



Opening Doors to Health and Nutrition Services for Low-Income Children & Pregnant Women SB 1073 (Gonzalez)

To counter the “chilling effect” of federal public charge rules on enrollment in vital health programs that families qualify for, we need smart and intentional enrollment strategies that let eligible families know the doors to services are still open to them. One efficient strategy is to identify large numbers of already eligible children and pregnant women known to the State, and provide expedited enrollment in one program by using eligibility information already collected by another state program.

Background

Medi-Cal and the California Women, Infant and Children (WIC) nutrition program serve the same populations—low-income pregnant women and children under the age of six, regardless of immigration status, and thus, the programs have similar eligibility criteria for applicants. Yet **about 87,000 children and 11,000 pregnant women enrolled in WIC do not have Medi-Cal**, despite their eligibility.¹ At the same time, **over 512,000 Medi-Cal children are eligible for WIC, but not enrolled.**²

Leveraging federal expedited enrollment authorities like Express Lane Eligibility (ELE) is needed more than ever in the current uncertain times in California: Our State is experiencing the disturbing national trend of declining Medi-Cal enrollment—153,000 or a 3% Medi-Cal decline in 2018,³—that cannot be correlated with a “strong economy.”⁴ In addition, California’s progress in reducing the uninsured rate for children has stalled.⁵ Equally alarming is the ongoing decline in WIC enrollment over the past five years.⁶ **The anti-immigrant climate, in particular, the public charge rule, has exacerbated fear and confusion in immigrant families, causing a “chilling effect” on enrollment and access to social services.**

How SB 1073 Would Work

As a first step toward integrating program enrollment for families, the State would be required to 1) use WIC eligibility findings from its enrollment data to enroll young children and pregnant women into Medi-Cal, and 2) expedite enrollment into WIC for those eligible young children and pregnant women enrolled in Medi-Cal. The programs would directly target these eligible but not enrolled children and pregnant women via direct communication, and, offer expedited enrollment using eligibility findings already in the programs’ systems. Through SB 1073, while existing participants are reached for expedited enrollment, the State would begin to examine pathways to offer expedited enrollment for new applicants to both programs through their enrollment systems. In opening these enrollment pathways, the State would:

- **Simplify program enrollment:** Where families face considerable barriers in understanding what they qualify for and in filling out cumbersome and duplicative applications, there is opportunity to streamline. Both WIC and Medi-Cal have federal mandates to assist their enrollees in connecting to the other program’s services. Further, federal ELE authority allows WIC eligibility findings to be used to determine Medicaid enrollment and renewal for children, and the Affordable Care Act (ACA) allows other program eligibility findings to be used as verification for Medi-Cal.⁷ Similarly, if a young child or pregnant women is enrolled in Medi-Cal, federal law allows them to be “adjunctively eligible” for WIC, requiring only a nutritional assessment to finalize WIC enrollment. Leveraging these federal opportunities, California will join 24 other states that have already integrated statewide enrollment among health and at least one non-health program.⁸

- **Support vulnerable immigrant families:** Since WIC is not affected by the pending public charge rule, the already trusted program can become an important entry point to Medi-Cal. A UCLA analysis on effective strategies to reduce the “chilling effect” of public charge rules found WIC ELE to be the most promising.⁹
- **Advance a California For All agenda for our youngest Californians:** The State has now extended Medi-Cal coverage to all children and young adults regardless of immigration status. To make that coverage commitment a reality, this proposal would connect pregnant women and children with Medi-Cal and WIC at their first or earliest contact, placing more California children on the right path to a healthy future. Early prenatal care and preventive well-child care early in a child’s life is critically important to ensuring healthy childhood development. This intentional and efficient early enrollment strategy is, thus, directly aligned with the Governor’s commitment to serving the whole child/whole family through integration among public programs.

Sponsors

The Children’s Partnership
California WIC Association

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¹ California Department of Public Health data inquiry, September 2018.

² California Department of Public Health correspondence sharing DHCS/CDPH data match, 2019.

³ CMS Medicaid Enrollment data 2019: <https://data.medicare.gov/Enrollment/State-Medicaid-and-CHIP-Applications-Eligibility-D/n5ce-jxme>

⁴ The economy has not led to an increased offering or take-up of employer coverage for those with low-incomes. J. Alker and O. Pham, “Nation’s Progress on Children’s Health Coverage Reverses Course” Georgetown University Center for Children and Families, November 2018.

⁵ American Community Survey - 2017-2018 Uninsured Demographic State Data, <https://data.census.gov/cedsci/>

⁶ California Department of Public Health. *Women, Infants, and Children (WIC) November Fiscal Year 2019-20* <https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/ResearchandData/FY%202019-20%20WIC%20November%20Estimate%201.9.19%20DOF%20FINAL.pdf>

⁷ Federal ELE authority (Section 203 of CHIPRA) (Public Law 111-3) is distinct from the ACA authority used for California’s previous “express enrollment” from CalFresh, namely no waiver nor MAGI redetermination is required under ELE.

⁸ Medicaid Eligibility, Enrollment, and Cost Sharing Policies: Findings from a 50-State Survey, Kaiser Family Foundation and Georgetown’s Center for Children and Families, March 2019.

⁹ “Public Charge and the Threat to Immigrant Families: Reducing the Chilling Effect on Medi-Cal Enrollment” UCLA Luskin School of Public Affairs and California for Immigrant Policy Center, 2019.