

# Medi-Cal expansion to undocumented adults 50+: Mental health needs

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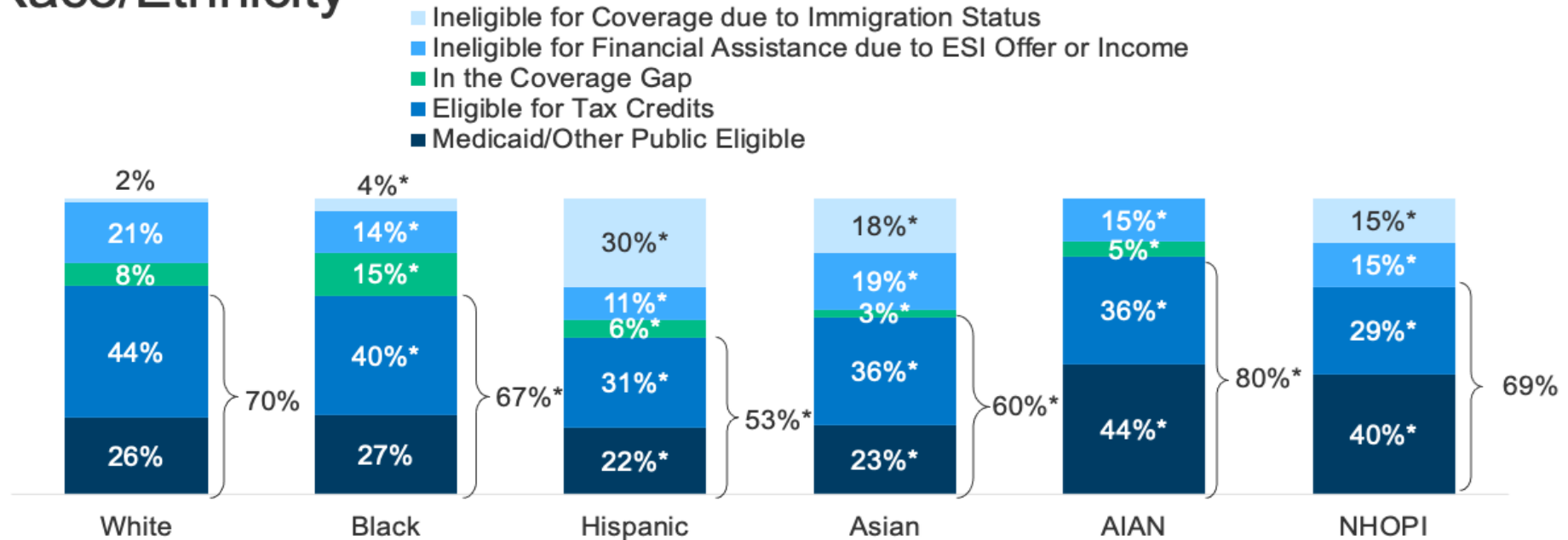
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# ACA eligibility

- **Undocumented immigrants are ineligible to enroll in Medicaid or purchase health insurance coverage through the Affordable Care Act (ACA) Marketplaces.**
- **Undocumented Latinos are the largest group of individuals who are ineligible to receive coverage through the ACA.**

Figure 4

## Eligibility for ACA Coverage Among Nonelderly Uninsured by Race/Ethnicity

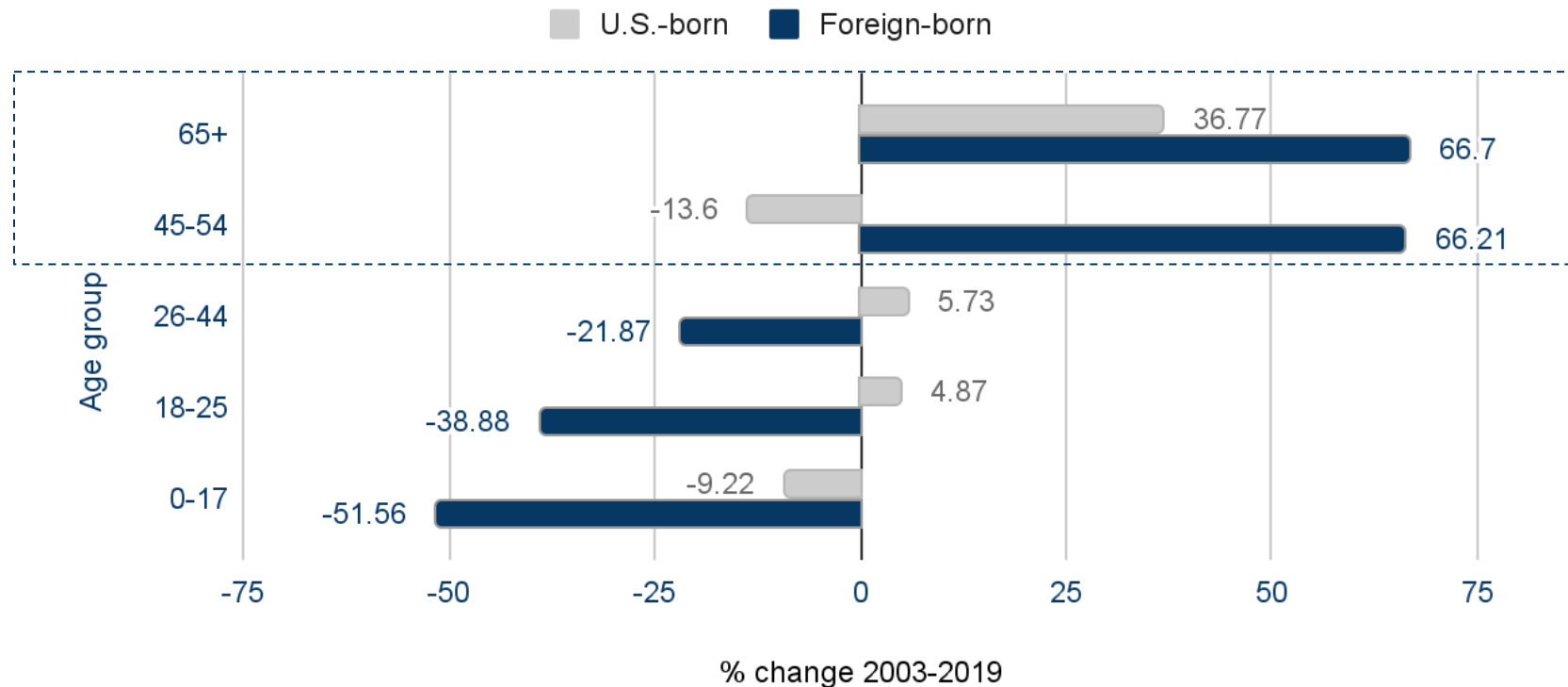


NOTE: \* Indicates statistically significant difference from Whites at the  $p < 0.05$  level. Totals may not sum due to rounding or excluded unreliable estimates. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 0-64 years of age. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Tax credit eligible share accounts for the expanded subsidy structure outlined in the American Rescue Plan of 2021 and includes MN and NY who are eligible for coverage through the Basic Health Plan.

SOURCE: KFF analysis based on 2021 Medicaid eligibility and 2019 American Community Survey.

## Shifting demographics among immigrants pose challenges for policy makers

Cumulative percent change in the U.S.-born and Foreign-born population in California, by Age (2003-2019)

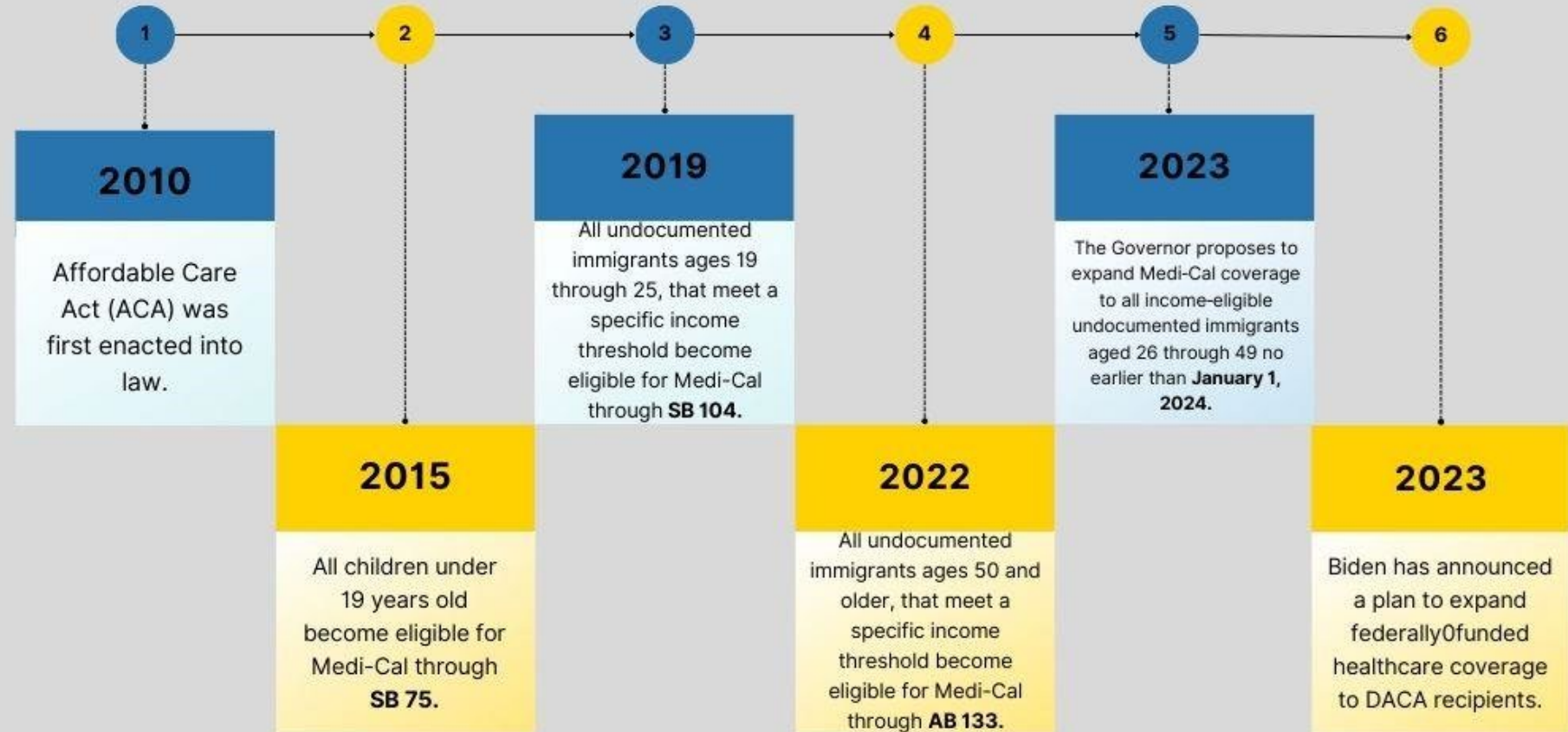


# Medi-Cal expansion

- **California has gradually expanded full-scope Medi-Cal to undocumented immigrants since 2015.**
- **Expansions financed through state funds.**
- **Eight other states such as Illinois, New York, Oregon and Washington have followed.**

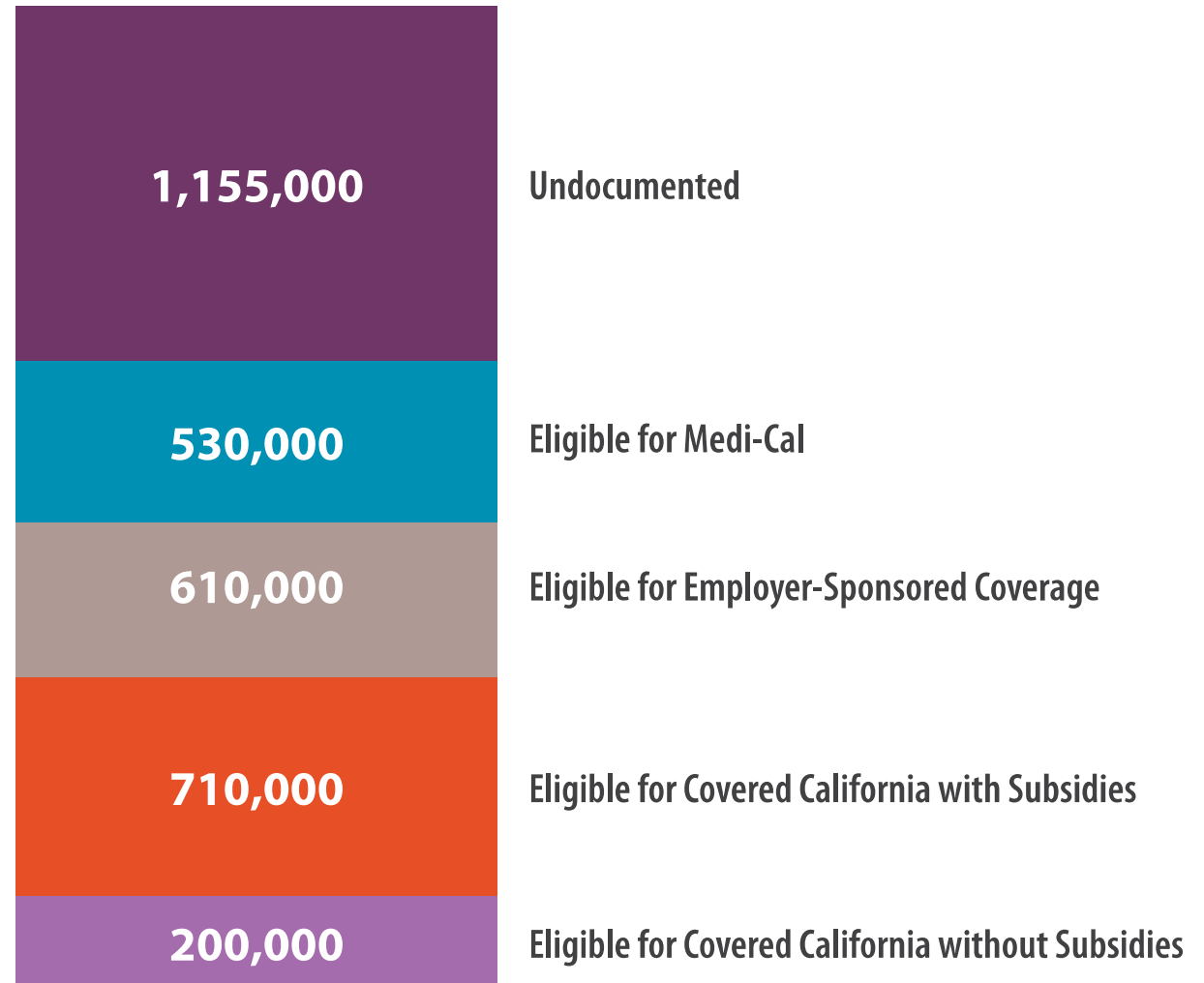
# Medi-Cal Expansion Timeline

## Policies that Seek to Expand Access to Healthcare in California Timeline



**Undocumented  
adults are 40%  
of uninsured  
Californians**

**FIGURE 5.** Uninsured Californians Under the Age of 65,  
CalSIM v3.1 2023 Projections<sup>vi</sup>



**286,000  
undocumented  
immigrants 50+  
eligible for the  
Medi-Cal  
expansion**

## Estimated Full-Scope Medi-Cal Caseload Increase Under Coverage Expansion<sup>a</sup>

*LAO Estimate*

Age Group	2021-22			Ongoing <sup>b</sup>		
	Enrolled in Restricted-Scope Coverage	Eligible but Not Enrolled in Restricted-Scope Coverage	Total	Enrolled in Restricted-Scope Coverage	Eligible but Not Enrolled in Restricted-Scope Coverage	Total
Ages 26-35	213,000	3,000	216,000	183,000	13,000	196,000
Ages 36-49	513,000	8,000	521,000	468,000	34,000	502,000
Ages 50-64	201,000	3,000	204,000	185,000	13,000	198,000
Ages 65+	41,000	1,000	41,000	35,000	3,000	37,000
<b>Totals</b>	<b>967,000</b>	<b>15,000</b>	<b>982,000</b>	<b>871,000</b>	<b>62,000</b>	<b>933,000</b>

<sup>a</sup>Coverage expansion would extend full-scope coverage to all otherwise eligible Californians regardless of immigration status. Currently, undocumented immigrants over age 25 are only eligible for restricted-scope coverage, which covers emergency- and pregnancy-related services.

<sup>b</sup>Caseload would not remain fixed on an ongoing basis but would change as enrollment of undocumented immigrants changes over time.

Note: Numbers may not add due to rounding.



# Mental health risk factors

**According to the APA:**

- **Immigrants face multiple stressors before, during and after migration.**
- **Undocumented immigrants are at high risk of depressive disorders, PTSD and substance use disorders.**
- **Compared to U.S.-born Latinos, undocumented Latinos “are more likely to have multiple psychosocial problems...related to employment, access to health care and the legal system. However, undocumented Latinos use fewer mental health services than U.S.-born Latinos do.”**

# Enrollment considerations

## Confusion Around Public Charge

- Chilling effects from public charge changes discourage enrollment.
- Fear of deportation if their legal status in is recorded by a government entity.

## Income Eligibility Thresholds

- Undocumented individuals with incomes above the Medi-Cal eligibility threshold have limited options since they cannot participate in Covered California.

# Implementation challenges

## Access to and Use of Care

- Health Care Navigation Issues
- Narrow Networks
- Provider shortage, particularly those who speak languages other than English
- Coordination with social services

## Stigma and cultural considerations

- Mental health stigma in immigrant communities
- Providers recognizing “culturally specific concepts of distress”

# **Policy recommendations**

- **Partnerships with trusted community-based organizations to address enrollment and access to care issues.**
- **Review Medicaid reimbursement for mental health services.**
- **Inter-Agency Collaboration: California Master Plan for Aging: Behavioral health as focal point**
- **Clinical protocols that address the specific needs of immigrant communities.**



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