

Health Care and Undocumented Immigrant Children in California

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Undocumented Immigrants in California: The Basic Facts

- According to Center for Migration Studies projections, 2.3 million undocumented immigrants in California in 2017 (7% of population)
- Underlying this statistic:
 - Population has fallen (almost 20% drop since 2010)
 - 63% from Mexico
 - Nearly 9% are under 18 years old

Emerging Research Themes

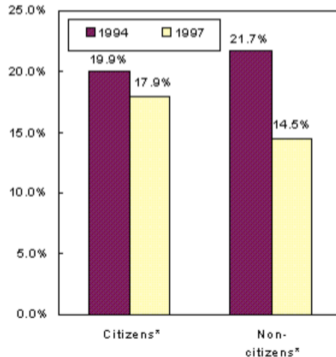
- Presence of chilling effects: effects extend beyond the directly targeted population
- Existence of overlapping federal, state, and local safety nets: other programs may interact with state or federal programs
- Long-term effects of Medicaid eligibility: impacts are long-lived and multi-dimensional (e.g., education, labor market, and health)

Chilling Effects

- Idea: Non-targeted groups indirectly impacted by eligibility rules of other groups
- Example: Welfare reform in 1996 made recent immigrants ineligible for federal means-tested benefits
 - Small population affected in 1997 but sizable effects seen immediately

Influential Figure from Fix and Passel (Urban Institute, 1999)

**Chart A. Percent of Households Receiving Welfare:
Income below 200 Percent of Poverty**



Proposed Explanations for "Chilling Effects"

1. Public charge concerns (i.e., denial of entry to US or denial of green card based on perceived lack of economic independence)
2. Misinformation, potentially due to language barriers

Are the effects entirely "chilling effects"?

1. Shifts in naturalization coinciding with welfare reform (Van Hook, 2003)
2. Changes in immigration enforcement (Watson, 2014)

More Recent Evidence of "Chilling Effects"

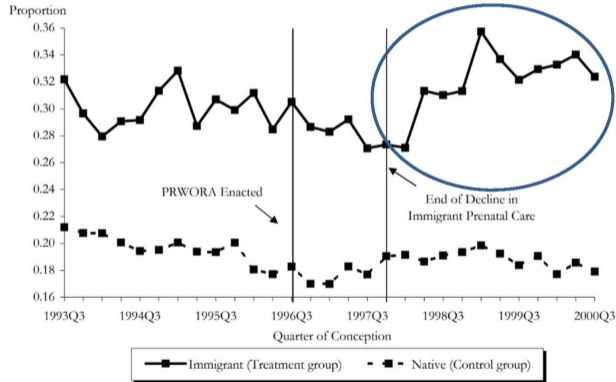
1. Immigration enforcement through Secure Communities led to a fall in federal means-tested benefit participation by Hispanic citizens (Alsan and Yang, 2019)
2. Trump administration rhetoric of public charge rule associated with increases in uninsurance rates among children (Georgetown Health Policy Institute, 2019)
3. Effects will likely become larger with Inadmissibility on Public Charge Grounds in effect on Monday

Many Facets of the Health Care Safety Net

- Subsidized health care for low income individuals can come through Medi-Cal, Federally-Qualified Health Centers, indigent health centers, hospital charity care
- Loss of generosity on one program can have ramifications for other programs
 - Important because 1) budgetary considerations and 2) programs are not perfect substitutes

Example of Interactive Effects from Royer (2004)

Figure 6 - Time Trends in Source of Prenatal Care for Texas Mothers (Texas Natality Files)
Proportion Receiving Prenatal Care from a Public Health Clinic



Notes: All plural births are excluded.

Long-Run Impacts of Public Health Insurance

1. New research emerging due to new data on effects of public health insurance beyond immediate health impacts
2. Growth in this research area not surprising because 1) effects not likely immediate and 2) health insurance's possible effect on financial well-being and health

Findings from a Nascent Literature

- Childhood Medicaid eligibility improves adult outcomes: ↓ mortality, ↓ disability, ↓ adult hospitalizations, ↑ labor supply, ↓ federal income transfers, ↑ taxes paid as adults, ↑ college enrollment (Goodman Bacon, 2016; Miller and Wherry, 2018; Brown, Kowalski, and Lurie 2019)
- Returns to these investments sizable
 - Goodman Bacon (2016) estimates a 2-7% rate of return
 - Brown, Kowalski, and Lurie (2019) finds return of 58 cents on the dollar
 - Medicaid expansions to children has one of the highest "Marginal Value of Public Funds" of public programs (Hendren and Sprung-Keyser 2020)

Findings from a Nascent Literature Continued

- Effects extend across generations: Medicaid expansions to pregnant women led to ↓ adult chronic conditions, ↑ educational attainment, ↑ higher birth weights of grandchildren (Miller and Wherry 2018; East, Page, Miller, and Wherry 2019)

Summing Up

1. Public discourse around immigration can influence take-up of subsidized health insurance and health care
2. The safety net for health care is a combination of federal, state, and local resources
3. Childhood investments through Medicaid expansions have significant returns