2019 LATINX HEALTH POLICY PRIORITIES
LATINO COALITION FOR A HEALTHY CALIFORNIA
Latino Coalition for a Healthy California (LCHC) is the only statewide organization with specific emphasis on Latino health. Founded in 1992 by health care providers, consumers, and advocates to impact Latino health by focusing on policy development, providing enhanced information, and community involvement in key areas throughout the State of California.

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Despite decades of work by the California State Government, community-based organizations, private foundations, and thought leaders and policy experts to improve health equity in Latinx communities throughout California, a chasm of health disparities remain: lack of access to healthcare coverage; unaffordable healthcare costs; a dearth of culturally and linguistically informed healthcare services in underserved regions of our state, among many other disparities. Since 1992, Latino Coalition for a Healthy California (LCHC) has led multiple efforts to expand and improve healthcare and public health services so that all Californians live to their highest health potential. LCHC also led efforts to address health disparities caused by social issues such as racism, immigration status, gender discrimination and environmental issues including access to healthy foods and safe spaces for physical activity. As the oldest health policy advocacy organization with a specific focus on health equity in Latinx communities throughout California, LCHC is a bridge elevating community voices at the California State Capitol to ensure that policies and programs crafted in our government are both data-driven and community-driven. Over the last 25 years, LCHC has achieved multiple policy victories that have protected and advanced health equity for Latinxs and all Californians. Still, the work of our communities throughout California is not yet finished.

Latinx health is California’s health. As of the 2010 Census, Latinxs make up 39.1% of California’s 40 million residents.¹ According to the Public Policy Institute of California, our State is home to 10.7 million immigrants, or about a quarter of all foreign-born residents living in the whole of the United States.² In 2017, 27% of the State’s population was not born in the U.S.³ Today, half of California’s immigrant population are naturalized citizens.⁴ Foreign-born Californians are not all legal permanent residents or naturalized U.S. citizens; California is home to a large population of undocumented immigrants who don’t have lawful status, but are still counted as residents of our State. 82% of undocumented Californians are Latinx.⁵ The majority of Latinxs in California (68%) have Mexican ancestry; the population as a whole is not a monolithic body.⁶ Latinxs in California carry a rich heritage from countries like El Salvador, Guatemala, and Honduras and regions like Central America, South America.⁷

Latinx communities in California reach every corner of the state. Latinxs are concentrated in large numbers in Los Angeles County, Imperial County, the Central Valley, and the Inland Empire. Latinxs are in California’s great urban centers, and suburban and rural areas. Latinxs are also younger than other ethnic groups in California. 41% of California’s millennial population are Latinx, and 52% of the State’s kids are Latinxs.⁸ Beyond age, geography, ethnicity and nationalities, Latinxs in California are multilingual. Spanish is the State’s second-most spoken language with about 28% of those aged older than 5 speaking Spanish as their primary language at home, with higher rates in the counties of Los Angeles, San Diego, and Imperial.⁹

¹ https://www.census.gov/quickfacts/fact/table/ca/PST045218
³ https://www.census.gov/quickfacts/fact/table/ca/PST045218
⁴ http://www.americanimmigrationcouncil.org/research/immigrants-in-california
⁵ http://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CA
⁶ Ibid.
⁷ http://www.wikwand.com/en/Hispanics_and_Latinos_in_California
⁹ https://statisticalatlas.com/state/California/Languages

1. INTRODUCTION
With such geographic, national, and ethnic diversity comes specialized health care needs, but access to healthcare remains a primary concern. 90% of low-income undocumented adult immigrants are uninsured, according to an analysis by UCLA.\textsuperscript{10} If California is to make strides in improving the health of our State writ large, then addressing Latinx healthcare needs is inevitably a significant and important part of that conversation.

Coverage for underserved Californians expanded through the implementation of the federal Affordable Care Act in the form of Covered California and Medi-Cal expansion, and through state policy with the approval of Health4All Kids, which extended coverage for all low-income kids regardless of immigration status. These policy changes in California reduced the number of uninsured Latinxs, but many remain uninsured, or simply face barriers to accessing health care. In 2016, California was home to 323,000 uninsured Latinxs, the second-largest number of any state in the country.\textsuperscript{11} Institutional inequities such as policies that target immigrant communities and chill them from seeking care, or a lack of culturally and linguistically informed health care resources, or a dearth of Latinx physicians and health care professionals, all adversely contribute to diminished population health and the subsequent prevalence of chronic disease in Latinx communities.

In 2016, California was home to 323,000 uninsured Latinxs, the second-largest number of any state in the country.

Together with its partner organizations and Board of Directors, LCHC has identified major policy areas that are important to the health of Latinx communities throughout California in 2019. The 2019 Latinx Health Policy Priorities is the product of a yearlong iterative process that includes community voices through LCHC’s community programs including the Health Ambassadors Leadership Institute, Salud Con Dignidad, and Health Justice Fellows programs. Throughout the process of discussing and collaborating on this health policy agenda, LCHC engaged urban and rural communities throughout California with large population percentages of Latinxs. These policy areas represent an opportunity to advance and improve Latinx health by focusing on policy development that will address longstanding Latinx health inequities. With these policy priorities, LCHC and our community partners hope to advance our mission of working toward a California that is healthier for Latinx communities and, in that process, creates a healthy California for all.

\textsuperscript{10} Miranda Dietz et al., “California’s Health Coverage Gains to Erode Without Further State Action” (UC Berkeley Center for Labor Research and Education and UCLA Center for Health Policy Research, November 27, 2018), http://laborcenter.berkeley.edu/ca-coverage-gains-to-erode-without-further-state-action/.

LCHC has identified three policy priorities that deserve particular consideration by lawmakers, regulatory agencies, health care and public health providers, and community advocates.

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In addition to the policies described in the three priorities above, two federal public policies deserve special consideration by all California health stakeholders in 2019 as they will have profound effects on the health policy priorities described above.

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<th>FEDERAL POLICIES IN 2019</th>
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In 2019, LCHC is cosponsoring bills that, if passed and signed into law, will have a direct positive impact on the three policy priorities listed above.

Those bills are:

**AB 512**
Sponsored by: Ting

Cultural and Linguistic Competence in Mental Health: AB 512 requires counties to report on additional criteria in their cultural competency plans to the Department of Health Care Services (DHCS), creates a robust stakeholder process, and requires DHCS to annually monitor and reduce mental health disparities.

**SB 347**
Sponsored by: Monning Bonta

Warning Labels on Sugary Drinks: SB 347 requires all sugary drink bottles, cans, vending machines, and fountains in California to display the following science-based warning:

![STATE OF CALIFORNIA SAFETY WARNING:](image)

**Office of Healthy and Safe Communities: AB 656**
Sponsored by: E. Garcia

Office of Healthy and Safe Communities: AB 656 creates the Office of Healthy and Safe Communities to promote comprehensive violence prevention strategy and expand access and use of community-based violence prevention programs.
LCHC will advocate for legislation and regulatory reforms that increase access to affordable, high-quality physical, mental, and oral healthcare services for all.

Access to healthcare for Latinxs is improving, but lags behind other racial and ethnic groups. Lack of access to affordable, high-quality physical, mental, and oral health care services leads to increased risk behaviors, higher prevalence of communicable and chronic diseases and injuries, and ultimately adversely impacts Latinx mortality and life expectancy.\textsuperscript{12}

\textbf{“55% of uninsured Californians are Latinx despite Latinxs being 40% of the total state population.”}

55\% of uninsured Californians are Latinx despite Latinxs being 40\% of the total state population.\textsuperscript{13} In 2014, California expanded its Medi-Cal coverage and nearly 4 million people gained health care coverage through that expansion.\textsuperscript{14} Yet Latinxs haven’t benefitted from the same increases in health care coverage, access, and affordability as non-Latinx Whites and Blacks, according to a November 2018 study by the UC Berkeley Center for Labor Research and Education and UCLA Center for Health Policy Research. According to the a study published by the Institute of Medicine, people who face barriers that prevent or limit access to healthcare services may increase the risk of poor health outcomes and health disparities.\textsuperscript{15} Systemic factors that are barriers to accessing healthcare include:

\textbf{IMMIGRATION STATUS.} By 2020, approximately 1.5 million Californians will be ineligible for health coverage and health care due to their immigration status, making undocumented Californians the largest group of uninsured people in the State.\textsuperscript{16} According to the Kaiser Family Foundation, a lack of health insurance coverage may negatively impact health by making patients less likely to receive preventive services for chronic conditions like diabetes, cancer, and cardiovascular disease.\textsuperscript{17} That same study shows that children who don’t have access to health insurance coverage are less likely to receive appropriate treatment for conditions such as asthma, dental care, immunizations, and wellness visits that track developmental milestones. In contrast, studies show that having health insurance is associated with improved access to health services and better health monitoring.

\textsuperscript{12}http://barhii.org/download/publications/barhii_sdoh_indicator_guide_v1.1.pdf
\textsuperscript{14}https://www.ppic.org/publication/the-affordable-care-act-in-california/
\textsuperscript{16}Miranda Dietz et al., “California’s Health Coverage Gains to Erode Without Further State Action” (UC Berkeley Center for Labor Research and Education and UCLA Center for Health Policy Research, November 27, 2018), http://laborcenter.berkeley.edu/ca-coverage-gains-to-erode-without-further-state-action/.
\textsuperscript{17}Majerol M, Newkirk V, Garfield R. The uninsured: a primer: key facts about health insurance and the uninsured in America. Menlo Park, CA: Kaiser Family Foundation; 2015.

By 2020, approximately 1.5 million Californians will be ineligible for health coverage and health care due to their immigration status, making undocumented Californians the largest group of uninsured people in the State.
GEOGRAPHIC BARRIERS. Latinxs are more likely to live in low-income rural and urban areas where access to healthcare is limited, and access to mental health services may even be non-existent. Rural communities are often faced with physician shortages and lack of medical facilities that have access to specialty care. Latinxs residing in urban areas often face barriers to transportation or rely on public transportation that require significant investments in time during working hours to access medical services. Studies have shown that inconvenient or unreliable transportation can interfere with consistent access to health care and may contribute to negative health outcomes. Health care resources also tend to be concentrated in regions that have high rates of insurance. Rural areas of California with high un-insurance rates—such as the Central Valley, Inland Empire, or the Coachella Valley—experience geographic-based shortages to healthcare resources.

RISING HEALTHCARE COSTS. The increasing costs of health care remain a significant barrier for the Latinx community’s access to services. Studies show that out-of-pocket medical expenses lead people to delay or forgo medical care such as primary care physician visits, oral health consultations, and pharmacological treatment. In California, 62% of respondents to an American Dental Association Healthy Policy Institute report that cost of service remains the number one factor for not going to a dentist to receive service.

QUALITY OF HEALTHCARE SERVICES TO MEET CULTURAL AND LINGUISTIC NEEDS. Poor quality of health care services remains a barrier to accessing health care and overall health outcomes. For example, long wait times to access care is a significant barrier for Latinxs and may contribute to increased risk of poor health outcomes. In rural and agricultural communities, physician shortages may mean that patients experience longer wait times and delayed care. A UCLA Latino Policy and Politics Initiative report highlights the need for culturally and linguistically proficient healthcare providers as “a crucial component” to providing high-quality health care for limited English proficiency populations.

INTEGRATION OF MENTAL AND ORAL HEALTH SERVICES. Oral disease is considered a silent epidemic, disproportionately affecting children, older adults, and communities of color. Latinxs in particular face challenges to accessing oral health services, which are a vital factor in maintaining overall health. Latinxs have the highest rate of untreated tooth decay and the lowest level of dentist visits of all the racial and ethnic groups in the United States. In California, over 50% of children experience dental decay by Kindergarten and 28% of children have untreated dental decay. In adults aged 65 and older, 32% have lost six or more teeth due to teeth decay or gum disease.

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21 The Oral health Care System: A State-Level Analysis by the ADA Health Policy Institute
25 Dental Health Foundation, The California Smile Survey, 2006
26 Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)
LCHC supports the following bills that advance Universal Access to Healthcare for All:

Those bills are:

**Medi-Cal: Eligibility:** Extend eligibility for full-scope Medi-Cal benefits to individuals of all ages regardless of immigration status.

**Medi-Cal: Eligibility:** This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status.

**Emergency Hospital Services:** Costs: Prohibits surprise bills from “out-of-network” ERs, and caps prices to bring down health costs.

**Medi-Cal Materials:** Readability: Requires field testing for readability and cultural appropriateness of all translated Medi-Cal materials released by the State Department of Health Care Services and managed care plans.

**Health Benefits Exchange Data Collection:** Requires Covered California private health insurance plans to provide enrollee data to Covered California, and requires Covered California to report annually and publish plan-specific cost, quality, and disparity data, which is important to ensure accountability in reducing health disparities and improving cost and quality.
LCHC supports legislation to build environments that promote healthy behaviors to reduce chronic disease and injuries, and promote population health in neighborhoods. LCHC further supports state and local policies that invest public funds in health-promoting programs that level the playing fields for all individuals and families.

**UNDERSERVED LATINXS LACK ACCESS TO CLEAN AND AFFORDABLE DRINKING WATER.** Recent data by the California State Water Board identified approximately 300 California public water systems serving communities and schools that are currently out of compliance with drinking water standards; some have not provided safe drinking water for years, including some for more than a decade. These systems serve 692,807 people, or almost 1.8% of all Californians. Water systems serving predominantly socio-economically disadvantaged communities in the San Joaquin Valley had higher odds of having arsenic Maximum Contaminant Level (MCL) violations, compared to water systems serving communities of higher socio-economic status.

**LATINX FAMILIES LIVE IN NEIGHBORHOODS WITH LIMITED ACCESS TO AFFORDABLE FOOD ARE MORE LIKELY TO EXPERIENCE FOOD INSECURITY.** In California, counties with large Latinx populations have a greater proportion of people identified as having low access to grocery stores (29%) compared to other counties (21%). Food insecurity is especially acute for children and residents who are low income. Latinx children are more likely to live in a low-income household than White children, and Latinx households are more likely to experience food insecurity. 62% of Latinx children living in California live in a food insecure household, compared to 46% of all California children, and 24% of White children. Children living in a food insecure household face cognitive development issues, limited school achievement, and overall poor health.

**LATINX FAMILIES ARE BURDENED BY THE COST OF HOUSING, MAKING THOSE WITH CHRONIC ILLNESS VULNERABLE TO DIMINISHED ACCESS TO HEALTH CARE.** Housing costs in California are at an all-time high, and home ownership in the Latinx community is at an all-time low. 54% of Latinxs rent their home, which is twice the rate of Whites (28%), according to the Pew Research Center. In 2017, Latinxs were twice as likely to live in severely inadequate housing compared to non-Latinxs. With increasing housing costs straining Latinx families’ household economies, and Latinx families facing higher rates of obesity, diabetes, and other health issues, Latinx families are being displaced to areas where rents are lower but access to public transportation services remains inaccessible. Stable, affordable housing may improve health outcomes for individuals with chronic illnesses by providing a stable and efficient platform for the ongoing delivery of health care and reducing the incidence of certain forms of risky behavior.

**LATINO STUDENTS ARE DISPROPORTIONATELY IMPACTED BY EDUCATION INEQUITIES.** Latinx students make up 3.3 million of California’s K-12 students. However, Latino students continue to face multiple barriers to educational opportunities. Since 1999, high school dropout rates among Latinxs have improved, falling by 24 percentage points (the highest dropout rate of any group). Yet, Latinos continue to be underrepresented at all levels of California’s public higher education system, including the UC system, where less than one in three students is Latino.
LATINXS SHAPE CALIFORNIA’S ECONOMY HOWEVER THEY ARE UNDERREPRESENTED IN VITAL SECTORS AND FACE WAGE DISCRIMINATION. Latinxs make up 63% of the California labor force participation and contribute $2,513,804 to the state’s gross domestic product (GDP), yet they continue to earn less than non-Latinxs and are underrepresented among higher income brackets, overrepresented at lower income brackets, and more likely to live in poverty.

LATINX COMMUNITIES DISPROPORTIONATELY RELY ON PUBLIC TRANSPORTATION TO ACCESS VITAL SERVICES. Low-income people, and people of color are walking and bicycling in dangerous conditions because of poorer pedestrian and bicycle infrastructure, and more high-speed or high-traffic roads. 49% of low-income communities have sidewalks on one or both sides of the street, while 90% of high-income areas have sidewalks on one or both sides of the street. Latinxs in urban areas rely on public transportation, which requires an investment of time during working hours to access medical series. Inconvenient or unreliable transportation can interfere with consistent access to health care.

LATINX COMMUNITIES HAVE LESS ACCESS TO PARKS, AND LOW-INCOME COMMUNITIES HAVE LOWER LEVELS OF PARKLAND THAN MORE AFFLUENT COMMUNITIES. Access to green spaces makes individuals healthier by promoting walking and exercise, particularly in low-income urban environments with higher rates of obesity or where indoor gyms may not be readily available or too costly. According to a national study on specific disparities in the distribution of green spaces, Latinxs in low-income neighborhoods are underexposed to green spaces that are health-promoting and activity-inviting environmental resources. In a 2015 report by the Community Health Councils found that communities in South Los Angeles had 1.2 acres of parkland per 1,000 residents, compared to 70.1 acres for ever 1,000 residents of West Los Angeles—a more affluent and racially homogenous community.

9. 2019 LATINX HEALTH POLICY PRIORITY 2
LCHC supports the following bills that advance Building Healthy Communities:

Those bills are:

**Safe and Affordable Drinking Water Fund:** Establishes the Safe and Affordable Drinking Water Fund to provide a stable source of funding to secure access to safe drinking water for all Californians, while also ensuring the long-term sustainability of drinking water service and infrastructure.

**Governor Newsom Budget Trailer Bill:** Establishes a special fund with a dedicated funding source from new water, fertilizer, and dairy “fees” to enable the State Water Board to assist communities, particularly disadvantaged communities, in paying for the short-term and long-term costs of obtaining access to safe and affordable drinking water.

**Safe Drinking Water For All Act:** This bill would enact the Safe Drinking Water for All Act and would establish the Safe and Affordable Drinking Water Fund in the State Treasury and would provide that moneys in the fund are continuously appropriated to provide a source of funding to secure access to safe drinking water for all Californians, while also ensuring the long-term sustainability of drinking water service and infrastructure.

**Tenancy: Rent Caps:** This bill would prohibit an owner of residential real property from increasing the rental rate for that property in an amount that is greater than 5% plus the percentage change in the cost of living, as defined, more than the lowest rental rate in effect for the immediately preceding 12 months, subject to specified conditions.

**Tenancy Termination: Just Cause:** This bill would, with certain exceptions, prohibit a lessor of residential property from terminating the lease without just cause, as defined, stated in the written notice to terminate.

**Residential Tenancies:** Rental Control: Package of rental housing legislation that would cap rent increases statewide and allow local governments to apply rent control. The housing package will also include a “just cause” for eviction measure, as well as a statewide rental registry.
**Education Finance:** Opportunity Youth Re-Engagement Program: Ensures schools and community organizations have adequate funding to re-engage and provide wraparound support and services to opportunity youth (young people who have dropped out of school, been pushed out, and disengage).

**Early Childhood Education:** State Preschool Program: Access: Standards. Targeted Universal Pre-K for 4-year-olds that reside in school attendance areas where 70% of children enrolled in free and reduced-priced lunch programs and offers an additional year of preschool for 3-year old children living in poverty and improves quality standards with an evidenced-based, developmentally appropriate curriculum.

**Bilingual education:** bilingual and biliteracy program support and recognition: AB 1012 makes critical investments in bilingual education, beginning in early childhood and continuing through high school graduation. This bill builds on previous state investments by providing multi-year support to build the capacity of teachers to help students become bilingual and biliterate, beginning in early childhood and throughout their educational journey.

**Community health workers:** Scale the engagement of community health workers, promotores, and peer providers through certification, training, and reimbursements.

**Transportation funding:** Active Transportation: Complete Streets: The bill would require the California Transportation Commission to give high priority to increase safety for pedestrians and bicyclists. The bill requires the implementation of bicycle and pedestrian facilities and prescribes a process for community input and complete streets implementation to prioritize safety and accessibility for pedestrians, bicyclists, and transit users on all State Highway Operation and Protection Program projects.

**Regional transportation plans:** greenhouse gas emissions: State Mobility Action Plan for Healthy Communities: The State Air Resource Board would require a metropolitan planning organization to provide data and reporting to determine if metropolitan planning organizations are on track to meet its 2035 climate action targets. SB 526 would create an interagency workgroup, administered by the Strategic Growth Council to develop and implement a State Mobility Action Plan for Healthy Communities and develop an implementation plan to existing regional Sustainable Communities Strategies to align transportation funding with climate goals.
PRIORITY 3: HEALTH IS A FUNDAMENTAL HUMAN RIGHT

LCHC supports policy initiatives at a state agency level, legislation, and local policies that recognize health as a fundamental human right and protect that right against discrimination by race/ethnicity, immigration status, disability status, gender, and/or sexual orientation.

Latinxs in California have made progress to promote policy and system changes that diminish institutional and social inequities, but too many Latinxs are left behind because of injustices that discriminate across race/ethnicity, gender and/or sexual orientation, disability status, and immigration status.

REPRODUCTIVE JUSTICE. Compared to White women, Latinas are twice as likely to experience unintended pregnancy. Historically, Latinas have struggled to gain access to safe, affordable, and quality reproductive health services and abortion services. These social and institutional inequities have led to poor health outcomes, like the highest incidence rate of cervical cancer of any racial/ethnic group in the United States.

LGBTQ RIGHTS. LGBTQ Latinx Californians similarly face barriers toward accessing culturally and linguistically informed health care services that minimize risky behaviors that lead to disease and adversely affect mortality. For example, in rural communities of California with large Latinx farmworker populations, a misconception exists that there are few or no LGBT farmworkers. LGBT invisibility in the Latinx farmworker community is rooted in social inequities and cultural taboos that lead LGBTQ Latinx farmworkers to forego seeking health care that addresses their specific needs. The specific needs of this community are compounded by the confluence of geographic issues, physical environment issues.

DISABILITY RIGHTS. Latinxs with disabilities in California face particular challenges to accessing services. Undocumented Latinxs in California often shy away from seeking disabilities services from county governments out of fear that accessing such services will compromise any chance they may have for future normalization of their lack of immigration status. Other barriers exist to accessing services for disabled Latinxs in California: cultural barriers and social inequities that view disabilities as shameful are very real in recent Latinx immigrant communities. Outreach and education programs, cross-sector partnerships that are culturally sensitive are imperative to remove stigma and foment access to services by disabled Latinxs in California.

IMMIGRANTS’ RIGHTS. While the Affordable Care Act opened access to private health insurance to anyone who may be able to afford it through the state marketplaces, it specifically excludes undocumented individuals from being able to access coverage on the health care exchanges. Here in California, undocumented individuals may be able to access certain health care services, but exclusions in the Affordable Care Act and chilling effects of the current political climate that uses government policy to discriminate and target undocumented immigrants writ large and undocumented Latinxs specifically, remains an institutional inequity that has a negative effect on Latinx health.
LCHC supports the following bills that advance Health is a Fundamental Right of Every Human Being:

Those bills are:

**SB 225**

**Citizens of the State**: Ensures that all qualified Californians, regardless of immigration status, may serve on state and local boards and commissions.

**AB 1764**

**Forced Sterilization Compensation Program**: This bill would establish the Forced Sterilization Compensation Program, to be administered by the California Victim Compensation Board for the purpose of providing victim compensation to survivors of state-sponsored sterilization conducted pursuant to eugenics laws that existed in California between 1909 and 1979 and to survivors of coerced sterilizations of people in prisons after 1979.
In addition to the bills enumerated above, 2019 will see two important national public policies that will have lasting effects for the status of health equity for Latinxs in California.

LCHC is committed to opposing regulatory changes that would expand the definition of public charge to include those enrolled in federally-funded health and social services programs in California. LCHC is committed to supporting a full and accurate count of Latinxs throughout California in the 2020 Census.

“Public Charge” is a term used by immigration officials to describe immigrants who use “public resources to meet their needs” (8 USC §1601). If DHS finds an immigrant to be a “public charge,” that person becomes inadmissible into the United States and cannot adjust their status to a Legal Permanent Resident, thus being denied lawful status to remain permanently in the U.S. Immigrants are put in the position to choose between accessing benefits like TANF, SSI, or long-term nursing home care, and staying in the U.S. permanently with their family.

In 2018, the federal government proposed administrative regulatory changes that would expand the definition of who is a “public charge” to include those immigrants who use programs such as Medi-Cal, food stamps, Section 8 housing vouchers, and Medicare Part D Subsidies. If these changes were to become law, immigrants who access these vital public benefits may become ineligible for permanent residency in the U.S. Additionally, immigrants may act out of fear and drop benefits they’re already using now in order preserve their hope for future legal residency in the U.S.

The U.S. Census counts every person in the United States and takes place every 10 years. The data collected by the Census determine the number of representatives to the House of Representatives each state is apportioned. The Census count also determines each community’s share of billions in federal funds allocated based on populations.