

ASSEMBLY THIRD READING
AB 1907 (Addis)
As Introduced February 12, 2026
Majority vote

SUMMARY

Expands an existing streamlined Covered California enrollment process from Medi-Cal to allow a complete application for an insurance affordability program submitted through the Statewide Automated Welfare System (SAWS) to be used to enroll individuals who are determined eligible for financial assistance through Covered California into specified health insurance plans.

COMMENTS

Medi-Cal and Covered California. Medi-Cal provides free or low-cost health coverage to adults with incomes up to 138% of the federal poverty level (FPL), and to children with family incomes up to 266% of the FPL. People with certain legal immigration status and incomes above those limits can get financial help to buy health insurance through Covered California. Under the Patient Protection and Affordable Care Act (ACA), people earning up to 400% of the FPL can receive help paying for their health insurance premiums. Those earning up to 250% of the FPL can also get help with out-of-pocket costs.

Every month, thousands of Californians are found eligible for either Medi-Cal or subsidized coverage through Covered California, typically through one of two on-line enrollment systems. The California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) is the state's centralized, automated system used to determine eligibility for and enroll Californians in insurance affordability programs (Medi-Cal and Covered California). SAWS is the county system for determining and managing eligibility and benefits for various public assistance programs at the county level, including Medi-Cal, CalFresh and CalWORKS.

Redeterminations & enrollment. People applying for insurance affordability programs must have their eligibility determined upon application and once every year, a process known as "redetermination." When people have a change in income or family size, they may move from Medi-Cal to Covered California (for example, if they had an increase in income above the Medi-Cal income eligibility threshold) or from Covered California to Medi-Cal (if they had a decrease in income to below the Medi-Cal income thresholds).

California created a streamlined automated system to help people move from one insurance affordability program to another through SB 260 (Hurtado), Chapter 845, Statutes of 2019. SB 260 set up automatic enrollment for people who lose Medi-Cal eligibility and instead qualify for Covered California. These individuals are placed into the lowest-cost silver plan available, or into a Covered California plan that matches their previous Medi-Cal plan.

As part of this process, consumers receive a notice when they are disenrolled from Medi-Cal and auto-enrolled in a Covered California plan. This eligibility notice is provided before the effective date of their new coverage, and provides information for consumers on why they are receiving the notice, what options they have, and how to get help. Since this program started in 2023, over 200,000 people have been automatically enrolled into Covered California coverage.

This bill would extend the provisions of SB 260 to include new applicants found eligible through SAWS, the county eligibility system. Currently, people who apply for health coverage through SAWS and are found income eligible for Covered California receive a notice from SAWS and another from Covered California telling them of their eligibility for coverage through Covered California, the amount of their premium tax credit and the date by which the person needs to pick a plan. This can result in consumer confusion because this group of people did not apply to Covered California, and they may be unaware of what Covered California is or does. In addition, these individuals must take an extra step of using CalHEERS to choose a health plan, because SAWS does not have a health plan selection option for plans offered through Covered California. This bill would simplify the Covered California plan selection process, reduce confusion, and help more Californians get insured faster. Covered California estimates that more than 100,000 people each year could benefit from this change to make it easier for eligible individuals to access affordable, quality health care.

According to the Author

In recent years the introduction of auto-enrollment greatly boosted California's mission to ensure total health coverage for its residents. The author continues that despite this progress, changes in healthcare at the federal level will cause up to 3.4 million Californians to lose coverage. The author argues that this bill will help connect people with affordable coverage plans based on the information they have already submitted, thus streamlining the process and reducing gaps in coverage. The author concludes that this bill is the next step towards ensuring that no Californian falls through the cracks when it comes to obtaining and maintaining not just the health care they can afford, but the health care they deserve.

Arguments in Support

The Western Center on Law and Poverty (Western Center) supports this bill, writing that since the implementation of the ACA in California, advocates and policymakers have envisioned a unified eligibility system across different insurance affordability programs, including Medi-Cal and Covered California. This system was based on a "no-wrong door" principle: no matter where a consumer applied, their eligibility should be determined for the most advantageous program available to that consumer. Western Center continues that while this vision has largely been realized for consumers applying for health coverage, this bill would streamline the process for consumers who newly apply for coverage through counties but are determined ineligible for Medi-Cal. Western Center states that rather than going through the existing SB 260 auto-enrollment process, these consumers must navigate a variety of discrete steps to enroll. They receive a notice informing them of their Covered California eligibility along with a deadline to pick a Covered California plan. They must then engage with our enrollment portal to create or log into an account and then enter the plan selection process. Western Center concludes that this bill would minimize the steps a consumer must take to obtain health coverage, by following the existing SB 260 auto-enrollment process that requires consumers to take affirmative action to effectuate health coverage.

Arguments in Opposition

None on file.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, Covered California estimates the system modifications necessary to support the expansion of the auto-enrollment program is

projected to incur approximately \$500,000 in costs related to CalHEERS. In addition, there will be minimal expenditures associated with marketing and communications efforts to educate newly auto enrolled consumers.

VOTES

ASM HEALTH: 16-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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