



February 27, 2026

Senator John Laird, Chair
Senate Budget Committee
1020 N Street, Room 502
Sacramento, CA 95814

Senator Caroline Menjivar, Chair
Senate Budget Subcommittee #3
1021 O Street, Suite 6630
Sacramento, CA 95814

Assemblymember Jesse Gabriel, Chair
Assembly Budget Committee
1021 O Street, Suite 8230
Sacramento, CA 95814

Assemblymember Dawn Addis, Chair
Assembly Budget Subcommittee #1
1021 O Street, Suite 4120
Sacramento, CA 95814

Re: Reject Proposal to Subject State-Only Funded Medi-Cal Enrollees to H.R. 1 Work Requirements and Six-Month Eligibility Redeterminations in FY 2026-27 Budget

Dear Senator Laird, Senator Menjivar, Assemblymember Gabriel, and Assemblymember Addis:

We, the undersigned 70 organizations, write to express our opposition to the Governor’s January budget proposal to impose H.R. 1 work requirements and six-month redeterminations on state-only funded Medi-Cal enrollees. This proposal is legally problematic, costly, and punitive to immigrant communities. Even the Governor explicitly stated that H.R. 1 was “not

cost-saving” and that the inevitable coverage losses due to H.R. 1’s added bureaucracy would be both “cruel” and “costly.”¹ We urge the Legislature to reject this proposal rather than voluntarily amplifying the harms of President Trump’s policies.

Applying H.R. 1 Medi-Cal Eligibility Barriers Is Bad State Health Care Policy

H.R. 1’s work requirement and six-month redetermination provisions apply only to federally funded Modified Adjusted Gross Income (MAGI) Medicaid “expansion” enrollees pursuant to §1902(e)(14) of the Social Security Act. State-only funded Medi-Cal applicants and enrollees who are not federally eligible for Medicaid are not governed by §1902(e)(14) and should not be subject to these harmful federal requirements. To impose such federal requirements on state-only funded Medi-Cal coverage is not only bad health policy but also punitive to immigrants who have no other coverage options.

Furthermore, [research](#) finds that work requirements in safety net programs not only fail to meaningfully increase employment rates or average earnings, but also delay access to care and decrease program participation by creating an additional administrative barrier. More frequent renewals compound this harm.

Medi-Cal Work Requirements and Frequent Renewals Exposes Immigrants to Further Risks

Immigrant communities continue to face the threat of daily immigration enforcement actions in California. Subjecting this population to work or volunteer activities in order to keep essential healthcare access needlessly exposes people to physical risk. Compounding this, the recent [CMS notice of information](#) sharing that outlines the agency’s new policy on data sharing with the Department of Homeland Security for immigration enforcement means that collecting work and work authorization data will further jeopardize enrollees’ safety and privacy and further erode trust and feelings of safety for immigrant families. These harmful policies deter all immigrants, including lawfully present immigrants and also U.S. citizens, from seeking the health care they qualify for.

Immigrants with disabilities and their family members face additional harm. Although work requirements *theoretically* exempt people with medical frailty and those who care for them, the burden of reporting this information to the state will deter people from seeking care. The data sharing, as noted above, as well as fear around the federal administration’s new public

¹ Office of the Governor, *Press Release: Governor Newsom slams Trump over bill that would cut millions in health coverage, food assistance for California* (2025), <https://www.gov.ca.gov/2025/06/27/governor-newsom-slams-trump-over-bill-that-would-cut-millions-in-health-coverage-food-assistance-for-california/>.

charge rule, create valid fears around sharing additional disability information with the government.

Moreover, imposing work requirements on individuals who may not have authorization to work in the U.S. would create an impossible standard.² If imposed, these policies could effectively put those individuals (and potentially employers) at risk and exclude more people from Medi-Cal, even if they are engaging in work activities.

The state and advocates have also encountered numerous challenges in clearly explaining upcoming health care changes to the public. Broadening the H.R. 1 obligations would further add to the time-consuming and costly burden facing county eligibility workers and would shift resources away from already depleted outreach and education efforts.³

There is no sensible way to impose work requirements and other restrictive eligibility provisions on state-only funded Medi-Cal enrollees. Imposing work requirements and more frequent redeterminations for immigrant communities would harm health outcomes and increase costs and administrative barriers. Therefore, we strongly urge the Legislature to reject any proposal to impose H.R. 1 policies on state-only funded Medi-Cal enrollees.

Sincerely,

ACCESS REPRODUCTIVE JUSTICE

ACLU California Action

Alliance San Diego

Alzheimer's Los Angeles

ANA\California

Asian Resources, Inc.

Association of California Caregiver Resource Centers

Black Alliance for Just Immigration

Black Women for Wellness Action Project

Building Healthy Communities

California Advocates for Nursing Home Reform

California Council of the Blind

California Coverage & Health Initiatives (CCHI)

California Foundation for Independent Living Centers (CFILC)

² See generally U.S. Citizenship and Immigration Services (USCIS), *Working in the United States*, <https://www.uscis.gov/working-in-the-unengagingited-states> (last visited Dec. 18, 2025).

³ See Amaya Diana et al., Kaiser Family Found., *Challenges with Implementing Work Requirements: Findings from a Survey of State Medicaid Programs* (2025), <https://www.kff.org/medicaid/challenges-with-implementing-work-requirements-findings-from-a-survey-of-state-medicaid-programs/>.

California Immigrant Policy Center
California Immigration Project (CIP)
California Pan-Ethnic Health Network
California Physicians Alliance
California Women's Law Center
Center for Asian Americans in Action
Central American Resource Center of California (CARECEN-LA)
Centro Binacional Para el Desarrollo Indígena Oaxaqueño
Children Now
Christie's Place
Citizens for Choice
Community Interventions
County Welfare Directors Association of California
Courage California
CPCA Advocates
CRLA Foundation
Disability Rights California
Disability Rights Education and Defense Fund
East Bay Community Law Center
El Arc de California
End Child Poverty California powered by GRACE
Ensuring Opportunity Contra Costa
Equality California
Friends Committee on Legislation of California
Gender Justice LA
Glide Foundation
Grantmakers Concerned with Immigrant and Refugee
Health4Kern
Health Access California
Immigrant Defenders Law Center (ImmDef)
Imperial Valley Equity and Justice
Indivisible Tri Valley
Justice in Aging
Latino Coalition for a Healthy California
Legal Aid Society of San Mateo County
Maternal and Child Health Access
Multi-Faith ACTION Coalition
National Harm Reduction Coalition
National Health Law Program
Orange County Equality Coalition
Pilipino Workers Center

San Diego Immigrant Rights Consortium (SDIRC)
San Francisco AIDS Foundation
SEIU California
South Asian Network
South Bay People Power
Southeast Asia Resource Action Center (SEARAC)
SURVIVORS of Torture International
Take Action San Diego
The Arc of California
The Children's Partnership
The Coelho Center for Disability Law, Policy, and Innovation
The Los Angeles Trust for Children's Health
The Sidewalk Project
UCSF Bixby Center for Global Reproductive Health
Western Center on Law & Poverty

CC:

Senator Akilah Weber Pierson, Chair, Senate Committee on Health
Assemblymember Mia Bonta, Chair, Assembly Committee on Health
Marjorie Swartz, Policy Consultant, Senate President Pro Tempore Monique Limon
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