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# SENATE COMMITTEE ON APPROPRIATIONS

Senator Sabrina Cervantes, Chair  
2025 - 2026 Regular Session

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## SB 1202 (Weber Pierson) - Medi-Cal: dashboard and outreach

**Version:** April 13, 2026

**Urgency:** No

**Hearing Date:** April 20, 2026

**Policy Vote:** HEALTH 11 - 0

**Mandate:** Yes

**Consultant:** Agnes Lee

**Bill Summary:** SB 1202 would require the Department of Health Care Services (DHCS) to establish a dashboard to track enrollment data related to the implementation of H.R. 1 (Public Law No 119-21), as specified.

### Fiscal Impact:

- Unknown ongoing General Fund costs, potentially low millions, for DHCS to establish and maintain the dashboard.
- Cost to counties for administration would be potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.

**Background:** The Medi-Cal program, administered by DHCS, provides health care services to qualified low-income individuals. DHCS contracts with managed care plans to provide care to Medi-Cal beneficiaries within each county. Counties are responsible for Medi-Cal eligibility determinations and ongoing case management. Current law requires counties to undertake outreach efforts to Medi-Cal beneficiaries to maintain the most up-to-date contact information, to encourage and assist with timely submission of various required forms, and to facilitate the Medi-Cal redetermination process. Current law authorizes a county, as part of its outreach efforts, to collaborate with community-based organizations, provided that confidentiality is protected.

H.R. 1 made a number of significant changes that restrict eligibility and funding for the federal Medicaid program. The Medi-Cal program is primarily governed by the federal Medicaid program. Changes include, but are not limited to:

- **Work requirements.** The new “community engagement requirements” (or “work requirements”) require nondisabled adults between the ages of 19 and 65 who gained coverage through the federal Affordable Care Act (“ACA expansion adults”) to demonstrate 80 hours of work, education, or volunteer activities in order to be eligible for Medicaid coverage, unless they qualify for a limited exemption.
- **Semiannual eligibility redeterminations.** Under current federal regulation and state law, Medi-Cal eligibility must be redetermined once every 12 months or whenever an individual reports a change in circumstances. H.R. 1 requires instead, an additional eligibility redetermination process every six months for the group of ACA expansion adults.

- **Reduced federal funding for previously qualified immigrants.** H.R. 1 also ends the availability of federal funding for full-scope Medi-Cal coverage for certain groups of immigrants who are lawfully present, including refugees, asylees, victims of trafficking and others under humanitarian immigration statuses. Only restricted-scope Medi-Cal services (emergency care and pregnancy services) for this population would be eligible for federal funding.

The most recent estimate from DHCS in the *Implementation Plan for New Federal Eligibility and Enrollment Changes Under H.R. 1* (released on January 29, 2026) estimates up to 1.8 million would lose Medi-Cal coverage due to work requirements, increased redeterminations, and the normal churn of individuals transitioning from Medi-Cal to Covered California.

**Proposed Law:** Specific provisions of the bill would:

- Require DHCS to establish a data dashboard that provides data on applications, enrollment, redeterminations, disenrollments, and terminations, stratified by county and by demographic data, including, but not limited to, age, race, ethnicity, language, and gender; and require the dashboard to track and report on the specific data for work or community engagement requirements and exemptions under Public Law 119-21, as specified.
- Require DHCS, in developing the dashboard, to consider all of the following objectives, among others:
  - To learn and document the impact of Public Law 119-21 on Californians who apply for, or are enrolled in, the Medi-Cal program.
  - To allow the department and stakeholders to identify trends or problems with eligibility and enrollment in the Medi-Cal program based on the monthly data reported, tracked, and analyzed over time to improve the program and address systemic or electronic application technology issues with the eligibility systems.
  - To obtain reliable data that are collected and analyzed in a timely fashion.
- Require DHCS to undertake efforts to conduct outreach about work or community engagement requirements, more frequent redeterminations, and changes to retroactive eligibility to impacted Medi-Cal beneficiaries pursuant to changes made under H.R. 1, as specified.
- Revise county outreach requirements regarding collaboration with community-based organizations and require county outreach efforts to meet cultural and linguistic appropriateness standards, in alignment with the National Standards for Culturally and Linguistically Appropriate Services.

- Require Medi-Cal managed care plans to establish and conduct an outreach and education plan for its enrollees about the work or community engagement guidelines set forth in H.R. 1, as specified, based on guidance provided by the department.
- Revise requirements for counties and Medi-Cal managed care plans for maintaining beneficiaries' updated contact information.
- Require DHCS to encourage and facilitate the sharing of beneficiary redetermination data with Medi-Cal managed care plans to aid in managed care plans' efforts to assist beneficiaries with retaining Medi-Cal coverage.

**Related Legislation:**

SB 987 (Weber Pierson) would create the California Health Access Fund and require that moneys in the fund be used to ensure that California residents losing health care coverage due to the impacts of H.R. 1 can continue to receive health care services. The bill is currently on the suspense file in this committee.

SB 1252 (Durazo) would require DHCS to take all necessary actions to prevent abrupt loss of health care coverage for individuals, as described, due to federal policy changes, state enrollment freezes, the imposition of premiums, work requirements, or administrative barriers. The bill is currently in the Senate Health Committee.

SB 1422 (Durazo) would delete provisions of existing state law that freeze program enrollment in full-scope Medi-Cal for individuals who do not have satisfactory immigration status. The bill is scheduled to be heard April 20, 2026 in this committee.

AB 2161 (Bonta) would include provisions related to H.R. 1's work requirements and eligibility redetermination requirements. The bill is currently in the Assembly Appropriations Committee.

AB 2201 (Boerner) would include provisions related to H.R. 1's eligibility redetermination requirements. The bill is currently in the Assembly Appropriations Committee.

AB 2208 (Stefani) would include provisions related to eligibility and cost-sharing in response to H.R. 1. The bill is currently in the Assembly Appropriations Committee.

AB 2729 (Bonta) would create the Employer Responsibility for Medi-Cal Trust Fund to fund the costs of administering the Medi-Cal program in a manner necessary to prevent loss of or to restore health care coverage, benefits, or access to care following the passage of H.R. 1 and subsequent state budget actions. The bill is currently in the Assembly Health Committee.

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