



Immigration Relief for Parents and Youth = Whole Family Health Coverage in California

by Sonya Schwartz, Kristen Golden Testa, and Kristelle Jose

Key Findings

- 1. When fully implemented, immigration relief provides California, in particular, with an enormous opportunity to provide whole family health coverage.¹**

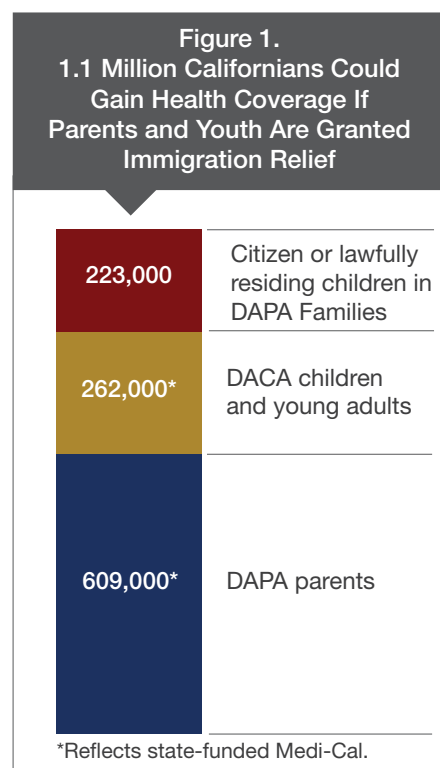
California is one of only a small number of states that provide state-funded health coverage to legal immigrants, including, when implemented, parents that have “Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA)” and children and young adults that have “Deferred Action for Childhood Arrivals (DACA)” status. When expanded DACA and DAPA are federally implemented, many more immigrant parents as well as their citizen, and lawful permanent resident children who are currently uninsured will likely gain coverage.

- 2. Immigration relief could provide a welcome mat for parents to enroll already eligible but hard-to-reach children in health insurance programs.**

Many uninsured Hispanics in California worry that signing up for health insurance will draw attention to their immigration status. In addition to giving parents a reprieve from fear of deportation, immigration relief may lessen parents’ fears about signing up for health insurance.

- 3. As many as 1.1 million parents, young adults and children living in immigrant families in California could gain health coverage if granted immigration relief.**

As many as 609,000 parents and 223,000 children are estimated to be uninsured and are likely eligible for Medi-Cal. DAPA parents may be eligible for state-funded Medi-Cal and citizen or lawfully residing children may be eligible for full scope Medi-Cal.² And, up to 262,000 children and young adults are estimated to be uninsured and likely to be eligible for state-funded Medi-Cal when they are granted deferred action under the DACA program (see Figure 1).



Introduction

On November 20, 2014, President Obama announced immigration executive actions that include a new program providing temporary work authorization and protection from deportation for certain undocumented parents with U.S. citizen or lawful permanent resident (LPR) children. This new program is called “Deferred Action for Parents of Americans and Lawful Permanent Residents”(DAPA). In addition to allowing parents to come out of the shadows and have a reprieve from fears of deportation, this new immigration policy also provides California with a unique opportunity to cover a large share of the remaining and hard-to-reach uninsured parents and children in the state. On the same day, Obama also announced an expanded “Deferred Action for Childhood Arrivals” (DACA) program and other reforms to our immigration system. Expanded DACA is a program for people who came to the U.S. before their 16th birthday, have continuously lived in the U.S. since January 1, 2010, are currently enrolled in school, adult education, or have graduated or obtained a certificate of completion of high school, and meet other requirements.³

The new immigration policy provides a unique opportunity to cover a large share of the remaining hard-to-reach parents and children in California.

Immigration relief provides California in particular with an enormous opportunity to reduce its uninsured rate. This is for a few reasons. First, California has the greatest number of parents eligible for DAPA in the United States. There are 1,087,000 parents likely eligible for DAPA in California.⁴ Second, California is one of only a small number of states that provide state-funded health coverage to whole families when parents have this type of deferred action status; and offers state-funded health coverage to children and young adults with DACA status. Of the 1,087,000 parents likely to be eligible for DAPA in California, 609,000 of these parents (56 percent) are uninsured and likely eligible for a state-funded version of Medi-Cal.⁵ Of the 436,000 people eligible for the 2012 and 2014 DACA programs in California, 262,000 people (60

percent) are estimated to be uninsured and eligible for Medi-Cal.⁶ And third, by encouraging parents to come out of the shadows, immigration relief also provides a great opportunity to enroll their already-eligible children in health insurance. Many of these children are hard-to-reach citizens and lawfully residing immigrants who qualify today for Medi-Cal but are not yet enrolled. When parents are eligible themselves for health coverage, they are more likely to enroll their children. There are 1,590,551 children likely to be living in DAPA families in California. As many as 223,000 (14 percent) of these children are likely to be uninsured and eligible for Medi-Cal.⁷

This brief provides information about DAPA and the expansion of the Deferred Action for Childhood Arrivals (DACA) program, and initial ideas about how to conduct outreach and enroll parents and children in DAPA families into health coverage programs. It is intended to educate organizations working with immigrant children and families in California and prepare them for opportunities to enroll individuals in health coverage that may come about as a result of changes in immigration policy. It is also intended to help organizations working to improve access to health coverage in California about immigration relief and what it means for children and families in terms of eligibility for health coverage.

As of the writing of this brief, no one can apply for DAPA or expanded DACA yet (note that you can apply for the initial DACA program and for renewals of the initial 2012 DACA program). The DAPA program, which the President intended to begin in May 2015, and the expanded DACA program are currently on hold until a court issues an order that allows DAPA (and expanded DACA) to go forward.⁸ However, these programs could become available soon after a court issues such an order, so it is important for families to be informed about these programs and prepared to apply. Read on for more information on where the programs stand and what families can do to prepare.

Understanding DAPA and DACA

What is DAPA?

In November 2014, Obama announced several immigration executive actions that included DAPA. DAPA will allow undocumented parents with *U.S. citizen or lawful permanent resident children* to apply for work authorization and protection from deportation, if the parent has been in the U.S. since January 1, 2010. Individuals granted DAPA cannot have been convicted of certain criminal offenses. DAPA does not confer legal status or a path to citizenship for parents—only a temporary reprieve from deportation. DAPA benefits are valid for three years, and can be renewed.

What is DACA and How Was it Expanded in 2014?

The November 2014 executive actions also include an expanded version of the Deferred Action for Childhood Arrivals (DACA) program. The initial DACA program announced on June 15, 2012, is a program for youth who came to the U.S. before their 16th birthday; have continuously lived in the U.S. since January 15, 2007; are at least 15 years old; are currently enrolled in school or qualifying adult education program, or have graduated or obtained a certificate of completion of high school; and have not been convicted of certain criminal offenses.⁹ The expanded DACA program, announced on November 20, 2014 but also on hold like DAPA, is also for youth who came to the U.S. before their 16th birthday but have continuously lived in the U.S. since January 1, 2010.¹⁰

When Will the DAPA and Expanded DACA Application Process Start?

The Citizenship and Immigration Services (USCIS) had planned to begin taking applications for expanded DACA on February 18, 2015 and for DAPA on May 20, 2015. However, USCIS is not accepting applications for DAPA or for the expanded DACA program yet because a federal district court in Texas has issued an order that temporarily blocks these programs from being implemented. This means that people will not be able to apply for DAPA or

expanded DACA until a court issues an order that allows the initiatives to go forward.¹¹ However, eligible children and young adults may continue to apply for the existing DACA program. Until then, people can start saving money for the application fee and begin preparing their cases, but an application form is unlikely to be available until shortly before the program's start date. See the National Immigration Law Center's "Top 10 Ways to You Can Prepare for Executive Action on Immigration" for more that individuals can do to prepare to apply.¹²

Will People Step Forward and Apply for DAPA and Expanded DACA?

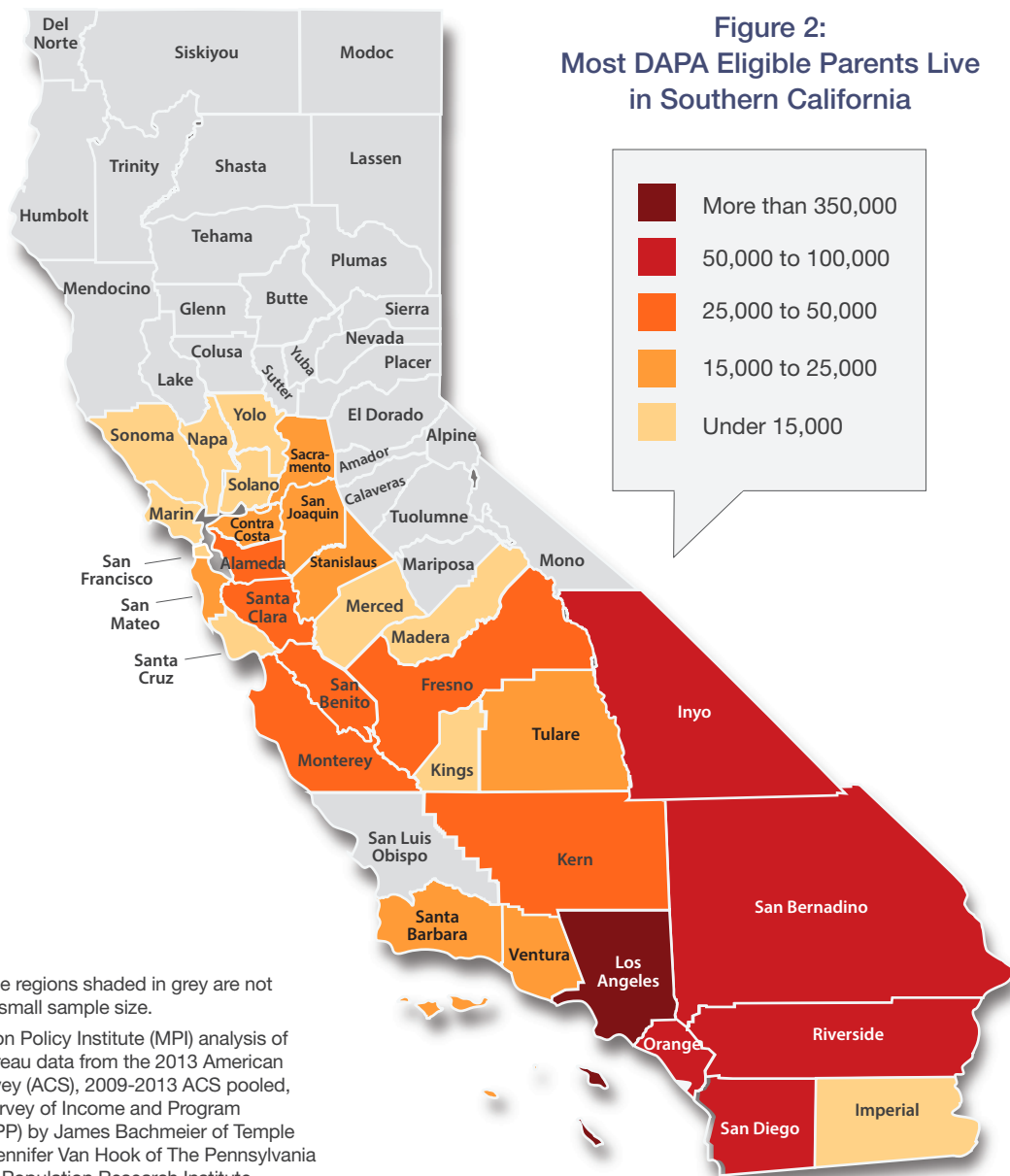
It is important to remember that not all Californians eligible for immigration relief will apply for DAPA or expanded DACA once the programs start, it will take time for individuals to apply and be granted immigration relief. Some of the barriers to applying are unique to immigration relief and others are similar to the barriers people face when applying for health insurance. These barriers include inability to afford the \$465 application fee, not having access to the required paperwork, not knowing how to apply or not being able to find assistance with the application process,¹³ and other fears. The closest example we have to DAPA take-up in California is the take-up of the initial DACA program, which became available in August 2012. To date a majority (54 percent) of Californian's DACA-eligible children have been provided immigration relief.¹⁴

Are Parents Granted DAPA by Immigration Authorities Eligible for State or Federally Funded Health Coverage Programs?

Similar to DACA children, parents granted DAPA in California are eligible for a state-funded version of California's Medi-Cal program if they meet income (below 138 percent of the federal poverty level) and other guidelines.¹⁵ However, parents granted DAPA are not likely to be eligible for federally-funded programs like Medicaid or CHIP, or federally funded premium tax credits for marketplace coverage provided through Covered California.¹⁶

How Many Immigrant Parents are Eligible for DAPA in California and Where Do They Live?

As mentioned earlier, California has the largest number of DAPA parents in the United States. Researchers at the Migration Policy Institute estimate that 1,087,000 parents in California qualify for DAPA.¹⁷ The vast majority of these DAPA eligible parents are estimated to live in Los Angeles County (367,000). Four other counties in the Southern Part of the state—Orange County, San Diego County, Riverside County, and San Bernardino County—have the next greatest population with more than 50,000 DAPA-eligible parents estimated to be living in each of these counties.¹⁸ See Figure 2 below for more information about where DAPA eligible parents live in California.



How Many Parents will be Eligible for State-Funded Medi-Cal in California if Granted DAPA?

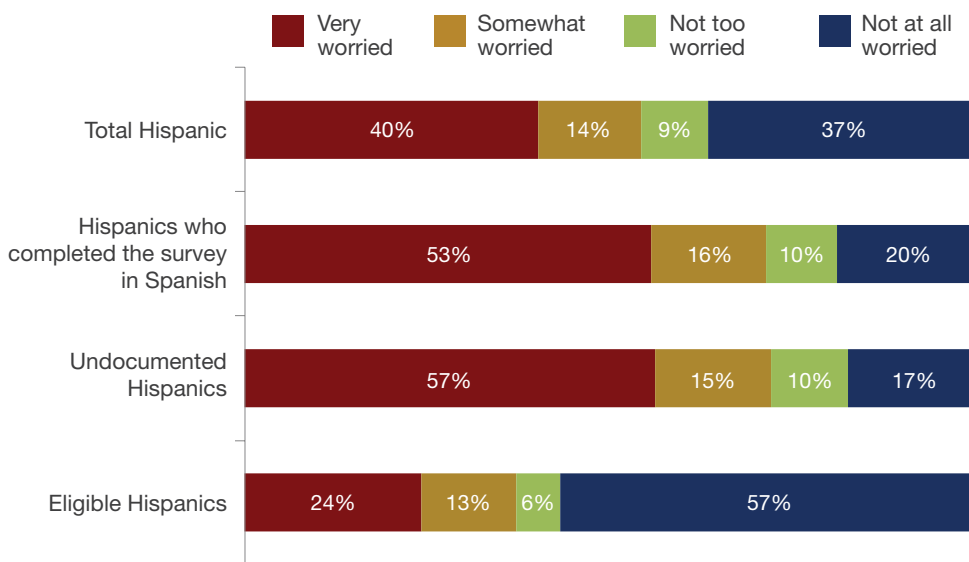
Of these 1,087,000 DAPA-eligible parents, 609,000 parents (56 percent) were low income by Medi-Cal eligible standards in 2013 and lacked health insurance, and are themselves likely to be eligible for state-only funded version of Medi-Cal if granted DAPA.¹⁹

Why is DAPA Also a Great Opportunity to Cover More Kids?

By removing the threat of deportation and providing work authorization for parents, DAPA effectively reduces a major barrier to coverage for children who are already eligible for Medi-Cal coverage but are not enrolled.

Many immigrant parents have shied away from applying for government programs for fear of detection and deportation, even though there are strong privacy protections that prevent information in health insurance applications from being shared with immigration officials.²⁰ In 2014, the majority of uninsured, undocumented, immigrant Hispanics surveyed in California said they were 'very worried' that signing up for health insurance would draw attention to their immigration status. For more information on Hispanics reluctance to sign up for health insurance, see Figure 3.²¹ Even though DAPA benefits are temporary, parents who apply to participate in DAPA may also be more willing to also apply for health insurance for their citizen or lawfully residing children.

Figure 3: California's Undocumented Parents, in Particular, Worry That Signing Up for Health Insurance Will Draw Attention to Their Immigration Status



Note: Don't know/refused to answer not shown.

Source: Where Are California's Uninsured Now? Wave 2 of the Kaiser Family Foundation California Longitudinal Panel Survey (April 1 - June 15, 2014).

How Many Children in DAPA Families in California Are Likely to be Uninsured and Eligible for Medi-Cal?

Of the 1,590,551 children living in DAPA-families in California, 223,000 children (14 percent) are Medi-Cal eligible but remain uninsured.²² Reaching and enrolling the children in DAPA families in California alone would make a dent in the numbers of uninsured children in California, and particularly among children in immigrant families, who are often hard to reach and enroll in health coverage programs. Nearly half of all uninsured children in the U.S. live in immigrant families,²³ and more than two-thirds of uninsured Hispanic children in the U.S. are eligible for Medicaid or CHIP but are not enrolled.²⁴ While Hispanic children are the single largest group of children in DAPA families nationwide (immigrants from Mexico and Central America comprise more than 70 percent of the unauthorized population), there are additional eligible children of immigrants in other racial and ethnic groups who also live in DAPA families.

Further, at least one child in each DAPA family is a lawful resident or citizen and thus eligible for health coverage. To qualify for DAPA, parents must have been in the United States for five years, and have U.S. citizen or lawful permanent resident children. In California, all citizen and LPR children who meet the income, residency and other guidelines are eligible for Medi-Cal, regardless of their parents' immigration status or year that they arrived.

How Many People Are Eligible for DACA and Expanded DACA in California?

California also has the largest number of children and young adults eligible for DACA and expanded DACA in the United States.

The Migration Policy Institute estimates that 436,000 people are estimated to be eligible for the 2012 DACA and 2014 expanded DACA programs in California. Estimates indicate that 343,000 people in California are eligible for the initial 2012 DACA program, and an additional 92,000 are eligible for the 2014 expanded DACA program.

As of December 31, 2014, 187,000 individuals have been granted deferred action status through the 2012 DACA program (54 percent).²⁵ Because the 2014 DACA program is not yet available, no one has been granted DACA status under the 2014 program yet. However, people can continue to apply for the original 2012 DACA program and renewals for the 2012 program are also available.

How Many People Eligible for DACA are Likely to be Uninsured and Eligible for State-funded Medi-Cal in California?

Of the 436,000 people eligible for the 2012 and 2014 DACA programs in California, 262,000 people (60 percent) are estimated to be uninsured and eligible for Medi-Cal.²⁶ It is unclear how many people already granted DACA status have successfully enrolled in state-funded Medi-Cal. There have been reports that Medi-Cal eligible DACA grantees were incorrectly rejected when they applied for state-funded Medi-Cal and that county eligibility workers are not aware that DACA grantees are eligible for state-funded Medi-Cal.²⁷ The state has since issued guidance to counties clarifying that individuals granted deferred action status through the 2012 DACA program are eligible for state-funded full scope Medi-Cal.²⁸

Conclusion

Immigration relief can provide California, more than any other state, with a unique opportunity to significantly reduce its uninsured rate.

The state has the greatest number of people eligible for DAPA and DACA in the entire United States; state-only-funded full scope Medi-Cal coverage for low-income parents eligible for DAPA and low-income individuals eligible

for DACA; and many hard to reach uninsured children living in DAPA families. If advocates, service providers, and others working on health care, immigration, and child and family well-being work together to educate and help enroll these whole families in health insurance, it could lead to a significant reduction in California's uninsured.

How Can Your Organization Help Get DAPA and DACA Families Covered?

People with DACA and DAPA status may be eligible for health coverage and there are many ways to help families. Here are some ideas to get you started:

- ▶ **Reach out to organizations that are planning to help immigrant families apply for DAPA and ask how your organization can help.**

Probably the best way to get started is to reach out to organizations in your state or local area likely to help with DAPA and DACA applications ask how you can help. Organizations are continuing to prepare as they wait for the court's decision. You can find organizations that will be providing immigration-related assistance by state and county at <http://www.adminrelief.org/legalhelp/>. Recognize that organizations planning to help immigrant families apply for DAPA and expanded DACA are likely to be overwhelmed with requests and are getting ready to handle large case volumes, and so they may need your assistance to include a health insurance component to the work.

- ▶ **Participate in and/or host community forums on DAPA and DACA.²⁹ Include related practical concerns that families face, like health coverage, taxes and more.**

Many local organizations are already planning workshops and community educational sessions about DAPA and expanded DACA in advance of the programs' roll out. In addition to learning about DAPA and DACA and how to apply, families will be interested in learning about getting a driver's license, any changes in filing taxes, access to health care and coverage, and other family support programs. Being available to provide information about health coverage at these forums is a great idea.

- ▶ **Provide health-coverage enrollment assistance at locations where families will learn about DAPA and DACA.**

If you, or organizations you work with, provide health coverage outreach and enrollment assistance to children and families, reach out now to organizations in your community that are likely to help families learn about DAPA and DACA. Ask them if there are ways you can help support connecting children and families to coverage as parents learn about the DAPA and DACA programs. Remember that while open enrollment for Covered California is closed, Medi-Cal enrollment is open all year round.

- ▶ **Provide engaging, culturally competent, translated materials to post and share with families applying for DAPA and DACA.**

DAPA and DACA legal clinics and services will often have an “exit” table where they share packets with important information like, how do you get driver’s license, where can you access health care services, what other programs are you or your children eligible for. Partner with immigrant organizations in your community to create posters and handouts that let parents know that it is “safe to apply” for health coverage for their children. Materials may also need to educate parents about why health insurance is important for children and its benefits. To view examples of materials, visit www.allinforhealth.org/undocumented.

- ▶ **Advocate for California to provide affordable health coverage options for all immigrants similar to those options provided to DAPA, DACA and other lawfully present immigrants.**

One of the best ways to get children into coverage is by covering their parents as well.³⁰ California is one of few states that automatically covers DAPA parents and DACA grantees under 138 percent of poverty in a state-funded version of Medi-Cal.³¹ However, low and moderate income families with slightly higher incomes may not have an affordable coverage option because they are not eligible for federal premium tax credits to help them purchase coverage in Covered California, California’s state run health insurance marketplace.³² As this brief went to publication, California passed a budget bill (SB 75) that includes health coverage for all children up to 266 percent of the federal poverty level regardless of immigration status. Coverage can begin in May 2016, and the bill is estimated to cover 170,000 children. Two related proposals to expand coverage for immigrants continue to move through the California legislature. The first would provide state-funded Medi-Cal coverage to low income adults who meet income qualifications but are currently denied full scope Medicaid based on their immigration status (SB 10). The second directs the state to seek permission from the federal government to allow individuals who are not lawfully present in California to purchase non-subsidized health coverage through Covered California (SB 4).

- ▶ **You can also help families in need of health coverage learn about DAPA and DACA.**

Training health coverage intake or outreach staff on recognizing if someone might be eligible for DAPA and DACA and referring them to appropriate place to learn more would also be helpful. As part of this, knowing what documentation individuals need to provide is key. In some cases, documentation from health care providers may be helpful to prove families and children have been in the country—for instance to prove birth of a child, or to use vaccinations or other doctors’ appointment to prove U.S. residence. Immigrant-oriented organizations are working on outreach campaigns to educate individuals about DACA in the same way health coverage-focused organizations run campaigns about enrollment in coverage.

To see materials from the ALL IN For Health Campaign,
go to www.allinforhealth.org.

Endnotes

¹ As of the writing of this brief, no one can apply for the DAPA or expanded DACA programs yet. The programs, which the President intended to begin in 2015, are currently on hold until a court issues an order that allows DAPA (and expanded DACA) to go forward. The 2012 DACA program is still in effect.

² As this brief went to publication, California's governor signed a budget plan that includes health coverage for all low-income children, regardless of immigration status. Under the signed budget, California will provide state-funded Medi-Cal coverage for income-eligible children regardless of immigration status. Coverage will begin in May 2016. The federal government will share in the cost of emergency and pregnancy related services.

³ See "What is DACA and How Was it Expanded in 2014?" on page 3 for more information.

⁴ The estimate of 1,087,000 parents likely eligible for DAPA comes from Migration Policy Institute, "National and State Estimates of Populations Eligible for DAPA and DACA Programs 2009-2013," available at <http://www.migrationpolicy.org/programs/us-immigration-policy-program-data-hub/authorized-immigrant-population-profiles> (accessed May 20, 2015). Note that the Migration Policy Institute's estimate of DAPA eligible parents is higher than UCLA/UC Berkeley's estimate of 884,000 parents eligible for DAPA. We use Migration Policy Institute DAPA data because it provides information by California counties in addition to state data. L. Lucia, *et al.*, "Health Insurance and Demographics of California Immigrants Eligible for Deferred Action," UCLA Center for Health Policy Research and UC Berkeley Labor Center (March 2015).

⁵ The 56 percent is based on eligibility standards in 2013, people who are low-income and also lacked health insurance, and are themselves likely to be eligible for a state-funded version of Medi-Cal when they are granted DAPA status. L. Lucia, *et al.*, "Health Insurance and Demographics of California Immigrants Eligible for Deferred Action," UCLA Center for Health Policy Research and UC Berkeley Labor Center (March 2015).

⁶ The estimate of 436,000 people eligible for 2012 and 2014 DACA programs comes from Migration Policy Institute, "National and State Estimates of Populations Eligible for DAPA and DACA Programs 2009-2013," available at <http://www.migrationpolicy.org/programs/us-immigration-policy-program-data-hub/authorized-immigrant-population-profiles> (accessed May 20, 2015). The 60 percent is based on people who are low-income as defined using the Medi-Cal income eligibility thresholds, and also lacked private health insurance. L. Lucia, *et al.*, "Health Insurance and Demographics of California Immigrants Eligible for Deferred Action," UCLA Center for Health Policy Research and UC Berkeley Labor

Center (March 2015). Note that these estimates do not reflect California's June 2015 budget action. 170,000 children are estimated to be eligible for state-funded Medi-Cal pursuant to the budget action.

⁷ The estimate of 1,590,551 children in DAPA families comes from Manuel Pastor, *et al.*, "The Kids Aren't Alright—But They Could Be," USC Dornsife Center for the Study of Immigrant Integration (March 2015). The estimate of 14 percent is the percentage of Medicaid eligible citizen children living in immigrant families in California [who were uninsured in 2008-2010]. See E. Seiber, "Which States Enroll Their Medicaid-Eligible, Citizen Children with Immigrant Parents?," Health Services Research (April 2013).

⁸ For more information about DAPA and to track the DAPA-related litigation, visit the American Association of Immigration Lawyers Media Clipping Service, available at <http://www.aila.org/advo-media/news/clips>.

⁹ National Immigration Law Center, "Frequently Asked Questions: The Obama Administration's Deferred Action for Childhood Arrivals," (January 23, 2015).

¹⁰ *Ibid.*

¹¹ National Immigration Law Center, "Frequently Asked Questions: The Obama Administration's DAPA and Expanded DACA Programs," (March 2, 2015), available at <http://www.nilc.org/dapa&daca.html>.

¹² National Immigration Law Center, "Top 10 Ways You Can Prepare for Executive Action on Immigration," (November 21, 2014), available at <http://www.nilc.org/top10waystoprep.html> (viewed May 20, 2015).

¹³ As this brief went to publication, California's governor signed a budget plan that included \$15 million for DAPA, DACA, and citizenship support and a new statewide Director of Immigrant Integration.

¹⁴ In California, 186,729 initial applications for DACA had been approved by December 31, 2014. The Migration Policy Institute estimates that 343,000 Californians are eligible under the original DACA program. Therefore, 54 percent of those eligible for the initial DACA have been granted DACA status in California. See U.S. Citizenship and Immigration Services, Data Set: Deferred Action for Childhood Arrivals, December 2014 data, available at http://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/All%20Form%20Types/DACA/1821d_performance_data_fy2015_qtr1.pdf (viewed May 28, 2015). See also, Migration Policy Institute, National and State Estimates of Populations Eligible for DAPA and DACA Programs, 2009-2013, available at <http://www.migrationpolicy.org/programs/us-immigration-policy-program-data-hub/authorized-immigrant-population-profiles> (viewed May 20, 2015).

¹⁵ Low-income Californians with DAPA status should be enrolled in full-scope Medi-Cal and not emergency Medi-Cal. Since the income eligibility criteria for emergency Medi-Cal and full scope Medi-Cal are the same, no one granted DAPA status should continue to receive emergency Medi-Cal. However, in practice some Californians granted DACA have remained enrolled in emergency Medi-Cal because they are given an incorrect code in the eligibility system. Note also that full scope Medi-Cal for pregnant women up to 138 percent of FPL is pending federal approval. Limited scope or pregnancy related coverage is available with incomes up to 213 percent of FPL. See file:///Users/sonyaschwartz/Downloads/PregnantWomansCoverageChart_Final.pdf (viewed May 28, 2015). For a list of health coverage options for undocumented immigrants, see T. Broder and J. Blazer, "Overview of Immigrant Eligibility for Federal Programs," National Immigration Law Center (October 2011), available at <http://www.nilc.org/overview-immeligfedprograms.html>.

¹⁶ S. Schwartz, "The President's Immigration Announcement: What Do Health Policy Wonks Need to Know?" Georgetown University Center for Children and Families Say Ahhh! Blog (November 24, 2014), available at <http://ccf.georgetown.edu/all/presidents-immigration-announcement-health-policy-wonks-need-know/>.

¹⁷ Migration Policy Institute, "National and State Estimates of Populations Eligible for DAPA and DACA Programs 2009-2013," available at <http://www.migrationpolicy.org/programs/us-immigration-policy-program-data-hub/unauthorized-immigrant-population-profiles> (accessed May 20, 2015).

¹⁸ Note that these county numbers come from a higher estimate of DAPA eligible parents in the United States by the Migration Policy Institute. The UCLA/ UC Berkeley study notes three different estimates of DAPA eligible parents. The migration Policy Institute estimates 1,087,000 total DAPA eligible parents in California, while UCLA and UC Berkeley estimate 884,000. See Migration Policy Institute, "County-Level Estimates on DACA and DAPA Populations," available at <http://www.migrationpolicy.org/programs/us-immigration-policy-program-data-hub/unauthorized-immigrant-population-profiles> (viewed April 6, 2015).

¹⁹ The 56 percent is based on eligibility standards in 2013, people who are low-income and also lacked health insurance, and are themselves likely to be eligible for a state-funded version of Medi-Cal when they are granted DAPA status. L. Lucia, *et al.*, "Health Insurance and Demographics of California Immigrants Eligible for Deferred Action," UCLA Center for Health Policy Research and UC Berkeley Labor Center (March 2015).

²⁰ U.S. Immigration and Customs Enforcement, "Clarification of Existing Practices Related to Certain Health Care Information," (October 25, 2013), available

at <http://www.ice.gov/doclib/ero-outreach/pdf/ice-aca-memo.pdf> (viewed May 20, 2015).

²¹ B. DiJulio, *et al.*, "Where are California's Uninsured Now? Wave 2 of the Kaiser Family Foundation California Longitudinal Panel Survey," Kaiser Family Foundation (July 30, 2014), available at <http://kff.org/health-reform/report/where-are-californias-uninsured-now-wave-2-of-the-kaiser-family-foundation-california-longitudinal-panel-survey/>.

²² The estimate of 1,590,551 children in DAPA families comes from Manuel Pastor, *et al.*, "The Kids Aren't Alright—But They Could Be," USC Dornsife Center for the Study of Immigrant Integration (March 2015). The estimate of 14 percent is the percentage of Medicaid eligible citizen children living in immigrant families in California [who were uninsured in 2008-2010]. See E. Seiber, "Which States Enroll Their Medicaid-Eligible, Citizen Children with Immigrant Parents?," Health Services Research (April 2013). Note that 93 percent of children in DAPA families in California are estimated to be citizens, and some of the remaining 7 percent of children of children in DAPA families are lawfully residing and eligible for Medi-Cal, but a small number of siblings in these families could be undocumented and ineligible for Medi-Cal under current law. Data are not available on exactly what share of DAPA families in California have income below 266 percent the Federal Poverty Level, the Medi-Cal eligibility threshold for children. However, the UCLA Center for Health Policy Research and UC Berkeley Labor Center estimate that 95 percent of undocumented teens in California are in families with income below that threshold (March 2015). A similarly high share of children in DAPA families are assumed to be income-eligible for Medi-Cal. However, this may be a higher end estimate because it could include a small number of undocumented children or children in higher income households who would not be eligible for Medi-Cal. L. Lucia, *et al.*, "Health Insurance and Demographics of California Immigrants Eligible for Deferred Action," UCLA Center for Health Policy Research and UC Berkeley Labor Center (March 2015).

²³ S. Schwartz, "Improving Enrollment for Immigrant Families Could Cut the Number of Uninsured Kids in Half," Georgetown University Center for Children and Families Say Ahhh! Blog (June 5, 2014), available at <http://ccf.georgetown.edu/all/lets-improve-enrollment-for-immigrant-families-and-cut-the-number-of-uninsured-kids-in-half/>.

²⁴ S. Schwartz, *et al.*, "Hispanic Children's Coverage: Steady Progress, but Disparities Remain," Georgetown University Center for Children and Families and National Council of La Raza (November 2014).

²⁵ U.S. Citizenship and Immigration Services, "Data Set: Deferred Action for Childhood Arrivals," (December 2014), available at <http://www.uscis.gov/sites/default/>

[files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/All%20Form%20Types/DACA/I821d_performancedata_fy2015_qtr1.pdf](#) (viewed May 28, 2015).

²⁶ The 60 percent is based on people who are low-income as defined using the Medi-Cal income eligibility thresholds, and also lacked private health insurance. L. Lucia, *et al.*, "Health Insurance and Demographics of California Immigrants Eligible for Deferred Action," UCLA Center for Health Policy Research and UC Berkeley Labor Center (March 2015).

²⁷ V. Sundaram, "DACA Students' Right to Medi-Cal Routinely Rejected," New American Media (June 16, 2014), available at <http://newamericamedia.org/2014/06/daca-students-right-to-medi-cal-routinely-rejected.php> (viewed May 28, 2015).

²⁸ Medi-Cal Eligibility Division Information Letter No: I 14-45: Clarification of Medi-Cal Eligibility for Deferred Action for Childhood Arrivals (August 6, 2014), available at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL2014/MEDIL14-45.pdf> (viewed May 28, 2015).

²⁹ The initial Deferred Action for Childhood Arrivals (DACA) program announced on June 15, 2012, is a program for youth who came to the US before their sixteenth birthday; have continuously lived in the US since January 15, 2007; are currently enrolled in school or qualifying adult education program, or have graduated or obtained a certificate of completion of high school; and have not been convicted of certain criminal offenses. The expanded DACA program, announced on November 20, 2014 but also on hold like DAPA, is also for youth who came to the US before their 16th birthday but have continuously lived in the US since January 1, 2010. For more information, see National Immigrant Law Center, "Frequently Asked Questions: The Obama Administration's Deferred Action for Childhood Arrivals," (January 23, 2015).

³⁰ Georgetown University Center for Children and Families, "Medicaid Expansion: Good for Parents and Children," (January 2014), available at <http://ccf.georgetown.edu/wp-content/uploads/2013/12/Expanding-Coverage-for-Parents-Helps-Children-2013.pdf>.

³¹ Title 22, California Code of Regulations (CCR) §50301.e(1), Citizenship or Immigration Status for Full Medi-Cal Benefits State of California—Health and Human Services Agency, Medi-Cal Eligibility Division Information Letter No: I 14-45: Clarification of Medi-Cal Eligibility for Deferred Action for Childhood Arrivals (2014).

³² For general information, visit <http://www.calendow.org/> and for Health For All information, visit <http://health4allca.org/>.

Authors

Sonya Schwartz, Kristen Golden Testa, and Kristelle Jose

Acknowledgments

The authors wish to thank Randy Capps at the Migration Policy Institute for reviewing an initial draft of this paper and Laurel Lucia at the UC Berkeley Center for Labor Research and Education and Shiu Ming Cheer at the National Immigration Law Center, for their review of a subsequent draft.

Design and layout assistance provided by Nancy Magill.

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Center for Children and Families
Health Policy Institute
Georgetown University
Box 571444
3300 Whitehaven Street, NW, Suite 5000
Washington, DC 20057-1485
Phone (202) 687-0880
Email childhealth@georgetown.edu



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