

CHAPTER 4

Health Insurance and Demographics of California Immigrants Eligible for Deferred Action

Laurel Lucia, Xiao Chen, Ken Jacobs, Nadereh Pourat

Laurel Lucia is Manager of the Health Care Program at the UC Berkeley Center for Labor Research and Education. **Xiao Chen** is a Senior Statistician at the UCLA Center for Health Policy Research. **Ken Jacobs** is Chair of the UC Berkeley Center for Labor Research and Education. **Nadereh Pourat** is Director of Research, UCLA Center for Health Policy Research; Director of the Health Economics and Evaluation Research Program; and Professor in the Department of Health Policy and Management at the UCLA Fielding School of Public Health. Funding for this research was provided by The California Endowment. The authors would like to thank Tanya Broder, Beth Capell, Josue Chavarin, Richard Figueroa, and Gabrielle Lessard for their review. We also thank Mary June Flores for her research assistance and Jenifer MacGillvary for her help in preparing this chapter. We appreciate Randy Capps, Enrico Marcelli, Jeffrey Passel, Manuel Pastor, Marc Rosenblum, and Tom Wong for their insights on how external estimates of the undocumented population are modeled. This chapter reflects information available as of September 2015.

In November 2014, President Obama announced the expansion of the Deferred Action for Childhood Arrivals (DACA) program and the creation of a new program, Deferred Action for Parents of U.S. Citizens and Lawful Permanent Residents (DAPA). More than one million undocumented immigrants in California became potentially eligible for work authorization and relief from deportation under these executive actions. As of this writing, a court decision has blocked implementation of the President's actions while an appeal to that decision is being considered.

This chapter discusses the health insurance status, Medi-Cal eligibility, and demographics of California immigrants eligible for the original and the expanded DACA programs and for DAPA.¹ These immigrants are not eligible for health insurance options under the Affordable Care Act ("Obamacare"). But Californians who are granted DACA or DAPA become eligible for comprehensive Medi-Cal coverage under state policy if otherwise eligible based on income. California recently approved an expansion of comprehensive Medi-Cal to all undocumented children age 18 and under, to be implemented as soon as May 2016.¹ Approximately 250,000 undocumented California children are projected to be eligible for Medi-Cal under that expansion, according to previous research.²

Using the latest Current Population Survey (CPS) data,³ we estimate that:

- Up to 54% of Californian adults eligible for DACA or DAPA lacked private health insurance and had income below the Medi-Cal eligibility threshold in 2013.
- We estimate that between 310,000 and 440,000 Californian adults with DACA or DAPA could be eligible for Medi-Cal several years after implementation of both executive actions. This estimate is contingent on sign-up rates for DACA and DAPA, which are highly uncertain.
- Most of these adults (80%) are DAPA-eligible, while the others are already eligible for the original DACA program or would become eligible for expanded DACA after the 2014 executive action is implemented.

- Not all Californians who are granted DACA or DAPA and are eligible for Medi-Cal would be anticipated to enroll in health coverage.
- Approximately two-thirds (66%) of DACA- and DAPA-eligible adults were working in 2013.
- More than nine out of ten (91%) Californian adults eligible for DACA or DAPA were under age 45 in 2013.

Background

The DACA program, which began in 2012 and was expanded in 2014, offers deportation relief and work authorization to undocumented immigrants who arrived in the U.S. before the age of 16 and have continuously resided since 2010.⁴ They must currently attend school, have a high school diploma or General Equivalency Diploma (GED), or have an honorable discharge from the U.S. military. In November 2014, the DAPA program was announced for parents of citizens and lawful permanent residents who have resided in the U.S. for at least 5 years, and meet other requirements. Individuals convicted of certain criminal offenses, including felonies and some misdemeanors, are not eligible for DACA or DAPA.⁵

Nearly 200,000 Californians, or 66% of those estimated to be eligible, have already had initial DACA applications approved under the original program, and initial and renewal applications continue to be filed.⁶ However, the application processes for the expanded DACA and the new DAPA programs have been placed on hold because a court order has blocked implementation. Immigration policy experts predict that the block is temporary and that the new programs will ultimately be implemented.⁷ However, the timeline for implementation is uncertain.

Approximately half (50% to 52%) of California's undocumented immigrants could be eligible for relief from deportation and work authorization under the 2012 and 2014 executive actions, according to three different estimates by national and California-based researchers. Estimates of the total number of Californians eligible for DACA and DAPA range from 1.25 million by Pew Hispanic Center, to 1.52 million by the Migration Policy Institute, to 1.56 million by Manuel Pastor at the University of Southern California.⁸ These estimates vary as a result of differences

in methodology and the inherent uncertainty in estimating the size of undocumented populations. More detail on the estimates is provided in the Appendix.

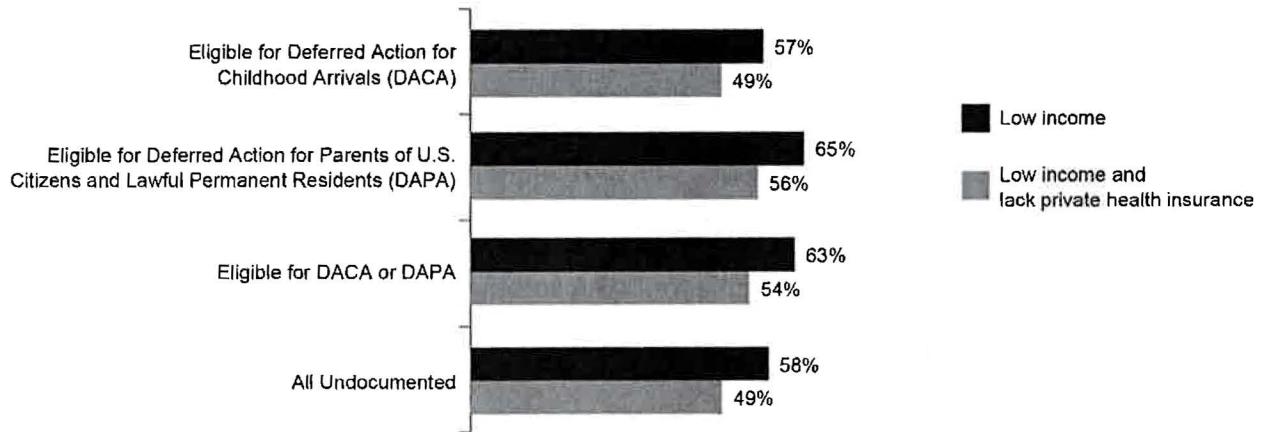
In this chapter, we use Pew Hispanic Center's estimate of 2.45 million undocumented residents in California, of which 1.25 million are estimated to be eligible for DACA or DAPA.⁹ These estimates are consistent with the authors' previous analysis of a proposal to expand Medi-Cal to low-income undocumented Californians.¹⁰ Among Californians eligible under the executive actions, we estimate that 72% are eligible for DAPA and the remainder are eligible for DACA, which is in line with other researchers' estimates.¹¹

Majority of Adults Eligible for DACA or DAPA are Low Income and Lack Private Health Insurance

Using data from the CPS, we examine the health insurance status and income of Californian adults eligible for the original and expanded DACA programs and DAPA, and then compare to the California undocumented population overall. Methodological details and more details on health insurance status and income by age and eligibility category are included in the Appendix.

More than half (57%) of California adults eligible for DACA and 65% of those eligible for DAPA were low income by Medi-Cal income eligibility standards in 2013. Approximately 58% of all undocumented adults had income below the Medi-Cal standards. In this chapter, we focus on individuals lacking private health insurance, since they are the most likely to enroll in Medi-Cal once eligible. Up to 49% of California adults eligible for DACA and up to 56% of those eligible for DAPA were low-income, lacked health insurance, and are predicted be eligible for Medi-Cal under state policy if granted relief.¹² Comparatively, 49% of undocumented California adults are low income and lack private health insurance (Exhibit 1).

Exhibit 1: Income and Health Insurance Status of Undocumented California Adults and Those Eligible for Deferred Action, Ages 19-64, 2013



Source: UCLA/UCB estimates using Current Population Survey, 2013

Notes: Low income is defined using the Medi-Cal income eligibility thresholds. Under state policy, the Medi-Cal income eligibility threshold for adults is below 139% FPL, or approximately \$16,360 for a single individual in 2015. Private health insurance includes job-based coverage and insurance provided through the individual market.

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The Medi-Cal eligibility estimates in this chapter are upper limits for a number of reasons:

- Income levels could increase for those granted work authorization through DACA or DAPA, reducing Medi-Cal eligibility. We estimate that approximately two-thirds of California adults eligible for DACA (65%) and DAPA (66%) were working in 2013.¹³ However, employment rates could increase with work authorization. A national survey of youth granted DACA found that nearly 60% obtained a new job and 45% increased earnings since receiving DACA.¹⁴ The Fiscal Policy Institute predicted that immigrants who receive work authorization under the executive actions would experience a 5 to 10% increase in wages, on average.¹⁵
- The estimates in this chapter are based on income reported prior to the increases in California's minimum wage in 2014 and 2016.¹⁶ Previous research found that the increase in the state minimum wage is likely to reduce Medi-Cal eligibility on a statewide basis.¹⁷
- Access to private health insurance could increase for undocumented Californians granted work authorization under DACA or DAPA, resulting in fewer individuals who would enroll in Medi-Cal under state policy. A national survey of youth granted DACA found that nearly 21% obtained health insurance since receiving DACA.¹⁸

- The health insurance and demographic estimates in this chapter are reflective of all California immigrants eligible for DACA and DAPA. To the extent that the \$465 application fee is a barrier to signing up for DACA or DAPA, those who apply for deferred action may have higher income, reducing the percentage eligible for Medi-Cal.

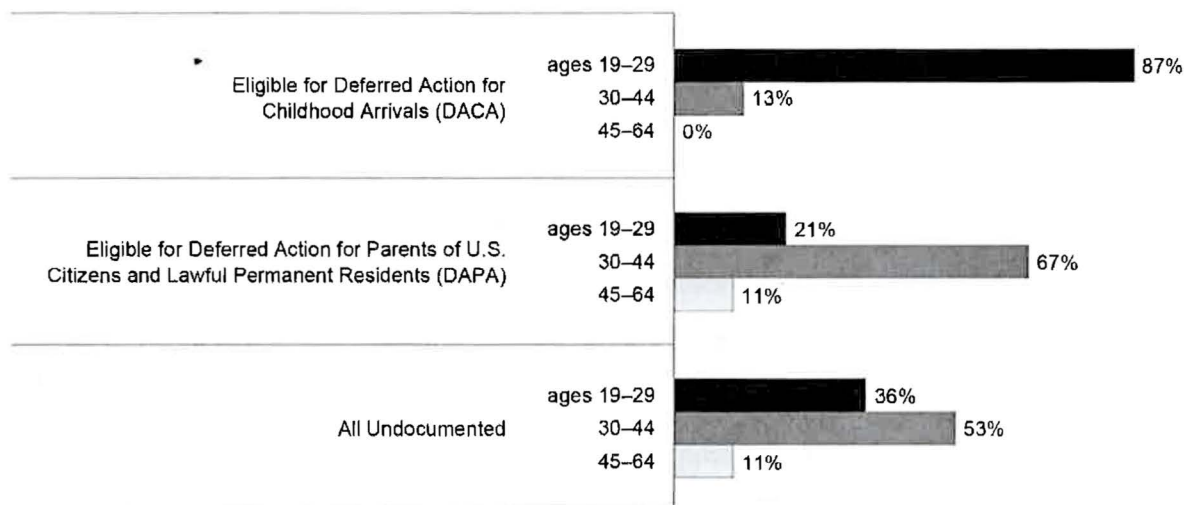
DACA- and DAPA-Eligible California Adults are Relatively Young

The vast majority (87%) of California adults eligible under the expanded criteria were ages 19 to 29, while two-thirds (67%) of DAPA-eligible parents were between the ages of 30 and 44. Among undocumented Californian adults overall, 36% were ages 19 to 29 and 53% were between the ages of 30 and 44 in 2013 (Exhibit 2).

A previous study by UCLA researchers found that 11% of undocumented California adults were over the age of 45 in 2009, compared to 41% of U.S.-born citizen adults, 53% of naturalized citizen adults, and 33% of documented immigrant adults.¹⁹ These data highlight potentially lower premiums for most DACA and DAPA eligible California adults. Age-adjusted health insurance premiums, on average, begin to increase more sharply starting at around age 45.²⁰

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Exhibit 2: Age of Undocumented California Adults and Those Eligible for Deferred Action, Ages 19-64, 2013



Source: UCLA/UCB estimates using Current Population Survey, 2013

Note: Number of DACA-eligible adults ages 45-64 is too small to report. Analysis of eligibility for DAPA focuses on parents ages 19-64.

Not All California Immigrants Eligible for DACA or DAPA will be Granted Relief

Not all Californians eligible under the executive actions will apply for DACA or DAPA, due to barriers such as inability to afford the \$465 application fee, not having all of the required paperwork, fears and legal concerns, and not knowing how to apply or needing assistance with the application process.²¹ To date, nearly 200,000, or 66% of Californians eligible for DACA, have applied for and been granted relief from the federal government.²² The 2015-2016 California state budget includes \$15 million in funding to support non-profit organizations in providing application assistance and outreach and education efforts for naturalization or DACA/DAPA sign-up.²³ Efforts such as these may increase application and approval rates.

The sign-up rates of Californians eligible for DACA and DAPA are highly uncertain. On the lower end, we estimate the number who would be Medi-Cal eligible if the combined DACA/DAPA sign-up rate among Californians ultimately reaches 50% of those eligible. This outcome might occur if parents face greater sign-up barriers than experienced by DACA-eligible Californians. On the higher end, we estimate the number who would be Medi-Cal eligible if the DACA/DAPA sign-up rate reaches 70%. This result might occur as a result of factors such as extensive application and fee assistance being made available, and/or parents being more inclined to apply for relief than DACA-eligible youth.

Among Immigrants Newly Eligible for Medi-Cal, Not All Will Enroll

Not all Californians newly eligible for Medi-Cal will enroll. National research suggests that some undocumented immigrants and their family members are less likely to enroll in public programs than their native-born counterparts due to fear of negative immigration enforcement action for themselves or their families, concern about ability to adjust immigration status in the future, and a general fear and mistrust of public programs.²⁴ In a previously published analysis, the authors estimated that 64% of low-income undocumented residents who lack private insurance would enroll in Medi-Cal by 2019 if eligibility was expanded to all low-income Californians regardless of immigration status.²⁵ However, a similar analysis has not been conducted that is specific to the Californians eligible for DACA and DAPA.

Approximately half of low-income undocumented Californians are already enrolled in restricted scope Medi-Cal,²⁶ which covers emergency and pregnancy-related services for undocumented residents under a long-standing federal policy. Californians who are already enrolled in restricted scope coverage and are granted DACA or DAPA would likely be enrolled in comprehensive Medi-Cal benefits upon their next annual redetermination date if they are still income-eligible. If Californians granted DACA or DAPA enroll in comprehensive Medi-Cal, the most costly emergency services are already covered. Previous research found that 60% of the cost of comprehensive Medi-Cal coverage per adult is already paid for by the federal and state government through restricted scope Medi-Cal.²⁷

Take-up could be lower than predicted if individuals granted DACA or DAPA have difficulty with the Medi-Cal enrollment process or face barriers due to lack of information about Medi-Cal eligibility or misinformation about the consequences of applying. Additionally, in order to enroll smoothly, DACA- and DAPA-eligible Californians will need written materials and application assistance that is appropriate to their education level and the spoken and written languages in which they are comfortable. We estimate that 31% of adults eligible for DAPA have completed high school or its equivalent, or achieved a higher level of education, which is significantly lower than the percentage of DACA-eligible California adults who have a high school diploma or greater (96%).²⁸

Past research suggests that at least one-third of DACA-eligible Californians could benefit from written materials and assistance in languages other than English.²⁹ Data are not yet available on the English fluency of California parents eligible for DAPA, but a previous study found that 83% of undocumented adult respondents in the 2009 California Health Interview Survey chose to participate in a non-English language, which is an indicator of potentially limited English fluency.³⁰

If Significant DACA and DAPA Sign-Up Occurs in California, Many Could be Medi-Cal Eligible

Between 310,000 and 440,000 California adults in need of health insurance could be eligible for comprehensive Medi-Cal if between 50% and 70% of Californians eligible for DACA or DAPA are granted deferred action.³¹ Future sign-up rates for DACA and DAPA are uncertain and could fall

outside this range. If approximately 64% of those eligible take-up comprehensive Medi-Cal over time, enrollment would increase by approximately 200,000 to 280,000 adults. Most of these adults (80%) are DAPA-eligible. Among the remainder, some may have already been approved for DACA and may be enrolled in comprehensive Medi-Cal, while others would become eligible for the expanded DACA program after the 2014 executive action is implemented.³² These estimates do not include the 250,000 undocumented children estimated to be eligible for comprehensive Medi-Cal under state policy as soon as May 2016.³³

It is not yet known when the expanded DACA and DAPA programs will be implemented. After applications for expanded DACA and DAPA ultimately become available, it will take time for individuals to receive relief and for sign-up to reach its peak level. Application submissions will likely phase-in over time as eligible individuals learn about the program, decide whether to apply, prepare their application, and save for the application fee, if needed.

Furthermore, the current average processing time for a DACA application is six months and the predicted DAPA application processing time is not yet known.³⁴ The timelines of applicants and U.S. Citizenship and Immigration Services likely contributed to it taking two years before California's DACA sign-up rate reached 60%.³⁵ After Californians are approved under the expanded DACA and DAPA programs, it will also likely take time for them to learn about their potential health insurance eligibility and apply for Medi-Cal.

Policy Implications

The findings indicate that between 310,000 and 440,000 Californian adults who currently lack health insurance could gain access to more comprehensive Medi-Cal services if they are granted deferred action under President Obama's recent executive actions. A fraction of these individuals already have DACA and may have enrolled in Medi-Cal. While low-income undocumented children in California will gain access to comprehensive Medi-Cal in 2016, low-income undocumented adults are only eligible for emergency and pregnancy related services through Medi-Cal and have limited access to important preventive and treatment services.

Providing comprehensive coverage will build upon availability of existing federal and state funds. Public health insurance programs have been shown to increase the use of preventive care and decrease avoidable stays in the hospital. Previous Medicaid expansions have also been associated with lower death rates, lower rates of depression, and overall general better health. As two-thirds of the adults who could be granted DACA and DAPA are workers, the state's eligibility policy will also contribute to a healthier California workforce. Providing comprehensive coverage to undocumented immigrants participating in these programs will pave the way for receipt of timely and effective preventive and routine care that would lead to improving population health overall and reducing the costly consequences of delaying care.

Appendix: Methodology

We used data from the 2011-2013 Current Population Surveys to improve reliability of estimates and weighted them to 2013 for most recent estimates.

The undocumented population in California was estimated using statistical modeling techniques.

The population eligible for DACA was identified from within the undocumented population based on the criteria for DACA, including: 1) arrival in the U.S. prior to 16 years of age; 2) at least a high school diploma or equivalency, or currently in school; and 3) at least five years of residence in the U.S. The population eligible for DAPA was identified from within the undocumented population based on the criteria for DAPA, including: 1) having a child who is a U.S. citizen or Lawful Permanent Resident; and 2) at least five years of residence in the U.S. When individuals were identified as eligible for both programs, they were categorized as DACA-eligible.

Individuals who have been honorably discharged from the U.S. military are also eligible for DACA, and individuals convicted of certain criminal offenses, including felonies and some misdemeanors, are not eligible for DACA or DAPA. These could not be identified in the data.

The size of the population identified using the CPS is shown in Exhibit A. The population size was compared to other available estimates. The proportion of undocumented residents who are eligible for deferred action was relatively similar between our (55%) and others' (50-52%) estimates, but the total size of the undocumented population identified in our analysis was lower than others' estimates. Therefore, we rely on Pew's estimates of population size in this chapter.

The data on health insurance and demographics from the CPS is reported in this chapter in percentages. We applied these percentages to Pew Hispanic Center's estimate of the population size to obtain population size for each demographic.

Exhibit A: Estimates of Number of Californians who are Undocumented or Eligible for Deferred Action

	Source			
	Authors' Estimates	Pew Hispanic Center ³⁶	Manuel Pastor, USC Center for the Study of Immigrant Integration ³⁷	Migration Policy Institute ³⁸
All undocumented	2,247,000	2,450,000	2,980,000	3,034,000
Original Deferred Action for Childhood Arrivals (DACA)	298,000	300,000	356,000	343,000
Expanded DACA	47,000	950,000	95,000	93,000
Deferred Action for Parents of U.S. Citizens and Lawful Permanent Residents (DAPA)	884,000		1,106,000	1,523,000
Total DACA or DAPA	1,229,000	1,250,000	1,557,000	1,572,000

Exhibit B: Health Insurance and Demographics of Undocumented California Immigrants and Those Eligible for Deferred Action, 2013

Category	DACA or DAPA Eligible	DAPA Eligible	DACA Eligible			Undocumented		
Age	Total (19-64)	Total (19-64)	Total	15-18	19-64	Total	15-18	19-64
Health Insurance Status and Income								
Low Income	63%	65%	68%	96%	57%	63%	95%	58%
Lack Private Health Insurance	78%	77%	83%	87%	81%	78%	87%	77%
Low Income and Lack Private Health Insurance	54%	56%	60%	86%	49%	53%	85%	49%
Work Status								
Working (Ages 19-64)	66%	66%			65%			71%
Education level								
Less than high school	55%	69%	30%	92%	4%	61%	92%	55%
High School	32%	23%	48%	7%	66%	25%	7%	29%
Some College	8%	4%	16%	0%	23%	7%	0%	8%
Bachelor's degree or more	5%	4%	5%	0%	7%	7%	0%	8%
Age								
0-18	0%	0%	30%	100%	0%	14%	100%	0%
19-29	35%	21%	61%	0%	87%	31%	0%	36%
30-44	56%	67%	9%	0%	13%	45%	0%	53%
45-64	9%	11%	0%	0%	*	10%	0%	11%

* Number too small to report

Source: UCLA/UCB estimates using Current Population Survey, 2013

Notes: Low income is defined using the Medi-Cal income eligibility thresholds. Under state policy, the Medi-Cal income eligibility threshold for children under age 19 is below 267% FPL, or approximately \$64,750 for a family of four in 2015. The threshold for adults is below 139% FPL, or approximately \$16,360 for a single individual in 2015. Private health insurance includes job-based coverage and insurance provided through the individual market.

¹California 2015-2016 State Budget. <http://www.dof.ca.gov/documents/FullBudgetSummary-2015.pdf>

²Medi-Cal is the California name for the federal-state Medicaid program.

³The Current Population Survey is a monthly program by the U.S. Bureau of the Census and U.S. Bureau of Labor Statistics. It is the same survey used to estimate the monthly unemployment rate.

⁴The original DACA program, established in 2012, required continuous residence in the country since June 15, 2007, and being under the age of 31 as of June 15, 2012. Under the 2014 announcement, the date used to determine continuous residence was changed to January 1, 2010, and the upper age limit was eliminated.

⁵Convictions of criminal offenses could not be identified in the data. Throughout this chapter, when we refer to individuals eligible for DACA or DAPA, we mean that they are potentially eligible based on the eligibility criteria we are able to analyze.

⁶This sign-up rate is based on Pew Hispanic Center's estimate that 300,000 Californians were eligible for DACA under the initial eligibility criteria. U.S. Citizenship and Immigration Services, Data Set: Deferred Action for Childhood Arrivals, June 2015 data. <http://www.uscis.gov/tools/reports-studies/immigration-forms-data/data-set-deferred-action-childhood-arrivals>. Pew Hispanic Center, Immigrants in Western States Most Likely to Benefit from Obama's Executive Action, November 21, 2014. <http://www.pewresearch.org/fact-tank/2014/11/21/immigrants-in-western-states-most-likely-to-benefit-from-obamas-executive-action/>

⁷National Immigration Law Center, Press Release: Court Decision Signals Delay, Not Defeat, May 26, 2015. <http://nilc.org/nr052615.html>

⁸Pew Hispanic Center, 2014. Migration Policy Institute, Profile of the Unauthorized Population: California, accessed September 4, 2015. <http://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CA>. Pastor M, The Kids Aren't Alright, but they Could Be: Estimating the Benefits of DAPA for Children in California, presented to the Southern California Association of Grantmakers on March 11, 2015.

⁹Pew Hispanic Center, 2014.

¹⁰Lucia L, Jacobs K, Graham-Squire D, Watson G, Roby DH, Pourat N, and Kominski GF (UC Berkeley Labor Center and UCLA Center for Health Policy Research), A Little Investment Goes a Long Way: Modest Cost to Expand Preventive and Routine Health Services to All Low-Income Californians, May 2014. http://laborcenter.berkeley.edu/pdf/2014/health_undocumented.pdf

¹¹Our estimate is based on analysis of CPS 2013. Of those eligible under the executive actions, Manuel Pastor and the Migration Policy Institute both estimate that 71% are eligible for DAPA. Pastor, 2015. Migration Policy Institute, 2015.

¹²Medi-Cal eligibility policy: California Code of Regulations Title 22 § 50301.

¹³UCLA/UCB estimates using CPS 2013

¹⁴Gonzales RG and Bautista-Chavez AM, Two Years and Counting: Assessing the Growing Power of DACA, American Immigration Council Special Report, June 2014. http://www.immigrationpolicy.org/sites/default/files/docs/two_years_and_counting_assessing_the_growing_power_of_daca_final.pdf

¹⁵Fiscal Policy Institute, President's Immigration Action Expected to Benefit Economy, November 21, 2014. <http://fiscalpolicy.org/presidents-immigration-action-expected-to-benefit-economy>

¹⁶California's minimum wage increased from \$8.00 to \$9.00 on January 1, 2014 and will increase further to \$10.00 an hour effective January 1, 2016. The City Council of Los Angeles, where a significant number of undocumented residents live, approved increases in the minimum wage, growing to \$15 per hour by 2020.

¹⁷Allegretto SA, Reich M, and West R, Ten Dollars or Thirteen Dollars? Comparing the Effects of State Minimum Wage Increases in California, June 2014. <http://www.irl.berkeley.edu/cwed/briefs/2014-02.pdf>

¹⁸New health insurance may have included student health insurance, job-based coverage, or state-funded Medicaid offered in a limited number of states. Gonzales and Bautista-Chavez, June 2014.

¹⁹Wallace SP, Torres J, Sadegh-Nobari T, Pourat N, and Brown ER, UCLA Center for Health Policy Research, Undocumented Immigrants and Health Care Reform, August 31, 2012. <http://healthpolicy.ucla.edu/publications/Documents/PDF/undocumentedreport-aug2013.pdf>

²⁰This cost trend is reflected in the age rating curve applied to premiums for private health insurance through Marketplaces under the Affordable Care Act regulations.

²¹Researchers from Harvard University surveyed youth from across the U.S. who were eligible for DACA but did not apply. Four in ten (43%) indicated they could not afford the \$465 DACA application fee. Other barriers that prevented youth eligible for DACA from applying included: missing paperwork (22%), legal concerns (17%), fear of sending their personal information to the government (15%), and not knowing how to apply (10%). Gonzales and Bautista-Chavez, June 2014.

²²In California, more than 198,000 initial applications for DACA had been approved by June 2015. Pew Hispanic Center estimates that 300,000 Californians are eligible under the original DACA program. U.S. Citizenship and Immigration Services, Data Set: Deferred Action for Childhood Arrivals, June 2015 data, published August 28, 2015. <http://www.uscis.gov/tools/reports-studies/immigration-forms-data/data-set-deferred-action-childhood-arrivals>. Pew Hispanic Center, 2014.

²³California 2015-2016 State Budget. <http://www.dof.ca.gov/documents/FullBudgetSummary-2015.pdf>

²⁴Pereira KM, Crosnoe R, Fortuny K, Pedroza JM, Ulvestad K, Weiland C, Yoshikawa H, and Chaudry A (Urban Institute), Barriers to Immigrants' Access to Health and Human Services Programs, Prepared under contract with the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, May 2012. <http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Barriers/rb.shtml>

²⁵Lucia et al., 2014.

²⁶Approximately 725,000 undocumented Californians were enrolled in restricted scope Medi-Cal in 2013 (DHCS). Approximately 1.5 million undocumented immigrants have income that is below the Medi-Cal eligibility threshold. DHCS, Population Distribution by Citizenship Status, January 2013. http://www.dhcs.ca.gov/dataandstats/statistics/Documents/3_63_Population_Distribution_Citizenship_Status.pdf. Lucia et al., 2014.

²⁷Lucia et al., 2014.

²⁸UCLA/UCB estimates using CPS 2013

²⁹The Migration Policy Institute estimated that 36% of Californians eligible for DACA were Limited English Proficient. Among Californians predicted to be eligible for DACA, 43% elected to be interviewed in a non-English language in the California Health Interview Survey in 2007-2009. Migration Policy Institute, Deferred Action for Childhood Arrivals (DACA) Profile: California. <http://www.migrationpolicy.org/content/deferred-action-childhood-arrivals-daca-profile-california>. Brindis CD, Hadler MW, Jacobs K, Lucia L, Pourat N, Raymond-Flesch M, Siemons R, and Talamantes E, Realizing the Dream for Californians Eligible for Deferred Action for Childhood Arrivals (DACA):

Demographics and Health Status, February 2014. <http://laborcenter.berkeley.edu/realizing-the-dream-for-californians-eligible-for-deferred-action-for-childhood-arrivals-daca-demographics-and-health-coverage/>

³⁰Pourat N, Wallace SP, Hadler MW, and Ponce N, Assessing Health Care Services Used by California's Undocumented Immigrant Population in 2010, *Health Affairs* 33(5), 2014, pages 840-847.

³¹We start with Pew Hispanic Center's estimate that 1.25 million Californians could be eligible for DACA or DAPA. Those Californians are then assigned to three groups based on our analysis of CPS 2013 data: 8% DACA-eligible teens ages 15-18, 20% DACA-eligible adults ages 19-64, and 72% DAPA-eligible adults ages 19-64. For each group, the share that is low income and lacks private coverage is applied (Appendix, Exhibit B). Then, Medi-Cal eligibility numbers are estimated under scenarios in which 50% and 70% of those eligible for DACA or DAPA apply for relief.

³²About 200,000 Californians have already been approved for DACA, but is not known how many of those Californians are adults. Nationally, approximately half of individuals who received DACA approval in August 2012 through September 2013 were age 20 or older, according to USCIS. Data is not available on the number of Californians with DACA who are enrolled in Medi-Cal. USCIS, [Characteristics of Individuals Requesting and Approved for Deferred Action for Childhood Arrivals \(DACA\)](#).

³³UC Berkeley-UCLA California Simulation of Insurance Markets model version 1.91 estimate for 2015.

³⁴U.S. Citizenship and Immigration Services, USCIS Processing Time Information for the California Service Center, August 31, 2015.

³⁵Applications for the original DACA program became available in August 2012. After approximately two years, 60% of eligible California youth had been approved, using Pew Hispanic Center's estimate that 300,000 Californians were eligible for DACA under the original eligibility criteria. USCIS, December 2014. Pew Hispanic Center, 2014.

³⁶Pew Hispanic Center, 2014.

³⁷Pastor, 2015. Note: These are the latest estimates as of March 2015. Pastor considers the undocumented population estimate to be a high-end estimate.

³⁸Migration Policy Institute, 2015.