
SENATE COMMITTEE ON LABOR, PUBLIC EMPLOYMENT AND RETIREMENT
Senator Lola Smallwood-Cuevas, Chair
2025 - 2026 Regular

Bill No: SB 1284 **Hearing Date:** April 22, 2026
Author: Smallwood-Cuevas
Version: March 25, 2026
Urgency: No **Fiscal:** Yes
Consultant: Jazmin Marroquin

SUBJECT: Medi-Cal benefits: employer reports

KEY ISSUE

This bill requires California Health and Human Services (CHHS), after obtaining specified information from Employment Development Department (EDD), to prepare and submit a report, as specified, that identifies employers in California that employ 50 or more employees and that have any employees who receive benefits from the Medi-Cal program, as specified, while employed in the past calendar year.

ANALYSIS

Existing federal law:

- 1) Establishes the Medicaid program to enable each state to furnish medical assistance on behalf of individuals whose income and resources are insufficient to meet the costs of necessary medical services. (42 USC §1396, et seq.)
- 2) Requires states to provide safeguards restricting the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the program with limited exceptions for school nutrition programs. (42 USC §1396(a))
- 3) Starting January 1, 2027, as enacted by H.R. 1 (Public Law No. 119-21), requires individuals with incomes below 138% of the federal poverty level who are under age 65, not pregnant, and have no Medicaid-eligible dependents to demonstrate community engagement through at least 80 hours of work, community service, or participation in a work program, or at least half-time participation in an educational program, or have a monthly income not less than 80 times the federal minimum wage in a specified month. Provides for some exceptions to this requirement. This is referred to as the “work and community engagement” requirements. (42 USC §1396(a))
- 4) Requires an applicable large employer, defined as an employer with an average of 50 or more full-time equivalent employees in a calendar year, to offer its full-time employees and their dependents the opportunity to enroll in minimum essential coverage under an eligible employer-sponsored plan or be subject to an assessable payment if any of their full-time employees enroll in a state-based health insurance exchange. (26 USC §4980(h))

Existing state law:

- 1) Establishes the California Health and Human Services Agency (CHHS), which consists of the following departments and offices: Aging, Child Support Services, Community Services and Development, Developmental Services, Health Care Access and Information, Health Care Services (DHCS), Managed Health Care, Public Health, Rehabilitation, Social Services (DSS), State Hospitals, the Center for Data Insights and Innovation, the Emergency Medical Services Authority, the Office of Technology and Solutions Integration, the Office of Law Enforcement Support, the Office of the Surgeon General, the Office of Youth and Community Restoration, and the State Council on Developmental Disabilities. (Government Code §12803 and §12806)
- 2) Establishes the Medi-Cal program, administered by DHCS, under which qualified low-income individuals receive health care services. (Welfare and Institutions Code §14000, et seq.)
- 3) Requires an individual's information given for purposes of receiving Medi-Cal to be kept confidential and not open to examination other than for purposes directly connected with the administration of the program. Limits the use of Medi-Cal applicant and recipient information to encompass those activities and responsibilities in which DHCS and its agents are required to engage in to ensure effective program operations, which include but are not limited to, establishing eligibility and methods of reimbursement; determining the amount of medical assistance; providing services for recipients; conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Medi-Cal program; and conducting a legislative investigation or audit related to the administration of the Medi-Cal program, with limited exceptions for the coordination of other benefits, namely school nutrition programs. (Welfare and Institutions Code §14100.2)
- 4) Establishes the EDD within the Labor and Workforce Development Agency (LWDA). EDD is responsible for, among other duties, the administration of the Unemployment Insurance (UI) and Disability Insurance (DI) programs. (Unemployment Insurance Code §301)
- 5) Authorizes EDD to share wage and employment data, under specified conditions, for specified purposes and enumerates the programs for which data can be shared. (Unemployment Insurance Code §1095)

This bill:

- 1) Requires the EDD Director to permit the use of any information in their possession to the extent necessary, as specified, to enable the California Health and Human Services Agency (CHHS) to prepare and submit the report required, as specified, that identifies all employers in California that employ 50 or more employees and that have any employees who receive benefits from the Medi-Cal program, as specified, while employed in the past calendar year.
 - a) Provides that the information used for this purpose is limited to information from the administration of personal income tax wage withholding, as specified, and the disability insurance program and may be disclosed to CHHS only for the purpose of preparing and submitting the report and only to the extent not prohibited by federal law.

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- 2) Defines, for purposes of this section, “employer” to mean an individual or type of organization that employs for wages and salary 50 or more employees and has any employees enrolled in the Medi-Cal program, as specified, at any point during the reporting year while employed by the employer.
- 3) Requires CHHS, after obtaining the information from EDD, as specified, to prepare a report that includes all of the following:
 - a) The name and address of each employer.
 - b) The parent company of the employer, if applicable.
 - c) The Employer Identification Number (EIN) of the employer.
 - d) The North American Industry Classification System (NAICS) code assigned to the employer.
 - e) The total number of employees of that employer.
 - f) The number of employees of that employer enrolled in the Medi-Cal program by category of aid at any point during that reporting year.
 - g) The number of months the employee received benefits through the Medi-Cal program while employed.
 - h) The number of dependents of employees of that employer enrolled in the Medi-Cal program.
 - i) The estimated annual cost to the Medi-Cal program provided to each identified employer’s employees and their dependents enrolled in the Medi-Cal program.
 - j) A summary of the 100 employers with the highest number of employees and dependents enrolled in the Medi-Cal program and a summary of the 100 employers with the lowest number of employees and dependents enrolled in the Medi-Cal program.
 - k) A summary of the 100 employers with the highest percent of employees and dependents enrolled in the Medi-Cal program and a summary of the 100 employers with the lowest percent of employees and dependents enrolled in the Medi-Cal program.
- 4) Requires CHHS to submit the prepared report to the Legislature no later than July 1, 2027, and annually thereafter, as specified.
- 5) Provides that individually identifiable information about employees or Medi-Cal enrollees contained in the prepared report, as specified, is exempt from disclosure under the California Public Records Act.
- 6) Provides that nothing in this section will be construed to permit authorization or publication of identifying information of employees enrolled in the Medi-Cal program.
- 7) Authorizes CHHS and EDD to enter into data-sharing agreements as necessary to implement this section, consistent with state and federal privacy laws.
- 8) Repeals an outdated provision, as specified, that sunset on January 1, 2020 and is now repealed.
- 9) Makes a finding and declaration that in order to ensure adequate privacy protections for Medi-Cal enrollees and beneficiaries, it is necessary for their individually identifiable information to be kept confidential.
- 10) Provides that no reimbursement is required by this act, as specified.

COMMENTS

1. **Background:**

EDD and Employer Reporting Requirements

The Employment Development Department (EDD) administers Unemployment Insurance (UI), Disability Insurance (DI), and Paid Family Leave (PFL) programs. EDD also provides employment service programs and collects the state's labor market information and employment data. Employers of all sizes are required to file a report of contributions, quarterly returns, and a report of wages paid to their employees to EDD. Employers are also required to withhold mandatory employee payroll deductions (State Disability Insurance (SDI) and Personal Income Tax (PIT)) and forward these to the EDD.

EDD is currently permitted to share data, but *only* with specified state agencies and for specific allowable purposes through Unemployment Insurance Code (UI Code) Section 1095 that outlines what the data can and cannot be used for.¹ UI Code Section 1095 requires the EDD Director to permit the use of any information in their possession to the extent necessary, for the specified purposes, and allows EDD to requirement reimbursement for all direct costs incurred.

DHCS and Medi-Cal

The California Department of Health Care Services (DHCS) is single state agency overseeing Medi-Cal, California's Medicaid program, and it provides health care for more than 14 million low-income people (around one-third of all Californians). DHCS provides health care to low-income individuals, children, older adults, and persons with disabilities. Medi-Cal covers physical and mental health, substance use disorder treatment, dental, pharmacy, and long-term services and supports. DHCS is also the single state agency for the Substance Use and Mental Health Services Administration for mental health and substance use disorder services.

Employer Mandate

As stated in the Senate Health Committee analysis, "According to the Internal Revenue Service (IRS), the [Affordable Care Act (ACA)] requires most employers with an average of 50 or more full-time equivalent employees in a calendar year to offer their full-time employees minimum essential health coverage that is affordable and provides a minimum value, as defined, to their employees or to potentially make an employer shared responsibility payment to the IRS. These provisions are also known as the "employer mandate."

Employers are subject to this provision: 1) if they do not offer minimum essential coverage to at least 95% of their employees and have at least one full-time employee who receives premium tax credits through the state's health insurance exchange (e.g. Covered California), or 2) if they do offer coverage to at least 95% of their employees, but a full-time employee gets premium tax credits because that employee was not offered coverage or the coverage was insufficient. In the first case, the 2024 amount of the penalty was \$2,970 per employee, with the first 30 employees excluded from the calculation. In the second case, the 2024 amount of the penalty was \$4,460 for each full-time employee receiving premium tax credits.

¹ UI Code Section 1095

Notably, there is only shared responsibility for employers if one of the employer’s full-time employees enrolls in Covered California and gets premium tax credits. If the employee is part-time, including part-time at multiple jobs, or their pay and household size make them ineligible for premium tax credits whether because they earn too much or too little, the employer pays nothing.”

H.R. 1 Work Requirements

In July 2025, the President signed H.R. 1— also known as the ‘One Big Beautiful Bill Act’ —which introduced significant changes to Medi-Cal. The changes made by H.R. 1 are being phased in, although some changes are already in effect. The Legislative Analyst’s Office (LAO) prepared a report to the Legislature in February 2026 highlighting the impacts of H.R. 1. Currently, Medi-Cal does not require beneficiaries to work in order to be eligible for coverage but beginning January 2027, H.R. 1 requires most able-bodied, childless adults in Medicaid (generally 19-64 year olds who received coverage through the 2014 Affordable Care Act expansion) to complete at least 80 hours per month of work, education, or community service.² This requirement does not apply to certain exempt groups, and states can provide additional exceptions for short-term hardship such as living in high-unemployment counties. According to the LAO, after exemptions, the requirement is estimated to apply to around 3.5 million people and they estimate this policy could result in disenrollments of around 1 to 2 million people, both from insufficient hours of engagement as well as administrative burden.

AB 1792 (Gomez, 2014)

In 2014, AB 1792 (Gomez, Chapter 889) was signed into law, which required DHCS to annually inform EDD of the names and social security numbers of all recipients of the Medi-Cal program. It required DHCS to determine the average per individual cost of the state and federally funded benefits provided by the Medi-Cal program and inform EDD of those costs. EDD was required to collaborate with DHCS and DSS³ to determine the total average cost of state and federally funded benefits provided to each identified employer’s employees.

AB 1792 also required the Department of Finance (DOF) to prepare a report that included the following information obtained by EDD:

- the employer’s name
- the employer’s address
- the number of beneficiaries each employer employs who are enrolled in a public assistance program
- the percentage of the employer’s total workforce in the state that are beneficiaries
- the total average cost of state and federally funded benefits provided to each identified employer’s employees who are beneficiaries calculated using the average per individual cost of state and federally funded benefits excluding administrative costs, and
- the methodology used by DHCS, EDD, CDSS, and the DHCS to calculate the average total cost of state and federally funded benefits provided to an identified employer’s employees who are beneficiaries.

² *Key Impacts of H.R. 1 on Medi-Cal and CalFresh*. Legislative Analyst’s Office. February 11, 2026. <https://lao.ca.gov/handouts/health/2026/H.-R-1-Key-Impacts-021126.pdf>

³ California Department of Social Services

Additionally, the DOF report was required to be annually transmitted to the Legislature beginning in 2016 and posted on DHCS's website and only list the 500 employers in the state with the most number of employees enrolled in a public assistance program ranked by the number of those employees. The report, and any list provided to the department, was not allowed to include the name or identifying information of an individual beneficiary.

AB 1792 also contained protections for employees from discrimination and retaliation in the workplace for applying to be or being enrolled in the Medi-Cal program. AB 1792 had a sunset date of January 1, 2020, and its provisions are now repealed.

This bill, as proposed to be amended

Note: The bill in print requires CHHS to prepare the below specified report, but the author has agreed to amend the bill to instead require that DHCS will be tasked with preparing the report, since DHCS administers the Medi-Cal program and is more equipped with the appropriate information. The author has also agreed to amend the bill to define an employer as an employer that has 100 or more employees, instead of 50 or more employees. **Below, there is a description of the bill, as proposed to be amended (please see comment #2 below for specific language).**

As proposed to be amended, this bill will require DHCS to prepare a report, after obtaining information from EDD, that identifies all employers in California that employ 100 or more employees and that have any employees who receive benefits from the Medi-Cal program, as specified, while employed in the past calendar year.

SB 1284 will require the report to be submitted to the Legislature no later than July 1, 2027, and annually thereafter, and to include the following information:

- The name and address of each employer.
- The parent company of the employer, if applicable.
- The Employer Identification Number (EIN) of the employer.
- The North American Industry Classification System (NAICS) code assigned to the employer.
- The total number of employees of that employer.
- The number of employees of that employer enrolled in the Medi-Cal program by category of aid at any point during that reporting year.
- The number of months the employee received benefits through the Medi-Cal program while employed.
- The number of dependents of employees of that employer enrolled in the Medi-Cal program.
- The estimated annual cost to the Medi-Cal program provided to each identified employer's employees and their dependents enrolled in the Medi-Cal program.
- A summary of the 100 employers with the highest number of employees and dependents enrolled in the Medi-Cal program.
- A summary of the 100 employers with the highest percent of employees and dependents enrolled in the Medi-Cal program.

This bill also contains clarifying language around data de-identification for any public reporting and prohibits employers from discriminating and retaliating against employees for applying to be or enrolling in the Medi-Cal program. It authorizes DHCS and EDD to enter

into data-sharing agreements as necessary to implement these requirements, consistent with state and federal privacy laws.

2. Amendments Taken in this Committee:

Senate Health Committee amendments

The author agreed to amendments in the Senate Health Committee, but due to timing, the author will be taking the agreed-upon amendments in this committee. The amendments agreed to in the Senate Health Committee:

- 1) Clarify that DHCS, not CHHS, is tasked with completing the report.
- 2) Increase the 50-employees threshold to 100 employees in the definition of employer.
- 3) Add findings to specify that the legislative intent is to ensure that the Medi-Cal program continues to operate as the payor of last resort, and to support the effective administration, oversight, and evaluation of the program by improving transparency regarding the relationship between employment and Medi-Cal enrollment.
- 4) Delete the requirement that the report includes a summary of the 100 employees with the lowest number *and* percentage of employees and dependents enrolled in the Medi-Cal program.
- 5) Add clarifying language around data de-identification for any public reporting.

Author's amendments

The author's office plans to amend the bill in committee to 1) make a clarifying change to the definition of an employer and 2) add language to prohibit employers from discriminating and retaliating against employees for applying to be or enrolling in the Medi-Cal program.

Below is a mock-up of the Senate Health Committee and author's amendments that will be taken in this committee:

UIC 1095. The director shall permit the use of any information in the director's possession to the extent necessary for any of the following purposes, and may require reimbursement for all direct costs incurred in providing any and all information specified in this section, except information specified in subdivisions (a) to (e), inclusive: [. . .]

(af) To enable the ~~California Health and Human Services Agency~~ Department of Health Care Services to prepare and submit the report required by Section 11024.5 of the Welfare and Institutions Code that identifies all employers in California that employ ~~50~~ 100 or more employees and that have any employees who receive benefits from the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code) while employed in the past calendar year. The information used for this purpose shall be limited to information from the administration of personal income tax wage withholding pursuant to Division 6 (commencing with Section 13000) and the disability insurance program and may be disclosed to the ~~California Health and Human Services Agency~~ Department of Health Care Services only for the purpose of preparing and submitting the report and only to the extent not prohibited by federal law.

WIC 11024.5. (a) The Legislature makes the following findings:

(1) Medi-Cal is intended to function as a public safety net and as the payor of last resort, consistent with state and federal law, providing coverage only when other sources of health coverage are unavailable or insufficient.

(2) One in three working Californians rely on Medi-Cal for health coverage, including individuals employed by employers that do not provide affordable employer-sponsored coverage or that pay wages insufficient to meet basic health care needs.

(3) House Resolution 1 (Public Law 119-21) work requirements have brought the intersection of work, employer-sponsored health care coverage, and Medi-Cal back to the forefront. To best administer the Medi-Cal program, policymakers need empirical data to understand if H.R. 1 requirements are leading to changes in the number of uninsured, number of persons covered by employer-sponsored coverage, and enrolled in Medi-Cal by employer, business type and industry.

(4) It is the intent of the Legislature in enacting this section to ensure that the Medi-Cal program continues to operate as the payor of last resort, and to support the effective administration, oversight, and evaluation of the program by improving transparency regarding the relationship between employment and Medi-Cal enrollment.

(b) For purposes of this section, “employer” means **a private employer that has 100 or more employees** ~~an individual or type of organization that employs for wages and salary 50 or more employees~~ and has any employees enrolled in the Medi-Cal program (Chapter 7 (commencing with Section 14000)) at any point during the reporting year while employed by the employer.

(c) The ~~California Health and Human Services Agency~~ **State Department of Health Care Services** shall, after obtaining the information from the Employment Development Department pursuant to subdivision (af) of Section 1095 of the Unemployment Insurance Code, prepare a report that includes all of the following:

- (1) The name and address of each employer.
- (2) The parent company of the employer, if applicable.
- (3) The Employer Identification Number (EIN) of the employer.
- (4) The North American Industry Classification System (NAICS) code assigned to the employer.
- (5) The total number of employees of that employer.
- (6) The number of employees of that employer enrolled in the Medi-Cal program by category of aid at any point during that reporting year.
- (7) The number of months the employee received benefits through the Medi-Cal program while employed.
- (8) The number of dependents of employees of that employer enrolled in the Medi-Cal program.
- (9) The estimated annual cost to the Medi-Cal program provided to each identified employer’s employees and their dependents enrolled in the Medi-Cal program.
- (10) A summary of the 100 employers with the highest number of employees and dependents enrolled in the Medi-Cal program ~~and a summary of the 100 employers with the lowest number of employees and dependents enrolled in the Medi-Cal program.~~
- (11) A summary of the 100 employers with the highest percent of employees and dependents enrolled in the Medi-Cal program ~~and a summary of the 100 employers with the lowest percent of employees and dependents enrolled in the Medi-Cal program.~~

(d) Notwithstanding Section 10231.5 of the Government Code, the California Health and Human Services Agency shall submit the report prepared pursuant to subdivision (b) to the Legislature no later than July 1, 2027, and annually thereafter, in accordance with Section

9795 of the Government Code. **Any public reporting shall adhere to the department's existing guidelines on data de-identification.**

(e) Individually identifiable information about employees or Medi-Cal enrollees contained in the report prepared pursuant to subdivision (b) shall be exempt from disclosure under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) **in accordance Section 7930.170 of the Government Code and Section 14100.2 of the Welfare and Institutions Code.**

(f) Nothing in this section shall be construed to permit authorization or publication of identifying information of employees enrolled in the Medi-Cal program.

(g) The ~~California Health and Human Services Agency~~ **State Department of Health Care Services** and the Employment Development Department may enter into data-sharing agreements as necessary to implement this section, consistent with state and federal privacy laws.

(h) Nothing in this section shall be construed to authorize an employer to engage in any conduct against an employee or an applicant for employment in violation of Section 230.9 of the Labor Code, including, but not limited to, discouraging or preventing an employee from applying for or enrolling in the Medi-Cal program.

LAB 230.9 (1) An employer shall not discharge or in any manner discriminate or retaliate against an employee who applies for, or is enrolled in, the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(2) An employer shall not refuse to hire a person because that person is enrolled in the Medi-Cal program.

3. Need for this bill?

According to the author, “More than 3 million working Californians rely on Medi-Cal, not because they are unemployed, but because their wages are too low or employer coverage is unaffordable. Medi-Cal was designed to be a safety net and a last resort. But when wages do not keep pace and coverage is out of reach, Medi-Cal fills that gap—and taxpayers bear the cost. At a time when the state faces a real budget crisis, federal cuts threaten to weaken Medi-Cal further, and families are struggling to get by, we have to ask: Is it fair or sustainable for taxpayers to subsidize the labor costs of billion-dollar corporations?”

SB 1284 increases transparency by requiring the state to publish an annual report identifying employers whose workers are enrolled in Medi-Cal and estimating the associated cost to taxpayers. If public dollars are being used to support a company’s workforce, the public deserves to know. The bill ensures the public has access to information about how Medi-Cal supports California’s workforce, and which large employers rely most heavily on the program. Specifically, SB 1284 requires the California Department of Health Care services to produce an annual public report identifying employers with 100 or more employees and at least 10 full-time employees enrolled in Medi-Cal during the reporting year.”

4. Proponent Arguments:

According to the co-sponsors of this bill, SEIU California:

“Employers that pay low wages and offer no or unaffordable benefits shift the costs of doing business onto taxpayers. The social and economic burden created by the lack of health care coverage for some workers and the coverage of other workers through the Medi-Cal program creates a burden on the state, affected workers, and the families of affected workers who suffer ill health and risk financial ruin. Employers that shift the costs of their business expenses onto taxpayers put responsible employers at a competitive disadvantage too, creating an unfair playing field for business in the state.

As H.R. 1 work requirements have brought the intersection of work, employer-sponsored health care coverage, and Medi-Cal back to the forefront, policymakers should have empirical data to understand if H.R. 1 requirements are leading to changes in the number of uninsured, number of persons covered by employer-sponsored coverage, and enrolled in Medi-Cal by business type and industry. To promote a deeper understanding of the dynamics of health care coverage and employment, and the economic impacts on Californians, business, and the state budget, it is appropriate for policymakers to possess a broader set of empirical data at the employer level with which to make informed decisions. SB 1284 is a critical step forward to accomplish this.”

5. Opponent Arguments:

According to the Chamber of Commerce, opponents of this bill:

“SB 1284 would require the State Department of Health Care Services (DHCS) to report employer-specific data on employees enrolled in Medi-Cal to and then make that information available, identified by employer name. While SB 1284 does not expressly state that the names of employers will be disclosed publicly, it can be inferred that when DHCS submits the report to the legislature no later than July 1, 2027, there will likely be a hearing on the findings. In that hearing, that would be open to the public, there is a high likelihood that individual employers’ names are divulged or at minimum posted on the agency website. By placing individual employer names alongside the number of their workers receiving state-funded health care, SB 1284 would effectively create a government operated public shaming registry. One built on incomplete, decontextualized data that says nothing definitive about how an employer treats its workforce.

This implicit premise in SB 1284’s purpose is deeply concerning, and that premise is that any employer with workers on Medi-Cal is offloading its obligations onto taxpayers. This premise, however, is demonstrably false, and using a state database to broadcast it will cause serious, undeserved harm to countless California employers, including small businesses.

Medi-Cal enrollment is driven by a complex set of factors that have nothing to do with employer malfeasance, including but not limited to:

- Workers who voluntarily choose Medi-Cal over employer sponsored coverage because it is more affordable or comprehensive for their family situation;
- Part-time or seasonal workers who are not eligible for employer-sponsored benefits under existing law;

- Workers whose income qualifies them for Medi-Cal regardless of whether their employer offers coverage;
- New hires still in waiting periods before employer benefits take effect;
- Workers in households with other enrolled family members who are on Medi-Cal for independent reasons;
- Industries such as agriculture, construction, food service, retail, and healthcare that employ high proportions of lower-wage workers who qualify for Medi-Cal by income threshold, regardless of an employer's robust benefit offerings.

SB 1284 does nothing to account for any of these factors. Sharing an employer's name alongside a Medi-Cal enrollment count, without context or explanation, implies that the employer is wholly responsible, when the reality is far more complicated and nuanced.”

6. Dual Referral:

The Senate Rules Committee referred this bill to the Senate Health Committee, where it passed with a vote of 8-1, and the Senate Labor, Public Employment and Retirement Committee.

7. Prior/Related Legislation:

SB 1054 (Cabaldon, 2025) would require specified employers and other affected entities to also report total monthly wage, industry, occupation, worker type, and hours worked for each employee, as specified. *This bill is currently pending in the Senate Appropriations Committee.*

SB 1202 (Weber Pierson, 2025) requires DHCS to establish a dashboard to track enrollment data related to the implementation of recently enacted federal enrollment barriers, including work requirements. Requires DHCS, counties, and Medi-Cal managed care plans to undertake linguistically and culturally appropriate outreach efforts to Medi-Cal recipients to educate them on the changes to federal law and maintaining Medi-Cal eligibility. *This bill is pending in the Senate Appropriations Committee.*

AB 2161 (Bonta, 2025) codifies H.R. 1's work requirements; requires DHCS to implement H.R. 1's work requirements in California in the least administratively burdensome way to Medi-Cal applicants and recipients as possible; and prohibits DHCS from applying H.R. 1's work requirements to state-only Medi-Cal populations. *This bill is pending in the Assembly Appropriations Committee.*

AB 2729 (Bonta, 2025) creates the Employer Responsibility for Medi-Cal Trust Fund consisting of new taxes and deposits, including employer penalties, to fund direct and indirect costs of administering the Medi-Cal program in a manner necessary to prevent the loss of or restore health care coverage, benefits, or access to care, following the passage of H.R. 1. *This bill is pending in the Assembly Health Committee.*

AB 1792 (Gomez, Chapter 889, Statutes of 2014) required the Department of Health Care Services (DHCS) to annually inform the Employment Development Department (EDD) of the names and social security numbers of all recipients of the Medi-Cal program; required DHCS to determine the average per-individual cost of state and federally funded benefits

provided by the Medi-Cal program and inform EDD of these costs; defined an employer as an individual or organization that employs 100 or more beneficiaries of the Medi-Cal program; required the Department of Finance (DOF) to, after obtaining specified information from EDD, annually transmit to the Legislature and post on the DOF Internet Web site a report that, among other things, identified the 500 employers in the state with the most number of employees enrolled in a public assistance program ranked by the number of those employees, as specified; and established a January 1, 2020 sunset date.

AB 880 (Gomez, 2013) would have required employers with 500 or more employees to pay an employer responsibility penalty if their employees working more than 12 hours per week and more than 45 days in a calendar year are enrolled in Medi-Cal based on the Modified Adjusted Gross Income eligibility standard. *This bill failed on the Assembly Floor.*

SUPPORT

California Federation of Labor Unions (Co-Sponsor)
California State Council of Service Employees International Union (SEIU California) (Co-Sponsor)
California LGBTQ Health and Human Services Network
California Physicians Alliance
CFT – a Union of Educators & Classified Professionals
Courage California
End Poverty in California (EPIC)
Health Access California
Teamsters California
UFCW - Western States Council
United Domestic Workers/AFSCME Local 3930

OPPOSITION

California Chamber of Commerce

-- END --