Media Clips

COVERED CALIFORNIA BOARD CLIPS
May 12, 2016 – June 10, 2016

Since the May 12 board meeting, high-visibility media issues included: two studies showing that the uninsured rate is falling thanks to the Affordable Care Act; the exit of UnitedHealth from Covered California; and a proposed bill allowing immigrants in the United States illegally to purchase health insurance through Covered California.

Since the May 12 board meeting, the term "Covered California" was mentioned 15,800 times in a Google search and the phrase “California Health Benefit Exchange” was noted 189 times. The following clips represent a cross-section of media outlets and coverage.

COVERED CALIFORNIA PRESS RELEASES

HIGHLIGHTS

PRINT

BROADCAST

COVERED CALIFORNIA | NEWS RELEASE

FOR IMMEDIATE RELEASE
May 17, 2016

Media Line: (916) 206-7777

NEW SURVEY SHOWS CALIFORNIA'S UNINSURED RATE FALLS TO ANOTHER RECORD LOW

SACRAMENTO, Calif. — A new survey from the Centers for Disease Control and Prevention (CDC) revealed that California's uninsured rate had fallen to 8.1 percent at the end of 2015, a full percentage point lower than the national uninsured rate of 9.1 percent.

"Thanks to the Affordable Care Act, millions of people have benefitted from the quality health care offered through Covered California," said Covered California Executive Director Peter V. Lee. "California is succeeding in this new era of health care by using all the tools of the Affordable Care Act — expanding Medi-Cal and launching a state-based exchange that brings quality and value to our consumers."

The survey comes on the heels of a CDC report last November that had California's uninsured rate at 8.6 percent as of June 2015. Also, a U.S. Census report in September showed that California had reduced the number of uninsured by more than 1.7 million people through 2014. The reduction was more than 1 million more than the next-closest state, Texas.

In addition to the overall uninsured rate, the CDC survey showed that California is ahead of the national averages in the following categories:

Uninsured Rate		
By Age Group	**California**	**National**
0-17 years	3.6%	4.5%
18-64 years	11.1%	12.8%
Under 65 years	9.1%	10.5%
All ages	8.1%	9.1%

(more)

California's uninsured rate in the 18-64 age bracket was 23.7 percent in 2013 and 16.7 percent in 2014, before falling to 11.1 percent. The CDC says the 12.6 percent drop is the fourth-largest among states during that time.

"We want to thank our thousands of partners who have helped us reach into every corner of the state and spread the word about the new options and financial help that is available through Covered California," Lee said. "Many people can still sign up for coverage right now through our special-enrollment period if they experience a qualifying life event."

The most common qualifying life events are getting married, having a child, moving or losing coverage from a job or Medi-Cal. For more information on special enrollment visit: www.CoveredCA.com/individuals-and-families/getting-covered/special-enrollment. Medi-Cal enrollment is year-round.

Consumers can reach a Service Center representative by calling (800) 300-1506. The nearest Certified Insurance Agent, Certified Enrollment Counselor or Certified Plan-Based Enroller can be found by visiting www.CoveredCA.com/get-help/local and searching for enrollment help by ZIP code.

The full CDC survey can be viewed here: www.cdc.gov/nchs/data/nhis/earlyrelease/insur201605.pdf.

About Covered California
Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act. Covered California, in partnership with the California Department of Health Care Services, was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. Covered California helps individuals determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses can purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

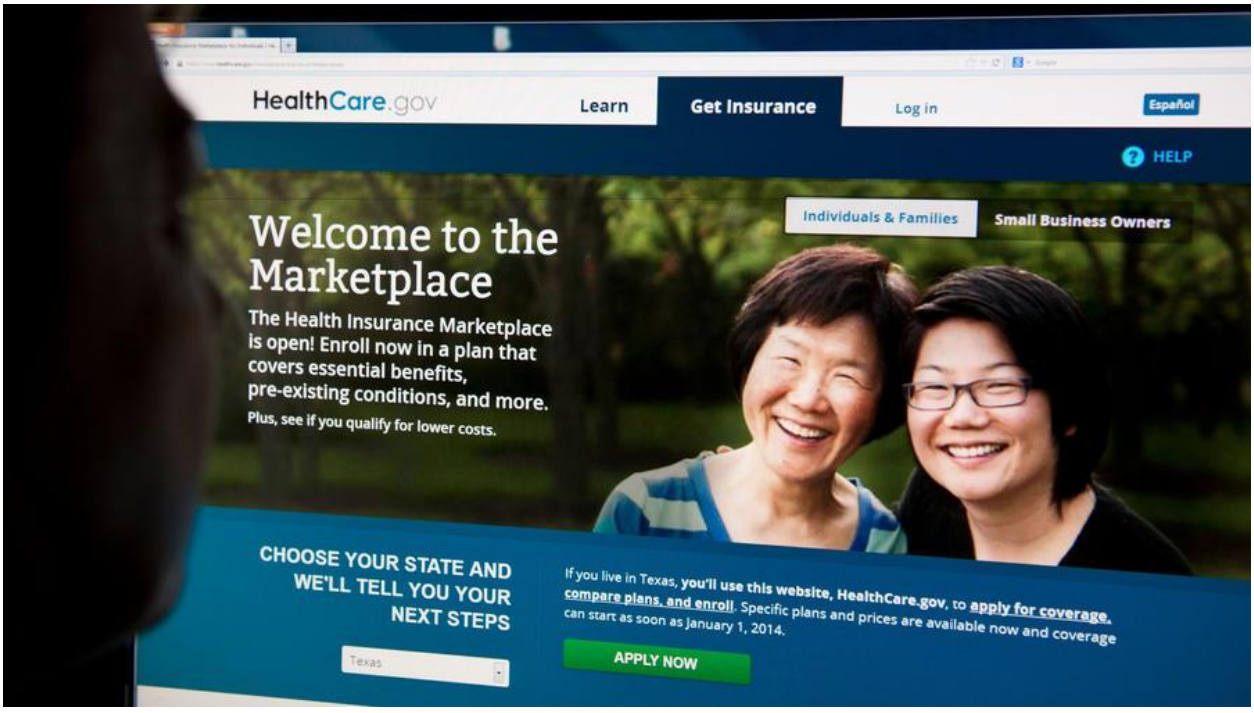
Covered California is an independent part of the state government whose job is to make the new market work for California's consumers. It is overseen by a five-member board appointed by the Governor and the Legislature. For more information about Covered California, please visit www.CoveredCA.com.

###

Los Angeles Times

Obamacare is helping millions get needed healthcare, new survey finds

By: Noam N. Levey
May 24, 2016



More than 60% of working-age Americans who signed up for Medicaid or a private health plan through the Affordable Care Act are getting healthcare they couldn't previously get, a new nationwide survey indicates.

And consumers are broadly satisfied with the new coverage, despite some cost challenges and an ongoing Republican campaign to discredit the law.

Overall, 82% of American adults enrolled in private or government coverage through the health law said they were “somewhat” or “very” satisfied, according to the report from the nonprofit Commonwealth Fund.

“If the fundamental purpose of health insurance is to provide people with adequate access to needed healthcare, then it would seem that, on balance, the Affordable Care Act’s coverage expansions are working well for most of the people who have enrolled in them,” the report concluded.

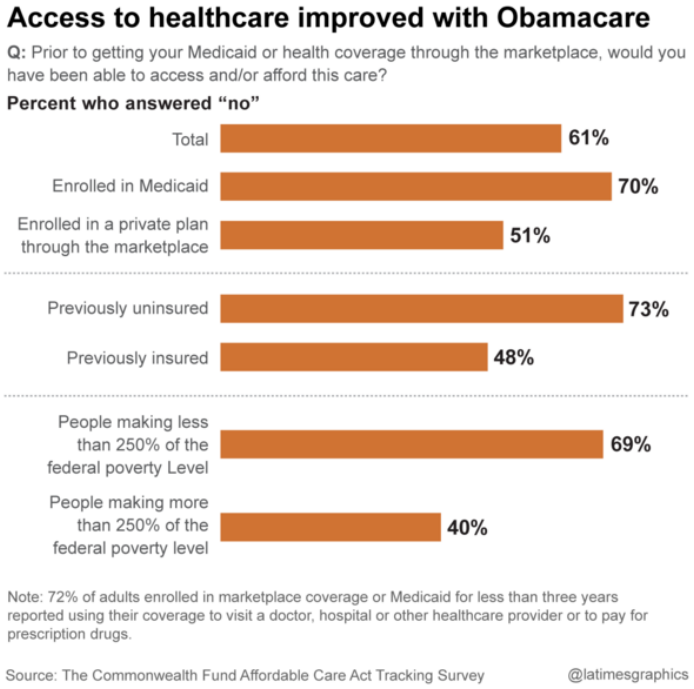
The findings paralleled a recent nationwide survey by the nonprofit Kaiser Family Foundation, which found that two-thirds of people in a marketplace plan created through the law rated their coverage “excellent” or “good.”

Unlike the new report, the Kaiser survey did not include people newly enrolled in Medicaid through the law, which is often called Obamacare.

New Medicaid enrollees are even happier with their health coverage than Americans in commercial health plans purchased through the marketplaces, with 88% reporting they are somewhat or very satisfied, the Commonwealth Fund found.

Americans with employer-provided health plans – which have lower premiums and deductibles than many marketplace plans – are the happiest, with 90% reporting satisfaction with their coverage.

The high marks are not universal, cautioned fund Vice President Sara Collins, the report’s lead author.



Indeed, some consumers who had coverage before the health law was implemented have seen their premiums and deductibles increase as insurers have absorbed millions of new consumers, many of whom could not obtain health insurance previously because they had a pre-existing medical condition.

The Commonwealth Fund, like Kaiser, has found that many Americans are concerned about the cost of their healthcare.

Nearly half of consumers in marketplace plans reported difficulty paying premiums in 2015. The fund plans to update those findings with 2016 numbers later this year.

“This [report] doesn’t mean that the law is working well for every single person,” Collins said. “But in general, it seems to be enabling people to get the healthcare that they need.”

More than eight in 10 people said their ability to get needed care has either improved or stayed the same since they enrolled in coverage through the health law.

The law allows Americans who don't get health benefits at work to shop among plans on state-based exchanges operated by the federal government or by the states themselves.

Consumers making less than four times the federal poverty level — about $47,000 for a single adult or $97,000 for a family of four — qualify for subsidies. Insurers must provide a basic set of benefits and cannot turn away consumers, even if they are sick.

Very low-income Americans in most states can enroll in the government's Medicaid program at virtually no cost, an option provided by the health law that leaders in 31 states and the District of Columbia have elected to make available to their residents.

The dual coverage expansions have led to the largest drop in the nation’s uninsured rate in at least half a century, surveys show.

The new Commonwealth Fund survey found that 45% of adults enrolled in a marketplace plan in 2016 and 62% of adults newly covered by Medicaid were previously uninsured.

More state leaders are now considering Medicaid expansions, including in very conservative states such as Oklahoma.

And enrollment in the marketplaces has been increasing, albeit at a slower rate than initially forecast; there are about 12 million people in marketplace plans.

But the law remains a political hot button, with Republican congressional leaders and presumptive GOP presidential nominee Donald Trump promising full repeal.

At the same time, many insurers are seeking significant premium increases next year, in part because enrollees in marketplace plans are sicker and more expensive than they anticipated.

The Commonwealth Fund survey was conducted between Feb. 2 and April 5 among a random, nationally representative sample of 4,802 adults ages 19 to 64. It has a margin of error of plus or minus 2 percentage points.

THE ORANGE COUNTY REGISTER

Rate of uninsured falls in California

By: Courtney Perkes
May 17, 2016

California's rate of uninsured residents fell to 8.1 percent last year, which is lower than the national average of 9.1 percent, according to new data from the Centers for Disease Control and Prevention.

On Tuesday, Covered California, the state's Obamacare exchange, said the decline demonstrates the success of the health care law, which took effect in 2014.

"California is succeeding in this new era of health care by using all the tools of the Affordable Care Act – expanding Medi-Cal and launching a state-based exchange that brings quality and value to our consumers," Peter Lee, executive director, said in a statement.

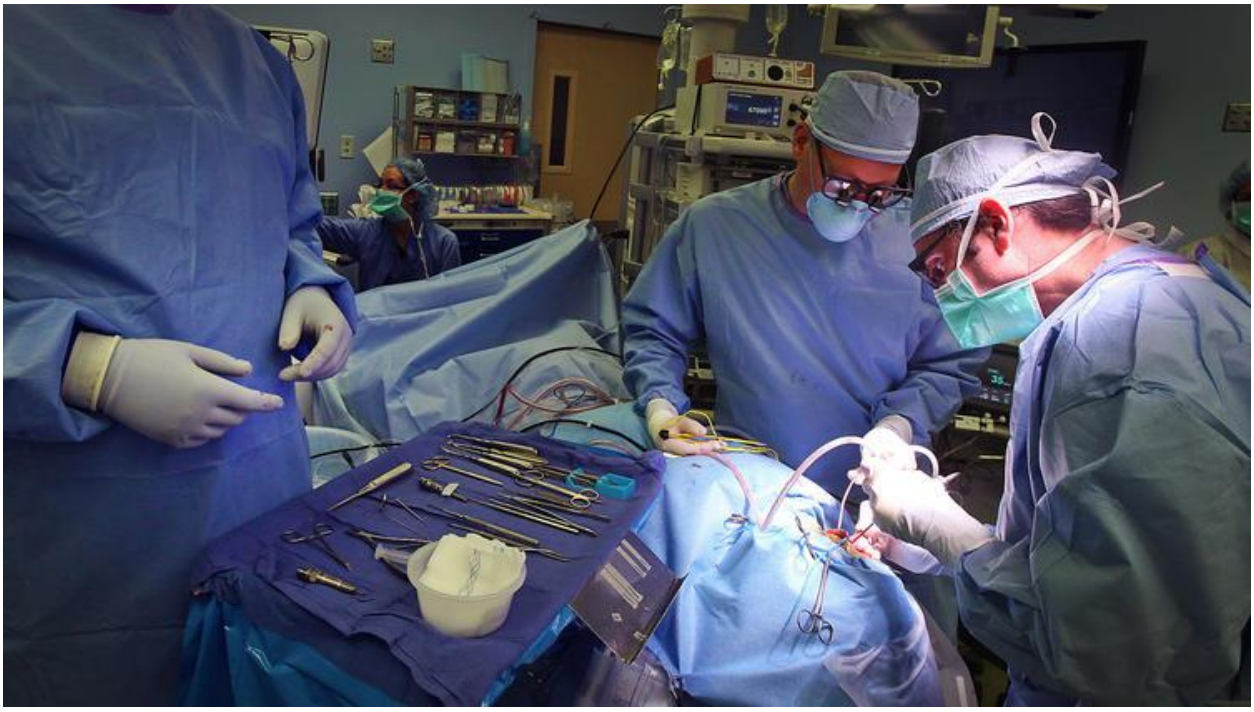
The estimate, which is based on data from the National Health Interview Survey, found that the largest rate of uninsured Americans is among adults 18 to 64.

In California, the uninsured rate among that group fell from 23.7 percent in 2013 to 16.7 percent in 2014 to 11.1 percent in 2015. The overall 12.6 percent drop was the fourth-largest among states during that time, according to the report.

Los Angeles Times

Immigrants here illegally could have chance to buy health coverage if Brown signs legislation

By: Patrick McGreevy
June 9, 2016



The state Senate on Thursday sent Gov. Jerry Brown a measure that would ask for federal approval to allow immigrants in the country illegally to purchase their own health insurance through the Covered California exchange.

State Sen. Ricardo Lara (D-Bell Gardens) said his bill may lead to an estimated 390,000 immigrants who earn an income too high to qualify for Medi-Cal to fully pay for healthcare coverage through the state exchange under the Affordable Care Act.

Lara said the bill sent to the governor would show leadership while Congress continues to be gridlocked on immigration reform.

“It is immoral to discriminate against a group of people simply because we are playing politics in D.C.,” Lara said. “Today we are saying give us an opportunity to once again demonstrate that California is a leader … for showing that we care about our most vulnerable Californians.”

He noted that the people involved would not receive any taxpayer subsidies.

While some Republicans supported SB 10, state Sen. Jeff Stone (R-Murrieta) said the proposal would make California a “magnet” for immigrants coming to the United States illegally while also hurting state residents.

“Our constituents who are here legally still face many challenges,” Stone said. “This bill puts … more people into our health system and it will make it more difficult for people to see a doctor.”

State Sen. Ben Hueso (D-San Diego) called the bill a “humane” proposal that he predicted would reduce costs as more people pay for their coverage.

“We are the most prosperous country in the world,” Hueso said during the floor debate. “We can afford to do this.”

Los Angeles Times

UnitedHealth to stop selling Obamacare coverage in California

By: Noam N. Levey
May 31, 2016

Health insurance giant UnitedHealth Group, which sat out California's implementation of the Affordable Care Act until this year, will not sell health plans on the state's insurance marketplace in 2017, state and company officials said Tuesday.

United's move will have almost no effect on Covered California, as the insurer has only about 1,200 members this year, accounting for less than one tenth of 1% of the marketplace's 1.4 million consumers.

United’s current customers will continue to have coverage through the end of this year. But they will have to select new coverage for 2017 during the open enrollment period this fall.

“We will learn in July whether any new plans will join Covered California or if any of our existing plans will expand their coverage areas, as they did in 2016,” said Covered California spokesman James Scullary.

Minnesota-based UnitedHealth, the nation’s largest health insurer, announced in April that that it would stop selling health plans through the health law next year in most of the 34 of states where it operates, citing losses in the marketplaces. But the company had not said what it would do in California.

Several other insurers, including state Blue Cross Blue Shield plans, have reported similar challenges in recent months. And more than a dozen nonprofit insurance cooperatives created through the law have closed because they were overwhelmed by medical claims they couldn't afford.

But other insurers, including California-based Kaiser Permanente and Indiana-based Anthem, another major player in the California market, have been more bullish on the new marketplaces.

UnitedHealth’s decision to exit Covered California after just one year was first reported by Kaiser Health News.

public news service
NEWS IN THE PUBLIC INTEREST

35 Calif. Counties Expand Healthcare to Undocumented Adults

May 23, 2016

MARTINEZ, Calif. - Dozens of California counties are expanding health care for lower-income residents as of today, no matter their immigration status. Most of the counties are in Northern California, in the Central Valley and Sierra Nevadas.

It's part of the County Medical Services Program, which is raising its maximum income levels to qualify, from 200 percent of the poverty level to 300 percent and being undocumented is not a factor.

The program includes a limited primary-care benefit so people can see a doctor three times a year and get some prescriptions covered.

Anthony Wright, executive director for the advocacy group Health Access California,

says thousands of people stand to benefit.

"A year ago, there were just nine counties that provided health care services beyond emergency care to undocumented immigrants in California," says Wright. "As of Monday, there will be 47."

A new report from Health Access California details the progress made in six counties that had launched pilot programs so far.

They are Contra Costa, Fresno, Los Angeles, Monterey, Sacramento and Santa Clara counties. The report predicts even more counties will take advantage of incentives in the new Medicaid waiver to provide at least minimal health coverage, regardless of immigration status.

Contra Costa County Supervisor John Gioia says since launching its pilot program last year, about 3,000 people have been enrolled.

"This investment was good from an economic standpoint, it would reduce emergency room visits," says Gioia. "It was a benefit to everybody by improving the public health of all residents of the county, and just the morally right thing to do."

After passage of the Affordable Care Act, California cut its uninsured population in half, primarily by expanding Medi-Cal. Most of the remaining uninsured are undocumented. Just last week, the state expanded Medi-Cal to cover undocumented children.

Rushing To Move Excluded Immigrants Into Obamacare — Before Obama Exits

By: Pauline Bartolone
May 19, 2016

California state legislators and advocates are racing to get federal approval in the waning months of the Obama administration for a proposal to allow immigrants living in the U.S. illegally onto the California insurance exchange.

Fearful that a new administration will torpedo their plans, they are working hard to win legislative support in California and clear other hurdles at the state and federal level. California state Sen. Ricardo Lara is carrying a bill to allow people living in the country illegally to purchase health insurance — on their own dime — through the state exchange.

The proposal needs federal approval to modify the marketplace set up under the Affordable Care Act, which specifically prohibits such immigrants from joining the exchanges. Lara's bill SB10 would compel California to seek that approval.
The measure "is consistent with [President Obama's] values of immigrant integration," said Lara. "We're very confident we're going to be able to get this done."

Lara put an urgency clause on the legislation to increase the chances the request will reach Washington, D.C. before Obama leaves office in January. Bills with urgency clauses require a two-thirds majority to pass California's Legislature, and with the current make-up of the State House, Lara's measure would need at least a few Republican votes. Its next test is in the Assembly appropriations committee on Wednesday.

Leaders of the California Republican caucus in both legislative chambers declined to comment on whether the bill has enough support to pass. But a Republican strategist said the California GOP might be more likely to support the measure than its national counterpart, to avoid ceding the state's Latino vote to the Democrats.

"Elected Republicans in California know the party has no future in speaking out [against} those issues," said Rob Stutzman of Stutzman Public Affairs in Sacramento. "They need to be able to add immigrant voters down the road."

Proponents say they believe they'll also get Gov. Jerry Brown's signature. He's signed off on other benefits for undocumented immigrants, including driver's licenses and student financial aid.

Even if the proposal is approved by California lawmakers, however, it faces significant obstacles after that — even under the Obama administration.

"It would be … a struggle to get a proposal in a form that it could be approved by this administration," said Michael Kolber, who, as a healthcare associate with the New York law firm Manatt, Phelps & Phillips, advises the private and public sector on the Affordable Care Act.

For one thing, public comment and federal review requirements could cause delays, Kolber said.

And even if the proposal works its way through that maze and is reviewed by the Obama administration, he said, it may not be approved because of current federal guidelines.

The U.S. Department of Health and Human Services has strict rules for modifying the Affordable Care Act marketplaces. They might have been put in place to avoid creating a precedent that opens the door to future changes the current administration would deem “less palatable,” Kolber said.

Still, advocates would rather bet on this administration than risk dealing with a new one — particularly a Trump administration.

The fate of the proposal “does depend on which president is in the White House, and we’re talking about who’s in the White House in 2017,” Kolber said.

Presumptive Republican nominee Donald Trump says he wants to repeal the Affordable Care Act and has vowed to deport undocumented immigrants from the United States. Both Democratic presidential candidates, former Secretary of State Hillary Clinton and Sen. Bernie Sanders of Vermont, support the idea of unauthorized immigrants buying unsubsidized health coverage. But whether their administrations would be able to follow through is uncertain.

Administrative hurdles aside, the proposed change in California would have to withstand the storm of the nation’s immigration debate.

Those who seek stronger immigration controls don’t look kindly on extending benefits to people in the country illegally — a tack California has repeatedly taken, most recently in the realm of health care: This month, undocumented children will start receiving full Medi-Cal benefits, and dozens of Northern California counties will start covering primary care and prescription drugs for the undocumented.

Allowing adults on the insurance exchange “is another step in California’s relentless effort to … eliminate any kind of distinction between people who are in the country illegally and people who are here legally,” said Ira Mehlman, media director for the Washington D.C.-based Federation for American Immigration Reform.

Mehlman said the Covered California proposal could lead to taxpayer-funded health care for people who have violated the law.

“First you say they should be eligible, then you come back and say no one can afford it, so now we have to start subsidizing it,” he said.

Advocates of the change see it entirely differently. California would be opening up a marketplace to potential buyers, not giving a “handout,” said Sonya Schwartz, a research fellow at Georgetown University’s Center for Children and Families. “These immigrants “should be able to have a basic quality of life,” Schwartz said, adding that their good health is important to everyone.

“These are families who are in our same supermarket — we want to make sure they’re getting inoculations,” she said.

As many as 320,000 immigrants now excluded from coverage on the exchange in California could be in the market to buy plans through Covered California, according to the University of California, Berkeley Labor Center.

Though these immigrants may already purchase health plans on the private individual market, proponents of the change say allowing them to enroll through Covered California would make it easier for families with mixed immigration status. Family members could enroll all at once through the state exchange system — though Covered California insurance would not necessarily be less expensive than the private market for the ones who are in the country illegally.

The potential new market for health plans sold on the exchange would include the landscapers, restaurant owners and bakery workers whom Covered California enrollment assistant Adriana Jimenez meets every year in Anaheim.

Many times the parents are here illegally and are ineligible for Covered California or Medi-Cal — but their kids qualify for coverage, said Jimenez, program director at Give For a Smile, a nonprofit that helps low-income families navigate the healthcare system. Jimenez acknowledged that even if the families were allowed to buy insurance through Covered California, they could be priced out of the market without government subsidies.

“But at least they [would] have the option to buy something” to cover everyone, she said.

California undocumented immigrant kids gain state-funded health care

By: Jonathan J. Cooper, AP
May 16, 2016

SACRAMENTO, Calif. (AP) —Children and teens brought illegally to the United States gained access to publicly funded health care Monday as California began allowing young people to sign up for the state's health care program for the poor without regard to their immigration status.

State officials expect as many as 185,000 children under age 19 to join Medi-Cal in the first year - about three-quarters of the estimated 250,000 eligible youth. About 121,000

will be automatically transferred from a limited version of the program that provides only emergency care, giving them the full range of medical, dental, vision and mental health coverage available for little or no cost with full-scope coverage.

In a rally outside the state Capitol, health care and immigrant rights advocates celebrating the expansion turned their attention to their next goals. They want Medi-Cal - the state's version of Medicaid - to cover income-eligible adults who migrated illegally and are pushing to allow those who make too much money to buy private coverage through the state's insurance exchange, Covered California.

"While Congress remains gridlocked with stereotypes and hateful rhetoric, California remains as a hopeful beacon that tells people, 'Immigrants, you matter. Immigrants, you contribute to our economy. Immigrants, you are people that deserve to have health care,'" said Sen. Ricardo Lara, D-Bell Gardens, who wrote the legislation authorizing the expanded coverage.

Critics question why California lawmakers are spending time and money to help people who immigrated illegally when there are American citizens in need.

"This acts as a magnet to the world - bring your children, bring your families to California illegally and you will get free health care," said Robin Hvidston, executive director of the activist group We the People Rising.

In his revised budget proposal published last week, Democratic Gov. Jerry Brown included $188.2 million to cover the children and teens expected to get full-scope Medi-Cal coverage. While the federal government pays about half the cost of providing Medi-Cal benefits to citizens and legal immigrants, the state is covering the entire price tag for those who immigrated illegally.

More than 13 million Californians are enrolled in Medi-Cal, about a third of the state's population. The total state share of Medi-Cal funding is about $17.7 billion
Joe Mangia, president and CEO of St. John's Well Child & Family Center in Los Angeles, said the center has about 2,500 kids who will be eligible for the expanded coverage, and expects about 1,000 already have emergency Medi-Cal.

He said they've been reaching out to families to tell them about the option and set up appointments starting on Monday for people to come in and enroll. Health promoters have also gone out into the community to tell people about the program, he said.

Until now, St. John's has treated the kids but now they'll get much better and expanded care.

"Before, if there was a specialty need, we'd refer to the county, maybe they'd get seen in six to nine months," he said.

State officials have been working to make the transition smooth and will be watching for any implementation problems they need to address, Department of Health Care Services Director Jennifer Kent said in a statement last week.

"We're delighted at this chance to expand comprehensive health coverage to reach thousands more California children," Kent said.

CaliforniaHealthline
The Daily Digest of News, Policy & Opinion

Covered California Says It's Moving Fast To Fix Involuntary Switches Into Medi-Cal

By: Emily Bazar
May 12, 2016

Under fire from federal lawmakers and consumer advocates, Covered California is speeding up its response to a systemic problem that is causing the transfer of some pregnant women from private insurance plans into Medi-Cal without notice or consent.

As first reported by California Healthline on April 18, at least 1,900 women with Covered California health plans who told the agency they were pregnant were automatically transferred to Medi-Cal, even though they were supposed to have the option to stay with Covered California.

As a result, some women lost their doctors or experienced delays in obtaining medical care.

Covered California attributed the problem partly to a computer glitch, and the agency's communications director, Amy Palmer, has said it would be fixed in September.

Apparently that wasn't fast enough for some members of the California U.S. congressional delegation. In an April 28 letter to Covered California and the head of the state's Health and Human Services Agency, Congressman Ami Bera (D-Elk Grove) and 15 other members urged quick action.

"We remain concerned that until the problem is fixed in late 2016, women will continue to be unenrolled from their Covered California plans and lose access to their current medical providers," they wrote.

Peter Lee, Covered California's executive director, and Jennifer Kent, director of the state Department of Health Care Services, responded in a May 3 letter to the delegation, saying the problem will be further addressed by the end of May.

The letter was included in the public materials for Covered California's monthly board meeting, which took place Thursday in Sacramento.

In the letter, Lee and Kent wrote that a system change "would make Covered California, not Medi-Cal, the default" for these women, while still giving them the option of enrolling

in Medi-Cal as long as they were eligible. Only women in certain income brackets are affected by the glitch.

“This change is now set to roll out later this month,” they said.

The extent of the system change, however, is unclear. Covered California spokeswoman Lizelda Lopez told California Healthline Thursday that “our plan at this time is to directly contact any enrollee with [qualifying income] when they report a pregnancy to ensure they are enrolled in the insurance they prefer.”

She did not say how the women will be contacted.

Asked whether the fix includes an expedited repair of the computer system that has been set for September, she said, “I have no further details at this time and won’t have them today. Not sure when I will.”

The letter from Lee and Kent identified other steps that Covered California has taken to limit the number of women who are switched to Medi-Cal without their consent, including a warning to consumers on its website and specific training for customer service reps.

The website warning informs consumers that reporting their pregnancy to Covered California “is not necessary or recommended” unless they’re interested in other coverage options, such as Medi-Cal.

“I appreciate Covered California taking this issue seriously … Prenatal care is essential for the health of both mother and child, and no one should be forced to hide their pregnancy,” Bera, a doctor, said via email.

PUBLICCEO

Expanding Health Coverage in California: County Jails as Enrollment Sites

May 11, 2016

Summary
In 2014, the first year of Affordable Care Act (ACA) implementation, the number of Californians with health insurance increased substantially. However, millions of state residents continue to lack comprehensive health coverage, and those who remain uninsured are likely more difficult to enroll through traditional strategies.
In this report, we find that uninsured rates are highest for young men and for those with low levels of education, income, and employment. The prevalence of these same characteristics among correctional populations suggests that the justice system—and, in particular, county jails—may offer points of contact for many uninsured individuals who would otherwise be hard to reach.

Outreach and enrollment efforts aimed at local jail populations are set within the policy context of California's 2011 Public Safety Realignment, which created incentives and resources for local corrections agencies to improve reentry outcomes. With expansions in access to health insurance coverage under the ACA, nearly all counties are establishing programs to provide enrollment assistance to jail inmates as part of a more comprehensive reentry strategy. But resources and capacity are limited, so it is important to identify effective models to maximize the potential of county correctional systems as sites of insurance enrollment.

Introduction

California has made major strides in reducing the number of state residents who do not have health insurance. The state's implementation of the Affordable Care Act (ACA) in 2014 expanded public insurance coverage through Medi-Cal, the state's Medicaid program, and provided new options for federally subsidized insurance coverage through Covered California, the state's insurance marketplace. Still, more than 4 million Californians continued to lack comprehensive health coverage in 2014—even after sizeable investments in public information campaigns, outreach activities, and enrollment assistance in the lead-up to and first year of ACA implementation. Although more recent estimates suggest further declines in California's uninsured rate in 2015, between 3.25 million and 3.85 million Californians remain without health coverage.[1] Those who continue to lack insurance are likely to be more difficult to reach and enroll.

To address this difficulty, the state passed legislation that allocates nearly $25 million for enrollment efforts focused on special population groups. The funding goes to local community organizations and county agencies to provide focused enrollment assistance for several groups—including people with mental health or substance use issues, homeless individuals, young men of color, and people under state and county correctional authority. In addition, a 2013 state law that facilitates enrollment assistance within jails has removed many barriers to enrolling correctional populations in California (Bird and McConville 2014).[2]

It is important to understand these enrollment efforts in the policy context of California's Public Safety Realignment. Implemented in 2011, realignment shifted responsibility for the supervision of lower-level felons from the state to the counties. Although this major policy change was instigated by a court-mandated reduction in the state prison population, the realignment legislation also promoted the use of evidence-based reentry practices and advanced the notion that these practices can be more successful at the local level (Petersilia 2014; Bird and Grattet 2014). This shift toward local responsibility increased incentives for county justice systems to invest in reentry programming—coordinated services and supports designed to help former inmates transition back into the community and avoid further contact with the criminal justice system. Facilitating connections to health insurance coverage under the ACA could support these efforts.

In this report, we describe the characteristics of those who remain uninsured in California under the ACA. We compare these populations with correctional populations

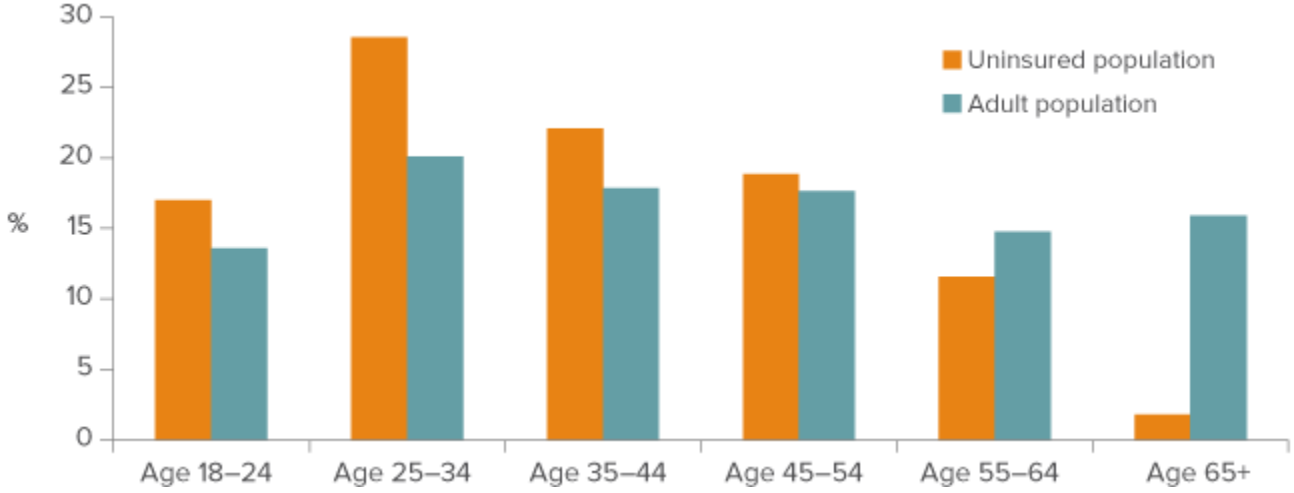
and use new information about California's local jail population to assess the potential of county jails to enroll those who continue to lack health coverage. We conclude with a discussion of key design and implementation decisions county jails face in creating and sustaining health care enrollment assistance programs.

Who Is Still Uninsured in California?

In the first year of ACA coverage expansions, the percentage of Californians without health insurance dropped from 17.2 percent in 2013 to 12.4 percent in 2014—representing an increase of nearly 2 million residents with health coverage. Nonetheless, more than 4 million California residents were without comprehensive health insurance in 2014. Undocumented immigrants, who are largely excluded from the coverage expansions under the ACA, comprise a large share of this group: available estimates suggest nearly one million uninsured residents in California in 2014 were not eligible for financial assistance due to their immigration status. But more than 2 million California residents who are eligible for free or subsidized coverage remain uninsured (Garfield et al. 2016).

What do we know about those who continue to lack health insurance? Nearly six in ten uninsured California adults are men and about seven in ten are between the ages of 18 and 44. In fact, men under age 45 are overrepresented among the uninsured: they make up 35 percent of Californians who were uninsured in 2014, but only about 19 percent of the state's general population. The overall age distribution of the uninsured skews heavily toward young adults, with people age 25 to 34 comprising the largest share of those without coverage. They are also the most overrepresented among the uninsured relative to their share of the California adult population (Figure 1).

Figure 1. Young adults are disproportionately represented among remaining uninsured

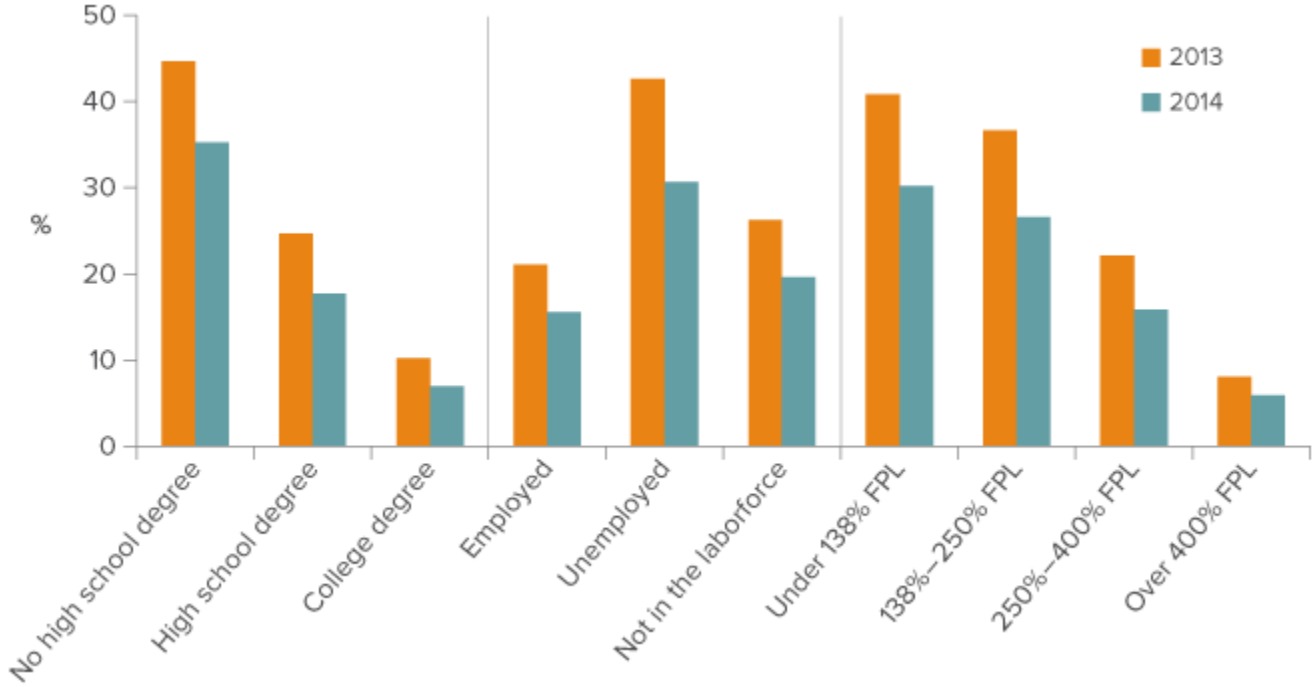


SOURCE: 2014 American Community Survey, Public Use Microdata Sample.
NOTE: Includes all California adults age 18 and over.

Adults with low education levels, low family incomes, and unstable employment are also disproportionately likely to be uninsured—even though the shares without insurance

have declined significantly, uninsured rates in these groups remain stubbornly high. Among adults who did not finish high school, 35 percent were uninsured in 2014, down from nearly 45 percent one year earlier. Similarly, more than 30 percent of unemployed adults and those with family incomes below 138 percent of the federal poverty level (FPL)—the income eligibility threshold for the Medi-Cal program—continued to lack coverage, despite also experiencing a 10 percentage point drop in uninsured rates during this period. Uninsured rates are even higher for young males who have low education levels and are not steadily employed. Nearly 45 percent of men age 18 to 44 who did not graduate from high school were uninsured in 2014, and 36 percent of unemployed men in this age group were uninsured.

Figure 2. Uninsured rates remain high for adults with low education and income levels and those seeking work



SOURCE: American Community Survey, Public Use Microdata Sample, 2013 and 2014.
NOTE: Insurance coverage is measured at the time of the survey. Results shown are for all California adults age 18–64. Income levels are presented as poverty rates based on federal poverty level (FPL) thresholds related to income eligibility cutoffs for health insurance coverage programs including Medi-Cal (under 138% FPL), premium and copayment subsidies available for coverage purchased through Covered California (138–250% FPL), and premium subsidies only for coverage purchased through Covered California (250–400% FPL).

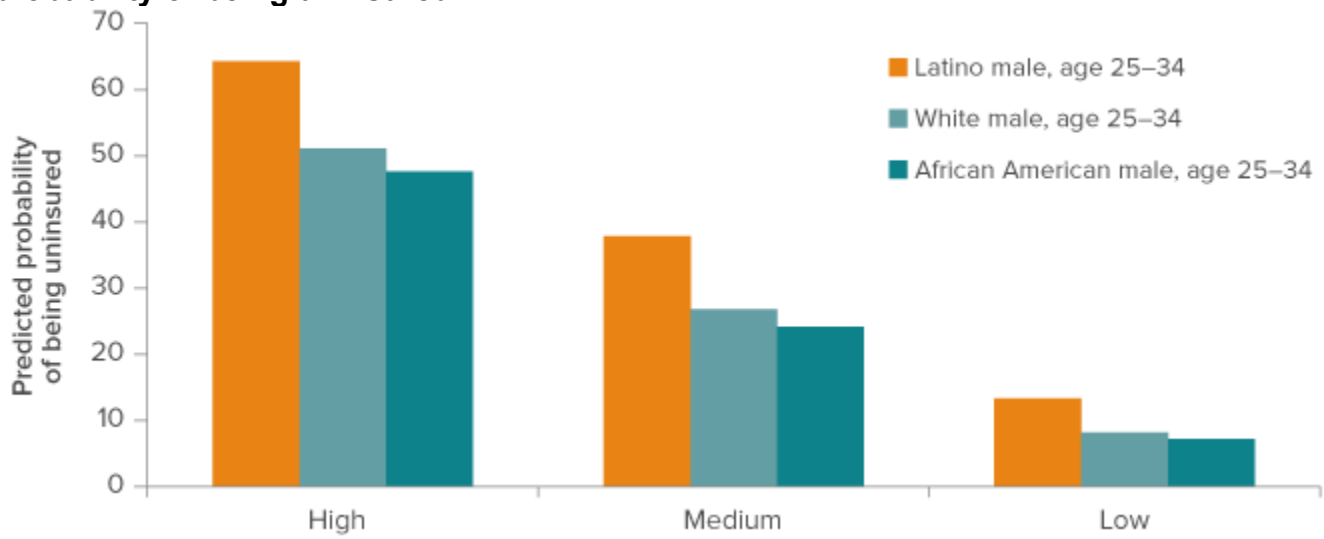
The ACA is focused on helping people with low family incomes get health insurance, but about 70 percent of California adults who did not have insurance in 2014 had family income levels that should have qualified them either for free coverage through the Medi-Cal program or for heavily subsidized coverage through Covered California (technical appendix Table A1). It is conceivable that this high rate is being driven by California's undocumented immigrant population, which—as we have already noted—is largely

ineligible for coverage; this population tends to be younger and has higher shares of men and low education levels relative to the general population.

To assess this possibility, we examined the likelihood of being uninsured more closely.[3] We found that young men remained significantly more likely to be uninsured in 2014 even after we control for undocumented status and a variety of other characteristics, including race/ethnicity, income level, education, employment, and marital status.

Figure 3 shows the predicted probabilities of men age 25 to 34 being uninsured across three levels of disadvantage, which are based on education, income, and employment levels. In the high disadvantage category—comprised of young men who did not finish high school, have incomes below 138 percent FPL, and are unemployed—the probability of being uninsured in 2014 is 64 percent for Latinos and about 50 percent for non-Hispanic whites and blacks. The likelihood of being uninsured is considerably lower at lower levels of disadvantage. For men age 25 to 34 with a high school education, incomes between 138 and 250 percent FPL, and current employment—in the medium disadvantage category—the likelihood of being uninsured is cut nearly in half but remains relatively high (about 25% to 38% across racial/ethnic groups). And for a younger man in the least disadvantaged category—comprised of those who have a college degree, incomes above 250 percent FPL, and current employment—the probability of being uninsured in 2014 is considerably lower (about 13% for Latinos and about 8% for whites and African Americans).

Figure 3. Among young men, high levels of disadvantage point to a high probability of being uninsured



SOURCE: 2014 American Community Survey, Public Use Microdata Sample.
NOTE: Predicted probabilities are calculated based on the results of logistic regression analysis modeling the likelihood of uninsured status in 2014. In addition to sex, age, and the markers of disadvantage (education, poverty level, and employment status), the model also includes controls for undocumented status and marital status. All results in

the figure are for individuals who are not flagged as undocumented and have never been married.

There are many reasons why people may not enroll in available coverage options, including affordability, personal preference, and a limited understanding of the role of health insurance. Others may lack resources or access to people or institutions with information about available coverage and the ability to assist with enrollment. Adults who have had contact with the criminal justice system are especially likely to have limited contact with traditional connections to health insurance coverage, such as higher education institutions or employers; they may also lack community ties that could provide information on low-cost coverage options.

It is important to recognize that many of the characteristics prevalent among the uninsured—including low education levels and unemployment—have been linked to a higher likelihood of being involved with the criminal justice system (Gould et al. 2002; Lochner and Moretti 2004). Moreover, there may be considerable overlap between Californians who have contact with correctional institutions and the groups of Californians who continue to have high uninsured rates. Nationwide, nearly three in four adults housed in correctional institutions—including inmates in state, county, and federal correctional facilities—are between the ages of 18 and 44, and more than nine in ten are male. Incarcerated adults have low education levels relative to the general adult population; more than 30 percent have not graduated from high school and fewer than 5 percent have college degrees. Very few are married, and the share with disabilities is very high: one in four report at least one disability that affects basic functioning (technical appendix Table A3). For these reasons, targeting correctional populations for enrollment outreach could play an important role in reducing the number of uninsured Californians.

County Jails as Sites of Enrollment

California's jails may prove particularly promising sites to target enrollment assistance due to the high volume of individuals with whom they have contact. In 2014, the county jail system had an average daily population of about 80,000 inmates.[4] It is difficult to pinpoint the actual number of inmates, given the significant amount of turnover in local jails. Nationwide, there were more than 11.4 million admissions to local jails in 2014, roughly 15 times the average daily population (Minton and Zeng 2015). When we apply this ratio to California's system, we estimate that jails had more than 1.1 million admissions in 2014.[5] And available evidence suggests that many of those with jail contact are uninsured and eligible for Medi-Cal (Bandara et al. 2015; Somers et al. 2014).

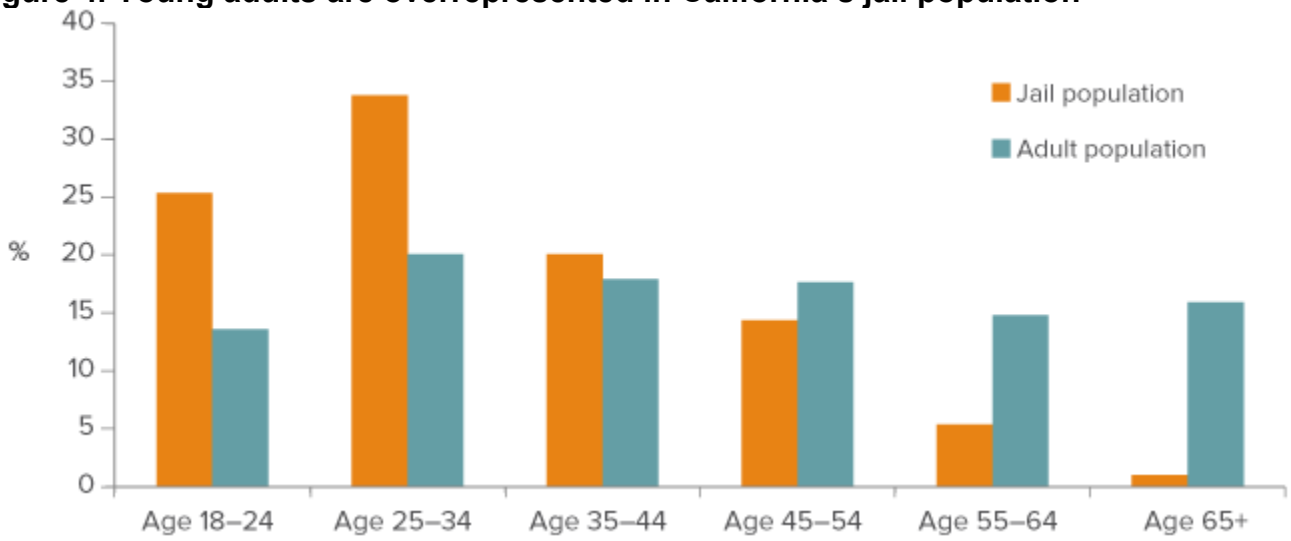
Information on the size and characteristics of California's jail population has historically been quite limited. However, a new data collection effort initiated in response to realignment has begun to fill these informational gaps. The BSCC-PPIC Multi-County Study (MCS) is a collaborative effort between the Public Policy Institute of California (PPIC) and the California Board of State and Community Corrections (BSCC) to work with a representative group of 12 counties to capture in-depth, individual-level data on

their correctional populations. The participating counties are Alameda, Contra Costa, Fresno, Humboldt, Kern, Los Angeles, Orange, Sacramento, San Bernardino, San Francisco, Shasta, and Stanislaus. This group of counties, comprising about two-thirds of the total population, reflects the demographic composition and regional distribution of the statewide population. Nonetheless, characteristics of the population in other local jurisdictions may be different.

We estimate an average daily population of about 55,000 inmates in 2014 for the county jail systems included in this study.[6] We find that approximately 455,000 adults, or more than eight times the average daily population, had contact with these county jail systems at some point over the course of the year.[7] Nearly three-quarters (72%) of these individuals were booked only once, while a small group—about 14,000 individuals—had five or more jail contacts over the one-year period.

These individual-level jail data indicate that jail inmates in California tend to be younger than the general population. Figure 4 compares the age distribution of the jail population to that of the general adult population for the counties under study. Interestingly, the comparison shown in Figure 4 is similar to the age distribution of the uninsured relative to the general population shown in Figure 1.

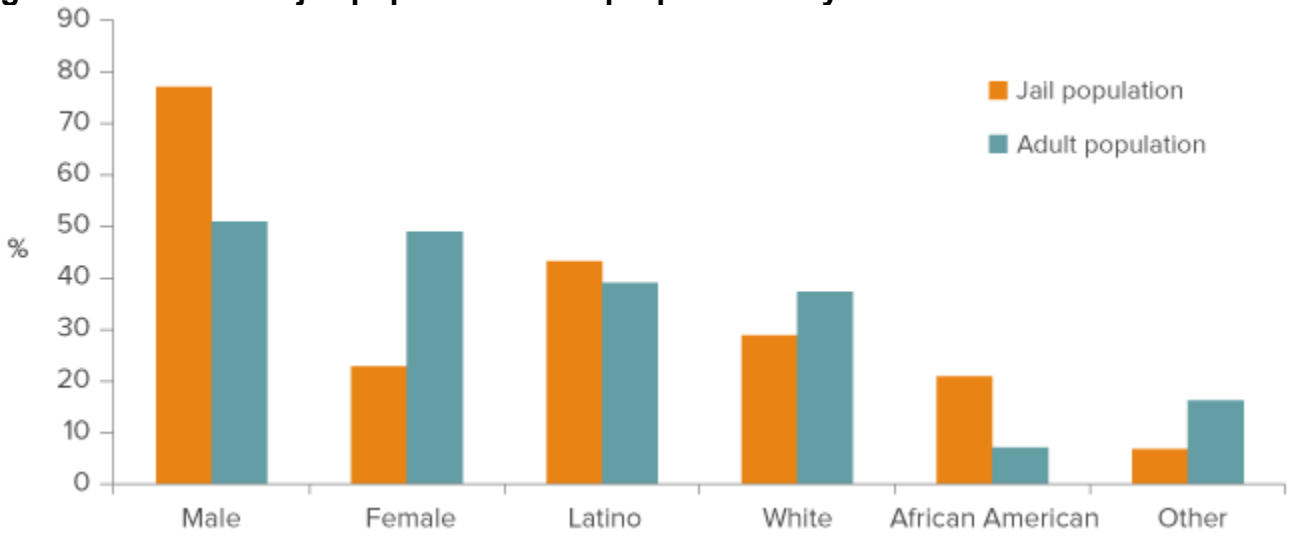
Figure 4. Young adults are overrepresented in California's jail population



SOURCE: MCS data, 2014; 2014 American Community Survey, Public Use Microdata Sample.
NOTE: The age profile of the jail population is based on the characteristics of adults moving through the jails systems of the study counties. The general adult population represents Californians age 18 and older in the study counties.

Unsurprisingly, we find that the vast majority (77%) of adults moving through the jail system are men—this gender difference holds across local, state, and federal justice systems. We also observe that Latinos and, in particular, African Americans are overrepresented among adults with jail contact. Figure 5 summarizes the gender and racial/ethnic composition of this population.

Figure 5. California's jail population is disproportionately male and non-white



SOURCES: MCS data, 2014; 2014 American Community Survey, Public Use Microdata Sample.
NOTES: Jail population estimates are based on the characteristics of adults moving through the jail system in the counties under study. Adult population estimates include Californians age 18 and older in the counties under study.

The jail population is likely to be difficult to reach via traditional sites, such as employment or educational institutions. But, given the demographic similarities between California's jail population and its uninsured population, outreach efforts within jail systems have the potential to help the state meet its goal of expanding health coverage. *There is evidence that insurance enrollment improves health outcomes for former inmates and that it may reduce recidivism.*

Enrollment outreach in jail systems may also have benefits beyond improving health insurance coverage. There is evidence that insurance enrollment improves health outcomes for former inmates and that it may reduce recidivism (Freudenberg et al. 2005; Morrissey et al. 2007; Mancuso and Felver 2009). Specifically, chemical dependency treatment and outpatient mental health programs have been associated with reductions in rearrests and fewer total arrests (Morrissey et al. 2006; Mancuso and Felver 2009). These findings predate the ACA and are limited to inmates eligible for Medicaid—and, of course, insurance coverage alone does not guarantee an increase in the use of health services. But higher treatment rates among ex-offenders with severe mental illness and substance use disorders were reported for former inmates when they had Medicaid coverage (Morrissey et al. 2006; Shah et al. 2013).

Several changes underway within the Medi-Cal program suggest that enrollment could prove even more beneficial than in the past. Efforts to better integrate mental and physical health services, an overhaul of the Drug Medi-Cal program that provides treatment for substance use disorders, and the development of pilot projects that connect Medi-Cal beneficiaries to social services—including housing and case

management—could all prove especially salutary to those under the supervision of county correctional systems.

Designing Enrollment Assistance Programs

Opportunities for increased insurance coverage created by recent state and federal policy changes rely heavily on effective local implementation. Under realignment, county correctional systems face stronger incentives to invest in reentry assistance and many local corrections and health practitioners recognize the benefits of expanded access to health coverage and care. Although increased responsibilities under realignment and limited resources can make it difficult to prioritize health insurance enrollment assistance for this population, most counties report that they are providing some form of assistance for individuals under correctional supervision (Californians for Safety and Justice 2015). As counties continue to develop and implement enrollment assistance programs, it will be important to understand whether the decisions they make help them meet their goals—goals that may vary across counties, and even across agencies within the same county.

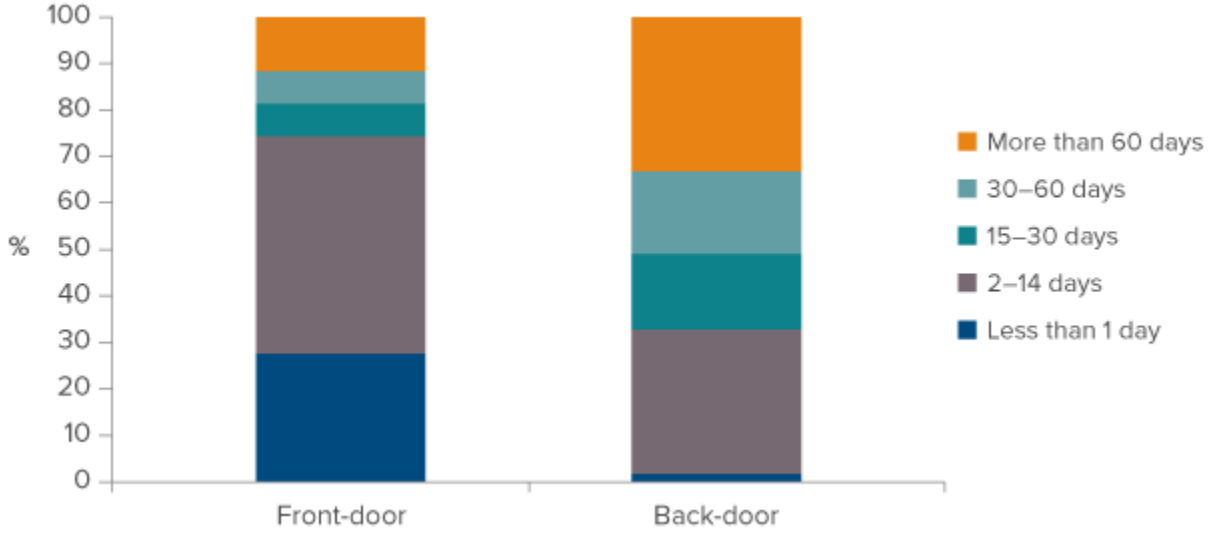
Counties are covering the cost of these programs in a variety of ways, including using public safety realignment funds, county general funds, and state and federal Medi-Cal administrative funds. There are also differences in the relationships between county jail systems and other entities that can provide enrollment assistance—especially county welfare departments, the county agencies responsible for administering Medi-Cal enrollment. In many cases, realignment has forged or strengthened these relationships by requiring the counties to create Community Correction Partnerships (CCPs) that are tasked with the implementation and management of realignment within each county. In recognition of the need for a holistic approach to reentry, these CCPs include representatives from county correctional and court systems and also from county social services and health agencies. Through CCPs, counties can bring often siloed agencies together to connect correctional populations to services and supports that could reduce recidivism. CCPs also create opportunities to coordinate goals, strategies, and funding. The degree of coordination across county agencies and the types of funding available to support enrollment efforts have implications for program scope and sustainability. Highly coordinated counties may be able to leverage expertise and points of contact across agencies to accomplish more with fewer resources. In resource-constrained environments, however, collaborators may need to choose between enrolling as many uninsured individuals as possible and offering enrollment assistance to specific high-need populations. And if counties opt to focus on high-need groups, they will need to decide how to target those efforts. Health and human services agencies may focus on those with high general health needs, while corrections agencies may focus on high behavioral health needs that are related to greater involvement with the criminal justice system. Similarly, health and human services agencies may prioritize individuals who drive up county health costs with their frequent emergency room contact, while correctional agencies may target individuals who drive up correctional health care costs through hospital stays while in custody. Realizing the potential gains from coordination and collaboration across agencies requires a program model that balances the goals of different stakeholders.

Counties may also need to confront trade-offs between the size of the population targeted for intervention and the intensity of the treatment provided. Although the implementation process is still in its early stages, two primary methods are emerging for identifying groups within the jail system in need of enrollment assistance. The first focuses efforts on the relatively broad population flowing into jails; the second concentrates on convicted jail inmates nearing the end of their terms.

The first approach, which we refer to as the “front door” strategy, targets all individuals who are booked into jail on a new arrest, warrant, hold, or supervision violation, as well as those committed to jail to serve sentences. This model uses the booking process as an opportunity to screen for health insurance coverage and to provide targeted assistance to the uninsured. In the counties included in the MCS study, the front-door group would include all 455,000 individual adults who were booked into county jails at some point in 2014. Nearly 30 percent were admitted and released on the same day, while another 45 percent spent less than two weeks in custody (Figure 6).

A second approach, which we refer to as the “back door” strategy, focuses efforts on a narrower population of individuals who were convicted of offenses, received jail sentences, and are nearing the completion of those sentences. Enrollment assistance can be provided to this population as part of a comprehensive reentry planning strategy. In our data, about 70,000 adults were released back into the community in 2014 after serving jail sentences. Unsurprisingly, this back-door group spent more time in custody than the front-door group: about one-third served a continuous term of more than 60 days and another 18 percent served between one and two months. Given these longer periods in custody, the back-door model generally allows more time for substantial enrollment assistance, spanning from screening to assistance with applications to follow-up to confirm enrollment.

Figure 6. The back-door population spends more time in custody



SOURCE: MCS data, 2014.

NOTE: Jail population estimates are based on adults moving through the jail system in the counties under study.

Under either strategy, enrollment assistance could range from providing basic information to more comprehensive assistance. However, the front-door strategy's target population is more than six times the size of the population targeted by the back-door strategy, and this affects the level of resources that could be devoted to each individual. There are few differences in the demographic characteristics of the two groups, although individuals targeted after serving jail sentences are slightly more likely to be male and less likely to be Latino than those in the front-door group (technical appendix Table B1).

Looking Forward

California has made substantial progress in increasing insurance coverage under the ACA. In 2014, the number of uninsured residents declined by 2 million, nearly 5 percentage points. However, millions of residents remain uninsured, and state and local agencies continue to try to connect those who are eligible to available coverage options. We find that uninsured Californians in 2014 are disproportionately young and male. Among young men, we find that those with low education levels, low incomes, and less attachment to employment are especially likely to be uninsured.

California's jail system may offer important opportunities to reach a share of the uninsured—particularly those who are harder to reach through traditional enrollment mechanisms. In addition to helping the state meet its health insurance coverage goals, enrollment assistance efforts offer the potential to leverage federal and state Medi-Cal resources to improve access to needed physical and behavioral health resources for the reentry population. Existing research suggests that interventions that improve access to health-related services could go a long way toward reducing recidivism, and the associated cost savings have the potential both to reduce the correctional cost burden on counties and to free up resources for additional reentry programming. As counties initiate and expand enrollment assistance efforts, the diversity in their approaches can help us track key differences among models and identify best practices.

STATE OF REFORM

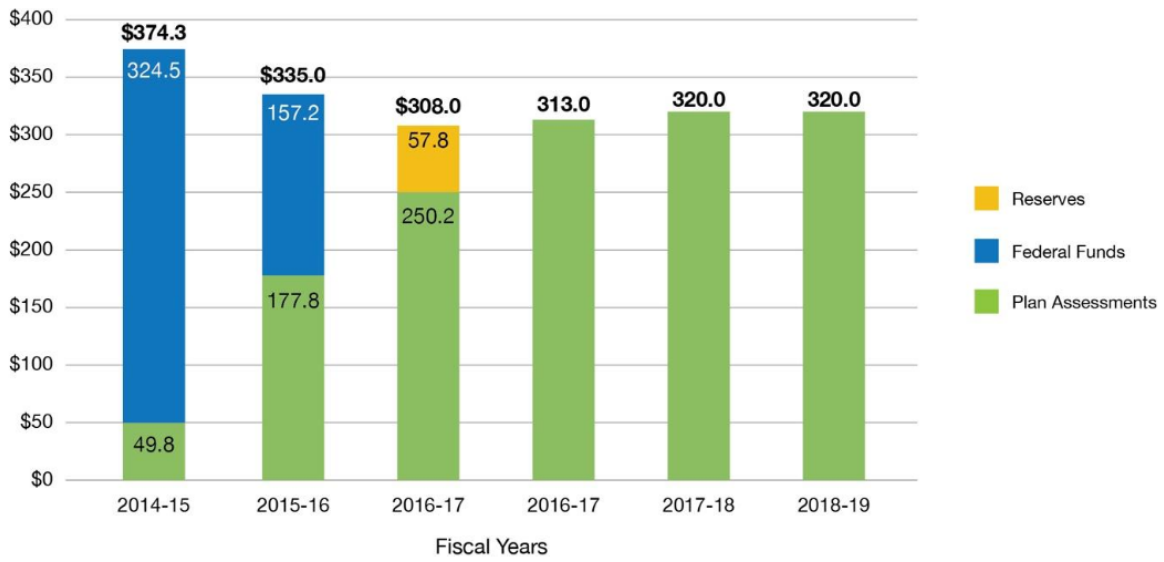
Covered California's proposed 2016-2017 budget does not include federal funds

By: Mary Powell
May 11, 2016

This week, Covered California released their proposed budget for FY 2016-2017. This budget is significant in that it is the first time that Covered California will not be relying on federal or state funds.

The transition from a budget that included federal funds, to only fees from plan assessments was made during the previous budget. In FY 2016-2017, the exchange proposes a budget of $308 million and they hope to end the year with $160 million in reserves. This represents a reduction of $27 million from FY 2015-2016. The exchange credits the savings to investments in IT, outreach, education, and marketing. Covered California came in $36 million under budget in 2015-2016.

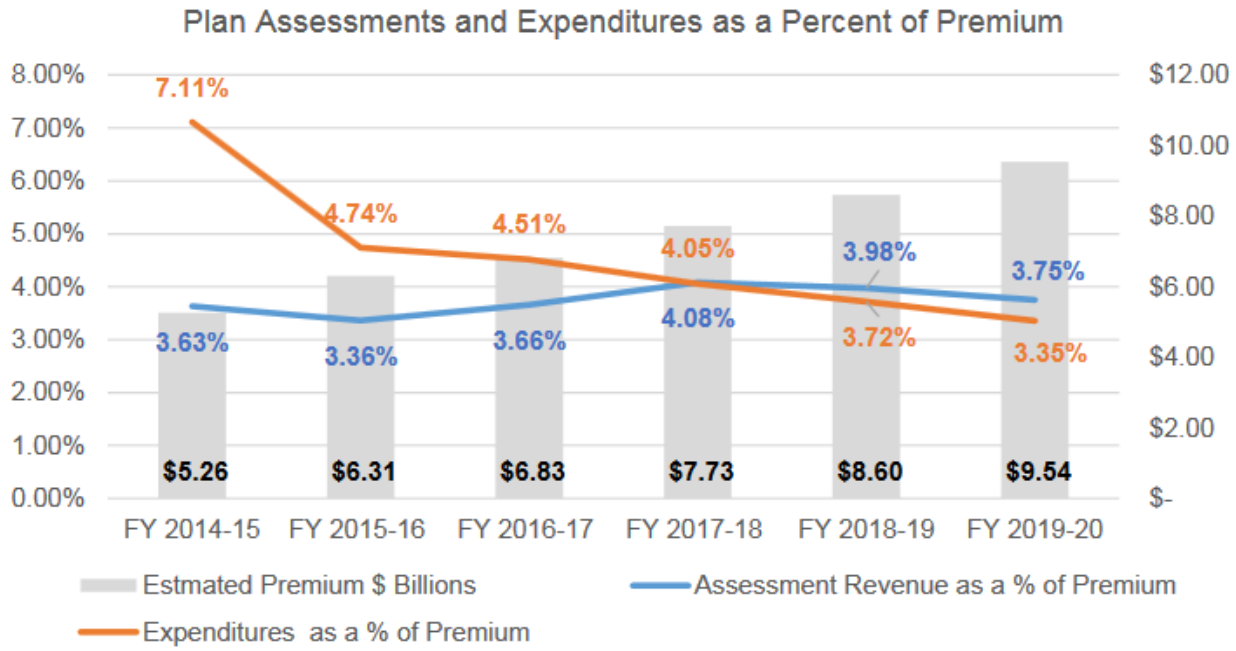
FIGURE 4
Budget and Sources of Funding: FY 2014-15 through 2019-20
(Dollars in Millions)



Source/ Covered California

Covered California has 1.4 million enrollees. In the coming fiscal year, some new sign-ups may come from the new minimum hourly wage of $15, pushing some individuals from Medi-Cal to Covered California. However, based on a brief by the Kaiser Family Foundation, the exchange does expect enrollment to plateau sooner than originally expected, and accounts for this in its forecast.

The budget also accounts for the change from a flat PMPM assessment, to a percentage of gross premiums paid, beginning in 2017. For FY 2016-2017, the premium assessment will be set at 4%. The graph below illustrates projected plan assessments and expenses as a percent of premiums from 2014-2020.



Source/ Covered California

Other items of note in the proposed budget include:

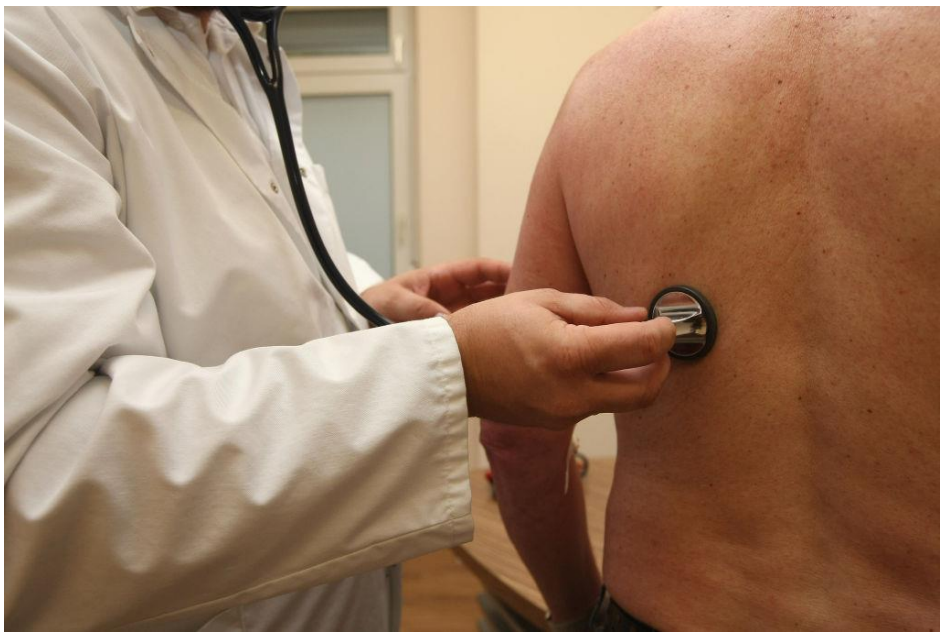
- An expected increase in small business enrollment
- Continued investment in IT to improve efficiency
- Investment in Plan Management to support the Triple Aim
- The establishment of new programs to support customer issues

The board will review and approve a final budget in June.

89.3 KPCC

Bill seeking to extend Obamacare to unauthorized immigrants sent to governor

By: Leslie Bernstein Rojas
June 2, 2016



A bill that could let California extend health insurance under the Affordable Care Act to immigrants who are in the country illegally is on its way to the governor's office.

On Thursday, the state Senate voted 27-8 to approve SB 10, a bill that directs the state to seek a federal waiver to an existing rule barring unauthorized immigrants from purchasing coverage through Covered California, the state health exchange.

The bill, sponsored by Sen. Ricardo Lara (D-Bell Gardens), cleared the state Assembly earlier this week.

If Gov. Jerry Brown signs the bill, it clears the way for Covered California officials to apply for the waiver. The next step is up to the federal government, which would decide whether to grant it.

"If the waiver is granted, then California will officially become the first state to open up Covered California, or our version of the Affordable Care Act, to undocumented immigrants who can afford to pay for one of the health care options that we have here in this state," Lara told KPCC following the Senate vote.

Opponents have questioned the legality of extending coverage to unauthorized immigrants, and what it may cost to implement.

Proponents estimate as many as 50,000 immigrants who lack legal status might be able to buy health insurance if given the opportunity.

The waiver in question is formally known as a Section 1332 State Innovation Waiver.

These waivers to the Affordable Care Act aim to modify certain provisions, based on guidelines set by the federal Department of Health and Human Services. The idea is to let states to pursue new strategies for improving coverage for their residents.

In California's case, the idea would be to open up health coverage under Covered California to undocumented immigrants - but without subsidies, meaning they'd have to pay for their policies in full.

According to an analysis produced earlier this year by Covered California, "These non-QHPs would not be subsidized with federal premium assistance or cost sharing subsidies."

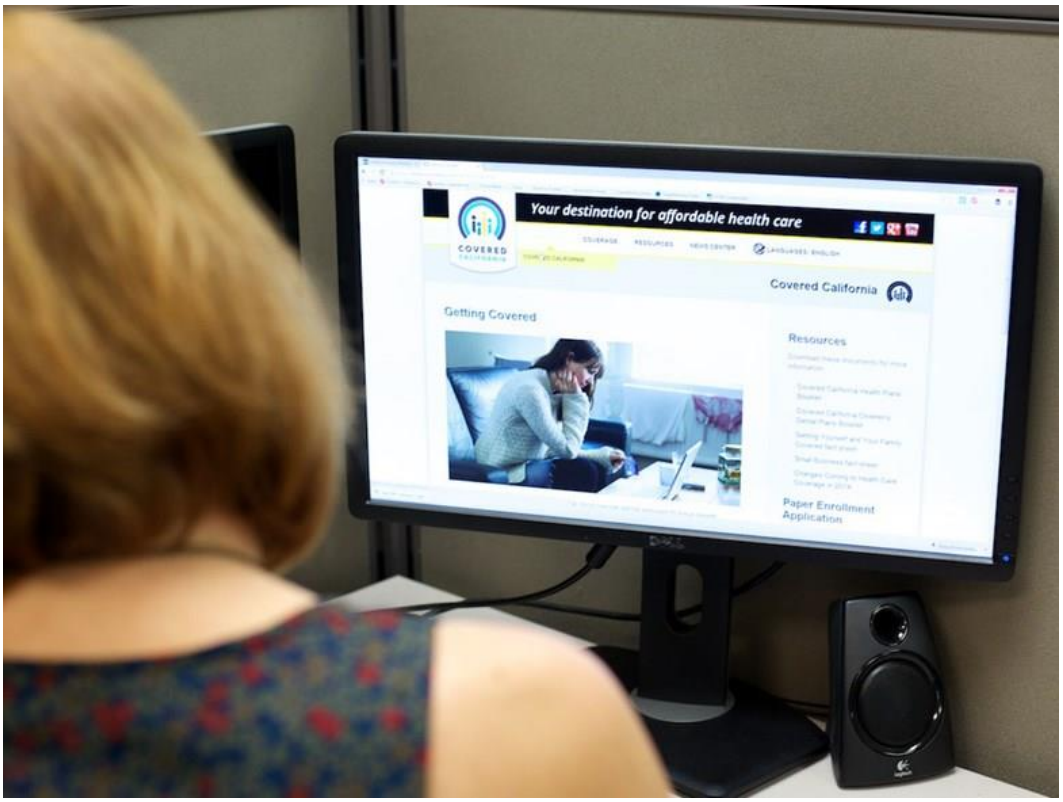
In spite of this, opponents to SB 10 have raised questions about what administrative costs there might be in implementing such an extension, and questions about its legality.

Lara said his office has reached out to the federal government in hopes that the Obama administration will consider approving the waiver in the coming months, provided the governor signs it and the state moves forward. The bill is expected to go to Brown's office in the coming days.

A new state law, also authored by Lara, allows low-income youths under age 19 who don't have legal status to obtain full medical coverage under Medi-Cal, California's Medicaid program.

Survey: California's Uninsured Rate Continues To Decrease

By: Ja'Nel Johnson
May 17, 2016



A Centers for Disease Control and Prevention survey shows California's uninsured rate is down to 8.1 percent.

The National Health Interview Survey reflects the state's uninsured rate at the end of 2015. It shows California is below the national average of 9.1 percent.

Adults living in states that have expanded Medicaid are less likely to be uninsured, according to the survey.

Through the Affordable Care Act, California expanded Medi-Cal, the state's Medicaid program, and created a state-based health insurance exchange, Covered California.

In a press release, Peter V. Lee, executive director of Covered California, said millions of people have benefitted from the two programs.

"California is succeeding in this new era of health care by using all the tools of the Affordable Care Act-- expanding Medi-Cal and launching a state-based exchange that brings quality and value to our consumers," he said.

Currently, more than 12 million people are enrolled in Medi-Cal and about 1.57 million are enrolled in Covered California.

Covered California For Undocumented? We'll See What Feds Say

By: Pauline Bartolone
May 11, 2016

As the presidential election generates a heated national debate about immigration, California is ploughing ahead with policies to integrate undocumented immigrants, most recently, by expanding healthcare access.

“It’s one of the most dramatic turnarounds in California political history,” said Daniel Zingale, senior vice president of the California Endowment, a nonprofit health

foundation, about undocumented kids being covered for a full range of health services through Medi-Cal starting May 16. Currently, Medi-Cal covers emergency medical services for undocumented children and adults.

Now, California health care advocates and immigrant rights groups want to allow undocumented immigrants the option of buying a health plan, without government subsidies, through the state-run marketplace, Covered California. The proposal needs federal approval, an involved bureaucratic process that could be thwarted under a new presidency. So California advocates are acting swiftly to get their application to President Obama before he leaves office, and to do so must win support from at least a few California Republican lawmakers.

“It is consistent with (President Obama’s) values of immigrant integration,” said state Sen. Ricardo Lara (D-Bell Gardens), author of SB10, the bill that would compel the state to apply for the undocumented health care provision. Federal approval is needed because the Affordable Care Act prohibits unauthorized immigrants from the government exchanges.

“We're very confident we're going to be able to get this done.”

Lara put an urgency clause on the bill, which requires a two-thirds majority vote to pass the Legislature. At least one Republican state senator has indicated his support.

“It allows individuals to purchase health coverage without a government subsidy, rather than seeking healthcare through emergency rooms, which ends up costing the taxpayers,” said Jann Taber, communications director for state Sen. Andy Vidak (R-Hanford), a cherry grower in the Central Valley’s Kings County, which has a 53 percent Latino population.

During fiscal year 2014-15, Medi-Cal spent $1.3 billion mostly on emergency and maternity services for undocumented immigrants.

However, Assemblyman Rocky Chavez (R-Oceanside) said he wouldn’t support the bill because he thinks it’s unnecessary; undocumented people can already buy insurance outside the exchange. He’s also concerned the healthcare system is “stressed,” and the current number of medical providers may not be able to take on more insured patients.

Republican caucus leadership from both state chambers didn’t comment on whether SB10 has enough support to pass the state Legislature.

But a Republican strategist says the California GOP may be more likely than their national counterparts to support the measure because of their need to secure the Latino vote in the state.

“Elected Republicans in California know the party has no future in speaking out (against) those issues,” said Rob Stutzman of Stutzman Public Affairs in Sacramento. “They need to be able to add immigrant voters down the road.”

Proponents say they believe they’ll also get Gov. Jerry Brown’s stamp of approval. He’s signed off on other benefits for undocumented immigrants, including driver’s licenses and student financial aid.

Even if the proposal is approved by California’s law-making bodies, the fate of the measure will ultimately be decided by policymakers in D.C., most likely with a new administration in the White House.

Front-running Republican presidential candidate Donald Trump says he wants to repeal the Affordable Care Act, and has vowed to deport undocumented immigrants from the United States. Both Democratic presidential candidates, former Secretary of State Hillary Clinton and Sen. Bernie Sanders of Vermont, support the idea of unauthorized immigrants buying unsubsidized health coverage.

“(Federal approval) does depend on which president is in the White House, and we’re talking about who’s in the White House in 2017,” said Michael Kolber, who, as a healthcare associate with Manatt Phelps & Phillips in New York, advises the private and public sector on the Affordable Care Act.

“It would be … a struggle to get a proposal in a form that it could be approved by this administration,” Kolber said, citing public comment and federal review requirements.

Even if the proposal is considered by the Obama administration, Kolber said, it may be hard to win approval even under current federal guidelines. The U.S. Health and Human Services Agency has strict rules for modifying the Affordable Care Act marketplaces, perhaps to avoid the precedent of changing the law in ways the current administration deems “less palatable” down the road, Kolber said.

Administrative hurdles aside, the proposed health system change will have to withstand the national immigration policy debate.

“This is another step in California’s relentless effort to … eliminate any kind of distinction between people who are in the country illegally and people who are here legally,” said Ira Mehlman, media director for Washington D.C.-based Federation for American Immigration Reform.

Mehlman said the Covered California proposal could lead to taxpayer-funded health care for the undocumented.

“First you say, they should be eligible, then you come back and say no one can afford it, so now we have to start subsidizing it.”

But Sonia Schwartz with the Center for Children and Families at Georgetown University said California would be opening up a marketplace to potential buyers, not giving a "handout."

"(Undocumented immigrants) should be able to have a basic quality of life," said Schwartz, research fellow with the center. "These are families who are in our same supermarket, we want to make sure they're getting inoculations."

As many as 320,000 undocumented people in California would be in the market to buy plans through the state health insurance exchange, according to the UC Berkeley Labor Center. The undocumented already are free to purchase on the private individual market, but proponents say, enrolling through Covered California would make it easier for families with mixed immigration status, who could enroll all at once through the state exchange system.

That includes the landscapers, restaurant owners and the bakery workers who Adriana Jimenez helps enroll each year as a Covered California enrollment assister in Anaheim. She says many times parents are undocumented, but their kids are here legally.

"For some of the kids, they have the option to go to the doctor, and for others they have to wait until … they are very sick (and then they go to the emergency room)" said Jimenez, program director at Give For a Smile, a nonprofit that helps low-income families navigate the healthcare system.

Jimenez said even if they were allowed to buy through Covered California, her clients could be priced out of the market without the financial help from government subsidies.

"But at least they (would) have the option to buy something," she said.

Advocates will also be working for other healthcare expansions to undocumented people this year, such as full Medi-Cal coverage for adults.

"That's the toughest (one)," said Zingale, adding it will have to compete with other state budget priorities this year. The UC Berkeley Labor Center estimates that expansion would involve as many as 790,000 people by 2019 (including the kids who will get coverage starting in mid-May).

Since the passage of the Affordable Care Act, Zingale's group has spent $20 million to $30 million on advocacy efforts to cover the remaining uninsured in California. He remains optimistic that health access for everyone will someday come to fruition.

"It's not a matter of if, but when."