Date of Hearing: August 5, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 1202 (Weber Pierson) – As Amended June 16, 2026

Policy Committee: Health Vote: 15 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: Yes

SUMMARY:

This bill requires (1) Medi-Cal managed care plans and counties conduct outreach to retain eligible members in Medi-Cal and (2) the Department of Health Care Services (DHCS) produce a dashboard to track eligibility data and the effects of H.R. 1 (Public Law 119-21), a recently passed federal law that restricts eligibility for Medi-Cal.

More specifically, this bill:

1) Requires DHCS conduct outreach about work or community engagement requirements, redeterminations, and changes to retroactive eligibility; specifies the content and manner of outreach of DHCS's outreach; requires outreach be coordinated across public programs; and requires DHCS to conduct listening sessions to inform strategies and communications.

2) Requires counties make a good faith effort to collaborate with community-based organizations to conduct outreach efforts, as specified, and requires county outreach efforts meet cultural and linguistic appropriateness standards, as specified.

3) Requires DHCS or each county share beneficiary redetermination data, including the date of redetermination, with managed care plans.

4) Removes the requirement for beneficiary consent for managed care plans to share updated contact information with the appropriate county.

5) Requires a Medi-Cal managed care plan to establish and conduct an outreach and education plan for its enrollees about work or community engagement guidelines, and requires such a plan to address specified issues, including beneficiary rights, local resources, and information on maintaining Medi-Cal eligibility.

6) Requires DHCS, no later than January 1, 2028, in collaboration with the California Health and Human Services Agency (CalHHS) and in consultation with Covered California, establish a public-facing dashboard that provides data on Medi-Cal applications, enrollment, redeterminations, disenrollments, and terminations, stratified by geography and demographic data, and to meet other specified requirements.

7) Establishes objectives for the dashboard as follows: (a) to learn and document the impact of H.R. 1, (b) to allow DHCS and stakeholders to identify trends or problems with Medi-Cal eligibility and enrollment, (c) to address technology issues with the eligibility system, (d) and

to obtain reliable data that are collected and analyzed in a timely fashion.

8) Allows a Medi-Cal managed care plan to share beneficiary redetermination data, including the date of redetermination, with applicable contracted providers to assist those providers in helping beneficiaries retain Medi-Cal coverage.

FISCAL EFFECT:

Costs, likely in the low- to mid-tens of millions of dollars, for Medi-Cal managed care plans to develop and conduct enhanced outreach and education plans about work or community engagement guidelines and maintaining Medi-Cal eligibility (General Fund, federal funds).

Many provisions of this bill were recently enacted in SB 164 (Committee on Budget and Fiscal Review), Chapter 27, Statutes of 2026, and, therefore, will not have costs attributable to this bill.

COMMENTS:

1) **Purpose.** This bill is sponsored by Health Access, Justice in Aging, National Health Law Program, and Western Center on Law & Poverty. According to the author:

> Last July, President Trump and Congress enacted H.R. 1,…[which] created new eligibility barriers that could cut nearly two million people off the Medi-Cal program. These barriers include new work requirements, new renewal requirements, and the loss of federal funding for several groups of immigrants who have not previously been denied federal assistance. SB 1202 requires DHCS to create a public data dashboard tracking how H.R. 1 affects Medi-Cal eligibility and enrollment. It also strengthens and expands outreach requirements for DHCS, counties, and Medi-Cal managed care to help prevent eligible residents from losing coverage because of the new federal rules…Collecting and publicly reporting this data will also allow California to document the harm of these federal policy changes and direct specific outreach strategies to communities disproportionately impacted as shown by the data dashboard.

2) **Background.** ***H.R.1 Eligibility Requirements.*** H.R. 1 represents the largest-ever cut to the Medicaid program, with federal cost savings achieved in part through more stringent eligibility rules for certain populations that result in people losing Medicaid coverage. H.R. 1 imposes new requirements pertaining to work or community engagement and frequency of eligibility redeterminations, among other things. There is substantial evidence that imposing additional paperwork requirements on Medicaid enrollees leads to coverage losses due to procedural issues, including not receiving or understanding notices or forms or not returning forms within required timeframes, even when the beneficiary still qualifies for coverage.

Data Dashboards. In recent years, DHCS has developed several data dashboards that allow the public to track various aspects of the Medi-Cal program. Most relevant to this bill, DHCS created a dashboard to track a variety of eligibility and enrollment statistics throughout the "Unwinding" period of the COVID-19 Public Health Emergency, where eligibility redeterminations resumed after a three-year hiatus. This bill requires DHCS create a data

dashboard to track specified eligibility and enrollment statistics to document the impact of H.R. 1.

3) **Related Legislation**. This bill is part of a package of bills sponsored by the coalition co-sponsoring this bill that all address implementation of H.R. 1's Medi-Cal provisions and are pending in the Senate Appropriations Committee:

   AB 2161 (Bonta) establishes requirements for implementing work requirements and 6-month eligibility redeterminations.

   AB 2201 (Boerner) extends eligibility-related flexibilities to streamline asset and income verifications for Medi-Cal eligibility where federally allowable.

   AB 2208 (Stefani) establishes cost-sharing provisions in the Medi-Cal program and requires insurance affordability programs to accept self-attestation from applicants for purposes of determining program eligibility.

   SB 164 does the following, pertinent to this bill:

   a) Requires DHCS conduct various outreach activities to Medi-Cal beneficiaries regarding new work and community engagement requirements, more frequent redeterminations, and changes to retroactive eligibility related to HR 1.

   b) Requires DHCS establish a data dashboard to provide data on applications, enrollment, redeterminations, disenrollments, and terminations, stratified by county and demographic data, and including specific data for work and community engagement requirements and exemptions under H.R. 1.

   c) Requires the dashboard information be posted on a quarterly basis in a downloadable format no later than January 1, 2028.

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