

Recommendations on Immigrant Integration for California's Safety Net

California Working Families Policy Summit
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INTRODUCTION

Throughout the history of the “safety net” in the United States and in California, only certain non-citizens have been eligible to obtain benefits. Until 1996, many lawfully residing immigrants were eligible to participate in public benefits, such as health care, food stamps, and cash assistance at the same level as U.S.-born citizens. In that year, federal welfare and immigration laws were enacted to drastically limit the level at which even lawful immigrants could participate in those services.ⁱ Thus today, for most federally-funded public benefits, lawful immigrants must wait five years to qualify, and this is known as the “five year bar”.ⁱⁱ

California has maintained the pre-1996 safety net for lawful immigrants in spite of current restrictions that limit federal funding of core services like Social Security for the elderly and disabled and Medicaid for low-income children and parents. Although these state-funded replacement programs have strict eligibility rules and enrollment is low, these critical safety net programs for immigrants keep vulnerable seniors from becoming homeless, children from going hungry, allow women to leave abusive relationships, and let working parents obtain affordable health care for themselves or their children.

POLICY OBJECTIVE #1

Protect existing programs for qualified immigrants.

Background

California provides four separate safety net programs for qualified, lawful immigrants that fill gaps left by the federal government. These programs include: the Cash Assistance Program for Immigrants (CAPI), the California Food Assistance Program (CFAP), CalWORKs for Recent Noncitizen Entrants, and Medi-Cal for Newly-Qualified Immigrants and those Permanently Residing Under Color of Law (NQIs and PRUCOL).

CAPI was established in 1998 under Governor Pete Wilson and serves as a veritable life line for California's seniors and persons with disabilities who rely on the program to pay for housing, food and other basic necessities. CAPI serves about 9,500 low-income lawful immigrant seniors and people with disabilities. The average monthly grant is approximately \$700 a month, just enough to help with housing, food, and other essentials. CAPI is California's replacement for federally funded Social Security Income (SSI).

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CFAP provides essential nutrition assistance to lawfully residing immigrants who were rendered ineligible for federal food stamps by the 1996 federal welfare law. The program, which operates just like the Federal Food Stamp Program, serves approximately 34,000 people. The average monthly CFAP grant received is \$115, less than most other food stamp beneficiaries. CalWORKs for Recent Noncitizen Entrant (RNE) beneficiaries, of which there are 24,000, must meet all the regular CalWORKs eligibility rules as well as additional sponsor deeming requirements.ⁱⁱⁱ

Lastly, California provides Medi-Cal for lawful immigrants who have lived in the United States for fewer than five years and those with PRUCOL status. PRUCOL, which stands for Permanently Residing Under Color of Law, is not an immigration status but a benefit eligibility category, which generally means that the immigration authorities are aware of a person's presence in the U.S. and have no plans to deport or remove him or her from the country.^{iv}

Over the past several years, former Governor Schwarzenegger proposed the complete elimination of all of these services,^v which comprise less than one percent of total enrollment of the safety-net programs.^{vi} Imagining a state without health care or basic assistance for lawfully present, long-term California residents has been unthinkable to the California Legislature, and they have consistently rejected proposals to eliminate CAPI, CFAP, CalWORKs, and Medi-Cal for lawfully residing immigrants. However, with a looming \$28 billion deficit, these programs will more than likely remain in the crosshairs and advocates and legislators will continue to protect them. For these reasons, CIPC recommends holding the line on these programs and preserving these critical safety-net services for low-income immigrants.

Recommended Action

A. Defeat proposals to eliminate or cut immigrant access to public benefits from the state budget. Other recommendations to curtail services are also unacceptable, as recipients of these services must already meet strict eligibility requirements and rely on these services for basic support.

POLICY OBJECTIVE #2

Maximize opportunities in federal health reform to ensure that all eligible participants are enrolled.

Background

The Patient Protection and Affordable Care Act of 2010 will dramatically increase the number of insured people living in the United States and presents an opportunity to expand insurance coverage to low-income immigrants. Given that non-citizens are more than four times as likely as citizens to be uninsured,^{vii} this is a great step forward for California and will assist in controlling the state's overall health care costs.

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Although federal health reform maintains the federal five-year bar for low-income immigrant adults for federal Medicaid,^{viii} California must continue to provide Medi-Cal without a waiting period as a critical investment in the safety-net. Unauthorized immigrants will continue to qualify for emergency services and community health centers, but will be ineligible to purchase their own insurance, even without subsidies, from the health insurance exchange.^{ix} However, the citizen children of unauthorized parents are eligible and should be able to enroll in the appropriate, affordable health coverage whether it is Medi-Cal, Healthy Families, or private health insurance with subsidies.

Recommended Actions

A. State Legislators and the Department of Health Care Services should ensure that the structure of Medicaid, Healthy Families, and the health insurance exchange facilitates the enrollment of all eligible individuals, including those in mixed-status families.

B. State legislators should fully fund community clinics and hospitals so that they can adequately care for those who will not be covered under federal health care reform.

END NOTES

ⁱ Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, 110 Stat. 2105 (Aug. 22, 1996).

ⁱⁱ National Immigration Law Center. “Overview of Immigrant Eligibility for Federal Programs” April 2010.

ⁱⁱⁱ California Department of Social Services, Monthly Program Enrollment Statistics:

<http://www.cdss.ca.gov/research/PG370.htm>; <http://www.cdss.ca.gov/research/PG370.htm>

^{iv} California State Senate Committee on Budget and Fiscal Review, “The Governor’s Special Session Budget Proposals and Proposed 2010-11 Budget,” January 8, 2010.

^v Ibid.

^{vi} California Immigrant Policy Center, “The Cost of Cutting Immigrant Programs: Illness, Hunger and Homelessness”. January 2010.

^{vii} University of California, Los Angeles, California Health Interview Survey, 2007. www.chis.ucla.edu.

^{viii} National Immigration Law Center, “How Are Immigrants Included in Health Care Reform?” April 2010.

^{ix} Ibid.