, emergency care, vision care |

Sources: Rojas, D. and M. Dietz (2016). "Providing health care to undocumented residents: program details and lessons learned from three California county health programs." University of California, Berkeley Center for Labor Research and Education, NYC Health + Hospitals, N. H. (2019). "Your key to the city's health care." NYC Care.

### Contra Costa CARES

This program offers free primary care, evaluations, laboratory tests, and radiology. To be eligible, patients must be adults older than 19 years of age and county residents with a family income below 138% FPL. Individuals can enroll at one of three medical homes. Contra Costa Health Plan pays health care providers on a capitated basis. This program started operation in November 2015 with combined funds from Contra Costa County, Kaiser Permanente, John Muir Health, and Sutter Delta Medical Center. CARES partners with Operation Access for specialty care (46).

#### NEW YORK

- **NYC Care**
  Since May 2019, this program offers low-cost health care through the NYC Health + Hospitals system to individuals who have been lived in New York City for at least six months. Enrolled individuals receive a membership card in the mail. Fees are paid at the point of service on a sliding scale. This program includes primary and preventive care, behavioral health and substance abuse, specialty care, and low-cost medications. Services are delivered in community-based centers or hospitals within the NYC Health + Hospitals network (47).

## 2.2. COUNTY PROGRAMS IN PARTNERSHIP WITH FQHCS AND OTHER COMMUNITY CLINICS

### Sacramento

The Healthy Partners Program in Sacramento provides free primary, preventive health care services and low-cost medications to low-income adults in Sacramento County. Services are delivered at the Sacramento County Health Center and administered by the Sacramento County Department of Health Services (48).

### Ventura

The Ventura County Health Care Agency provides a discount program for clinic, hospital, urgent, and emergency care at the Agency's clinics. Patients with incomes below 200% FPL are eligible for a Sliding Fee Discount Payment Program (SFDP) while those under 350% FPL are eligible for the Charity Care Program (49).

### The County Medical Services Program (CMSP): a multi-county program

The County Medical Services Program (CMSP) is a multi-county safety net program created in 1983 in California to help meet medical needs of adults left out of other public coverage options in rural counties (44). The State Program Realignment and County general-purpose revenue provide funds to operate this program. Two options are available to undocumented adults between 21 and 64 years old:

Emergency services for a period of six months only for undocumented individuals 21 to 64 years of age at Advanced Medical Management and MedImpact providers (50).

The Path to Health Project provides supplemental health services to adults older than 21 years of age who are enrolled in Emergency Medi-Cal who reside in the following counties: Butte, Colusa, Glenn, Sutter, Tehana & Yuba, Marin, Yolo, Solano, Marin, Napa, Sonoma, San Benito and Shasta. In a second phase, services would expand to additional counties. The coverage of this program includes mental health screenings, addiction treatment, preventive health screenings, laboratory tests, primary care visits and low-cost prescription medications. The implementation of this program is ongoing and is expected to conclude in June 2021 (51).

#### LESSONS AND HIGHLIGHTS

Since 2006, different local governments in California have adopted the medical home model to provide health care to undocumented immigrants. More recently, New York City has adopted a similar program. A medical home makes it easier to offer continuity of care to undocumented immigrants and other uninsured individuals. Each medical home model includes different coverage options and uses different cost sharing schemes, adapting to county resources and coverage network. For example, MyHealthLA is free of charge but offers fewer services compared to Healthy San Francisco, which works on a sliding scale.

Less populated counties can build partnerships with networks of community clinics. For example, in Ventura County, the county's medical infrastructure is used, and enrollees must pay on a sliding scale if they are ineligible for charity care.

A County Medical Services Program-like program could be an option for states with a high rural undocumented population. Enrollees receive health coverage through community clinics that provide cost-effective health services not covered by Emergency Medicaid such as mental health screenings, addiction treatment, preventive health screenings, primary care visits, and low-cost prescription medications.

As in the case of state initiatives, counties have the flexibility to decide their policies' coverage scope and to tailor their programs based on population needs, as well as availability of human and financial resources. Partnerships and collaboration among government, community organizations, and stakeholders is crucial for the operation of these programs.

## 3. PARTNERSHIPS WITH CONSULAR AUTHORITIES AND COMMUNITY ORGANIZATIONS

Description: Collaborations between state, local governments, consular authorities, and community organizations on outreach activities can be useful to provide enrollment support or health promotion to undocumented immigrants. The following are a few examples of these initiatives.

### 3.1 PARTNERSHIPS WITH CONSULAR AUTHORITIES

- *The Ventanillas de Salud* or Health Windows (VDS) program operates in multiple Mexican consulates. This program offers health information and

referral to available health coverage options for undocumented and other Mexican immigrants and their relatives. The Mexican government funds this program, but local consular offices seek partnerships with local public and private health care organizations to support outreach activities, health care navigation, and referral to local health care services. This program is currently available in the Mexican Consulates located in the states of Washington, Oregon, California, Nevada, Arizona, Utah, Idaho, New Mexico, Colorado, Texas, Nebraska, Kansas, Louisiana, Indiana, Iowa, Minnesota, Wisconsin, Michigan, Georgia, Florida, North Carolina, Virginia, Pennsylvania, New York, and Massachusetts (52). Some of these offices provide on-site screening or mental health services through community partners, and their focus is on preventive care as well as on community outreach. The services and referrals offered by VDS vary by consulate offices.

## 3.2 PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS

- Multiple community organizations offer partnerships with state and local governments for outreach support and health promotion activities. Some examples of these community organizations are the following:
- The Community Health Partnership (CHP), with activities in Santa Clara and San Mateo in California, advocates for health care options for uninsured individuals and establishes partnerships with public and public organizations to deliver basic health care services (53).
- The Illinois Coalition for Immigrant and Refugee Rights hosts the Immigrant Health Access Initiative (IHAI) to assists with communicating with various health care providers, scheduling appointments, accessing available financial assistance, and providing basic health education programs for undocumented immigrants and other uninsured populations.
- Phoenix Allies for Community Health (PACH) provides free health care services with a focus on primary care services and mostly for chronic disease management, such as high blood pressure and diabetes. (54).
- The New Mexico Center on Law and Poverty a partners with health specific organizations such as NM Together for Healthcare and Health Action NM, that provide enrollment assistance and outreach (55).

### LESSONS AND HIGHLIGHTS

Local health departments can reach out to the local consulates of the countries of origin of the local undocumented population to build partnerships for outreach and enrollment support, referrals to local health care providers and for health promotion activities.

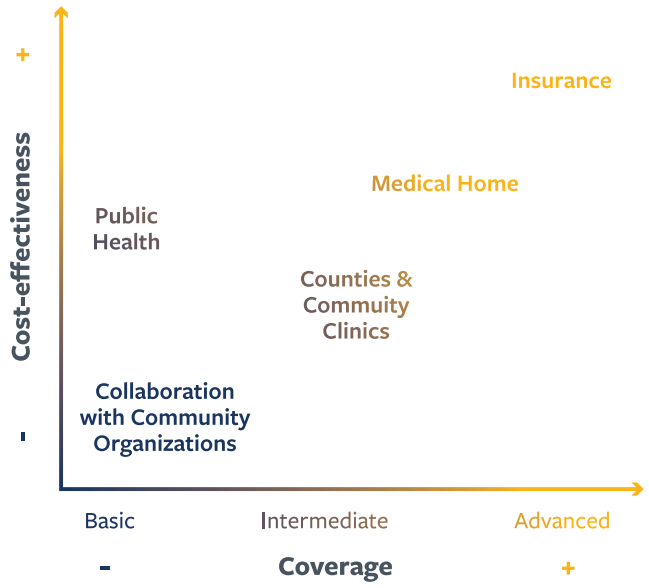
Local community organizations in areas with high concentration of undocumented immigrants, seek partnerships with state and local governments to offer outreach support and health navigation services, and in some cases deliver basic health services. For example, Phoenix Allies for Community Health (PACH) provides free preventive care and chronic disease management services at a clinic, in a state that does not provide maternal care for undocumented pregnant women. Other community organizations work directly with the community by providing support with enrollment, scheduling and navigation of the health care system. By partnering with community organizations, local governments are able to disseminate existing efforts and build further alliances to extend access to health care for undocumented immigrants.

### SUMMARY OF LOCAL/COUNTY POLICY OPTIONS

Local/county governments can learn from a variety of programs implemented across the U.S. to deliver different bundles of health care services to undocumented immigrants. Figure 2 summarizes the different policy option for local/county governments based on two criteria: potential coverage in the horizontal axis and potential cost in the vertical axis. For example, local/county governments can establish different types of partnerships with FQHCs, other community organizations and even consular authorities to deliver basic public health services

to undocumented immigrants. Availability and utilization would influence its cost, as shown in Figure 2, from basic public health services offered by some partnerships with community organizations to a more comprehensive package of services delivered by collaborations between local governments and FQHCs and other community clinics. While this option is likely to cost more, it would provide better access to care to undocumented immigrants. As reviewed in this toolkit, local governments are taking advantage of the medical home model to improve health care delivery to undocumented and other uninsured populations offering better care coordination and navigation services. While coverage and potential cost under the medical home model are likely to be higher compared to other options, it has the potential to deliver better health care coverage. Importantly, while the medical home model is an improvement compared to other limited public health options, it still lags in terms of coverage compared to comprehensive health insurance. As in the case of states, the policy options faced by local/county governments would have to be responsive to its political and budgetary realities.

### Figure 2. Cost and coverage of local/county policy options




Source: Elaborated by authors.

## POLICY OPTIONS TO EXTEND COVERAGE TO UNDOCUMENTED IMMIGRANTS

Policymakers and stakeholders in different states and counties across the U.S. have devised policies and programs to partly address the needs of undocumented immigrants and their families (16, 56). These policy innovations take into consideration current funding and eligibility restrictions from federal legislation. The diversity of policies and programs implemented at the state and local level provide an opportunity to identify best practices and new ways of expanding access to care for undocumented immigrants.

The main findings of this toolkit are the following:

- States have certain flexibility to tailor programs to meet the needs of some undocumented immigrants, either through federal or state programs, such as Medicaid and CHIP.
- In the absence of political will to change federal program's rules, state and local governments can use their own funds and/or establish partnerships with private or community organizations.
- The medical home model improves continuity of care. Diverse funding mechanisms are available to create medical homes for undocumented immigrants.
- Partnerships and collaboration between governments, consular authorities and community organizations are necessary to reach out eligible populations.
- Undocumented immigrants rely heavily on safety-net providers such as Federally Qualified Health Clinics (FQHCs).
- Disseminating existing efforts and building partnerships to extend access to health care for undocumented immigrants is useful to identify best practices.

## RESOURCES AND FURTHER READING

- To get familiar with the different legal issues related to immigrants, and their eligibility of public assistance programs in different states visit the Health Care site of the National Immigration Law Center.
- To identify the estimated undocumented population in different states and counties across the U.S. visit the Unauthorized Immigrant Population Profiles site developed by the Migration Policy Institute. This site uses census information to estimate the countries/regions of origin, insurance access, and language proficiency of the undocumented population.

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