

Connecting Undocumented New Yorkers to Coverage

August 2018





Background

GRANTEES	(1) COMMUNITY SERVICE SOCIETY OF NEW YORK & (2) MAYOR'S OFFICE OF IMMIGRANT AFFAIRS (FISCAL SPONSOR: MAYOR'S FUND TO ADVANCE NEW YORK CITY)
GRANT PERIOD	2014 – 2017
GRANT AMOUNTS	(1) \$110,000 (2) \$343,747

Although health insurance coverage has expanded in New York State, a significant group of residents has been left behind: immigrants. New York State is home to one of the largest and most diverse immigrant populations in the country. One in five New Yorkers is an immigrant.¹ Nearly 2 million New Yorkers are noncitizens; an estimated 1.4 million are lawfully present and an estimated 625,000 are undocumented.² Many of these immigrant New Yorkers lack health insurance coverage.

At the time of the launch of the Affordable Care Act (ACA) coverage expansions, noncitizen New Yorkers had uninsured rates of more than 25%, the highest rate of any subpopulation. Noncitizens were three times more likely than citizens to lack health insurance coverage. Among immigrants, undocumented immigrants had the highest uninsured rates.

Despite these challenges, State-level funding decisions in New York and the creation of the federal Deferred Action for Childhood Arrivals (DACA) program by President Obama in 2012 provided openings to bring health insurance coverage to undocumented immigrants and to those New Yorkers enrolled in DACA (sometimes called "DACA-mented" New Yorkers). The New York State Health Foundation (NYSHealth) made two grants to maximize the opportunities to cover the undocumented and DACA-mented New Yorkers who could be left behind by the ACA's health insurance expansions.

¹ Office of the New York State Comptroller. "A Portrait of Immigrants in New York," November 2016. Available at: https://www.osc.state.ny.us/reports/immigration/immigration_2016.pdf

² New York Immigration Coalition. "Maximizing Health Care Reform for New York's Immigrants," February 2013. Available at: <https://nyshealthfoundation.org/resource/maximizing-health-care-reform-for-new-yorks-immigrants/>



Grant Activities

COMMUNITY SERVICE SOCIETY OF NEW YORK: CREATING INSURANCE MECHANISMS FOR UNDOCUMENTED NEW YORKERS

Even after the enactment of the ACA, as many as 457,000 unauthorized, uninsured immigrant New Yorkers were ineligible for coverage. Without coverage, many would continue to turn to emergency rooms and public hospitals. However, the ACA also imposed significant cutbacks in compensating charity care, leaving a greater burden on providers. It is important—both for people without health insurance and for a well-functioning health care system—to address the insurance needs of the immigrants left behind. Doing so requires creating an insurance mechanism for New York's undocumented immigrants.

To establish what such an insurance system might look like, NYSHealth awarded the **Community Service Society of New York** (CSS) a grant³ in late 2014 to conduct a rigorous examination of the costs and feasibility of three insurance options for undocumented immigrants in New York State. This project was supported with co-funding from the New York Community Trust, the Altman Foundation, and the United Hospital Fund. The resulting report, issued in January 2016, offered policymakers a practical, actionable path to close the coverage gap and continue New York's leadership in providing a welcome home for new Americans.⁴

This project drew from New York State's history in expanding public health insurance programs to cover immigrants. For example, in the 1980s, New York expanded Medicaid to cover undocumented pregnant women. In 1990, New York created the Child Health Plus program, which in part provided coverage to children who were ineligible for Medicaid, including undocumented children. In 2001, in a landmark decision in the Aliessa case, New York's highest court held that low-income immigrants who are not citizens or green card holders but who are permanently residing under color of law (PRUCOL) are eligible for full Medicaid benefits. As federal law bars federal Medicaid funding for this population, this court decision led New York to use its own funds for Medicaid coverage (paid fully by the State) to cover this population. For the remaining low-income, undocumented immigrant population, New York State also offers coverage through Emergency Medicaid to cover medical emergencies; in 2007, the scope of these benefits was expanded to cover the costs of treating end-stage renal disease and cancer, as well.

For its NYSHealth-supported project, CSS conducted preliminary research; data acquisition

³ See <https://nyshealthfoundation.org/grantee/community-service-society-of-new-york-2014/>.

⁴ Community Service Society of New York. "How Can New York Provide Health Insurance Coverage to its Uninsured Immigrant Residents? An Analysis of Three Coverage Options," January 2016. Available at <https://nyshealthfoundation.org/resource/how-can-new-york-provide-health-insurance-coverage-to-uninsured-immigrants/>.



Grant Activities (continued)

and analysis; interviews with immigration data experts, State officials, advocates, and providers; legal and policy research; and actuarial modeling. At the time of the project, there was growing interest in addressing the coverage needs of New York's immigrant population. In October 2015, the New York City Mayor's Task Force on Immigrant Health Care Access issued a report recommending that the State explore ways to provide coverage to New York's undocumented immigrants. Before CSS released its 2016 report, NYSHHealth and CSS jointly convened a roundtable forum to initiate a broad-based discussion among multiple stakeholders on the coverage options and next steps.

CSS modeled the design, the estimated uptake, and the costs of each of the following coverage options:

1. Providing comprehensive coverage to undocumented DACA-eligible young adults (19–29 years old) who are too old for Child Health Plus coverage and not income-eligible for State-funded Medicaid;
2. Establishing a limited benefits package for undocumented immigrants who have enrolled in Emergency Medicaid; and
3. Offering comprehensive coverage to undocumented immigrants whose incomes are below 200% of the federal poverty level, through a State-only funded Basic Health Plan (known as the Essential Plan), which would be offered through private health insurance companies.

Since the report was issued, an advocacy coalition managed in part by CSS has continued to seek policy changes to extend coverage to undocumented populations. The Health Care for All New York (HCFANY) coalition has advocated in Albany for various proposals that grew out of this project. In 2016, HCFANY advocated that the Essential Plan use State-only funds to cover income-eligible DACA recipients, particularly those who are losing Medicaid eligibility as they earn higher incomes. In 2017 and 2018, HCFANY advocated that New York State (1) expand the Essential Plan using State-only funds to cover all New Yorkers up to 200% of the federal poverty level, regardless of immigration status; (2) address the needs of immigrant New Yorkers losing Temporary Protected Status (and thus their PRUCOL status) as the result of a decision by the Trump Administration; and (3) extend New York's Child Health Plus program to age 29. Although none of these proposals has achieved passage, in April 2018, the New York State Assembly passed a bill to preserve the PRUCOL Medicaid benefits for New Yorkers who lose Temporary Protected Status because of changes at the federal level.



Grant Activities (continued)

NEW YORK CITY MAYOR'S OFFICE OF IMMIGRANT AFFAIRS (MOIA): CONNECTING UNDOCUMENTED NEW YORKERS AND DACA RECIPIENTS TO HEALTH CARE COVERAGE

The Policy Opportunity

DACA offers deferred action for undocumented immigrants who were brought to the United States before the age of 16 years and who have been in the country for at least five years. Those eligible for DACA status, also referred to as Dreamers, have the opportunity for employment authorization, temporary protection from deportation, and a Social Security number to work legally and pay taxes.

In New York State, DACA can also provide a path to health insurance for tens of thousands of immigrants. Although federal policy does not offer Medicaid for income-eligible DACA recipients, a few jurisdictions—New York, California, Massachusetts, and the District of Columbia—use their own funds to provide State-funded Medicaid to income-eligible DACA recipients and others who qualify for PRUCOL status. DACA recipients are still barred from federally-funded Medicaid in most states.

The disconnect between federal and State rules regarding these benefits created massive confusion among the potential beneficiaries most in need of coverage. The opportunity for insurance coverage available to Dreamers was untapped because the potentially eligible population and the organizations that serve them were unaware that New York State offered this option.

By 2015, DACA enrollment was disproportionately low in New York compared with other states. It was estimated that approximately 85,000 individuals in New York City were DACA-eligible—among the largest concentrations in the United States. Yet only about 25,000 in New York City had applied for DACA status at the time, an application rate of only 30% among eligible immigrants compared with rates of 50% or more in other states. Experts believed that uptake had been relatively low in part because the major DACA benefits previously promoted (protection from deportation, employment authorization, and eligibility for a driver's license) were less persuasive to potential enrollees in New York City, where cash employment, public transportation, and a sense of sanctuary have minimized those incentives.

Almost three-quarters of New York State's undocumented immigrants live in New York City. For this population, there was a need for alternative messaging about the additional benefits of applying for DACA. Greater awareness of health insurance coverage could serve as the best incentive to encourage undocumented immigrants to come out of the shadows and apply for



Grant Activities (continued)

deferred action. Previous DACA public education campaigns had overlooked the opportunity for coverage, in part because campaign organizers did not know that DACA applicants, if income eligible, could qualify for Medicaid in New York State.

The Project

Discussions with the New York City Mayor's Office of Immigrant Affairs (MOIA) led to an initiative to put the Medicaid benefit at the forefront of government and advocacy efforts to aid undocumented New Yorkers and improve their immigration status. Medicaid would be the carrot to encourage applications for DACA among eligible but undocumented New Yorkers. The initiative would also bring coverage to the thousands of New Yorkers who had DACA status but did not know that they had health insurance options.

In 2015, NYSHealth made a grant⁵ to MOIA to undertake a major advertising and public awareness campaign to increase awareness of Medicaid eligibility and enrollment among DACA recipients and potential applicants. The Mayor's Fund to Advance New York City served as the fiscal sponsor to MOIA.

This campaign would be the first large-scale effort anywhere in the United States to focus exclusively on DACA recipients' eligibility for Medicaid and other health benefits. By funding direct-to-New Yorkers advertising, the campaign would add public education—a crucial missing element—to a surge of activities, resources, and funding being directed to improving immigrants' access to health care in New York City. These efforts included:

- \$2.5 million in new City Council funding for health programs and outreach for immigrants and other underserved populations, through the Access Health NYC and Immigrant Health initiatives;



LLAMA AL 311 Y DI "DACA Y SEGURO DE SALUD" PARA RECIBIR AYUDA.
VISITA NYC.GOV/DACA PARA OBTENER MÁS INFORMACIÓN.

La ayuda es gratis, segura y confidencial



⁵ See <https://nyshealthfoundation.org/grantee/mayors-fund-to-advance-new-york-city-oct-2015/>.



Grant Activities (continued)

- A MOIA-led citywide program to achieve coordination of immigration legal services and key outreach partners to identify and support immigrants eligible for temporary or permanent status;
- Private philanthropic and City Council funding for immigration legal services (through groups such as the Immigrant Justice Corps, the New York Immigrant Family Unity Project, and CUNY Citizenship Now!) to help immigrants gain DACA status or be screened for other legal status;
- The City's coordinated response to a sudden influx of unaccompanied immigrant children arriving from Central America, which has included Child Health Plus enrollment;
- The IDNYC municipal identification card launch, intended in part to ensure that immigrants have access to City services, including the public hospital system; and
- The Mayor's Task Force on Immigrant Health Care Access's release of a set of recommendations for City action, including the piloting of a direct access program.

Under this grant, MOIA conducted a major public education campaign in multiple languages (English, Spanish, Chinese, Korean, Haitian-Creole, Polish, Russian, Urdu, Bangla, French, and Arabic) using four primary outreach methods:

- Targeted ethnic media advertising and online advertising;
- Public transit advertising, including ads in subway cars and on bus shelters;
- Public education materials, including info-cards at local businesses in immigrant neighborhoods and a social media campaign with City partners; and
- Centralized resources and referrals to insurance Navigators through MOIA's DACA website⁶ and its NYC 311 public information telephone line scripts.



⁶ <https://www1.nyc.gov/site/immigrants/help/legal-services/deferred-action.page>



Grant Activities (continued)

ACCIÓN DIFERIDA

Ahora podemos ir al doctor cerca de nuestra casa y nuestro trabajo

DACA significa un permiso de trabajo, una licencia de conducir y un número de seguro social. Si tienes DACA, podrías cumplir con los requisitos para recibir seguro médico a bajo costo o sin costo y sin pagos mensuales.

OPORTUNIDAD. APOYO. OPCIONES. CON DACA ES POSIBLE.

LLAMA AL 311 Y DI "DACA Y SEGURO DE SALUD" PARA RECIBIR AYUDA. VISITA NYC.GOV/DACA PARA OBTENER MÁS INFORMACIÓN.

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NYS HEALTH **NYC** **Mayor's Office of Immigrant Affairs**

MOIA conducted focus groups in Mandarin at Asian Americans For Equality in Flushing, Queens; held a Spanish-language focus group at Make the Road New York's office in Jackson Heights, Queens; and consulted several DACA recipients, staff from the City University of New York, NYC Department of Health and Mental Hygiene, and the New York Immigration Coalition to provide input about effective ad copy and to discuss the challenges that prevent target audiences from enrolling in Medicaid. NYSHealth hosted a companion focus group with Medicaid enrollers from community-based organizations to further inform the campaign's ad copy.

After completing a competitive selection process, MOIA selected DCF Advertising as the creative agency partner for the ad campaign. The campaign was photo-driven,

featuring six different settings that immigrants could relate to: a mother picking up her child from school, a line cook worker, construction site workers, a waitress, a rising office executive, and a group of college students.

The initiative was announced in February 2016 and was covered by the *New York Daily News* and ethnic media outlets. The 10-week advertising campaign launched in May 2016 with a press briefing for ethnic media outlets serving immigrant communities.

The Outcomes

Although every individual who may have enrolled in DACA or Medicaid as a result of the campaign cannot be measured directly (New York's Medicaid data do not identify applications by DACA status), other measures indicate that the 10-week campaign was a success:

- During the advertising period, MOIA had more than **3.1 million impressions** through its paid Facebook, Instagram, and Twitter ads.



Grant Activities (continued)

- **Ads in 2,000 subway cars** across New York City over an 8-week period generated more than **17.3 million impressions**. **Ads on 50 bus and phone shelters** generated more than **24 million impressions** over the same time period.
- The campaign included 100 quarter-page ads in 25 ethnic media outlets, targeting key immigrant populations, **reaching a total circulation of more than 1.5 million people**.
- **MOIA trained 30 enrollment Navigators and attorneys and about 90 Certified Application Counselors and health advocates** on DACA Medicaid eligibility.
- The campaign included the **distribution of 344,000 info-cards** in nail salons, barber shops, laundromats, cash businesses, local pharmacies, and other small businesses frequently visited by immigrants in the campaign's targeted neighborhoods. MOIA's outreach team also delivered **info-cards to community-based organizations**, schools, and places of worship, as well as at community-based events, health fairs, immigration clinics, elected officials' offices, and City health department sites.
- The City's 311 public information line received a large increase in DACA inquiries; **almost half of those DACA calls asked specifically about DACA and health insurance**.
- Monthly visits to New York City's DACA website **increased more than 4,000%** following the campaign's launch.
- Following the campaign, **first-time DACA applications jumped nearly 500% in New York State**. In the quarter before the campaign launched, only about 750 initial DACA applications were filed in New York State. In the months directly following the campaign, more than 3,400 were filed.

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At the time of this project, DACA status provided previously undocumented New Yorkers with a sense of security and safe harbor; an ability to work legally, pay taxes, and open a bank account; and a chance to go to college. For many, it would also provide access to health insurance for the first time.



Lessons and Looking Ahead

The MOIA project was born in part from an NYSHealth intern's advocacy. Cesar Andrade was a DACA recipient, an immigrant advocate, and uninsured.⁷ When he interned at NYSHealth in 2014, he learned that he could qualify for State Medicaid coverage. We learned that even the most engaged DACA activists could be unaware of the benefits for which they qualify. Those who did know about the opportunity to qualify for coverage learned of it only through word of mouth.

Having a policy on the books is not enough if the potential beneficiaries do not know it exists.

We learned that having a policy on the books is not enough if the potential beneficiaries do not know it exists. NYSHealth worked behind the scenes, reaching out to immigrant advocates, immigration attorneys, and DACA beneficiaries, and found that even these experts did not know that income-eligible DACA applicants could qualify for Medicaid in New York State. The State did not offer any explicit guidance confirming that this benefit extended to DACA recipients, and national DACA campaigns overlooked the option.

Cesar created a DACA + Medicaid flyer and got it approved by the State for use by State-funded enrollment Navigators. Foundation staff reached out to a reporter and Cesar's story was featured in a *PoliticoNY* article.⁸ These conversations led us to discussions with MOIA about the misunderstanding and confusion about DACA-eligible New Yorkers' opportunity to qualify for Medicaid, and laid the groundwork for our work together.

Today, the State has a dedicated web page featuring clear information and resources about Medicaid eligibility for New York's Dreamers.⁹ Cesar is now in medical school. But uncertainty related to the federal DACA policy has grown since our work in this area began.

In 2016, the U.S. Supreme Court ruled against a 2014 executive action that would have expanded the DACA program to offer deferred action to an additional 150,000 immigrants in New York City, including the parents of American citizens. Full implementation of both the 2012 and 2014 executive actions would have resulted in more than 100,000 suddenly Medicaid-eligible immigrants in New York City alone. We had developed projects with

⁷ Learn more about Cesar's story at https://www.youtube.com/watch?v=CLltstl_enA.

⁸ Goldberg D. "What's Next for Obamacare in New York," Politico NY, September 29, 2014. <https://www.politico.com/states/new-york/albany/story/2014/09/whats-next-for-obamacare-in-new-york-000000>.

⁹ See <https://info.nystateofhealth.ny.gov/DACAFactSheet>.



Lessons and Looking Ahead (continued)

the New York Immigration Coalition and the Empire Justice Center to provide training and technical assistance to immigrant-serving legal services providers and community-based groups to make them aware of DACA's Medicaid eligibility component and facilitate Medicaid screening and enrollment. Those grants were put on hold once the 2014 deferred action expansion was enjoined by the courts and ultimately canceled when the Supreme Court decision came down. We saw the MOIA project as laying the groundwork in advance of full implementation of the 2014 executive order for DACA expansions.

In 2017, with growing concerns about federal threats to end DACA, MOIA used a small remaining balance of NYSHHealth grant funds to provide public education to New York City's DACA recipients. Following the September 2017 announcement of plans to terminate the program, MOIA continued to connect DACA recipients with critical resources, held Know Your Rights forums, organized town halls, and hosted multiple clinics to assist DACA recipients with renewal applications. MOIA staff testified before the State Assembly on the potential health impact of the end to DACA and the need to extend Medicaid eligibility to DACA recipients who face the termination of their status. In January 2018, Governor Cuomo announced that New York's Dreamers will continue to be eligible for State-funded Medicaid coverage regardless of any changes to federal protections.¹⁰

NYSHHealth continues to support projects to address the needs of immigrant New Yorkers, including the most vulnerable and those who are undocumented. In October 2017, NYSHHealth awarded a grant¹¹ to New York Lawyers for the Public Interest (NYLPI) to ensure that immigrants detained in ICE detention centers are receiving needed health care services while in custody and reconnected to coverage upon their release. Many of these detainees are green card holders and may have access to health care through Medicaid or private insurance. But detention can often interrupt that coverage, leaving them reliant on a local county jail or ICE detention facility for care. Under this project, NYLPI will ensure that immigrants with serious illnesses who are confined to detention facilities receive adequate health care services while in custody and access to care upon their release.

In September 2017, NYSHHealth awarded a grant¹² to the New York Immigration Coalition (NYIC) to support immigrant health care access during these uncertain times. Recent federal-level decisions and threats have created a climate of fear and mistrust within immigrant

¹⁰ See <https://www.governor.ny.gov/news/governor-cuomo-ensures-medicaid-coverage-daca-recipients-regardless-federal-action>.

¹¹ See <https://nyshealthfoundation.org/grantee/new-york-lawyers-for-the-public-interest-october-2017/>.

¹² See <https://nyshealthfoundation.org/grantee/new-york-immigration-coalition-inc-sep-2017/>.



Lessons and Looking Ahead (continued)

communities, which in turn is affecting their ability or willingness to access health insurance coverage and care. Under this grant, NYIC will address the impact of recent and pending federal policies on health care access and coverage for New York-based immigrants and their families. NYIC will monitor policy changes in real time, analyze their impact, and disseminate findings to its 175 member organizations, City and State officials, and health care providers to support coordinated and effective measures to preserve health care access for immigrants. NYIC will produce a white paper based on the impact of immigration enforcement on health care utilization through story collection and interviews with key health care and service providers. The white paper will summarize key findings and recommendations from the interviews, data, and community trainings, and will include observations about what changes at the federal level might mean for New York City and State. NYIC will also convene its members, stakeholders, and affected individuals to respond to the mental health crisis of increased anxiety and stress related to immigration enforcement.



LEARN MORE

- An NYSHealth video Q&A highlights the outreach program with MOIA and the impact of the uncertainty surrounding federal DACA policy. See www.nyshealth.org/DACA.
- A *Health Affairs* blog post details the Foundation's work to expand coverage to undocumented immigrants. See <https://www.healthaffairs.org/doi/10.1377/hblog20160629.055615/full/>.



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