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When Eligibility, Paperwork, and Fear Converge: H.R. 1, Public Charge, and Latino Families in California

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September 28, 2026



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Executive Summary

Latino families in California are entering a period in which eligibility rules for public health insurance and food and nutrition services, as well as immigration policies, are changing simultaneously and at both the federal and state levels. These changes are affecting not only enrollees in public programs but also their families, as they face an environment of fear and uncertainty about eligibility and participation.

Public Law 119-21, commonly known as the One Big Beautiful Bill Act or H.R. 1, restricts access to Medicaid and the Supplemental Nutrition Assistance Program (SNAP) by ending eligibility for many lawfully present immigrants and expanding community engagement requirements for adult beneficiaries. To satisfy the community engagement requirement, individuals subject to the requirement must complete 80 hours per month of work, school, participation in a work program, community service, or a combination of activities.[1]

On July 20, 2026, the Department of Homeland Security published a final rule on **public charge**, which took effect September 18, 2026.[2] For certain applicants for admission or adjustment of status, immigration officers may consider the applicant's application for approval to receive, or receipt of means-tested public benefits, as one factor in a totality-of-the-circumstances assessment. Receipt of benefits does not automatically result in a public-charge determination, and several immigration categories are exempt.

At the state level, California has rolled back its Medi-Cal coverage for undocumented adults. Beginning January 2026, the state implemented an **enrollment freeze** barring undocumented immigrant adults from newly enrolling in the program.[3]

This brief explores the challenges faced by low-income families as they navigate a turbulent policy environment that affects eligibility for and access to Medi-Cal (Medicaid) and CalFresh (SNAP), with a particular focus on Latino families. Drawing on data from the American Community Survey, we examine Medi-Cal coverage, CalFresh participation, and populations that may be affected by work requirements enacted under H.R. 1, as well as immigration-related chilling effects.





Key Findings

1. Latinos disproportionately rely on Medi-Cal and CalFresh compared to non-Latinos and already face substantially higher rates of uninsurance and food insecurity.
2. Thirty percent of Latino adults enrolled in Medi-Cal and potentially subject to community engagement requirements may be at risk of losing coverage because they work fewer than 80 hours per month and are not enrolled in school.
3. More than one in three (37%) Latino adults living in CalFresh households and potentially subject to work requirements may be at risk of losing benefits because they work fewer than 80 hours per month.
4. New eligibility restrictions for immigrants and public charge "chilling effects" are expected to limit access to public services.
5. Between 350,000 and 1 million Latino Medi-Cal enrollees living in households with at least one noncitizen could disenroll due to public charge and other immigration-related fears.
6. Between 172,000 and 517,000 Latinos living in households receiving CalFresh could potentially be affected by immigration-related chilling effects.

Introduction

California's Latino families are entering a period in which eligibility rules for public health insurance and food and nutrition services and immigration policies are changing simultaneously. These overlapping policies could have consequences for enrollees in public programs that extend beyond the individuals directly affected. Medicaid is a joint federal-state health insurance program for eligible low-income individuals and families, while the Children's Health Insurance Program (CHIP) provides coverage to eligible children in families with incomes above Medicaid eligibility levels. In California, Medicaid is known as Medi-Cal. Similarly, the Supplemental Nutrition Assistance Program (SNAP) is the nation's largest food and nutrition service addressing food insecurity among low-income families. It is known as CalFresh in California.

H.R. 1 Changes to Medicaid and SNAP

H.R. 1, or the One Big Beautiful Bill Act, makes significant changes to Medicaid and SNAP eligibility by tightening requirements related to immigration status and community engagement.

Immigration Status

Several categories of immigrant groups who previously qualified for Medicaid and SNAP are no longer eligible.[4] Immigrants who previously qualified for Medicaid and SNAP, but will no longer be able to participate in these programs, include refugees, asylees, parolees, and individuals with suspended deportations.[5] Noncitizen eligibility restrictions went into effect for SNAP on April 1, 2026,[6] and will go into effect for Medicaid and CHIP on October 1, 2026.[7]

Community Engagement Requirements

Certain adults ages 19 to 64 enrolled in Medicaid must demonstrate they have completed 80 hours per month of qualifying work, education,[8] work development program, community service, or a combination of these activities to remain eligible for Medicaid.[9] Enrollees can also satisfy the requirement if they earn a monthly income of at least $580—the federal minimum wage multiplied by 80 hours.[10] The requirement mainly applies to Medicaid expansion adults and adults enrolled in Medicaid under certain section 1115 demonstrations.[11] Key exemptions from this requirement include those who are pregnant, disabled, caring for a family member with a disability (at any age) or a dependent child under 14 years of age, American Indians and Alaskan Natives (AIAN),[12] and adults who already comply with Temporary Assistance for Needy Families (TANF) work requirements.[13] States can also grant short-term hardship exemptions to adults experiencing acute economic and health crises.[14] States are expected to adopt community engagement requirements for Medicaid enrollees by January 1, 2027.[15] Through 2027, enrollees may "self-attest" to completing 80 hours of qualifying activities if the state is unable to verify the requirement has been met through existing data sources (e.g., unemployment records).[16] Similarly, enrollees will be allowed to self-attest through 2027 if they are too sick to complete the 80-hour requirement. Beyond 2027, if reliable data is not available to verify the 80-hour requirement,[17] states will likely require enrollees to provide documentation verifying that they either meet the requirement or are exempt.[18]

Prior to H.R. 1, SNAP already imposed general work requirements for adults ages 16 to 59.[19] Qualifying activities for individuals subject to the general work requirements include registering for work, participating in SNAP Employment and Training (E&T), attending workfares, and reducing work hours to below 30 hours per week with good reason.[20] Exemptions include individuals working at least 30 hours a week, adults who meet work requirements for other programs, such as TANF, caretakers of children under six or of a person with a disability, participants in alcohol and drug programs, and individuals enrolled half-time in school or training programs.[21]

Additionally, able-bodied adults without dependents (ABAWDs) ages 18 to 54 were also subject to additional work and community engagement requirements. These include completing at least 80 hours per month of work, community service, participation in a work development program, participation in a workfare, or a combination of work and a work development program.[22] Individuals exempt from the ABAWD work requirement include those who are exempt from the

general work requirements, persons who are pregnant, disabled, have someone in the SNAP household younger than 18, veterans, individuals experiencing homelessness, and individuals 24 and younger who were in foster care on their 18th birthday.[23] SNAP beneficiaries must provide proof of meeting work requirements, such as pay stubs, supervisor signatures, or completing specialized forms.[24] Exact documentation for verification varies by state.

H.R. 1 expanded the work and community engagement requirements for SNAP to include ABAWDs ages 18 to 64, and removed key exemptions, such as for individuals with dependents ages 14 to 18, veterans, individuals experiencing homelessness, and former foster youth.[25] Under H.R. 1, AIANs are now exempt from SNAP work requirements.[26] Although expanded work and community engagement requirements for SNAP took effect when H.R. 1 was signed into law, California was the final state to enforce them beginning June 1, 2026.[27]

Procedural Loss

H.R. 1 also introduces the risk of potential disenrollment due to procedural loss. Beginning with renewals scheduled on or after January 1, 2027, states will be mandated to complete eligibility redeterminations once every 6 months for most Medicaid expansion adults and those enrolled in Medicaid under certain section 1115 demonstrations.[28] Exemptions to the new 6-month redetermination rule are certain AIANs, the elderly, and persons with a disability.[29] California is set to implement this 6-month redetermination policy on March 1, 2027.[30] More frequent renewal timeframes are expected to burden both enrollees and county eligibility offices.[31] Under H.R. 1, states must first rely on available data sources, known as ex parte data, to verify community engagement activities or exemptions.[32] However, if automatic data checks fail and the ability to self-attest expires, eligible individuals must provide proof of qualifying activities or exemptions to retain their health coverage, worsening the administrative burden of accessing health care.

Many SNAP enrollee households already submit a midyear report to update information on their income, household size, and basic expenses, and complete a comprehensive annual recertification to prove eligibility and maintain benefits.[33] Households composed mainly of older adults or people with disabilities may have a longer certification period where they are required to renew their participation every 24 months versus 12 months.[34] For families enrolled in both programs, increased paperwork and deadlines may increase the risk of benefits lapsing.



The Department of Homeland Security Public Charge Rule

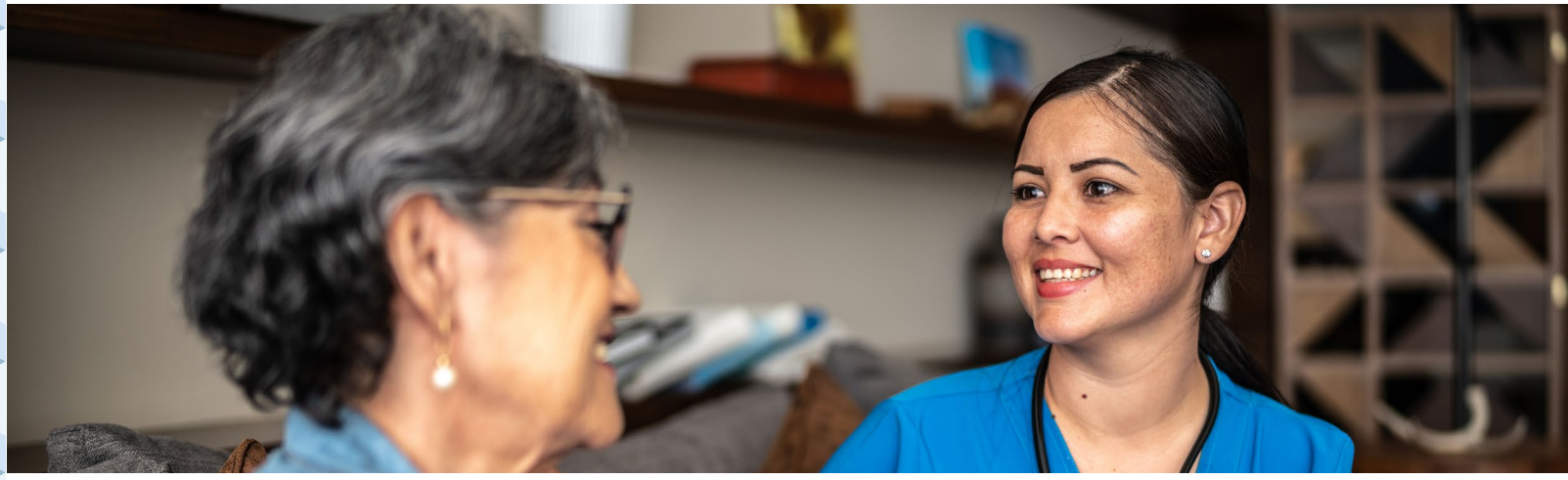
Adding to this adverse environment for low-income households is a new public charge rule from the Department of Homeland Security (DHS) published July 20, 2026. Effective September 18, 2026, U.S. Citizenship and Immigration Services (USCIS) officers may take into account all means-tested public benefits—such as Medicaid, SNAP, or housing assistance—as well as personal circumstances like age, health, family status, assets, education, and skills to determine whether an individual applying for an adjustment of status to become a lawful permanent resident (green card holder) is likely to rely on the federal government or be classified as a "public charge."[35] Public charge also applies to individuals seeking certain visas through the Department of State or for admission through a port of entry.[36] Changes to the federal public charge policy, heightened immigration enforcement, and concerns about the use and sharing of information collected through public programs may discourage some immigrant families from participating in these programs, even if they are still eligible for coverage. These broader responses are often referred to as **"chilling effects"**: reductions in participation in public programs resulting from fear, confusion, or uncertainty about potential immigration consequences.[37]

California's New Medi-Cal Restrictions

Between 2020 and 2024, California implemented multiple policies to extend full-scope Medi-Cal coverage to income-eligible adults aged 19 and older, regardless of their immigration status.[38] Expanding Medi-Cal coverage was intended to improve access to public health insurance among immigrant communities and reduce health disparities.

However, recent state-level policy changes are rolling back eligibility expansions. Effective January 1, 2026, undocumented immigrant adults can no longer newly enroll in full-scope Medi-Cal.[39] Undocumented immigrant adults who were enrolled before January 1, 2026, will retain full-scope coverage as long as they remain income-eligible and renew on time.[40] If their coverage expires, they will have a 3-month grace period to re-enroll in full-scope Medi-Cal; after that period, they will be switched to restricted-scope Medi-Cal that only covers emergency, pregnancy-related, and certain long-term care services.[41] Restricted-scope Medi-Cal excludes specialty care services, and losing access to full-scope coverage could be especially detrimental to individuals with complex or chronic health conditions. For affected immigrant adults, a missed renewal is no longer a temporary interruption in care and can result in the permanent loss of access to full-scope coverage. Children, pregnant and postpartum people, and certain former foster youth remain eligible for full-scope Medi-Cal regardless of immigration status.[42]

According to the California Department of Health Care Services, approximately 1.3 million adult Californians were enrolled in the state's Adult Medi-Cal Expansion program beginning in 2026.[43] California's Adult Medi-Cal Expansion population consists primarily of undocumented adults eligible for full-scope Medi-Cal, along with a smaller number of other eligible groups.[44] These individuals will be subject to the state's new Medi-Cal restrictions and are at risk of losing full-scope coverage if they miss a renewal deadline.





Risk of Disenrollment

These overlapping policies create at least three pathways through which individuals and families can lose benefits under Medi-Cal and CalFresh: they may become legally ineligible due to new requirements; withdraw for fear of immigration-related consequences despite remaining eligible; or lose assistance because of reporting or renewal hurdles. The effects of these policies may also extend to U.S.-born children whose health, food security, and household finances depend on benefits received by their parents and guardians. The same person or household can appear in more than one pathway; therefore, estimates for coverage loss (discussed further below) through each pathway overlap and should not be added to produce a total projected benefit loss.

Table 1. Three Pathways to Coverage Loss

Pathway	Examples in New Policies	Potential Outcomes
Direct Exclusion (Enrollment Restriction)	CA Medi-Cal immigrant enrollment freeze	Certain immigrant adults may be unable to newly enroll in full-scope Medi-Cal after the enrollment freeze takes effect.
Direct Exclusion (Eligibility Restriction)	H.R. 1 immigrant eligibility restrictions	Certain immigrant groups may become ineligible for Medi-Cal or CalFresh under new federal eligibility rules.
Chilling Effect	DHS public charge rule; increased immigration enforcement activity; data sharing with immigration officers	An eligible person avoids applying for or renewing benefits for themselves or other eligible family members because of fear or confusion.
Procedural Loss	Verification of 80-hour per month community engagement requirement; 6-month renewals for Medi-Cal	An eligible person loses benefits because they are unable to verify their participation in community engagement activities, or the exemption was not verified.

Timeline of Policy Changes Affecting Enrollment

- **January 1, 2026:** California enacts a Medi-Cal enrollment freeze barring undocumented immigrant adults from newly enrolling in full-scope coverage.
- **April 1, 2026:** H.R. 1 ends SNAP eligibility for many categories of lawfully present immigrants.
- **June 1, 2026:** California began to enforce expanded SNAP work and community engagement requirements under H.R. 1.
- **September 18, 2026:** DHS public charge final rule goes into effect.
- **October 1, 2026:** H.R. 1 ends Medicaid eligibility for many lawfully present immigrant categories. California offers a temporary state-funded bridge for some groups.[45]
- **January 1, 2027:** H.R. 1 work and community engagement requirements will go into effect for Medicaid.
- **January 1, 2027:** California will transition certain enrollees from managed-care Medi-Cal to fee-for-service Medi-Cal.
- **March 1, 2027:** Under H.R. 1, 6-month Medicaid eligibility checks will begin for adults covered through the Affordable Care Act expansion.
- **July 1, 2027:** California will transition some humanitarian immigrant groups from full-scope to restricted-scope Medi-Cal if they are unable to pay a monthly premium.

Data and Approach

This brief explores the challenges faced by low-income families as they navigate a turbulent policy environment that affects eligibility and access to Medi-Cal (Medicaid) and CalFresh (SNAP), with a particular focus on Latino families. It combines analysis of survey data with a review of recent changes to federal and state public benefit and immigration policies. The quantitative analysis draws primarily on the 2024 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS), including harmonized ACS microdata from IPUMS USA, to examine Medi-Cal coverage, CalFresh participation, and populations potentially affected by chilling effects and work requirements enacted under H.R. 1.

Estimating Potential Loss of Benefits from Work Requirements

We use the 2024 ACS PUMS and IPUMS USA to estimate the number of Medi-Cal enrollees and adults living in households receiving CalFresh potentially subject to new community engagement requirements under H.R. 1. To estimate the populations potentially subject to community engagement requirements in each program, we focus on adult enrollees and exclude parents with children younger than 14 years of age, and persons who report a disability and receive Supplemental Security Income. The Medi-Cal analysis additionally excludes individuals enrolled in Medicare.

We also estimate the number of individuals who do not meet the work and/or school thresholds, as observed in the ACS. However, the ACS does not allow us to identify all qualifying activities or exemptions. Therefore, these estimates reflect the population that could be affected by the new community engagement requirements, and are not predictions of how many people will ultimately lose Medi-Cal or CalFresh benefits.

Estimating Potential Chilling Effects

To examine potential chilling effects on Medi-Cal and CalFresh enrollment, we build on KFF's potential disenrollment scenarios described in *Potential "Chilling Effects" of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment*. Following KFF, we use 10%, 20%, and 30% potential disenrollment rates to illustrate a range of possible benefit losses for beneficiaries living in households with at least one noncitizen member, with a focus on Latino and U.S.-citizen children. In addition to applying KFF's disenrollment scenarios to Medi-Cal beneficiaries, we also apply them to individuals in households receiving CalFresh, as KFF's scenarios reflect potential disenrollment in public programs more generally.

Before 2026, the last public charge rule was proposed in 2018 and was in effect from February 2020 through March 2021.[46] In 2019, following the announcement of the public charge rule, a national survey found that one in five adults in immigrant families reported that they or a family member had avoided a public benefit, including SNAP and Medicaid, because of concerns that participation would affect their adjustment of status to a legal permanent resident.[47] Similarly, a 2019 survey of California residents found that one in four low-income immigrant adults reported avoiding public programs because they feared their participation would affect their immigration status or that of a family member.[48] Disenrollment scenarios presented in this brief follow KFF's scenario-based methodology, which is informed in part by a recent survey of immigrant adults participating in public programs,[49] and are broadly consistent with avoidance rates documented during the last instance of public charge.

These scenarios are intended to illustrate a range of potential impacts and should not be interpreted as predictions of actual disenrollment. Actual changes in participation will depend on how individuals and families respond to policy changes, immigration enforcement, and concerns or uncertainty about the consequences of participating in public programs. Furthermore, an individual may be subject to more than one pathway to coverage loss. Estimates of loss through each pathway overlap and should not be combined to calculate a total projected benefit loss.

More information on our methods is provided in the **Appendix**.



Key Findings

1 Key Finding 1: Latinos disproportionately rely on Medi-Cal and CalFresh compared to non-Latinos and already face substantially higher rates of uninsurance and food insecurity.

Based on 2024 ACS estimates, approximately 10.7 million Californians report enrollment in Medicaid or other means-tested public health insurance, which we use as a measure of Medi-Cal coverage, including about 6.2 million Latinos (see Table 2). The share of Latinos covered by Medi-Cal is also nearly twice that of non-Latinos (39% vs. 20%). Additionally, one in ten (10%) Latinos are uninsured, more than three times the rate among non-Latinos (3%).

Table 2. Medi-Cal Coverage and Uninsurance by Latino Ethnicity, 2024

	Population covered by Medi-Cal	Share of Population Covered by Medi-Cal	Uninsured Rate
Latino	6.20 M	39%	10%
Non-Latino	4.53 M	20%	3%
Total	10.73 M	28%	6%

Note: Medi-Cal coverage is estimated using the ACS measure of Medicaid or other means-tested public health coverage and therefore differs from administrative Medi-Cal enrollment counts.
Source: Authors' analysis of the 2024 American Community Survey 1-Year Public Use Microdata Sample.

Additionally, according to 2024 ACS estimates, about 6.4 million Californians live in households that receive CalFresh benefits, and about 3.5 million of them are Latino (see Table 3). The ACS collects and reports data on SNAP at the household level; therefore, these estimates reflect the number of persons living in a household that receives CalFresh. Similar to Medi-Cal, a greater share of Latinos live in households receiving CalFresh than non-Latinos (22% vs. 13%). Latino adults are also more likely to experience food insecurity than their non-Latino counterparts (51% vs. 43%).

These baseline differences underscore the potential consequences of benefit losses for a population that already experiences substantially higher rates of uninsurance and food insecurity.

Table 3. Persons Living in Households Receiving CalFresh and Food Insecurity by Latino Ethnicity, 2024

	Population in a Household Receiving CalFresh	Share of Population in a Household Receiving CalFresh	Food Insecurity Among Low-Income Adults (18+)
Latino	3.45 M	22%	51%
Non-Latino	2.92 M	13%	43%
Total	6.38 M	17%	47%

Note: AskCHIS asks only about food insecurity among adults aged 18 and older whose income is less than 200% of the Federal Poverty Level.
Sources: Authors' analysis of the 2024 American Community Survey 1-Year Public Use Microdata Sample, and AskCHIS, California Health Interview Survey, 2024, Food security (ability to afford enough food) [California].

2 Key Finding 2: Thirty percent of Latino adults enrolled in Medi-Cal and potentially subject to community engagement requirements may be at risk of losing coverage because they work fewer than 80 hours per month and are not enrolled in school.

Under H.R. 1, Medicaid expansion adults (ages 19 to 64) and adults enrolled in Medicaid under certain section 1115 demonstrations must demonstrate that they have completed 80 hours per month of community engagement activities, such as work or school attendance, or qualify for an exemption. Although most enrollees subject to new requirements are already working, attending school, caring for relatives, or experiencing conditions that may exempt them from the requirements,[50] the new rules still jeopardize health coverage for thousands of Californians.

Using characteristics observable in the ACS, we estimate that approximately 3.3 million adult beneficiaries fall within a population potentially subject to the new work requirements, including 1.9 million Latino enrollees (see Table 4). This estimate represents an ACS-defined proxy population and does not establish who will ultimately be legally subject to the requirements. About 570,000, or 30%, of Latino adults in this ACS-defined population work less than 80 hours per month and are not enrolled in school. Loss of coverage comes not only from whether they meet a requirement, but from whether the state can verify their activity or exemption on time.

These estimates do not indicate how many enrollees will ultimately fail to satisfy H.R. 1's community engagement requirements or lose Medi-Cal coverage. As discussed earlier, individuals who do not meet the threshold through reported work may satisfy the requirement through other qualifying activities, a combination of activities, or qualify for one of several exemptions.

Table 4: Potential Medi-Cal Enrollees Impacted by New Work Requirements, 2024

	Adult Enrollees (19-64) Potentially Subject to Work Requirements	Adult Enrollees Working Less Than 80hrs/month and Not Enrolled in School	% Working Less Than 80hrs/month and Not Enrolled in School
Latino	1.89 M	572 K	30%
Non-Latino	1.44 M	541 K	38%
Total	3.34 M	1.11 M	33%

Notes: Data for enrollees subject to work requirements includes adults ages 19 to 64 who are enrolled in Medi-Cal, are not individuals with a disability who receive Supplemental Security Income, are not enrolled in Medicare, and are not parents of children younger than 14 years old. Other eligible activities not captured by these estimates include community service and work development programs. These estimates do not capture individuals who are exempt from the 80-hour community engagement requirement for other reasons, such as pregnancy, caregiving responsibilities, or medical frailty, and do not capture enrollees who satisfy the requirement through their monthly earnings.
Source: Authors' analysis of IPUMS USA 2024 American Community Survey 1-year sample microdata; original source provided by the U.S. Census Bureau.

3 Key Finding 3: More than one in three (37%) Latino adults living in CalFresh households potentially subject to work requirements may be at risk of losing benefits because they work fewer than 80 hours per month.

H.R. 1 expanded existing work requirements for SNAP eligibility to include ABAWDs ages 18 to 64 (previously 18 to 54) and caretakers of children aged 14 and older. Similar to Medicaid, adult SNAP beneficiaries must demonstrate that they have completed 80 hours per month of community engagement activities, such as work, community service, or participation in a work program, or a combination of activities.[51]

Under H.R. 1, about 2.4 million adults living in households receiving CalFresh fall within an ACS-defined population potentially subject to the new work requirements, including 1.2 million Latinos (see Table 5). About 440,000, or more than one in three (37%) Latino adults in this population work less than 80 hours per month. Notably, adult enrollees who do not meet work requirements are eligible to receive CalFresh for only 3 months every 3 years.[52] If they do not meet work requirements after 3 months, enrollees may lose their benefits. Although this provides some relief, many workers experience periods of unemployment while receiving CalFresh, especially individuals employed in seasonal jobs, making it difficult to consistently qualify for benefits.[53]

These estimates do not indicate how many adult beneficiaries will ultimately fail to satisfy work requirements or lose benefits. Individuals who do not reach the 80-hour-a-month work threshold may satisfy the requirement through other qualifying activities or qualify for an exemption. Because the ACS measures CalFresh receipt at the household level, the data identify adults living in households receiving CalFresh but cannot determine which household members individually receive or apply for benefits.

Table 5. Adults in Households Receiving CalFresh Potentially Impacted by New Work Requirements, 2024

	Adults (18-64) in CalFresh Households Potentially Subject to Work Requirements	Adults in CalFresh Households Working Less Than 80hrs/month	% Working Less than 80hrs/month
Latino	1.20 M	443 K	37%
Non-Latino	1.16 M	485 K	42%
Total	2.36 M	927 K	39%

Notes: Data for adults subject to new work requirements includes adults ages 18 to 64 who live in households receiving CalFresh, are not individuals with a disability who receive Supplemental Security Income, and are not parents of children younger than 14 years old. Other eligible activities not captured by these estimates include community service and work programs. These estimates also do not capture individuals who may qualify for exemptions from the 80-hour community engagement requirement for other reasons, such as pregnancy, caregiving responsibilities, or medical frailty.
Source: Authors' analysis of IPUMS USA 2024 American Community Survey 1-year sample microdata; original source provided by the U.S. Census Bureau.



4 Key Finding 4: New eligibility restrictions for immigrants and public charge "chilling effects" are expected to limit access to public programs.

New eligibility criteria that exclude certain immigrant groups and the latest public charge rule may lead to enrollment losses in Medi-Cal and CalFresh. Although the effects of direct exclusion are distinct from the chilling effects of the public charge rule, the implementation of both policies is likely to create an atmosphere of fear and uncertainty about eligibility and participation. This is especially true given differences in eligibility criteria between Medi-Cal and CalFresh (see Table 6).

For example, in a mixed-status household, an immigrant adult may learn they are no longer eligible for CalFresh, but if they are already enrolled in Medi-Cal, they can keep their health coverage by renewing on time. However, fear or confusion surrounding the public charge rule may discourage immigrant families from renewing Medi-Cal coverage for themselves or their children, even when they remain eligible. These distinctions are legally important but difficult to communicate and may result in loss of benefits.

Table 6: "Who is at risk of losing public benefits?"

	Full-Scope Medi-Cal	CalFresh	Public Charge[e]
U.S.-Born Citizens and Naturalized Citizens	Remain eligible.[a]	Remain eligible.[d]	Not subject to public charge.[i]
Lawful Permanent Residents (LPRs)	Generally, LPRs remain eligible for full-scope Medi-Cal. For LPRs within their 5-year waiting period, CA uses state funds to provide full-scope Medi-Cal coverage. However, beginning Jan. 1, 2027, LPRs within the waiting period will be transitioned from a Medi-Cal health plan (managed care) to fee-for-service (FFS) Medi-Cal.[a], [b]	Generally, LPRs remain eligible. However, LPRs within their 5-year waiting period are generally ineligible for federal CalFresh benefits unless they meet specific exemptions. LPRs with the waiting period may receive food assistance through the state-funded CA Food Assistance Program (CFAP).[e]	Generally, LPRs are not subject to public charge unless they travel abroad for more than 180 days (6 months).[j]
Refugees and Asylees	Refugees and asylees remain eligible, but beginning Jan. 1, 2027, they will transition from managed care to FFS Medi-Cal, and will be subject to monthly premiums beginning July 1, 2027.[a],[c]	Refugees and asylees are no longer eligible under H.R. 1, however, if they adjust their status to LPR, they are exempt from the 5-year waiting period and are eligible for federal CalFresh benefits.[f], [g]	Not subject to public charge.[i]
Other Humanitarian-status Immigrants	Humanitarian-status immigrants remain eligible, but beginning Jan. 1, 2027, will transition from managed care to FFS Medi-Cal, and will be subject to monthly premiums beginning July 1, 2027.[a], [c]	Humanitarian-status immigrants are no longer eligible under H.R. 1, however, if they adjust their status to LPR, they are exempt from the 5-year waiting period and are eligible for federal CalFresh benefits.[f], [g]	Not subject to public charge.[i]
Undocumented Adults	If enrolled before Jan. 1, 2026, they may retain coverage through on-time renewal, but beginning Jan. 1, 2027, will transition from managed care to FFS Medi-Cal, and will be subject to monthly premiums beginning July 1, 2027.[a], [c]	Undocumented adults were not eligible for CalFresh prior to H.R. 1, and they remain ineligible.	Undocumented adults are subject to public charge when applying for an adjustment of status, certain visas, or seeking entry at a port of entry.[i], [k]

Children	Remain eligible regardless of immigration status. Undocumented youth under 19 years of age and foster youth up to age 26 can retain full scope Medi-Cal, but beginning Jan. 1, 2027, they will transition from managed care to FFS Medi-Cal.[a], [c]	Eligibility depends on immigration status. Children who are refugees, asylees, or have another humanitarian status are no longer eligible. Children who are LPRs and under the age of 18 are exempt from the 5-year waiting period and are eligible for federal CalFresh benefits.[f], [g]	Children are not automatically exempt from public charge. For undocumented children, the totality of the circumstances evaluated by an officer when reviewing an adjustment of status application includes a parent or legal guardian's financial stability, the child's personal circumstances (e.g., age, health), receipt of means-tested public benefits, and a Form I-864.[l]
Pregnant Persons	Pregnant persons, regardless of immigration status, have access to full-scope Medi-Cal for up to 12 months after the birth outcome. Birth outcomes include childbirth, miscarriage, or termination of pregnancy.[b]	Eligibility depends on immigration status. Pregnant persons who are refugees, asylees, or have another humanitarian status are no longer eligible, but if they adjust their status to LPR, they are exempt from the 5-year waiting period. Pregnant persons who are LPRs within their 5-year waiting period may receive food assistance through CFAP.[f], [g], [h]	Pregnant persons are not automatically exempt from public charge. Officers may give less weight to services used specifically for their pregnancy, such as Medi-Cal; however, the totality of circumstances can still be considered when applying for an adjustment of status.[m]

Notes: The case scenarios for Medi-Cal and CalFresh described above assume individuals meet income eligibility requirements. LPRs within their 5-year waiting period may be eligible for federal CalFresh benefits if they are younger than 18, have a disability, or have 40 quarters of work history. Starting July 1, 2027, refugees, asylees, and humanitarian immigrants will be subject to monthly premiums to maintain full-scope Medi-Cal, and dental benefits will be limited to emergency use only. If they cannot pay monthly premiums, they will be transitioned to a restricted-scope Medi-Cal plan. For most immigration petitions, USCIS defines a child as someone who is unmarried and younger than 21 years of age. Public-charge applicability depends on the immigration benefit or admission pathway, not immigration status alone. Some applicants are statutorily exempt, and receipt of benefits does not automatically produce an adverse determination.

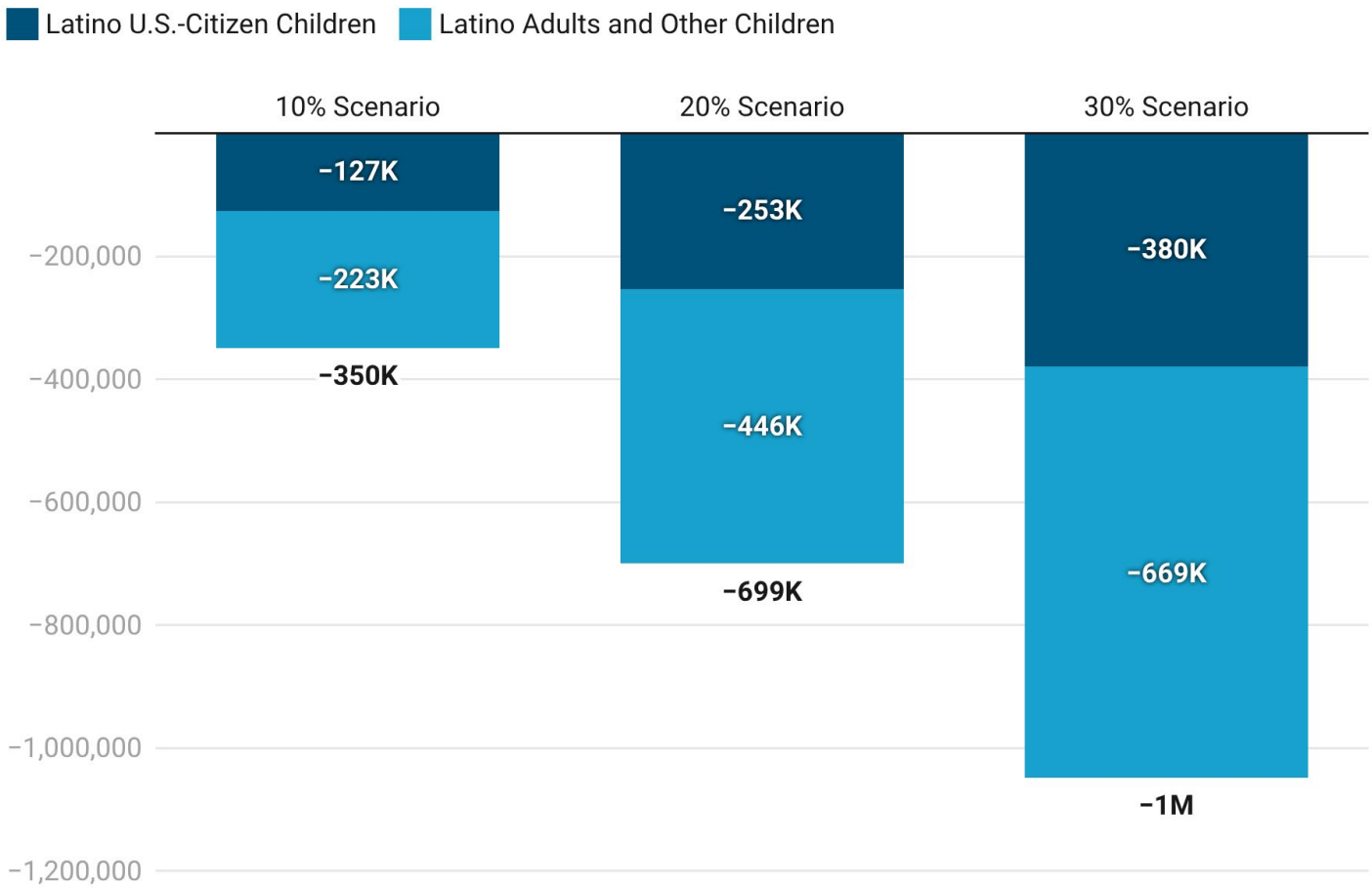
Sources, compiled by the LPPI research team:
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5 Key Finding 5: Between 350,000 and 1 million Latino Medi-Cal enrollees living in households with at least one noncitizen could disenroll due to public charge and other immigration-related fears.

The new public charge rule is an additional source of uncertainty layered on top of eligibility and reporting changes. Previous research suggests that the chilling effects of public charge can extend to other members of immigrant families, including U.S. citizens.[54] Especially vulnerable to these chilling effects are U.S.-citizen children enrolled in public programs who are part of mixed-status families.[55]

Approximately 3.5 million Latino Medi-Cal enrollees live in households with at least one noncitizen, including approximately 1.3 million Latino U.S. citizen children.[56] Applying 10%, 20%, and 30% potential disenrollment scenarios, approximately 350,000 Latino enrollees could disenroll under the 10% scenario, 699,000 under the 20% scenario, and 1.05 million under the 30% scenario (see Figure 1). Across these scenarios, potential disenrollment among U.S.-citizen children ranges from approximately 127,000 to 380,000. These findings highlight that, in addition to potential disenrollment from stricter eligibility requirements, Latinos face compounding risks of disenrollment due to chilling effects.

Figure 1. Potential Disenrollment Among Latino Medi-Cal Enrollees Living in Households with at Least One Noncitizen, 2024



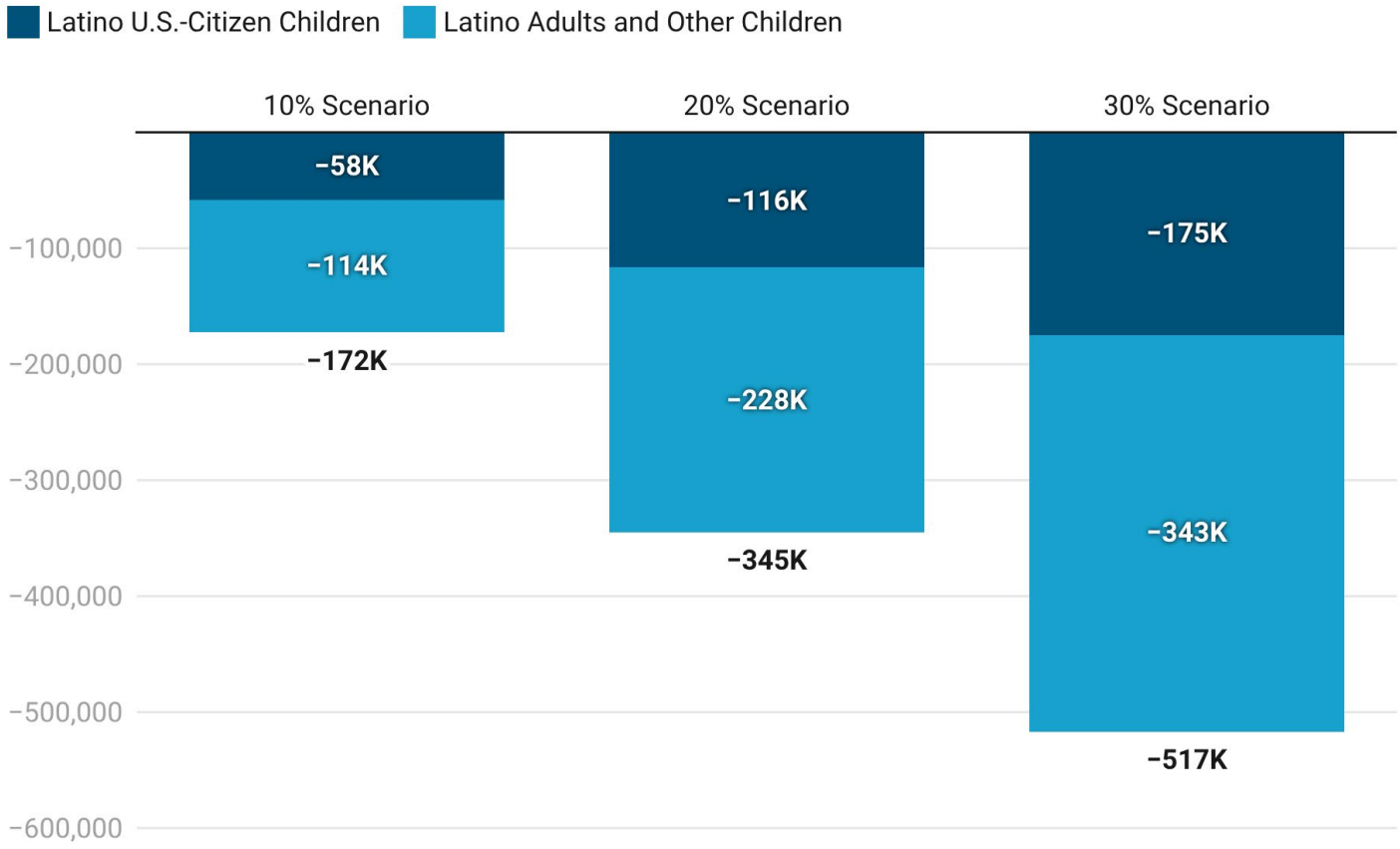
Notes: The 10%, 20%, and 30% potential disenrollment scenarios follow KFF's methodology. For more details on the disenrollment scenarios, see the KFF report, Potential Chilling Effects of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment, available online.
Source: Authors' analysis of the 2024 American Community Survey 1-Year Public Use Microdata Sample.

6 Key Finding 6: Between 172,000 and 517,000 Latinos living in households receiving CalFresh could potentially be affected by immigration-related chilling effects.

About 1.7 million Latinos live in households that receive CalFresh and include at least one noncitizen.[57] This estimate includes more than half a million Latino U.S. citizen children (582,000),[58] who may or may not directly receive CalFresh benefits. Approximately 172,000 Latinos in CalFresh households could potentially be affected under the 10% chilling-effect scenario, 345,000 under the 20% scenario, and 517,000 under the 30% scenario (see Figure 2). Across these scenarios, the number of Latino U.S.-citizen children living in potentially affected households ranges from 58,000 to 175,000.

These scenarios for Medi-Cal enrollment and CalFresh household participation are illustrative rather than predictions of actual disenrollment or benefit loss. They demonstrate the potential scale of benefit losses if immigration-related fears discourage Latino families from maintaining Medi-Cal and CalFresh benefits, including for U.S.-citizen children. Actual disenrollment and loss of benefits will depend on how families respond to policy changes and the broader immigration-enforcement environment.

Figure 2. Latinos Living in CalFresh Households with at Least One Noncitizen Potentially Affected by Chilling Effects, 2024



Notes: The 10%, 20%, and 30% potential disenrollment scenarios follow KFF's methodology. For more details on the disenrollment scenarios, see the KFF report, Potential Chilling Effects of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment, available online.
Source: Authors' analysis of the 2024 American Community Survey 1-Year Public Use Microdata Sample.

Conclusion

This analysis provides estimates of the potential effects of federal policies, such as the public charge rule and H.R. 1, on participation in Medi-Cal and CalFresh among California's Latino communities. These overlapping policies create multiple routes for potential disenrollment and benefit loss among families who rely disproportionately on public programs. Individuals may withdraw due to fear of immigration-related consequences and lose assistance due to new eligibility, reporting, and renewal hurdles. Reduction in participation may deepen existing disparities in health coverage and food access.[59]

New community engagement requirements to maintain eligibility may lead to a significant loss of public health insurance for Latinos who are unable to meet or document the 80-hour-per-month requirement. This is especially relevant to Medi-Cal enrollees, for whom the work requirements are new. Evidence from earlier work-requirement programs suggests that these rules often reduce participation without producing comparable employment gains.[60] For example, Arkansas's Medicaid work requirement resulted in approximately 18,000 adults losing coverage before the policy was halted one year after its implementation.[61]

H.R.1 also introduces potential coverage lapses due to procedural loss, particularly among Medi-Cal beneficiaries. One Medicaid study found that one in five enrollees lost coverage with a 12-month renewal deadline, with Latino enrollees demonstrating an elevated risk of coverage loss.[62] Under H.R. 1, affected adult expansion enrollees and those enrolled in Medicaid under certain section 1115 demonstrations will be subject to 6-month redeterminations and will be required to provide verification of qualifying activities or an exemption when renewing their eligibility. More frequent renewals and increased paperwork may increase the risk of disenrollment for eligible persons. Families participating in both Medi-Cal and CalFresh may have to navigate more deadlines and verifications, which can lead to confusion and potential loss of benefits.

Additionally, more frequent eligibility reviews, work notices, requests for documentation, and changes in program eligibility may lead to situations in which families must interact more often with government agencies. In an environment of heightened public concern about program changes, routine notices may be interpreted as immigration screening or data collection. Fear and confusion about these touchpoints could further dissuade families from participating in public programs.

Importantly, the potential consequences of chilling effects extend beyond noncitizens and individuals whose eligibility is directly affected by federal policy changes. A substantial number of Latino Medi-Cal and CalFresh enrollees who live in households with noncitizens are U.S.-citizen children. This illustrates how changes in immigration policy and enforcement can have broader implications for mixed-status families.

The scenarios presented in this brief are not predictions of future loss of coverage, but they demonstrate that even modest reductions in participation could translate into substantial losses of benefits among Latino Californians. As federal immigration and public-benefit policies continue to evolve, monitoring Medi-Cal and CalFresh enrollment will be important for identifying which populations are most affected and determining whether existing disparities in health coverage and food access widen.

Appendix

Data Sources

This brief combines analysis of survey data with a review of recent changes to federal and state public benefit and immigration policies. The quantitative analysis draws primarily on the 2024 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS), including harmonized ACS microdata from IPUMS USA to examine Medi-Cal (Medicaid) coverage, CalFresh (SNAP) participation, and populations potentially affected by recent changes to federal public benefit policies in California. All estimates included in this brief are weighted to represent California's population.

We also use the 2024 California Health Interview Survey (CHIS) to estimate food insecurity among low-income adults. As noted in Table 3, the CHIS food-insecurity measure is only available for adults ages 18 and older with household incomes below 200% of the Federal Poverty Level.

Analytical Sample

The ACS/IPUMS analytic sample is limited to the civilian, noninstitutionalized population with valid poverty information. Latino ethnicity is based on self-reported Hispanic or Latino origin, regardless of race.

Because the ACS measures CalFresh (SNAP) participation at the household level, it does not identify which individual household members receive or apply for CalFresh. Accordingly, CalFresh estimates in this brief represent individuals living in households receiving CalFresh, rather than confirmed individual CalFresh beneficiaries.

Estimating Potential Impact of Work Requirements

We use the 2024 ACS PUMS and IPUMS USA to estimate the number of Californians potentially subject to the new Medi-Cal and CalFresh community engagement requirements under H.R. 1. For Medi-Cal, the analysis focuses on enrollees ages 19 to 64; for CalFresh, it focuses on adults ages 18 to 64 living in households receiving CalFresh benefits.

To estimate the population subject to community engagement requirements, we exclude parents of children younger than age 14 and individuals who report a disability and receive Supplemental Security Income (SSI),[63] which provides benefits to people with limited income and resources who are disabled, blind, or age 65 or older. Because the ACS does not directly identify individuals who qualify for disability-related exemptions under the new requirements, we use reported disability combined with SSI receipt as a proxy for this population. The Medi-Cal analysis additionally excludes individuals enrolled in Medicare.

The ACS reports usual hours worked per week rather than monthly hours. We therefore approximate the 80-hour-per-month work threshold as 20 or more usual hours worked per week. For Medi-Cal, individuals who meet this work threshold or are enrolled in school are considered to meet the community engagement requirement. The CalFresh analysis focuses on the work-hour threshold because enrollment in higher education alone does not establish SNAP eligibility. Other qualifying activities under the new requirements, such as community service and participation in work development programs, cannot be fully identified in the ACS.

The ACS does not allow us to identify all qualifying activities or exemptions. These estimates should therefore be interpreted as estimates of the population that may be affected by the new work requirements, not predictions of how many people will ultimately lose Medi-Cal or CalFresh benefits. In particular, our disability-related exclusion captures individuals who report a disability and receive SSI, but does not identify all individuals who may qualify for a disability or medical exemption. The data also cannot fully identify other circumstances that may exempt an individual or allow them to satisfy the requirements, such as participation in multiple activities or their monthly income. Actual benefit loss will depend on individual circumstances, implementation of the requirements, and whether qualifying activities or exemptions are successfully documented and verified.

Estimating Potential Chilling Effects

To illustrate the potential scale of disenrollment associated with public charge and other immigration-related fears, we build on the scenario-based methodology used by KFF in *Potential "Chilling Effects" of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment*. Following KFF, we use hypothetical disenrollment rates of 10%, 20%, and 30% to illustrate a range of possible chilling effects for beneficiaries living in households with at least one noncitizen member, with a focus on Latino and U.S.-citizen children. The 20% midpoint is informed by the 2025 KFF/ New York Times Survey of Immigrants, in which approximately one-fifth of immigrant adults living in a household with a noncitizen reported stopping participation in a government assistance program because of concerns about drawing attention to their own or a family member's immigration status. The 10% scenario approximates the disenrollment and forgone-enrollment rate used by the U.S. Department of Homeland Security in its public charge analysis. The 30% scenario represents a higher potential chilling effect and accounts for the possibility that subsequent policy changes and ongoing immigration enforcement activity could further discourage participation in public benefit programs.

These scenarios are intended to illustrate a range of potential impacts and should not be interpreted as predictions of actual disenrollment. Actual changes in participation will depend on how individuals and families respond to policy changes, immigration enforcement, and concerns or uncertainty about the consequences of participating in public programs.



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