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Effects of Welfare on California's Immigrants: Will Expansions to Medi-Cal Change Immigrant Demographics?

Undocumented immigrants are central to the nation's economy and society but are often excluded from public policies that ensure equitable access to health care. From 2018 through 2020, it was estimated that about 45% of undocumented immigrants lacked health insurance coverage compared to 8.5% of US citizens (KFF, 2020). This is a significant figure reflecting broader issues in access to healthcare for undocumented individuals, who often face barriers in eligibility for government services. However, there is broad controversy surrounding whether or not extending benefits such as Medi-Cal will disincentivize undocumented populations from acquiring citizenship.

It is this assumption that my paper will further uncover, broadly, what is the impact of welfare benefits on California's undocumented population? Specifically, does implementation of the 2020 Medi-Cal expansion increase the undocumented population in four California counties from 2018 through 2022? To answer this question, I compare the percentage of undocumented immigrants across four California counties in 2018-2022, seeing the rate of change before and after the 2020 Medi-Cal expansion. I found that the Medi-Cal expansion did not have a significant impact on California's immigrant demographics.

Context and Significance

In 2016, the first Affordable Care Act (ACA) expansion to undocumented individuals encompassed low-income children under the age of 19. Then, per an expansion of comprehensive preventative care and other services to all income-eligible young adults aged 26 and under regardless of immigration status, more Californians are receiving full-scope Medi-Cal (DHCS, 2020). However, this still left the majority of undocumented individuals without care because most of the undocumented population are adults aged 26-49. To mitigate this, as a result of two more expansions, one in 2022 to ages 50 and older, then to all ages in 2024, all undocumented individuals in California are now eligible for comprehensive healthcare through Medi-Cal.

Despite the belief that undocumented populations will rise as a result of ACA expansions, data suggests that undocumented populations have in fact dropped. In 2007, California's total undocumented immigrant population was 28%, but in 2021, the figure decreased to 18% (PPIC, 2024). While this suggests that the size of the naturalized immigrant population has grown, the extension of welfare to undocumented individuals is still controversial. Some Americans continually hold the belief that by extending welfare, it disincentivizes those who are undocumented from acquiring citizenship, taking away resources from citizens (NPR, 2022). If this is the case, it is important to consider the possible effects of extending medical coverage in California, considering it has expanded Medi-Cal to encompass all immigrants regardless of citizenship.

Literature Review

The objective of this literature review is to provide context on the implications of expanding aid to undocumented populations while simultaneously considering how a lack of resources currently affect this group through citizenship barriers, health outcomes, and

inequality. Additionally, this review will analyze current structures and limitations to citizenship pathways or government aid.

This review will be organized by cause and effect as I look at the implications of expanding Medi-Cal, high uninsured rates amongst immigrants, and lack of service utilization.

Public Charge

There is a critical intersection between healthcare access and barriers to citizenship for undocumented immigrants. Expansions to Medi-Cal have been continuing to encompass larger populations of undocumented groups because alone, these individuals make up the largest share of the uninsured. While 8.2% of the US population is currently uninsured, about 40% percent of non-citizens in the country are (Waddill, 2023). This is largely due to concerns of delayed immigration access or deportation. *Public charge*, a concept that refers to an undocumented individual's likelihood of becoming dependent on government services, has historically been used to determine an individual's eligibility for citizenship.

The concept of denying immigrants citizenship on the basis of becoming a public charge was introduced into federal legislation as part of the Immigration Act of 1882, permitting the government to prevent any person "unable to take care of himself or herself without becoming a public charge" from entering the country (KFF, 2022). In 2019, 2 years before the Medi-Cal expansion to undocumented groups aged 19-25, the definition of public charge was broadened to include non-cash benefits such as Medicaid and SNAP (DHS, 2019). The revised version of the Act allowed the government to deny entry to those likely to become a public charge or deport individuals who became a public charge within a year of entry. However, federal legislation does not define who is considered a public charge, leaving discretion to immigration officials to decide.

Though at the time of the public charge expansion most undocumented individuals were ineligible for many public programs listed as a public charge, the rule had much broader consequences for immigrant families and future participation due to fear and confusion of the policy. As a result, many individuals who were enrolled or had children enrolled began disenrolling themselves and their children from programs such as Medicaid (Pillai & Artiga, 2022). For non-citizens who were not enrolled already, this revised definition of the Act contributed to the avoidance of public programs altogether. However, since this policy was revoked prior to the 2020 Medi-Cal expansion, undocumented individuals' citizenship eligibility would no longer be affected by public charge, leading to a potential increase in individuals obtaining health coverage without worry, considering they are aware of the policy change.

Barriers to Pursuing Citizenship

Even so, there are certain undocumented individuals who remain undocumented intentionally. One of the most prominent reasons that undocumented immigrants may choose not to pursue citizenship is complications regarding dual citizenship (Weinmann, 2022). Dual citizenship restrictions are perceived as a major barrier for immigrants to pursue naturalization, as it corresponds to not only legal implications for citizenship in their home country but to barriers concerning acceptance and belonging in the US (Weinmann, 2022). The requirement of immigrants to give up their original citizenship poses a large restrains to citizenship acquisition in another country. Not only does this complicate the incentives for citizenship acquisition, but puts forth the idea that it may be in undocumented individuals' best interest to remain undocumented if they can acquire services despite their status.

Increased Health Disparities

Another discussion surrounding the expansion of Medi-Cal lies in the overall health of immigrants. Low-income immigrants often face increased constraints both financially[1] and legally[2] when seeking out citizenship in turn affecting their eligibility for services prior to any expansions (Hainmueller et al., 2018). Consequently, low-income immigrants who face these barriers to citizenship would benefit the most from increased health coverage but instead are more significantly impeded by health conditions (Ayon, 2020). Additionally, older undocumented individuals (50 and above) often had not been able to qualify for Medicaid or Social Security benefits before expansions despite living in the US for an average of 21 years (Ayon, 2020). High costs and limited access to healthcare were found to take a toll on these adults represented through debilitated health, emotional burdens associated with immigration status, and economic insecurity. Considering the number of uninsured immigrants in this group, expanding coverage should alleviate the strain that undocumented individuals often face regarding their health.

Though it seems intuitive that expansions to certain demographics would be beneficial in this regard, some believe that the implementation of the Affordable Care Act (ACA) has exacerbated disparities in access to citizenship (Canchez et al., 2017). For context, foreign-born Latino undocumented immigrants are five times more likely than naturalized citizens to be uninsured and are less likely to visit a primary care provider or clinic, even after controlling for other factors like language, income, and education (Sanchez et al., 2017). This furthers the argument that despite expansions, undocumented individuals are still experiencing higher rates

[1] Naturalization application and processing fees currently cost approximately $725 (Sobti, 2023).
[2] Immigrants typically obtain a green card after 2 years and must maintain legal residency for 5 (3 if married to a US Citizen), to apply for naturalization. From then, processing will take anywhere from 18-24 months. A higher volume of green card applications from a country elongates this process (Petts, 2023).

of inequality. This suggests that the only way to close this gap between noncitizens and naturalized citizens is through expansion to all undocumented individuals.

Impact of Federalism

This observed inequality may highlight issues surrounding federalism. While this principle is intended to balance power between the national and state levels, it presents negative implications visible through the ACA's intended outcome versus states' execution. While California continually expands their Medicaid programs to encompass larger populations, including undocumented immigrants, other states have yet to expand to the same groups. This weakens the overall effectiveness of the ACA as a national initiative as the outcomes rely on states' individual approaches.

While the federal government's intention with the ACA was to expand coverage across the United States with focus on historically underserved demographics, individual states have discretion over how they implement this policy (Jost, 2017). For example, a key provision of the ACA was to expand Medicaid to more low income individuals, which in theory would encompass low income undocumented individuals as well. However, in 2012 the Supreme Court ruled that states could choose whether or not to participate in an expansion to 133% of poverty level, setting a precedent that relates to further expansions to undocumented populations as well. Not only did some states choose not to expand their programs after the ruling, but they imposed stricter citizenship verifications for ACA benefits, exacerbating inequalities in who is eligible (Jost, 2017). Therefore, while the ACA has expanded comprehensive health care to many, it still excludes most undocumented individuals in the process, suggesting higher rates of inequality amongst non-citizens.

Conclusion

These results are significant in considering policy advocacy and the potential for further expansions of various types of aid. The expansion of Medi-Cal to undocumented groups is a positive step, given the significant obstacles they face in obtaining health coverage. Measures to expand programs to all individuals regardless of citizenship should alleviate the health, emotional, and economic burdens faced by this population and promote a more inclusive and equitable healthcare system.

While this research tells us the effects of lacking health coverage for undocumented immigrants and reasons for expansions to Medicaid programs, my research will consider specifically, the effect of expanding healthcare services on California's immigrant demographics. Additionally, I will use this analysis to further the idea that if certain necessary benefits no longer require citizenship, then it may be less costly for immigrants to remain undocumented. This in view of the already significant disparities amongst immigrants who are eligible for services and those who are not.

Theory and Hypothesis

Conceptually, I hypothesize that there is a relationship between welfare benefits and California's immigrant population. More specifically, I hypothesize that an expansion to California's Medicaid program, Medi-Cal, will increase the undocumented population because of a potential lack of incentive considering access to this critical service now does not require it.

Before any expansion of government assistance to undocumented populations, there may have been more of a desire to obtain citizenship to be eligible for services such as comprehensive health care. Currently, undocumented individuals are eligible for programs such as Medi-Cal, Cash Assistance Program for Immigrants (CAPI), Woman with Infants and Children program

(WIC), and free or reduced school lunches without a requirement of intention to seek out citizenship (ILRC, 2024). Though this is very limited compared to resources available to citizens, these benefits provide services that are imperative to the well-being of many immigrants.

Additionally, although there is rhetoric surrounding undocumented individuals being fearful of enrolling in state or federal services because they believe it may hurt their opportunity for citizenship, this is untrue. Applying for benefits such as Medi-Cal will not affect immigration status as there are very strict laws in California that protect against sharing information with immigration officials (DHCS. 2024). Despite lawfully receiving benefits from cash aid to health care not impacting individuals' path to citizenship, accessibility to these services has been a long-standing issue. Therefore, with California now expanding these programs to encompass more immigrant populations without the fear of reduced access to citizenship, then it seems likely that gaining citizenship will no longer be the priority. Instead, the primary focus would be participating in these services.

Research Design and Methods

The independent variable (X) is the 2020 Medi-Cal expansion. The dependent variable (Y) is the percentage of undocumented immigrants during this time. To view potential differences, the percent rate of change for both naturalized and undocumented populations will be calculated annually. Percentage is used to account for differences in population size in each county. All data was recorded from the US Census Bureau Citizenship and Nativity statistics from 2018-2022.

To control, I compare the percentage of undocumented and naturalized citizens in each California county with Harris County, Texas, since they have not expanded their Medicaid program to any undocumented groups.

Another variable controlled for was the size of the immigrant population. The California counties chosen had the largest share of immigrants when compared to all other counties in the state. This is intended to decrease variation in the percentage of individuals who are eligible for Medi-Cal. In conjunction with the fact that Harris County has not expanded Medicaid, they also have the largest immigrant population of any Texas county.

The unit of analysis for this study will be at the county level, comparing 4 California counties and one Texas county with the highest immigrant populations. Specifically, I look at Los Angeles, Orange, San Diego, and Santa Clara counties comparing it with figures from Harris County, Texas, where n=5. The temporal scope will be 4 years from 2018 through 2022, with 2 years before Medi-Cal was expanded and 2 years after its implementation.

Results

I found that there was no significant change to each county's immigrant demographics (see Figure 2). The minimum percentage of undocumented individuals observed was 39.33% in San Diego County, while the highest was 58% in Orange County[3]. The overall average percent

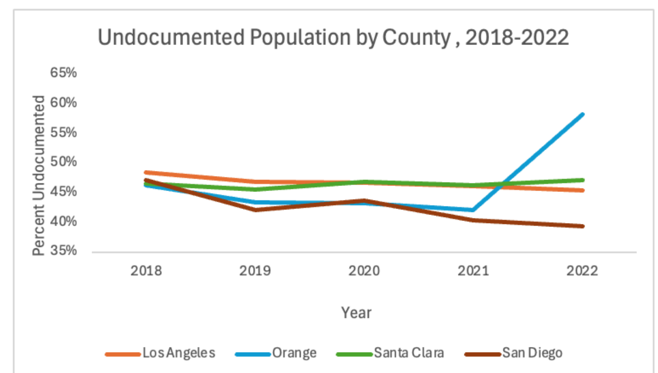

Figure 1: Percent undocumented of immigrant population in California counties. Data Source: UC Census Bureau ACS one- year estimates, 2018-2022

[3] Both the min and max undocumented populations were seen in 2022.

undocumented for each California county was 45.49% with little variation each year.

The average rate of change for all counties was -.066%, a very minimal change in the opposite direction than my hypothesis supports (see Figure 3). Accounting for one large outlier, this percent change would be -0.915%. Though this is a larger percentage, this still represents a very minimal change.

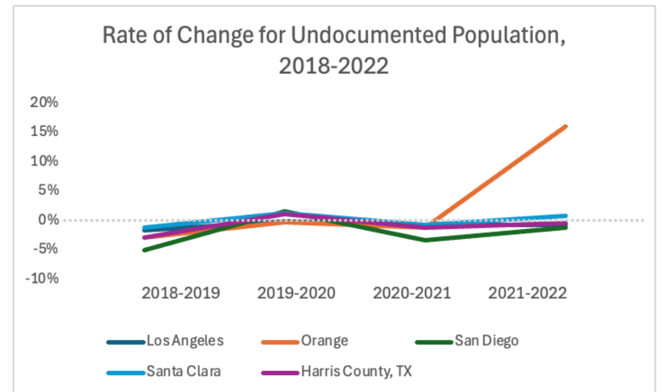

Figure 2: Data Source: UC Census Bureau ACS one- year estimates, 2018-2022

I found that the highest rate of change for any county's undocumented population was in Orange County. They saw a 16.059% increase to their undocumented population in 2022, two years post expansion. However, this contrasts with relatively stable figures in all other California counties, acting as an outlier.

The second highest rate of change was a -5.027% decrease to San Diego counties undocumented population from 2018 to 2019, before Medi-Cal's expansion in 2020[4], but this was followed by a 1.6% increase the next year. In 2020 to 2021, following the expansion their population decreased again by -3.29%[5], then another -1.082% the following year. This likely means the decrease, although small, was mostly consistent with a downward trend seen in the years prior to the expansion.

While San Diego county saw relatively steady decreases pre and post expansion, all other counties either saw small decreases each year before and after the expansion or minor inconsistent rates of change that are likely not due to any particular factor. For example, Los

[4] This is the largest excluding the outlier seen in Orange Counties rate of change from 2021-2022.
[5] The highest rate of change post-expansion excluding any outliers.

Angeles county saw consistent decreases to their undocumented population pre and post expansion. From 2018 to 2019, they saw a -1.549% decrease and a continual decrease of -0.601% in the years following the expansion.

Santa Clara County saw inconsistent rates of change. Pre expansion, they saw a -1.067% decrease to their undocumented population followed by a 1.364% increase the next year. Then, in 2020 to 2021, their undocumented rate decreased again by -.616% followed by a .948% increase the following year. With this, there was no pattern to the percentage of Santa Clara, San Diego, and Orange counties undocumented population, unlike Los Angeles county.

Harris County, TX, most similarly to San Diego county, saw a decrease of -2.877% in 2018 to 2019 followed by a 1.206% increase the next year. Then, from 2020 to 2021, they saw a decrease of -1.058% which continued by -0.354% the next year. However, the overall percent undocumented in Harris County, though maintaining minimal annual rates of change, has had a consistently larger undocumented population than any California county (see Figure 4).

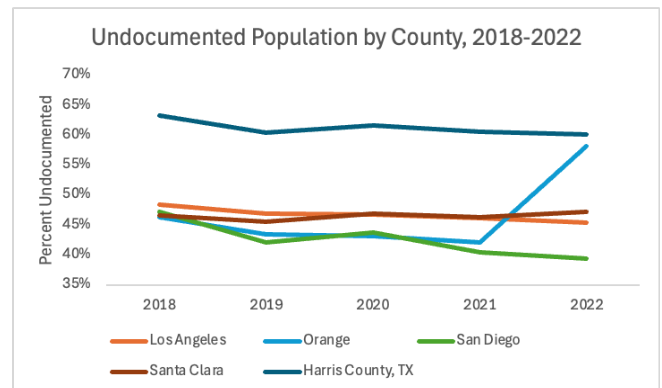

Figure 3: Undocumented population including Harris County, TX.
Data Source: UC Census Bureau ACS one- year estimates, 2018-2022

Discussion and Research Implications

In answering the question, does implementation of the 2020 Medi-Cal expansion increase the undocumented population in four California counties from 2018 through 2022, I hypothesized that the 2020 Medi-Cal expansion would increase California's undocumented population. However, these findings failed to reject the null hypothesis that there is no relationship between the 2020 Medi-Cal expansion and California's undocumented population.

While minimal overall changes in the undocumented population were observed, they were inconsistent across counties during the period being studied. This contradicts my original hypothesis that anticipated significant shifts following the expansion of Medi-Cal in 2020. The average rate of change was -0.066%, reflecting a slight decrease, and even when accounting for a large outlier, the change remains relatively minimal at -0.915%. This suggests that the expansion of healthcare access through Medi-Cal did not drive major changes in the percent of undocumented immigrants in most counties. Harris County, TX, served as a control for a county that has not expanded Medicaid to undocumented groups. They saw similar trends in their rate of change, supporting that any shifts were likely not due to Medi-Cal.

One notable exception to these findings was Orange County, which experienced a substantial 16.059% increase in its undocumented population in 2022. However, since this pattern was not observed by any other county, it serves as an outlier rather than a reflection of Medi-Cal's relationship to California's undocumented population. The reasons behind this increase in Orange County are unclear and may be influenced by unrelated local policy, efficiency of their counties Medi-Cal implementation, or migration patterns unrelated to the Medi-Cal expansion.

The increase in Orange County's undocumented population was similar to the undocumented population seen in Harris County, where Medicaid has not been expanded. In 2023, the Orange County Justice Fund suggested that while California is moving towards protective legislation for immigrants, Orange County has placed its residents at higher risk of deportation by adopting more conservative local policies related to immigration (OCJF, 2023). In 1994, Orange County has also pushed for Proposition 187[6] which aimed at denying

[6] This proposition was deemed unconstitutional in 1999, long before Medi-Cal or any expansions to it existed.

undocumented immigrants access to social services (Gopnik, 2024). Though this does not directly affect current expansions to Medi-Cal, it depicts a historical anti-immigrant sentiment held by the county. This may explain a hesitancy to provide adequate access for undocumented immigrants to their counties Medi-Cal program. With that, more restrictive immigration policies, similar in nature to Harris County, could be a factor in the increase to these counties undocumented population rather than Medi-Cal.

Furthermore, only 21% of Orange County residents are enrolled in Medi-Cal while almost 40% of Los Angeles counties residents are enrolled (DHCS, 2020). This furthers that Orange County's increase to their undocumented population is likely not due to Medi-Cal expansions since the service is not being utilized broadly by residents. If this were due to Medi-Cal, Los Angeles County would see a similar or even larger increase to their undocumented population as well.

Limitations and Research Extensions

One of the most salient limitations I faced in my research was the inability to access Medi-Cal enrollment data for undocumented individuals. Medi-Cal enrollment reports on the Department of Healthcare Services (DHS) data portal only display monthly enrollment by county, not specifying the demographics of who is enrolling[7]. If enrollment data were used without knowing who the enrollees are, this would produce fabricated or inaccurate results. Medi-Cal enrollment information is subject to strict privacy protections under Health Insurance Portability and Accountability Act (HIPAA). This ensures that enrollees personal health

[7] An example of data shown in Medi-Cal Monthly enrollment reports: https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report/resource/95358a7a-2c9d-41c6-a0e0-405a7e5c5f18

information, including immigration status, can not be used against them in any way. The DHS database does have some reports for projected enrollment based on eligibility, but the scope of these reports are very limited since they are assumptions based on the current population and only contain data from one month at a time[8]. The reports are also not published annually, meaning I could not find annual projected enrollment for continual analysis.

Another limitation was possible lack of enrollment due to the 2019 definition of public charge. As previously identified, this rule was expanded to encompass non-cash aid benefits such as Medi-Cal. Though this was overturned in 2020, undocumented immigrants may have remained fearful of applying for services since information surrounding policy change is not often made readily available for immigrant groups. Many individuals likely believed that the 2019 definition remained in effect during the time of the Medi-Cal expansion. Considering individuals were unenrolling their family members, it is highly plausible that those who were not previously enrolled would refrain from doing so (Pillai & Artiga, 2022).

COVID-19 border closures may have impacted both Medi-Cal accessibility and immigrant demographics. COVID overwhelmed the healthcare system by limiting care to prioritize people with life threatening cases, restricting broader healthcare access. The pandemic also contributed to significant increases in Medi-Cal enrollment as a result of so many individuals losing their jobs, overwhelming the system beyond its capability (Haileamlak, 2021). Those who were previously ineligible for Medi-Cal due to their income surpassing the threshold not only made less money but lacked insurance once provided by their employer. California also simplified their Medi-Cal enrollment process to make obtaining coverage easier for low income

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[8] An example of a Medi-Cal eligibility report:
https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal-at-a-Glance-July2023.pdf

and undocumented individuals (CHCF, n.d.). However, this does not necessarily make the program more accessible to immigrants if paired with border closures that prevent immigrants from coming to access these services.

US Census Bureau Nativity and Citizenship statistics only went up to 2022, restricting the scope of analysis to only the 2020 Medi-Cal expansion. However, the population that was included in this expansion, income eligible individuals aged 19-26, represents a small proportion of California's overall undocumented population. In reality, approximately 85% of California's undocumented population falls within ages 26-55, and not represented by the 2020 expansion (MPI, 2019). Therefore, the amount of eligible individuals were not a large enough share of the undocumented population to produce a statistically significant correlation between the expansion and undocumented rates. Since 2020, Medi-Cal has expanded twice. In 2022, this encompassed all income-eligible individuals aged 50 and older. The final expansion in 2023 to all income-eligibles aged 26-49 accounted for the remaining undocumented population, which happens to be the largest undocumented group. With that, research accounting for changes to California's undocumented population before and after the 2024 Medi-Cal expansion should be conducted. This would be a more representative analysis of the impacts of Medi-Cal expansions since a larger share of the population would have access to care.

Based on the findings that counties with more conservative policies surrounding immigration tended to have increased undocumented populations, further research could explore this. By doing a comparative analysis of counties who have more restrictive immigration policies with counties that have more expansive services, this could show if restrictive policies actually increase counties undocumented rates. Most counties or states restrict immigration and access to

services with the intention of reducing their undocumented populations, but if this produces the opposite effect, this would be important to consider for future policy implementation.

While this study analyzed four California counties and one Texas county with the highest undocumented populations, this limits the sample size. Analyzing specific counties based on the size of their immigrant populations acts as a control, but it would be useful to conduct further research with a broader sample size. Specifically, a study should see if Medi-Cal expansions change the percentage of California's undocumented population by looking at every California county.

Time constraints placed sizable limitations to this research. Only nine weeks were allocated to this study, with the first two weeks dedicated to planning. This limited the depth and scope of data collection and analysis. With more time, an extensive analysis may find more impactful results.

Conclusion

In answering if the 2020 Medi-Cal expansion increased California's undocumented population, these findings suggested that there was no significant changes to California's immigrant demographics on the basis of the expansion. Contrary to my initial hypothesis, the data did not support the idea that expanding healthcare access through Medi-Cal would drive an increase in undocumented residents.

Though Orange County saw an increase to their undocumented population, this stands as an outlier rather than evidence of a broader trend linked to Medi-Cal. Orange County holds unique local sentiments related to historical anti-immigrant perceptions and more restrictive

policies, unlike the other California counties, that may have contributed to this rise. The fact that similar increases were not observed in other counties, particularly those with higher Medi-Cal enrollment rates like Los Angeles County, further supports the conclusion that Medi-Cal was not the driving force behind these population changes.

The overall minimal changes observed indicate that other factors are likely more influential in determining undocumented population trends. This study highlights the complexity of factors influencing undocumented populations and suggests that healthcare policy alone is unlikely to be a major determinant of migration patterns. Based on these findings, it could be beneficial for counties who impose restrictions to immigrants as a way to prevent an increase of undocumented populations to consider lessening those restrictions. Though further research is required, the expansion of programs could instead be a driver for decreased undocumented populations. Counties who do not expand their programs to prevent undocumented immigrants should be aware of these findings to consider that expanding access to services and lessening restricting will likely not affect overall immigrant demographics.

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