



California Initiative for Health Equity & Action (Cal-IHEA)

Briefing Proceedings

Retaining Immigrant Health Coverage in California

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May 2025

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Executive Summary

On April 24th, 2025, [the California Initiative for Health Equity and Action](#) (Cal-IHEA) and [Insure the Uninsured Project](#) (ITUP) co-hosted a virtual policy forum to convene a panel of experts from UC Irvine, UC San Francisco, Latino Coalition for a Healthy California (LCHC), and the California Pan-Ethnic Health Network (CPEHN). The event was moderated by Crispin Delgado, ITUP Executive Director, and began with legislative remarks by state Assemblymember Dr. Joaquin Arambula. The goal was to provide research evidence, multisectoral perspectives, resources, and recommendations to retain health coverage gains for immigrant communities in California at a critical period when federal and state funding for the state's Medicaid program is being threatened.

Watch the webinar recording [here](#).

Background

In January 2024, California became the [first state](#) to provide Medicaid coverage, known as Medi-Cal in California, to all low-income residents regardless of citizenship status. This was the final of several incremental Medi-Cal policy expansions to cover immigrant California residents who are not eligible for federally funded public insurance programs.¹

While California has made considerable strides to offer health coverage and access to all low-income residents, current economic and political threats exist that may lead to disenrollment, loss of services, or loss of coverage. For instance, the rising cost and utilization of pharmaceutical products and healthcare services for an aging population; and above expected Medi-Cal enrollment rate resulted in the state spending \$2.7 billion beyond what was originally budgeted.² In response, Governor Gavin Newsom's administration [sought a \\$2.8 billion loan](#) after an earlier request for a \$3.44 billion loan program to cover the state's Medicaid budget gaps.² On April 14th, Governor Newsom [signed legislation](#) to cover these gaps and ensure Medi-Cal coverage and services through June 2025.

At the federal level, the Republican-led Congress is proposing to drastically reduce funds to public insurance and social policy programs – they are considering an estimated \$880 billion in budget cuts, which includes a considerable loss of funding for Medicaid and Medicare.³ Millions of Californians are at risk of losing health coverage in addition to a decline in the state’s economy – an estimated 109,000 to 217,000 jobs would be lost, including medical personnel jobs at a variety of health facilities throughout the state if these cuts are adopted.^{4,5}

Immigrants and their families are also being deterred from accessing healthcare services that they are eligible and entitled to receive since [ICE agents can conduct raids in hospitals and healthcare clinics](#), leading to increased fears and concerns about family separation, arrest, and deportation. Prior research has found that a “culture of fear” among undocumented immigrant communities, including high profile cases where immigrant patients were detained, lead to delays in care, worse health outcomes, and higher health costs.⁶

This policy forum convened speakers and a panel comprised of experts, policymakers, health advocates, and community leaders to discuss current threats, present evidence on health coverage programs, and share strategies to retain immigrant health coverage in California in light of these unprecedented challenges.

Introduction: ITUP Executive Director, Crispin Delgado, MPP

Crispin Delgado began by describing his family’s Mexican heritage and his leadership efforts to champion health access. He emphasized that many healthcare access milestones in California are at risk and reminded attendees that the event’s goal was to unpack current circumstances and identify strategies to respond.

Legislative Remarks: Assemblymember Dr. Joaquin Arambula, District 31

State Assemblymember Dr. Joaquin Arambula began his legislative remarks in Spanish in recognition of the large Spanish-speaking immigrant population in California. Assemblymember Arambula shared his commitment to expand Medicaid came after attending an ITUP conference a decade ago when he heard other state health leaders discuss the importance of health coverage and access. Although California has made strides to expand access to care to the state’s most vulnerable residents, including rural residents, Assemblymember Arambula emphasized the urgent need to protect Medi-Cal expansion/s amidst federal threats and funding uncertainties. He emphasized that healthcare is a human right, especially for marginalized communities experiencing fear and trauma. He mentioned state legislators’ commitment to retain Medi-Cal expansion/s and to uphold the state’s progress. He ended by emphasizing the need for continued conversations, data sharing, and ongoing advocacy to ensure California remains committed to maintaining and strengthening immigrant health access.

Panelist 1: Annie Ro, PhD, MPH, UC Irvine

Immigrant Health Access and Utilization Outcomes

Dr. Annie Ro (UC Irvine Joe C. Wen School of Population & Public Health) presented research evidence that can provide insights on the potential impacts of providing health coverage to undocumented immigrants in California. Dr. Ro began by describing **Figure 1**, a timeline of California’s phased Medi-Cal policy expansions, which has enrolled nearly 1 million undocumented residents.

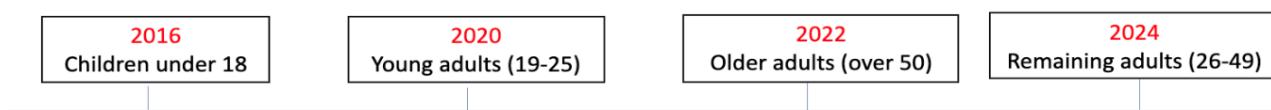


Figure 1: Medi-Cal policy expansion timeline. Included with permission from Dr. Annie Ro, UC Irvine Wen School of Population & Public Health

Dr. Ro's research examines [MyHealth LA \(MHLA\)](#), a Los Angeles County initiative that was a health care program for low-income uninsured residents from 2014–2024. Results show MHLA covered patients had lower rates of avoidable emergency department (ED) visits for most conditions compared to documented patients and those not enrolled in MHLA. MHLA patients also had fewer avoidable ED visits for long-term type 2 diabetes complications, and older MHLA patients were less likely to be hospitalized after an ED visit.⁷ Results suggest stable, continuous coverage for undocumented immigrants improves chronic disease management and reduces costly, preventable hospital use, including avoidable ED visits.

Roundtable Participants, Discussion Questions, and Key Points

1. Briefly introduce yourself/your organization and why you are here.

- **Dr. Seciah Aquino, DrPH, MS, Executive Director, Latino Coalition for a Healthy California (LCHC).** [LCHC](#)'s mission is to address health inequities for Latine and Indigenous communities in California through system transformation and policy advances.
- **Ronald E. Coleman Baeza, JD, Managing Policy Director, California Pan-Ethnic Health Network (CPEHN).** [CPEHN](#) is a statewide policy center that works across California communities of color to advance healthcare, specifically to reduce longstanding disparities and improve outcomes.
- **Dr. J. Raul Gutierrez, MD, Associate Professor of Pediatrics, UC San Francisco (UCSF).** Dr. Gutierrez is [a general pediatrician and professor](#) who expressed a belief that healthcare is a fundamental need and human right, particularly for children and families.
- **Dr. Annie Ro, PhD, MPH, Associate Professor, Joe C. Wen School of Population & Public Health (UC Irvine).** [An immigrant health researcher](#) who studies how immigrant status affects health and how undocumented immigrants get their medical needs met in the safety net system.

2. How are your respective organizations responding to any drastic changes or impacts to government programs, funding, and resources by the current administration?

- Current challenges facing immigrant communities are broader than before and affect a variety of immigrants (e.g., refugees, legal permanent residents, individuals with varying visa types).
- Increased immigration enforcement activities in healthcare settings have heightened fear and distrust. In health care settings, families are hesitating and delaying care since they are concerned as to whether accessing Medi-Cal can impact immigration relief processes.
- Healthcare systems like UCSF are working to reassure immigrant patients about the importance of enrolling in Medi-Cal and continuing to seek care while prioritizing patient safety and privacy.
- California's progress toward universal health coverage is at serious risk, largely due to emerging federal-level threats. Pre-Affordable Care Act (ACA), about 15% Californians were uninsured. Today, over 94% of residents have coverage. With a rise in uninsured rates, families could lose access to basic, preventive, and specialty healthcare, and then rely on home remedies or risk medical debt.
- California faces a \$6.2 billion Medi-Cal shortfall. Everyone needs to pay close attention to federal and state budget negotiations before the summer recess.
- Fear and scapegoating are severely impacting immigrant communities (i.e., a "fear pandemic"). Community members fear leaving their homes due to the threat of immigration enforcement, which is disrupting families, causing youth to miss school and leading to a growing mental health crisis.
- LCHC is responding with initiatives (e.g., promotora network [Pasa la Voz, resource hub](#)) to provide accurate information. They are running campaigns, such as [SalvaVidas](#), to defend Medi-Cal and challenge harmful narratives that falsely blame immigrant communities for rising healthcare costs.

- Negative political narratives and misconceptions should be countered with accurate data about immigrant healthcare utilization. Undocumented individuals use healthcare services at lower rates compared to the general population, and when they do access care, they tend to stay fewer days in the healthcare system.
- We can create policies and procedures to protect sensitive locations like healthcare settings – see the California Attorney General's office for guidance on [policies and procedures to promote safe and secure healthcare access for all](#). Similar guidelines exist for other settings like schools.
- Telehealth and school-based health centers were mentioned as strategies to help patients interact with the healthcare system. CPEHN and LCHC also work with community health workers (CHWs) that help connect healthcare workers, communities, and patients.

3. *How do we tackle the fear and uncertainty that is out there right now?*

- Physicians are witnessing the downstream health effects of chronic fear, stress, and anxiety in immigrant communities, which not only worsen existing chronic conditions but contribute to broader adverse outcomes (i.e., poor educational performance, economic instability, community breakdown). Delays in care, disenrollment from healthcare programs, and difficulty navigating the system are often tied to administrative barriers and lack of trust rather than eligibility issues.
- Healthcare systems (from community clinics to major hospitals) should rethink their policies around immigration enforcement, prioritize building trust, protect patient privacy, and create welcoming spaces. Tools, trainings, and support for healthcare providers are available via the: [National Immigration Law Center](#) and [EveryoneBelongsHere.net](#).
- There is an urgent need for cross-sector collaboration, legal support, and innovative strategies to help immigrant families navigate the healthcare system and maintain Medi-Cal enrollment.

4. *What key message do you want attendees to walk away with?*

- Staying hopeful is important as well as getting involved in advocacy efforts to protect immigrant health coverage. [CPEHN](#), [Health Access](#), and [Service Employees International Union \(SEIU\)](#) are leading efforts to counter federal and state budget cuts.
- Many California legislators are unaware of the extent to which immigrant communities have historically been excluded from healthcare access and the impact of recent Medi-Cal expansions. Attendees should connect with organizations to educate policymakers and share this information.
- Highlight the link between health and the economy. Investing in the health of a population supports a stronger workforce, improved educational outcomes, and a healthier, more resilient economy overall.
- Increased healthcare access works. Research evidence exists to support expanding and retaining coverage.
- Share [Know Your Rights cards](#) and bring educational awareness.

“No action is too small.”
~ Dr. Gutierrez, UCSF
Pediatrician and Faculty

Closing Remarks: ITUP Executive Director, Crispin Delgado, MPP

Crispin emphasized that no single individual or organization can solve systemic issues alone. Achieving meaningful system change is time consuming and requires coalition building, with a focus on aligning efforts with California's needs and goals. He closed the policy forum by highlighting the importance of connecting people with social services to ensure that individuals not only have access to healthcare but also have their broader social needs addressed.

Key Related Resources

- California Pan-Ethnic Health Network. April 2025. [MediCal Expansion Fact Sheet](#).
- California Health Care Foundation. March 2025. [Poll Explores Californians' Attitudes on Medi-Cal, Covered California, and Federal Cuts to Both](#).
- California Budget & Policy Center. March 2025. [Q&A: Understanding Medi-Cal Coverage, Funding, and the Threat of Federal Cuts](#).
- Health Access California. January 2025. Federal Impacts: [What's at Risk for CA's Statewide Safety Net \(Data by Congressional District\)](#).
- California Department of Justice. January 2025. [Resources for California's Immigrant Communities](#).
- National Immigration Law Center. January 2025. [Know Your Rights: Health Care and Health Insurance for Immigrants](#).
- California Department of Justice. December 2024. [Promoting Safe and Secure Healthcare Access for All: Guidance and Model Policies to Assist California's Healthcare Facilities in Responding to Immigration Issues](#).
- Latino Coalition for a Healthy California. [LCHC Medi-Cal Resource and Information Hub](#).
- California Pan-Ethnic Health Network. [ACA Defense Hub](#).
- California Immigrant Policy Center. [Medi-Cal Expansion Resource Hub](#).
- California Immigrant Policy Center. [Resources for Immigration Legal Protection](#).

Briefing & Evidence-Based Recommendations

- 1 Healthcare organizations and personnel should promote “know your rights” campaigns and adopt policies to protect patient privacy & healthcare access.
- 2 Cross-sector medical-legal interventions and collaboration can help to address current fears/concerns and help to strengthen patient trust.
- 3 Individuals should get connected to organizations leading advocacy efforts to protect Medi-Cal expansions and retain federal funding.

Acknowledgements

This work was supported by the University of California (UC) Multicampus Research Programs and Initiatives of the University of California, Grant Number [M23PR5963]. The content is solely the responsibility of the authors and does not necessarily represent the official views of the UC.

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