



Timeline of Federal and State Funding Cuts to Medi-Cal and CalFresh in California

Program	Policy Change	Primary Impact	Implementation Date	Federal/State	Scope of Impact
CalFresh	Restricts internet expenses as allowable deductions for grant calculations	Reduces Benefits	July 4, 2025	Federal Policy	All CalFresh recipients
CalFresh	Restricts adjustment of the Thrifty Food Plan (TFP)	Reduces Benefits	October 1, 2025	Federal Policy	All CalFresh recipients, with most immediate impact on very large households
CalFresh	Eliminates the SNAP-Ed program	Reduces Program Scope	October 1, 2025	Federal Policy	CalFresh-funded nutrition education and obesity prevention programs
CalFresh	Limits the use of the Standard Utility Allowance (SUA)	Reduces Benefits	November 1, 2025	Federal Policy	CalFresh households that do not include a member over age 60 or who has a disability
CalFresh	Restricts time limit waivers to areas with unemployment rates over 10%	Reduces Access	February 1, 2026	Federal Policy	All able-bodied adults without dependents, including newly subject populations who were previously exempted

CalFresh	Eliminates CalFresh food assistance for many lawfully present immigrants	Reduces Access	April 1, 2026	Federal Policy	About 74,000 refugees, asylees, humanitarian parolees, trafficking survivors, and other immigrants previously eligible under humanitarian protections
CalFresh	Expands restrictive time limits to additional CalFresh enrollees	Reduces Access	June 1, 2026	Federal Policy	Caretakers of children 14 and older, older adults, former foster youth, veterans, and people experiencing homelessness previously exempt
CalFresh	Reduces the federal contribution to annual CalFresh administrative costs and shifts the cost to states	Direct Budget Impact	October 1, 2026	Federal Policy	California state budget
CalFresh	Requires California to pay a portion of CalFresh monthly benefits *	Direct Budget Impact	October 1, 2027	Federal Policy	California state budget
Medi-Cal	Lowers cap on State-Directed Payments (SDPs) and cuts revenue for safety net providers	Reduces Program Scope	July 4, 2025	Federal Policy	Hospitals and clinics statewide
Medi-Cal	Defunds providers offering abortion services	Reduces Access	July 4, 2025	Federal Policy	Planned Parenthood and similar providers

Medi-Cal	Blocks federal rule to improve access to Medi-Cal	Reduces Access	July 4, 2025	Federal Policy	Children, seniors, and people with disabilities
Medi-Cal	Ends coverage for GLP-1 drugs for weight loss	Reduces Benefits	January 1, 2026	State Policy	All Medi-Cal recipients
Medi-Cal	Freezes new Medi-Cal enrollment for undocumented adults	Reduces Access	January 1, 2026	State Policy	Undocumented adults ages 19 - 64
Medi-Cal	Reduces Medi-Cal asset limits — \$21,000 limit for individuals and \$31,000 for couples	Reduces Access	July 1, 2027	State Policy	Adults age 65 and older, people with disabilities, and long-term care recipients
Medi-Cal	Cuts funding for Federally Qualified Health Centers (FQHCs) and rural health clinics	Reduces Access	July 1, 2027	State Policy	Clinics providing services to undocumented adults and certain other groups of immigrants
Medi-Cal	Eliminates full-scope Medi-Cal dental benefits for certain groups of immigrants	Reduces Access	July 1, 2027	State Policy	Undocumented adults and certain other groups of immigrants
Medi-Cal	Reduces federal match for emergency Medi-Cal and shifts more costs to the state	Direct Budget Impact	October 1, 2026	Federal Policy	California state budget

Medi-Cal	Eliminates full-scope Medi-Cal coverage for many immigrants **	Reduces Access	October 1, 2026	Federal Policy	Refugees, asylees, humanitarian parolees, trafficking survivors, and other immigrants with humanitarian statuses, excluding children, pregnant people, and foster youth
Medi-Cal	Introduces new restrictions on provider tax rates, which threatens the Managed Care Organization tax and Hospital Quality Assurance Fee	Direct Budget Impact	January 1, 2027	Federal Policy	Entire Medi-Cal program
Medi-Cal	Increases eligibility checks for the Affordable Care Act (ACA) expansion adults from once a year to twice a year	Reduces Access	September 1, 2027	Federal Policy	About 278,600 adults could lose Medi-Cal
Medi-Cal	Limits Medi-Cal retroactive coverage for adults	Reduces Access	January 1, 2027	Federal Policy	About 86,000 people per year would receive 1 month of retroactive coverage instead of 3 months
Medi-Cal	Imposes work reporting requirements on ACA expansion adults; the 2026 state budget extends them to certain adults enrolled in state-only funded Medi-Cal	Reduces Access	January 1, 2027	Federal Policy	About 1.1 million adults ages 19 - 64 could lose Medi-Cal

Medi-Cal	Imposes a monthly Medi-Cal premium of at least \$30 for certain groups of immigrants ***	Reduces Access	July 1, 2027	State Policy	Undocumented adults and certain other groups of immigrants ages 19 - 59
Medi-Cal	Lowers the allowable provider tax rate which reduces Medi-Cal revenue	Direct Budget Impact	October 1, 2027	Federal Policy	Entire Medi-Cal program
Medi-Cal	Imposes mandatory cost-sharing for ACA expansion adults >100% FPL	Reduces Access	October 1, 2028	Federal Policy	Low-income adults
Medi-Cal	Implements new managed care provider payment limits *****	Direct Budget Impact	October 1, 2028	Federal Policy	Entire Medi-Cal program

* Assuming the state complies with this **unfunded mandate**, this will require California to use General Fund dollars to pay up to 15% of total CalFresh benefits, previously fully funded by the federal government. If the state doesn't cover the cost of this portion of benefits, it will have to opt out of the program altogether, eliminating billions of dollars in annual federal food assistance and ending CalFresh as we know it.

** The 2026 Budget Act delays the elimination of full-scope Medi-Cal until July 1, 2027 and provides only restricted scope Medi-Cal afterwards.

*** The next governor is required to propose a monthly premium of between \$30 and \$50 in the 2027 May Revision.

***** Assuming that this cap will contribute to a reduction in the Hospital Quality Assurance Fee, which would then increase state General Fund costs to backfill a portion of the lost revenue.

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