



April 2, 2026

The Honorable Mia Bonta, Chair  
Assembly Health Committee  
1020 N Street, Room 390  
Sacramento, CA 95814

**RE: AB 2201 (Boerner) — SUPPORT**

Dear Chair Bonta:

On behalf of our respective organizations, we are pleased to support AB 2201 (Boerner), which would reinstate four proven eligibility and renewal strategies to streamline Medi-Cal renewal processing and minimize wrongful terminations for low-income Californians.

With the implementation of H.R. 1 eligibility changes, including new work requirements for Medi-Cal participation and increased frequency of renewals from annual to every 6 months, California is bracing for 1.8 to 3 million Californians to lose Medi-Cal coverage due to paperwork and other administrative barriers. Counties are deeply invested in preventing Medi-Cal coverage losses because of the wide ranging consequences to low-income Californians – to those with behavioral health needs, to individuals experiencing homelessness, to justice involved individuals. Additionally, there are serious impacts to health equity, county indigent services, and public hospitals. It is important that California takes proactive steps to mitigate these impacts.

Counties have experience navigating large-scale eligibility transitions. During the Medi-Cal unwinding process in 2023, California implemented federal renewal streamlining strategies that reduced procedural terminations and doubled the automatic renewal rate. At the height of the unwinding, 92% of Medi-Cal disenrollments were for procedural or "paperwork" reasons. When the strategies ended on June 30, 2025, automatic renewal success was cut in half, resulting in hundreds of thousands of renewals that county workers must manually process each month. This workload is expected to grow further starting January 1, 2027, when counties must conduct renewals twice a year.

AB 2201 would reinstate four proven Medi-Cal renewal streamlining strategies: 1) auto-verification of zero income; 2) auto-verification of income at or below 100% of FPL; 3) auto-verification of stable income and assets; and 4) Streamlining Asset Verification System (AVS) workflows. These strategies would reduce county workloads, minimize wrongful terminations, and preserve staff capacity for complex cases, protecting thousands of Californians from losing their coverage.

AB 2201 would also reduce administrative and downstream healthcare cost savings to the state and counties. A [2015 estimate](#) put the administrative cost of a single disenrollment and reenrollment at \$400-\$600. Individuals who lose and regain coverage also tend to incur higher

costs due to delayed treatment. Maintaining continuous coverage therefore mitigates avoidable healthcare costs and reduces the pressures on county indigent care programs.

For these reasons, we are pleased to support AB 2201 and respectfully request your 'AYE' vote.

Sincerely,



Amanda Kirchner  
Director of Legislative Advocacy  
Counties Welfare Directors Association



Farrah McDaid Ting  
Deputy Director of Policy  
County Health Executives Association of  
California (CHEAC)



Kelly Brooks-Lindsey  
Legislative Advocate  
UCC  
[kbl@hbeadvocacy.com](mailto:kbl@hbeadvocacy.com)  
916-753-0844



Sarah Dukett  
Policy Advocate  
RCRC  
[sdukett@rcrcnet.org](mailto:sdukett@rcrcnet.org)  
916-447-4806



Katie Rodriguez  
Interim CEO & President  
California Association of Public  
Hospitals & Health Systems (CAPH)



Brendan McCarthy  
Senior Legislative Advocate  
California State Association of Counties  
(CSAC)