

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2201 (Boerner) – As Amended April 9, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: Yes

**SUMMARY:**

This bill conforms state law with federal House Resolution 1 (H.R. 1; Public Law 119-21) by requiring counties to make Medi-Cal eligibility redeterminations every six months, rather than annually, for beneficiaries 19 to 64 years of age, inclusive, with income up to 138% of the federal poverty level (“Medicaid expansion adults”), and requires counties to verify countable income and assets at renewal without requesting additional verification information or documentation, as specified.

Specifically, this bill:

- 1) Requires a county to perform eligibility redeterminations every six months for Medicaid expansion adults, except as specified, and makes conforming changes.
- 2) Requires a county to verify countable income at renewal without requesting additional information if either of the following is true:
  - a) The most recent income determination was based on a previously verified attestation of income at or below 100% of the federal poverty level (FPL) during the initial application or at the most recent renewal within the last 12 months, the county has checked financial data sources, and not received information, and no contradictory information is on file (“100% FPL” strategy).
  - b) The most recent income determination renewal was within the last 12 months, the beneficiary receives only Social Security income, and any other sources of stable income, defined as any income that generally does not fluctuate, and no contradictory information is on file (“stable income” strategy).

**FISCAL EFFECT:**

Costs of an unknown amount to county health and human services agencies, which perform Medi-Cal eligibility determinations on behalf of the state. Based on an estimate provided by the County Welfare Directors Association of California for AB 2161 (Bonta), which also addresses implementation of related H.R. 1 requirements on Medi-Cal redeterminations, costs could be in the hundreds of millions of dollars annually (General Fund, federal funds).

The author submitted a letter to the Assembly Budget Committee requesting language in the June 2026 trailer bill directing the Department of Health Care Services (DHCS) to reinstate strategies that streamline the renewal process and minimize coverage losses.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

#### COMMENTS:

- 1) **Purpose.** This bill is co-sponsored by The Western Center on Law and Poverty, Health Access, Justice in Aging, Latino Coalition for a Healthy California, National Health Law Program, and The Children's Partnership. According to the author:

[This bill] will help minimize the negative impacts of the Trump Administration's attack on Medi-Cal. This bill will help to streamline the Medi-Cal verification process, removing administrative barriers that threaten Medi-Cal health coverage. Currently, 14 million Californians rely on Medi-Cal coverage, of which 1.3 million are children. Work requirements for Medi-Cal participation and increased frequency of renewals from annual to every 6 months mean county offices will be stretched thin by the sheer volume of additional paperwork and ultimately put Californians at risk of losing access to Medi-Cal. California needs to protect healthcare services, especially for children.

- 2) **Background.** After the end of the federal COVID-19 public health emergency (PHE), California implemented 17 strategies approved by the federal government through waiver authority or under existing federal Medicaid law to streamline enrollment and keep individuals in coverage as the Medi-Cal redetermination process restarted. This bill extends some of the strategies for streamlining eligibility redeterminations the state implemented on a temporary basis during the "PHE Unwinding." Restarting eligibility streamlining strategies is expected to increase the number of redeterminations using reliable information available to the state without the need to contact the enrollee, thereby reducing county administrative workload and keep more people on Medi-Cal. To implement these strategies, states must document their use in the appropriate state verification policies and procedures.
- 3) **Related Legislation.** This bill is part of a package of bills related to implementing various aspects of H.R. 1 and sponsored by the coalition sponsoring this bill.

AB 2161 (Bonta) implements federally required changes to Medi-Cal eligibility rules related to work and community engagement requirements and redeterminations in a manner that prioritizes maintaining Medi-Cal coverage, limits implementation to what is federally required, and codifies mandatory and state-optional exemptions to the rules. AB 2161 is pending on this committee's suspense file.

AB 2208 (Stefani) maintains three months of retroactive coverage despite H.R. 1's restriction to one or two months, depending upon the population; implements one-cent copayments to minimize barriers to accessing health care, and allows individuals to update eligibility information using mobile devices. AB 2208 is pending on this committee's suspense file.

SB 1202 (Weber Pierson), requires DHCS to establish a dashboard to track enrollment data related to the implementation of H.R. 1 and is pending in the Senate Appropriations Committee.

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