California Budget & Policy Center

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

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

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

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

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

January 1, 2027	Medi-Cal	Federal Policy	Imposes work reporting requirements on ACA expansion adults; the 2026 state budget extends them to certain adults enrolled in state-only funded Medi-Cal	About 1.1 million adults ages 19 - 64 could lose Medi-Cal	Reduces Access
July 1, 2027	Medi-Cal	State Policy	Imposes a monthly Medi-Cal premium of at least $30 for certain groups of immigrants ***	Undocumented adults and certain other groups of immigrants ages 19 - 59	Reduces Access
October 1, 2027	Medi-Cal	Federal Policy	Lowers the allowable provider tax rate which reduces Medi-Cal revenue	Entire Medi-Cal program	Direct Budget Impact
October 1, 2028	Medi-Cal	Federal Policy	Imposes mandatory cost-sharing for ACA expansion adults >100% FPL	Low-income adults	Reduces Access
October 1, 2028	Medi-Cal	Federal Policy	Implements new managed care provider payment limits ****	Entire Medi-Cal program	Direct Budget Impact

* 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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