

Issue At A Glance:

The Remaining Uninsured in the Inland Empire

The Affordable Care Act (ACA) was signed into law on March 23, 2010 and broadened health care coverage for millions of uninsured Americans. Although California established its state based health insurance exchange called Covered California early in the ACA implementation, many Californians continue to lack coverage. This Brief examines the remaining uninsured in the Golden State with a special focus on the Inland Empire.

WHO REMAINS UNINSURED AFTER THE HEALTH INSURANCE REFORM?

In California, individuals left out of coverage are more likely to be:

- **Male;**
- **Undocumented;**
- **Someone who never had insurance before;**
- **Latino;**
- **Non- English proficient; or**
- **In low-income households.**^{1,2}

Uninsured adults are also less likely than insured adults to have a diagnosed medical condition.³

The newly insured are more likely to be married, uninsured for less than two years, have a debilitating chronic condition, or report being contacted about signing up for coverage.¹



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On behalf of:
Community Clinic Association of San Bernardino County



COMMUNITY CLINIC ASSOCIATION
OF SAN BERNARDINO COUNTY

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HOW MANY REMAIN UNINSURED?

Prior to the ACA, California had the greatest number of uninsured residents of any state with 7 million uninsured.⁴ Under ACA's reform measures, nearly 3 million Californians gained coverage through Medi-Cal (California's Medicaid program) expansion and more than 1 million enrolled in private coverage through Covered California.² The California Simulation of Insurance Markets (CalSIM) model forecasts roughly 3.4 million uninsured Californians by 2019, half the estimated figure of 6.5 million without the ACA coverage expansion.²

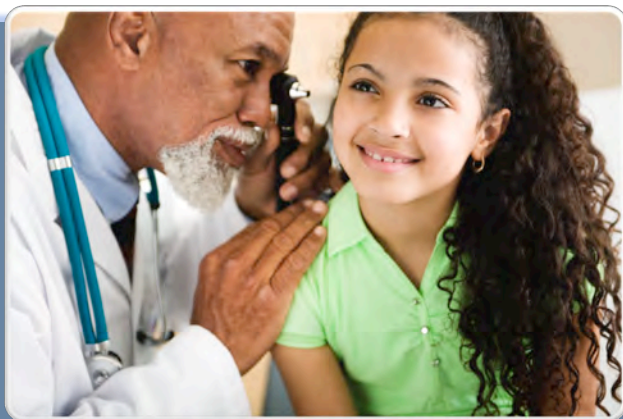
Riverside and San Bernardino counties surpassed initial base projections and enrolled a total of 123,000 residents under the ACA.⁵ This helped decrease the uninsured rate from 20% to 13.7% but **more than 512,000 residents still remain without health care coverage in the Inland Empire.**^{6,7}

WHY ARE THEY STILL UNINSURED?

Eligible individuals cite the following reasons for not seeking health care coverage¹:

- **Difficulties in the enrollment process**
- **Perceived complexities in using health benefits**
- **Personal opinions about their need for insurance**
- **Perceived or actual affordability concerns**
- **Language barriers**
- **Worries of bringing attention to their family's immigration status**
- **Negative social perceptions of receiving governmental subsidies or Medi-Cal coverage**

Undocumented residents cannot participate in Medi-Cal expansion or coverage through Covered California (with or without subsidies) and are exempt from penalties for not having coverage. While some undocumented immigrants obtain health care through their employer or family, most remain uninsured. Because undocumented immigrants constitute the largest group of California's uninsured, California has a higher share of the uninsured at 19%, compared to the national average of 10%.^{2,8} Riverside and San Bernardino counties have an estimated 108,000 undocumented residents.⁵



The Patient Protection and Affordable Care Act of 2010

The health insurance reform expands access by:

1. Creating online marketplaces known as health exchanges where individuals can shop for competitive health insurance plans
2. Offering premium subsidies to qualifying individuals, making insurance more affordable
3. Expanding Medicaid to groups that were previously ineligible, such as childless, low income adults
4. Ending denial of health benefits based on pre-existing conditions
5. Allowing adult children up to age 26 to remain on their parents' plans

WHAT TYPES OF HEALTH CARE SERVICES ARE AVAILABLE TO THE UNINSURED IN THE INLAND EMPIRE?

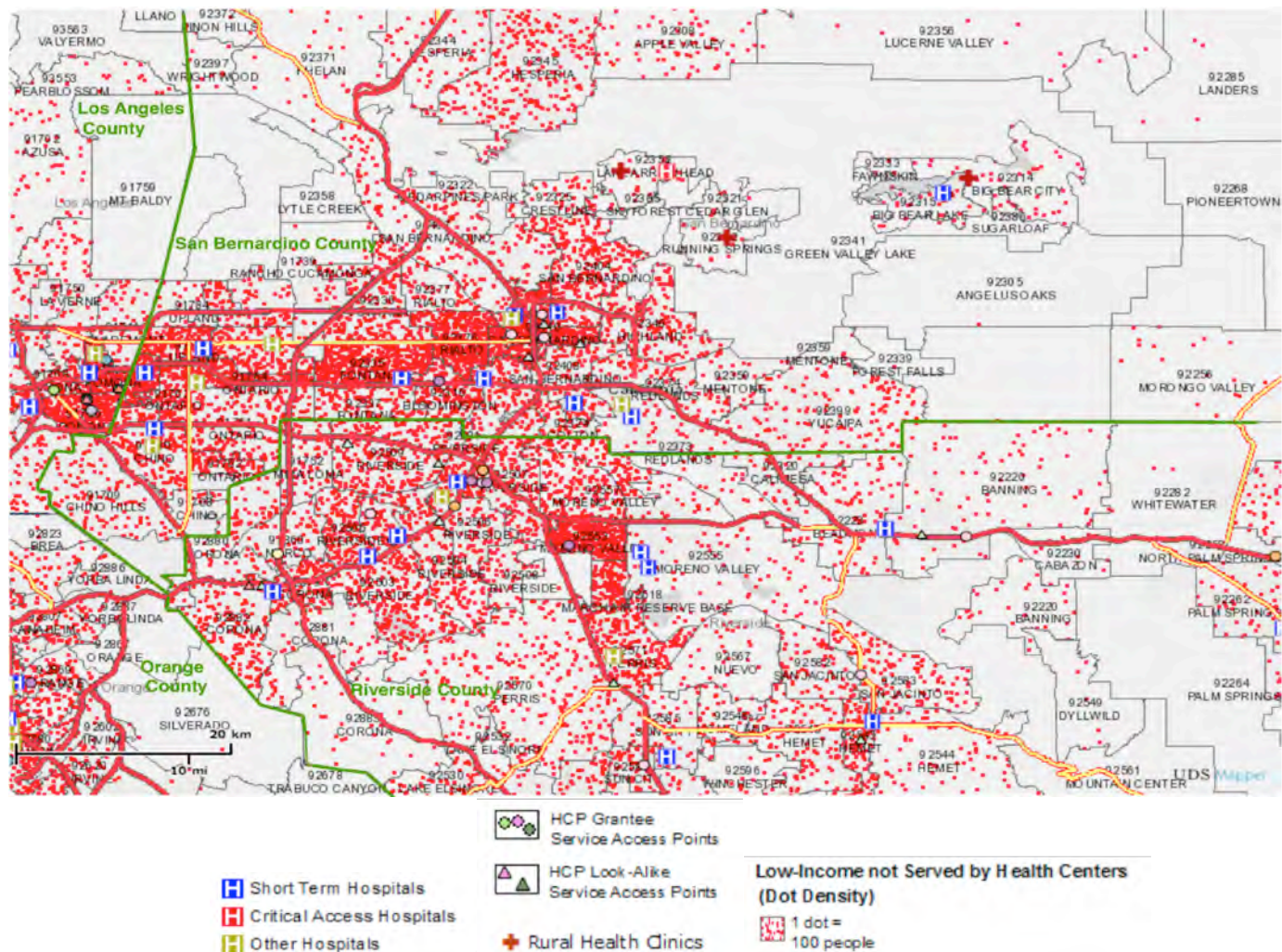
Access to health care often hinges on two factors: ability to pay (usually through insurance) and availability of care providers. For the uninsured, care is often episodic and delivered through a safety net of emergency departments, safety net hospitals, and community clinics with gaping holes in between.

Community health centers have traditionally served the medically and economically disadvantaged and are an integral part of the health care safety net.

Without these clinics, patients whose conditions are better managed in a preventive setting will rely on hospital emergency departments, one of the most expensive places to get care.

Our region suffers from a critical shortage of community health centers. Statewide, there is one Federally Qualified Health Center (FQHC) for every 327,094 people; in the Inland Empire, there is one FQHC for every 828,623 people.⁹ Figure 1 is a dot-density representation of all low-income persons not served by health centers in this region (HCP or Health Center Program Grantees are federally funded health centers that serve a general underserved community or population).

Figure 1: Low-income population not currently served by Health Center Program in San Bernardino and Riverside counties¹⁰



In addition, the penetration rate, which estimates the accessibility of community clinics in a defined area, paints a much graver picture for San Bernardino. San Bernardino County has almost three times less the Health Center penetration rate (6.10 percent) than Riverside County (16.4 percent).¹⁰

The Inland Empire is also designated as a Primary Care Health Professional Shortage Area. This federal designation is given to areas that demonstrate a shortage of health care providers based on factors including population to practitioner ratio and available access to health care.

Even fewer resources are available for the undocumented uninsured. While the Inland Empire offers some indigent care programs (for example, ArrowCare in San Bernardino and the Medically Indigent Services Program (MISP) in Riverside), only Riverside's MISP serves undocumented immigrants.⁵ Furthermore, emergency Medi-Cal available to undocumented residents is limited to emergency room visits and perinatal services, doing little to meaningfully meet the health care needs of most immigrants.

WHAT OTHER MODELS OF CARE ARE AVAILABLE TO THE REMAINING UNINSURED POPULATION?

California Welfare and Institutions Code Section 17000 only mandates counties to provide health care to the low-income uninsured. This leads to a wide variation of county-based programs as each county decides its own eligibility criteria, benefit type, and methods by which these health services are rendered to the uninsured.

Los Angeles' My Health L.A is a local program that strengthens the safety net. Although this is not an insurance program, LA County invested \$61-million to provide



“Both uninsured and newly insured adults with a usual source of care are most likely to use a clinic or health center for care”
(Kaiser Family Foundation, May 2015)³

care to any uninsured adult residents not eligible for other public programs, regardless of immigration status, employment status, or pre-existing medical condition. This program assigns patients to a community clinic that becomes their medical home. In this medical home, patients receive primary care, chronic disease management, prescription medications, and referrals to specialty care at county facilities.

School based health centers also provide a variety of services to students and their families, including primary care, behavioral care, dental care, and substance abuse counseling at no or low cost to the patient. Locally funded Healthy Kids (offered through the Inland Empire Health Plan in San Bernardino and Riverside), provides health coverage to children ineligible for Medi-Cal or Covered California regardless of immigration status. Locally sponsored and service-donated programs, such as Project Kind of Riverside, provide free dental, vision, and general care to uninsured school aged children.⁶

WHAT ARE SOME RELEVANT POLICY UPDATES REGARDING THE REMAINING UNINSURED?

California Senate Bill 4 (“Health for All Kids Act”) passed both Senate and Assembly and was approved by Governor Brown on October 9, 2015 after dropping language that would allow undocumented adult immigrants to buy health coverage through Covered California. SB 4 provides access to Medi-Cal for children 19 and under regardless of immigration status (similar to Governor’s new fiscal budget below). Author of SB 4 plans to introduce a separate legislation to extend health coverage to all immigrants, including those who are undocumented.

Governor Brown’s New Fiscal Budget. In June 2015, Governor Brown signed into law a key provision that allocates \$40 million to expand Medi-Cal to cover all uninsured children, including the State’s 170,000 undocumented children. Coverage is set to begin in May 1, 2016, and any unspent funds will cover adults.

President Obama’s “Deferred Action” Program. Under President Obama’s recent Executive Action that grants undocumented immigrants relief from deportation (Deferred Action for Childhood Arrivals and Deferred Action for Parents of Americans and Lawful Permanent Residents), undocumented immigrants who meet income eligibility will be able to obtain comprehensive Medi-Cal coverage.

County Based Programs. County Medical Services Program (CMSP) provides limited term health coverage for uninsured low income, indigent adults who are not eligible for publicly funded health programs in 35 of California’s least populated counties. In June 2015, CMSP’s panel voted to provide health services to all of its uninsured residents regardless of immigration status. In the same month, Sacramento County Board of Supervisors unanimously decided to expand health care coverage to undocumented immigrants who live in Sacramento County.

RECOMMENDATIONS

No single blanket strategy can expand coverage and provide care to all of California’s uninsured population given their diverse nature. We suggest combining education, outreach, county-based programs, and financing mechanisms to tackle the health care issues of the remaining uninsured.

- **Education & outreach:** Community clinics have played a major role in the rollout of the ACA in the Inland Empire, especially in patient enrollment. Stakeholders need to partner to reach out to the difficult-to-enroll populations as well as many eligible individuals who do not understand the benefits or choose not to sign up for benefits. The Inland Empire needs to increase the number of bilingual, particularly Spanish speaking, enrollers and navigators well versed in the many choices available under Covered California and Medi-Cal expansion.
- **County-based programs:** Safety net providers have been and will continue to be the most significant source of care for the low income uninsured. Programs like Healthy San Francisco and My Health LA better equip counties to serve the remaining uninsured after the ACA implementation.
- **Adequate funding:** While greater enrollment may alleviate some financial strain on safety net providers, this may also leave them vulnerable to state and federal cuts in funding. As safety net providers rely on these funding sources, securing adequate funding for safety net providers is a priority.

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Did you know?

While undocumented immigrants make up 12% of non-elderly adults, they use 6% of total health care spending in our neighboring Los Angeles County.⁶ Undocumented immigrants and immigrants in general use fewer services and contribute less to health care costs due to their better relative health than their American born counterparts.



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