

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2368 (Bonta) – As Amended April 16, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: Yes

**SUMMARY:**

This bill requires the Department of Health Care Services (DHCS) to establish a website where the public can access specified information on safety net health care services in the state. This bill also requires each county to prepare and submit to DHCS a plan to operate programs to provide health care to medically indigent individuals.

Specifically, this bill:

- 1) Requires DHCS, by July 1, 2027, to establish an internet website where the public can access information on safety-net health care services in the state.
- 2) Requires the website include information regarding the following:
  - a) A person's legally protected right to emergency medical care under state and federal law.
  - b) Payment support resources, including coverage options, state programs, hospital charity care, and other assistance that is available to help people access health care services.
  - c) Each county medically indigent health care program for uninsured individuals, including all eligibility requirements; cost of services; telephone number to reach the appropriate county program administrator; a hyperlink or Uniform Resource Locator (URL) for each county internet website related to safety-net services or medically indigent programs; and any other information or resources that will assist an individual seeking information about accessing medically indigent health care services.
- 3) Requires DHCS, in consultation with California State Association of Counties, local health officers, organizations advocating for consumers' access to health care, and other entities with expertise in health care for medically indigent individuals, to review and update at least annually the information and resources on the website.
- 4) Requires each county, no later than January 1, 2028, to prepare and submit to DHCS a plan to operate programs to provide health care to medically indigent individuals.
- 5) Requires each county plan to include information on projected caseload and expenditure increases, and projected investment in workforce and services.
- 6) Requires DHCS to provide technical assistance upon the request of any county in developing its plan.

**FISCAL EFFECT:**

The County Health Executives Association of California notes costs in the tens of thousands to hundreds of thousands of dollars per county, overwhelmingly related to staff time. Total cost for all counties could be in the low millions of dollars. If the Commission on State Mandates determines the provisions of this bill creates a new program or imposes a higher level of service for which the state must reimburse local costs, counties could claim reimbursement from the state (General Fund).

Costs to DHCS of an unknown amount, potentially in the low hundreds of thousands of dollars to establish and maintain the website (General Fund).

**COMMENTS:**1) **Purpose.** According to the author:

Under HR 1 California is bracing for a surge in uninsured residents, with counties estimating that indigent programs will experience new enrollment of between 417,000 and 1.3 million. When federal policies restrict eligibility, introduce intentional barriers to enrollment, or roll back coverage, people don't simply stop getting sick. Instead, they fall into our county safety nets to be the provider of last resort. Without a coordinated, statewide strategy to collect safety net program eligibility and contacts in a single platform to connect people to care, and understand the strain on local resources, our county health systems risk being overwhelmed, leaving our most marginalized communities without life-saving care. This bill establishes a vital framework for transparency, access, and proactive planning to bridge the gap left by federal attack. We cannot wait for federal cuts to dismantle our health care safety net before we decide to act.

2) **Background.** The LAO estimates that, due to H.R. 1 (Public Law 119-21), by 2030, nearly two million individuals could be disenrolled from Medi-Cal due to new eligibility requirements, effectively doubling the number of uninsured. Many of these individuals may have difficulty finding other sources of health coverage and may therefore seek care through county indigent care programs.

County indigent care programs generally directly provide or pay for a limited set of health care services. Case law establishes some basic responsibilities of counties for indigent care, but eligibility and service levels largely depend on county resources and priorities. Few counties provide care for Californians without legal immigration status. Programs are funded largely with state realignment funds provided to counties. Because demand for indigent care services declined over the last decade, commensurate with expanded Medi-Cal and Covered California eligibility, counties explain these programs now lack both the resources and the infrastructure to handle significantly increased demand.