



## Legislation Floated To Address 3 Million Californians Still Lacking Health Insurance

by David Gorn, California Healthline Sacramento Bureau

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One goal of the Affordable Care Act is to provide primary care services to the millions of people who now crowd emergency departments with advanced conditions that could have been prevented. The idea is to provide better care and save federal, state and local governments the high cost of hospitalization and ED use.

But even if the ACA fulfills its goal, an estimated three million to four million Californians will remain uninsured – including more than two million undocumented immigrants, a segment of the population expressly prohibited from ACA funding.

That's a big problem for California, said Xavier Morales, executive director of the Latino Coalition for a Healthy California, a not-for-profit Latino health advocacy group.

"When you have millions of undocumented workers, you have to understand they're part of a family – where many family members may be legal, but they're handcuffed from participating fully in our economy," Morales said.

That creates a big ripple of non-participation in the health insurance system and leaves entire families uncovered, he said. Undocumented workers often are long-time residents in the state with stable jobs in a variety of industries and the state should not be keeping preventive health care from them, Morales said.

"The undocumented are part of all of our work sectors," Morales said. "It just doesn't make sense to me that some people can't get health care because of where they were born."

### Legislation in the Works

Morales and other health care advocates are contributing to a legislative effort to come up with a comprehensive solution for the residually uninsured, an effort being coordinated by state Sen. Ricardo Lara (D-Long Beach).

The effort is not represented by a bill in the Legislature, but that will change soon, according to Ellen Wu, executive director of the California Pan-Ethnic Health Network.

"The plan is to have intent language in the next week or so," Wu said on Jan. 10. "This will be an omnibus bill. That is, it's going to be really comprehensive, and possibly expanding state-only Medi-Cal. We'll be exploring those kinds of options."

"The only reason the language isn't there yet is because it's early in the session," Morales said. "We'll start by signaling intent."

Many Latino families are eligible for coverage through the state health benefit exchange, but most haven't yet signed up for it. The reasons are a little complicated, Morales said.

"When we talk to families, many of them are mixed-status families and they're not signing up," Morales said. "It's a tough situation where you have parents who aren't eligible but kids are, or one parent is eligible and the other isn't. It's a complicated way to get health care to a whole population."

Passage of a bill this session is a bit of a long shot, Morales said, but possible if things move quickly and support for it is overwhelming. More likely, he said, it will take an extensive legislative education effort.

"It would be great if it could happen this year, but it's a full bill, a comprehensive bill," he said. "We're going to do everything we can to move it along. Because every day we wait, families are being torn apart, and people are going untreated. The sooner we pass this, the better."

## Legislation To Fund the Effort

Another bill is a little further along, and it tackles one of the stickier dilemmas of any solution to insure the uninsured – funding.

**AB 175**, by Assembly member V. Manuel Pérez (D-Coachella), is an effort aimed at all uninsured Californians and for all levels of immigration status, but it was designed primarily to make sure health care is available to rural Latino farmworker families.

The bill would set up a trust fund for voluntary contributions from employers of workers without health care insurance. The fund would be administered by the Department of Health Care Services. The two-year bill, introduced last year and held over to this session, was approved by the Assembly Committee on Health and moved to the appropriations committee.

"Ultimately our goal is to ensure we have a healthy California," Pérez said. "People need to have access to health care."

Pérez said employers have expressed interest in helping their undocumented workers get health coverage and that a trust fund is a simple way to allow and urge that.

"Whatever people can contribute, to whatever degree people are willing to do that, that will make up the fund," Pérez said. "This is not intended in any way to be a mandate."

Anonymity is the main concern raised by business owners and farmers. Some employers are worried about being publicly identified and potentially punished for paying for undocumented immigrants' health coverage. Pérez, who said he's trying to address those concerns, said employers of undocumented workers should be able to contribute to their employees' coverage.

"At end of the day, the question for this kind of program is money," Pérez said. "Coming up with a plan is one thing, and how you're going to pay for it is another."

## Vision for Coverage of Residually Uninsured

Morales envisions a time when entire families can join the exchange or Medi-Cal, regardless of immigration status.

"They create their own risk pool," Morales said. "It does not have to be a fully subsidized endeavor because many [undocumented] people have been here for years and they're looking for an avenue to pay for their own health coverage. There are many [undocumented] business owners out there looking to get coverage."

In the end, Morales said, finding a solution to the residually uninsured helps the state in a number of ways. "It's costing the state money when you have a parent who can't get treated. It limits the productivity of the whole family. The undocumented are contributing a lot to our economy. They should be able to see a doctor."

"We know the policy framework," Wu said. "Really, it's all about the political and public will to do it."

And the money.

"There obviously is the financial consideration," Wu said. "If we look at expanding state-only Medi-Cal, we have to figure out what the estimates for that are. If you look at the numbers, it's not that many people and everyone would benefit for having everyone covered."

That's really the main point, Wu said – beyond the ethical issue of allowing access to health care for everyone, there's the idea that insuring the uninsured would help the state, in the same ways the ACA helps the state.

"You want to have these folks healthy and continuing to contribute to our economy," Wu said. "All of these policies make fiscal sense in the long run."

And even though budgets are tight, they're not impossibly tight, she said.

"Last year, when the governor came out with the May revise, it had changed a lot from his budget proposal in January," Wu said. "We got the Medi-Cal expansion, we got mental health funding, so that was good. And now we'll just see what happens this year."

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