Medi-Cal on the Chopping Block: Key Facts About Medi-Cal Beneficiaries

Rosario Majano, Jie Zong, Ahmad Ismail, Silvia González, Arturo Vargas Bustamante

April 24, 2025



Table of Contents

Acknowledgm	ents							•	• •				•				03
Introduction		• • •		• •		•••	•	•				•		• •	••		04
Key Findings			•••							•							05
Appendix									•					•		••	15
Endnotes		• • •	•	• •	Ĝ	• •	• •	• •			• •			• •	• •	••	18

Acknowledgments

This brief was made possible with the generous support of The California Wellness Foundation and the James Irvine Foundation. Core operating support for the UCLA Latino Policy and Politics Institute is provided by the California Latino Legislative Caucus. The authors would like to thank Dr. Amada Armenta, Alondra Cervantes, Cristian Rivera, and Belem Lamas for their valuable feedback and review.

The UCLA Latino Policy and Politics Institute acknowledges the Gabrielino and Tongva peoples as the traditional land caretakers of Tovaangar (the Los Angeles basin and Southern Channel Islands) and that their displacement has enabled UCLA's flourishing. As a land grant institution, we pay our respects to the Honuukvetam (Ancestors), Ahiihirom (Elders), and Eyoohiinken (our relatives nations) past, present, and emerging.

DISCLAIMER

The views expressed herein are those of the authors and not necessarily those of the University of California, Los Angeles as a whole. The authors alone are responsible for the content of this report.

FOR MORE INFORMATION

Contact: lppipress@luskin.ucla.edu

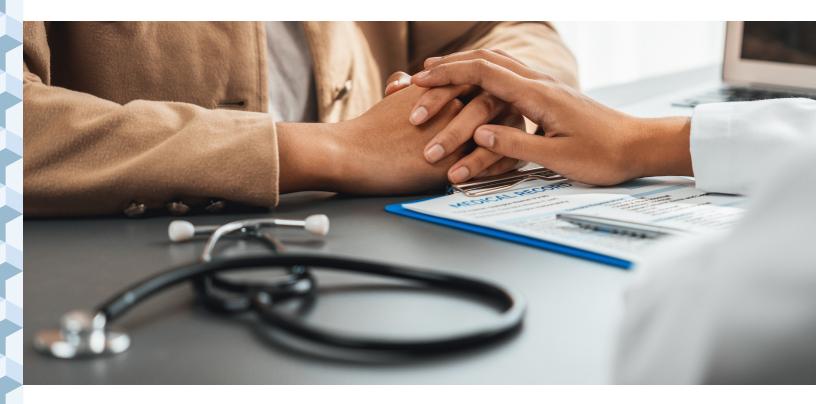
© April 2025 by the Regents of the University of California, Los Angeles. All rights reserved. Printed in the United States.

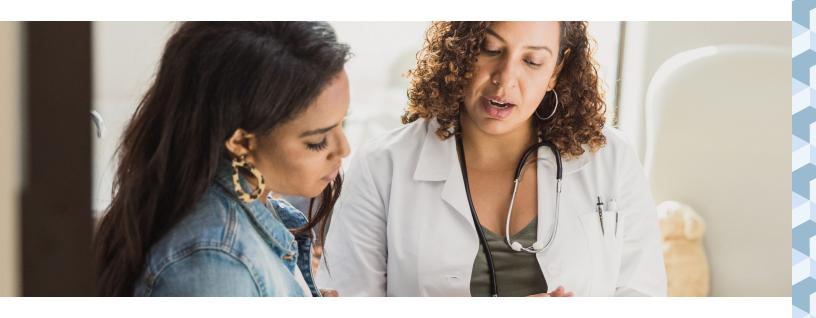
Introduction

Medicaid is a federal program jointly administered and financed with state governments that provides health care coverage for children, low-income individuals, older adults in need of long-term care, and individuals with disabilities. Medi-Cal, California's state Medicaid program, serves over 14 million people and provides health care coverage to about one-third of the state population.¹ While Medicaid is a federally funded program, states are given the flexibility to extend coverage to certain optional groups. For example, California is one of 41 states² that have expanded the income eligibility to 138% of the Federal Poverty Level (FPL) under the Affordable Care Act (ACA). Additionally, using state funds, California expanded Medi-Cal to cover certain qualifying low-income individuals regardless of immigration status.³

In 2023, the federal government provided \$90 billion in funding for Medi-Cal, which made up two-thirds (67%) of the program's funding.⁴ With looming threats of federal Medicaid cuts, California could be forced to impose work requirements,⁵ restrict eligibility, and roll back critical benefits, such as dental, vision, and other preventive services, putting millions at risk.⁶ Cuts would affect 43% of all children younger than 18, 23% of working-age adults (ages 18 to 64), 22% of seniors, and disproportionately affect Latino enrollees.⁷

Using enrollment data from California's Department of Health Care Services, demographic data from the Census Bureau's American Community Survey, and health outcome data from the California Health Interview Survey, this data brief provides key facts on Medi-Cal beneficiaries and underscores the broader community and economic implications of reductions to Medicaid funding.





Key Findings



Key finding 1. Cuts to Medi-Cal would disproportionately harm Latino communities.

More than half (52%) of Medi-Cal enrollees in California are Latino (Figure 1), notably greater than the Latino share of the total state population (40%). The share of Latino enrollees is also 36 percentage points greater than that of white enrollees (16%), the second-largest racial group enrolled in Medi-Cal.

Figure 1. Medi-Cal Enrollees in California by Race and Ethnicity, August 2024

Racial/Ethnic Group	Enrollees	Share of Total Enrollees
Latino	7,437,941	51.6%
White	2,294,326	15.9%
Asian or Pacific Islander	1,347,341	9.4%
Black	984,106	6.8%
American Indian/Alaskan Native	48,657	0.3%
Not Reported	2,293,609	15.9%
Total	14,405,980	100.0%

Note: Non-Latino groups only include non-Hispanic individuals.

Source: LPPI analysis of the California Department of Health Care Services Medi-Cal Certified Eligibles Data by Month with Demographics, August 2024.

2

Key finding 2. Latino Medi-Cal beneficiaries participate in the labor force at higher rates than other racial and ethnic groups, however, a Medicaid work requirement could lead to millions losing coverage (see Figure 2).

Around 63% of Latino working-age (18-64) California Medi-Cal enrollees participate in the labor force, meaning they are either employed or job hunting, compared to 55% of white enrollees and 60% of Asian or Pacific Islanders (AAPI) enrollees. However, this still indicates that work requirements for Medicaid could result in 2.3 million or 40% of all current enrollees losing coverage, and over half of these individuals are Latino. Research shows that work requirements do not meaningfully increase employment or earnings.¹⁰ Instead, they take vital resources away from families by adding unnecessary paperwork burdens, and are tied to deeper levels of poverty.¹¹

Figure 2. Labor Force Participation Rates among Civilian Working-Age (18-64) Medi-Cal Beneficiaries by Race and Ethnicity, 2023

Racial/Ethnic Groups	In the Labor Force	Labor Force Participation	Not in the Labor Force	Share Not in the Labor Force
Latino	1,953,000	63.1%	1,139,000	36.9%
White	681,000	54.9%	560,000	45.1%
Asian or Pacific Islander	390,000	60.3%	257,000	39.7%
Black	205,000	49.4%	210,000	50.6%
Native American	9,000	44.7%	11,000	55.3%
Multiracial	20,000	58.9%	14,000	41.1%
Other	116,000	59.6%	79,000	40.4%
Total	3,372,000	59.8%	2,269,000	40.2%

Note: Data reflect civilian workers ages 18 to 64 who self-reported Medicaid coverage. Non-Latino groups only include non-Hispanic individuals. Estimates are rounded to the nearest 1,000. Data on Medi-Cal enrollment from the American Community Survey tend to be lower than the administrative source.



Key finding 3. A Medicaid work requirement would disproportionately impact U.S.-born beneficiaries, who have lower labor force participation rates than immigrant enrollees across all racial and ethnic groups.

Among naturalized citizens, multiracial individuals have the highest rates of labor force participation (72%), followed by Latinos (63%). Furthermore, noncitizen Latino beneficiaries have the highest rate of labor force participation (66%) compared to other racial and ethnic groups.

Figure 3. Labor Force Participation among Civilian Working-Age (18-64) Medi-Cal Beneficiaries by Race, Ethnicity, and Citizenship, 2023

Racial/Ethnic Groups	U.S. Born	Naturalized Citizens	Noncitizens
Latino	61.4%	63.7%	66.3%
White	54.1%	61.0%	56.2%
Asian or Pacific Islander	57.2%	60.9%	63.1%
Black	48.9%	55.7%	61.9%
Multiracial	59.1%	72.2%	42.7%
Total	57.5%	62.2%	65.1%

Notes: Data reflect civilian workers ages 18 to 64 who self-reported Medicaid coverage. Non-Latino groups only include non-Hispanic individuals. Data for "Native American" and "Other" race individuals who are naturalized citizens or noncitizens are unavailable due to small sample sizes. Data for noncitizens includes individuals residing in the U.S. who were not U.S. citizens at birth and were not naturalized U.S. citizens at the time of the survey. Data on Medi-Cal enrollment from the American Community Survey tend to be lower than the administrative source.





Key finding 4. Over 1.4 million Latinos enrolled in Medi-Cal are employed in high-need industries essential to the state's economy.

The top five industries with the largest share of Latino enrollees are: hospitality (16%), health care (15%), retail (14%), professional (11%), and construction (9%; see Figure 4). These workers often are in low-wage positions with variable hours and lack access to employer-sponsored insurance, making Medi-Cal a critical source of coverage for these industries.¹²

Figure 4. Employed Latino Civilian Working-Age (18-64) Medi-Cal Beneficiaries by Industry, 2023

Industry	Employed Latino Enrollees	Share of Total Latino Employeed Enrollees
Arts, Entertainment, and Hospitality	225,000	15.6%
Education, Health, and Social Services	218,000	15.1%
Retail Trade	202,000	14.0%
Professional, Management, and Administrative Services	160,000	11.1%
Construction	136,000	9.4%
Other Services	106,000	7.4%
Manufacturing	101,000	7.0%
Transportation, Warehousing, and Utilities	93,000	6.5%
Agriculture and Related Fields	91,000	6.3%
Wholesale Trade	36,000	2.5%
Finance, Insurance, and Real Estate	34,000	2.4%
Public Administration	27,000	1.9%
Information	12,000	0.8%
Total	1,441,000	

Notes: Data reflect employed Latino civilian workers ages 18 to 64 who self-reported Medicaid coverage. Estimates are rounded to the nearest 1,000. Data on Medi-Cal enrollment from the American Community Survey tend to be lower than the administrative source.





Key finding 5. Medi-Cal is a lifeline for our children and youth, especially for Latino families.

Among Latino enrollees, 38% are children (ages 0-18), four percentage points higher than the total share of child enrollees across the state (34%; see Figure 5). The median age of Latino beneficiaries is 25 years old, compared to 49 years of white enrollees, 46 years of AAPI enrollees, and 39 years of Black enrollees, ¹³ making the program critical to the health and development of California Latino youth and young adults. Lastly, Medi-Cal plays a crucial role in maternal health, covering 39% of all births in the state.¹⁴

Figure 5. Share of Children (0-18) Enrolled in Medi-Cal by Race and Ethnicity, August 2024

Racial/Ethnic Groups	Children Enrollees	Children Share of Total Enrollees
Latino	2,839,340	38%
White	540,161	24%
Asian	282,953	21%
Black	301,698	31%
American Indian/Alaskan Native	13,284	27%
Not Reported	860,362	38%
Total	4,837,798	34%

Note: Non-Latino groups only include non-Hispanic individuals.

Source: LPPI analysis of the California Department of Health Care Services Medi-Cal Certified Eligibles Data by Month with Demographics, August 2024.

Key finding 6. Medi-Cal is vital for aging with dignity, regardless of race or income.

Medicare does not cover most long-term care services, such as extended stays in nursing homes or home-based caregiving that helps preserve autonomy and quality of life. For many low-income seniors, Medi-Cal is the only way to afford this crucial long-term care that helps them age with dignity. Among seniors with Medi-Cal coverage, about 1.4 million were also covered by Medicare, and almost 451,000 are Latino (Figure 6). More than a third (35%) of Latino seniors with Medicare are also covered by Medi-Cal, a rate equivalent to AAPI, Black, and Native American seniors, albeit much higher than white seniors.

Figure 6. Share of Medi-Cal and Medicare Dual Enrollees (Ages 65 and over) in California by Race and Ethnicity, 2023

Racial/Ethnic Groups	Medi-Cal/MediCare Dual Enrollees	Medicare Enrollees	Share of Medicare Enrollees with Medi-Cal
Latino	451,000	1,296,000	35%
White	447,000	3,126,000	14%
Asian or Pacific Islander	341,000	1,010,000	34%
Black	90,000	292,000	31%
Native American	5,000	17,000	31%
Multiracial	4,000	24,000	17%
Other	29,000	135,000	21%
Total	1,368,000	5,901,000	23%

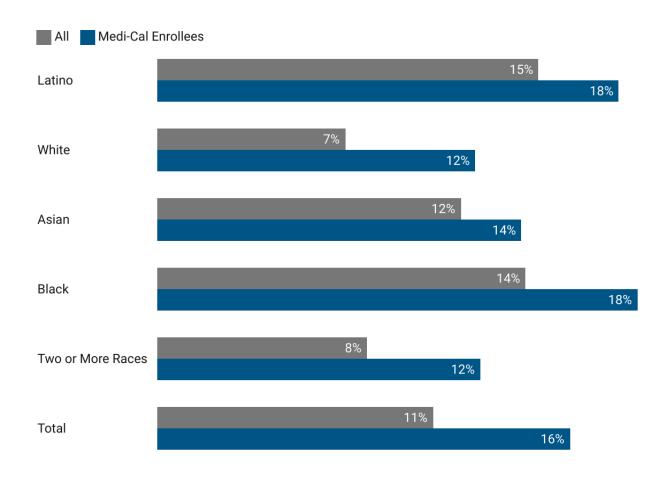
Notes: Non-Latino groups only include non-Hispanic individuals. Estimates are rounded to the nearest 1,000. Data on Medi-Cal enrollment from the American Community Survey tend to be lower than the administrative source.



Key finding 7. Medi-Cal provides a crucial and consistent source of health care for adults managing chronic health conditions, regardless of race or ethnicity.

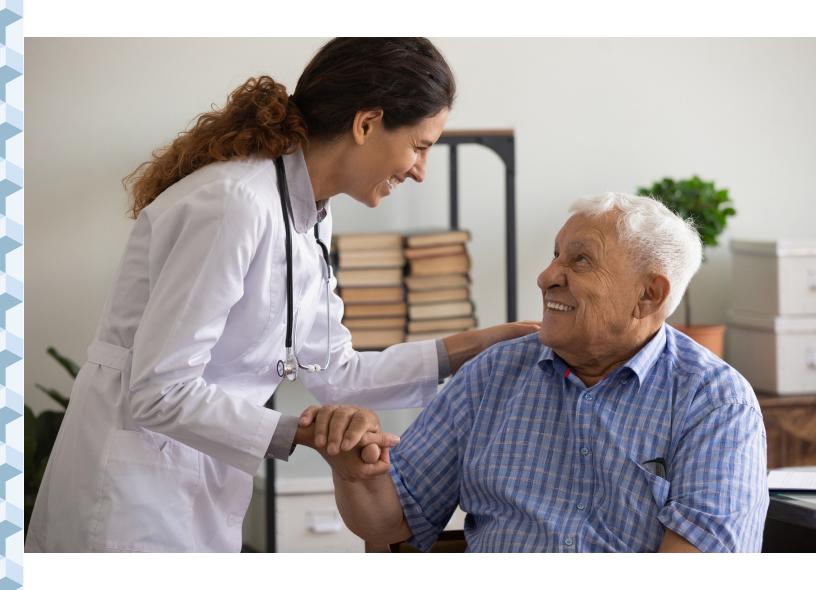
Medi-Cal is especially important in the management of diabetes and other chronic conditions among low-income adults, as they are disproportionately affected by the disease and are more likely to develop diabetes-related complications.¹⁵ About 16% of all adult (ages 18 and older) enrollees have been diagnosed with diabetes compared to 11% of the general population (Figure 7). Latino and Black enrollees also experience the highest rates of diabetes (18%) compared to other racial and ethnic groups.

Figure 7. Age-Adjusted Prevalence of Diabetes among California Adults (18+) by Race and Ethnicity, 2023



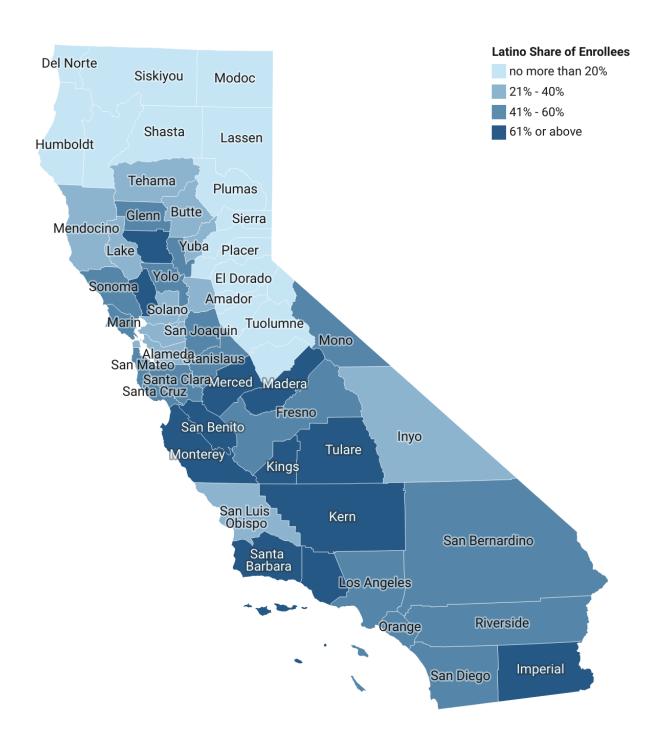
Notes: This question was only asked of adults ages 18 and older. Non-Latino groups only include non-Hispanic individuals. To calculate age-adjusted rates, we used the statewide age distribution from the American Community Survey 2023 5-year Estimates as the standardized

Source: LPPI analysis of AskCHIS 2019-2023, Ever diagnosed with diabetes (California), and the Census Bureau's American Community Survey 2023 5-year Estimates.



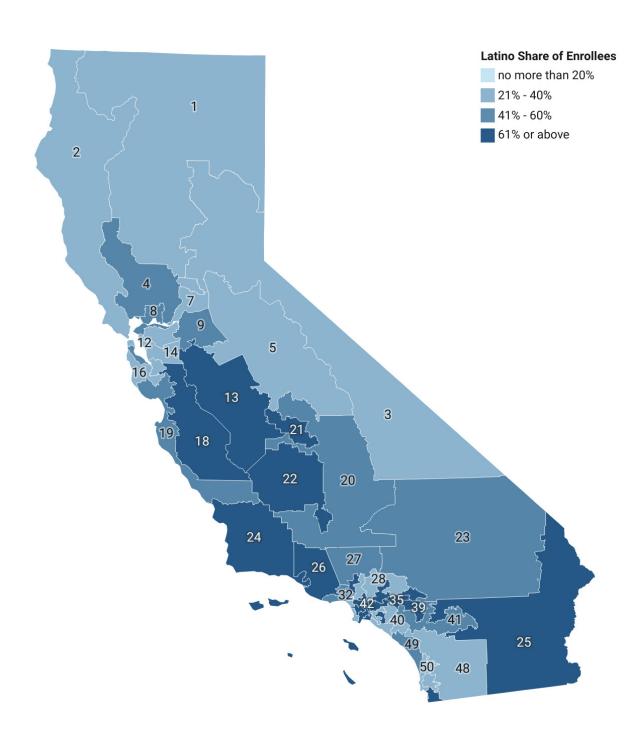
- Key finding 8. Cuts to Medicaid would disproportionately impact not only the counties and congressional districts with large Latino working-class populations but also those that are politically and economically pivotal to California's future.
 - Los Angeles County alone has 2.4 million Latino Medi-Cal beneficiaries. Latino enrollees represent 60% of all Medi-Cal enrollees in the county. LA County spans 17 congressional districts, including CA-29, CA-34, and CA-42.¹⁶
 - 2. The Inland Empire (Riverside and San Bernardino Counties) serves over 1.1 million Latino Medi-Cal recipients in districts like CA-25 and CA-35.
 - 3. Central Valley counties—Fresno, Kern, and Tulare—have the highest Latino enrollment shares, up to 73%, overlapping with agricultural districts CA-20, CA-21, and CA-22.
 - 4. Santa Clara and Alameda Counties together serve nearly 375,000 Latino enrollees, concentrated in innovation regions like CA-16, CA-17, and CA-18.
 - 5. Orange and San Diego Counties account for over 900,000 Latino enrollees combined, affecting suburban districts like CA-45, CA-46, CA-49, and CA-52.

Figure 8. Latino Share of Medi-Cal Beneficiaries by County, August 2024



Source: LPPI analysis of the California Department of Health Care Services Medi-Cal Certified Eligibles Data by Month with Demographics, August 2024.

Figure 9. Latino Share of Medi-Cal Beneficiaries by Congressional District, 2023



Source: LPPI analysis of data from the Census Bureau's American Community Survey 2023 5-year Estimates. The congressional district allocation is generated using the Geocorr 2022 from Census blocks to Public Use Microdata areas (PUMA) and Census blocks to the 119th Congressional Districts from the Missouri Census Data Center while controlling for the number of Latino/non-Latinos by congressional districts based on Census Bureau estimates.

Appendix

Appendix 1. Data Sources and Methodology

This brief draws on multiple data sources to analyze the impacts of cutting federal funding for Medi-Cal and examine the characteristics of Latino beneficiaries:

- Enrollment data were drawn from California's Department of Health Care Services' Medi-Cal Certified Eligibles Data by Month with Demographics resource. Enrollment data represent certified eligible counts or beneficiaries deemed qualified for Medi-Cal and who are enrolled in the program.¹⁷ Enrollment data are reported on a monthly basis. We analyze and present for August 2024, the most recent month for which data are publicly available.
- Data on labor force participation, employment, Medicare dual enrollees, and congressional district-level
 Medi-Cal coverage were derived from the Census Bureau's American Community Survey (ACS) 2023 1-year
 and 5-year Estimates.
- Data on the prevalence of diabetes were obtained from the California Health Interview Survey (CHIS) from 2019 to 2023. We report age-adjusted estimates for rates of diabetes to account for the effects of age differences on health outcomes. To calculate age-adjusted rates, we used the statewide age distribution from the 2023 5-Year ACS as the standardized population.



Appendix 2. Table 1. Latino Share of Medi-Cal Beneficiaries by County, August 2024

County	Total Enrollees	Latino Enrollees	Latino Share of Enrollees	County	Total Enrollees	Latino Enrollees	Latino Share of Enrollees
Alameda	488,233	162,199	33%	Orange	986,227	468,608	48%
Alpine	244	0	0%	Placer	79,092	15,719	20%
Amador	9,095	1,307	14%	Plumas	5,880	853	15%
Butte	84,709	18,617	22%	Riverside	995,532	560,718	56%
Calaveras	13,615	2,192	16%	Sacramento	633,991	154,150	24%
Colusa	10,357	7,440	72%	San Benito	20,756	15,596	75%
Contra Costa	322,800	125,447	39%	San Bernardino	956,195	551,494	58%
Del Norte	12,420	1,797	14%	San Diego	1,013,225	441,470	44%
El Dorado	41,091	8,075	20%	San Francisco	245,541	59,418	24%
Fresno	529,740	299,174	56%	San Joaquin	309,694	146,452	47%
Glenn	13,280	7,292	55%	San Luis Obispo	66,462	23,062	35%
Humboldt	58,783	8,661	15%	San Mateo	163,380	83,269	51%
Imperial	98,261	86,633	88%	Santa Barbara	174,338	111,547	64%
Inyo	5,319	1,693	32%	Santa Clara	449,409	211,515	47%
Kern	473,178	295,825	63%	Santa Cruz	80,419	43,191	54%
Kings	66,159	44,444	67%	Shasta	67,626	8,128	12%
Lake	34,403	10,736	31%	Sierra	779	97	12%
Lassen	8,928	1,068	12%	Siskiyou	18,406	2,634	14%
Los Angeles	3,989,480	2,381,593	60%	Solano	143,944	56,363	39%
Madera	82,060	54,972	67%	Sonoma	138,957	60,357	43%
Marin	54,288	31,118	57%	Stanislaus	253,410	135,838	54%
Mariposa	5,867	1,035	18%	Sutter	44,780	18,243	41%
Mendocino	41,891	14,110	34%	Tehama	30,407	10,871	36%
Merced	148,991	105,471	71%	Trinity	5,556	315	6%
Modoc	3,637	645	18%	Tulare	295,048	214,218	73%
Mono	3,216	1,615	50%	Tuolumne	14,990	1,855	12%
Monterey	193,240	148,361	77%	Ventura	258,158	156,343	61%
Napa	34,699	21,379	62%	Yolo	59,080	25,950	44%
Nevada	28,591	4,103	14%	Yuba	38,123	12,665	33%

Source: LPPI analysis of the California Department of Health Care Services Medi-Cal Certified Eligibles Data by Month with Demographics, August 2024.

Appendix 3. Table 2. Latino Share of Medi-Cal Beneficiaries by the 119th Congressional District, 2023

Congressional District	Representative	Latino Enrollees*	Total Enrollees*	Latino Share of Total Enrollees	Congressional District	Representative	Latino Enrollees*	Total Enrollees*	Latino Share of Total Enrollees
1	Doug LaMalfa	74K	243K	30%	27	George Whitesides	106K	191K	55%
2	Jared Huffman	58K	176K	33%	28	Judy Chu	59K	169K	35%
3	Kevin Kiley	29K	133K	22%	29	Luz Rivas	201K	275K	73%
4	Mike Thompson	76K	168K	45%	30	Laura Friedman	65K	202K	32%
5	Tom McClintock	76K	202K	38%	31	Gilbert Cisneros	152K	219K	69%
6	Ami Bera	63K	229K	27%	32	Brad Sherman	67K	157K	43%
7	Doris Matsui	71K	219K	32%	33	Pete Aguilar	184K	265K	70%
8	John Garamendi	89K	196K	45%	34	Jimmy Gomez	216K	287K	75%
9	Josh Harder	131K	248K	53%	35	Norma Torres	166K	224K	74%
10	Mark DeSaulnier	34K	106K	33%	36	Ted Lieu	28K	91K	30%
11	Nancy Pelosi	30K	132K	22%	37	Sydney Kamlager	212K	312K	68%
12	Lateefah Simon	58K	171K	34%	38	Linda Sánchez	118K	178K	66%
13	Adam Gray	243K	319K	76%	39	Mark Takano	166K	236K	70%
14	Eric Swalwell	52K	131K	39%	40	Young Kim	46K	114K	40%
15	Kevin Mullin	55K	125K	44%	41	Ken Calvert	101K	194K	52%
16	Sam Liccardo	41K	108K	38%	42	Robert Garcia	204K	264K	77%
17	Ro Khanna	32K	104K	30%	43	Maxine Waters	194K	289K	67%
18	Zoe Lofgren	188K	233K	81%	44	Nanette Barragán	182K	253K	72%
19	Jimmy Panetta	55K	131K	42%	45	Derek Tran	72K	186K	39%
20	Vince Fong	108K	241K	45%	46	Lou Correa	183K	248K	74%
21	Jim Costa	257K	353K	73%	47	Dave Min	33K	116K	28%
22	David G. Valadao	295K	368K	80%	48	Darrell Issa	64K	157K	41%
23	Jay Obernolte	139K	271K	51%	49	Mike Levin	47K	100K	47%
24	Salud Carbajal	111K	179K	62%	50	Scott Peters	44K	109K	41%
25	Raul Ruiz	242K	309K	78%	51	Sara Jacobs	52K	150K	35%
26	Julia Brownley	111K	162K	68%	52	Juan Vargas	138K	202K	68%

Note: Data on Medi-Cal enrollment from the American Community Survey tend to be lower than the administrative source.

Source: LPPI analysis of data from the Census Bureau's American Community Survey 2023 5-year Estimates. The congressional district allocation is generated using the Geocorr 2022 from Census blocks to Public Use Microdata areas (PUMA) and Census blocks to the 119th Congressional Districts from the Missouri Census Data Center while controlling for the number of Latino/non-Latinos by congressional districts based on Census Bureau estimates.

Endnotes

- ¹ Legislative Analyst's Office, The California Legislature's Nonpartisan Fiscal and Policy Advisor, "The 2024-25 Budget: Medi-Cal Fiscal Outlook," (December, 2023), <u>available online</u>.
- ² Kaiser Family Foundation (KFF), "Status of Medicaid Expansion Decisions," April 17, 2025, <u>available online</u>.
- ³ California Health Care Foundation (CHCF), "Medi-Cal Fast Facts and Figures: Essential Source of Coverage for Millions," (June 2024), available online.
- ⁴ LPPI calculations based on the National Association of State Budget Officers State Expenditure data, available online.
- ⁵ Elizabeth Hinton and Robin Rudowitz, "5 Key Facts About Medicaid Work Requirements," KFF, February 18, 2025, available online.
- ⁶ Liz Seegert, "Looming budget cuts: What to know when covering Medicaid for older adults," *Association of Health Care Journalists*, April 3, 2025, available online.
- ⁷ LPPI analysis of data from the Census Bureau's American Community Survey 2023 1-year Estimates.
- ⁸ For data and technical information, see Appendix 1.
- ⁹ Latino Data Hub, "Percent of the Total Population in California, 2022," Accessed April 16, 2025, available online.
- ¹⁰ Congressional Budget Office, "Estimate of the Budgetary Effects of H.R. 2811, the Limit, Save, Grow Act of 2023," April 25, 2023, available online.
- ¹¹ Alissa Anderson, Adriana Ramos-Yamamoto, and Monica Saucedo, "Paperwork Over People: Why Republican "Work Requirements" Fail Families," California Budget & Policy Center, March 2025, <u>available online</u>.
- ¹² Akeiisa Coleman and Sara Federman, "Work Requirements for Medicaid Enrollees," The Common Wealth Fund, January 14, 2025, <u>available online</u>.
- ¹³ LPPI analysis of data from the Census Bureau's American Community Survey 2023 1-year Estimates.
- ¹⁴ CHCF, "Medi-Cal Facts and Figures: Essential Source of Coverage for Millions."
- ¹⁵ Boon Peng Ng, Sundar S. Shrestha, Andrew Lanza, Bryce Smith, Ping Zhang, "Medical Expenditures Associated With Diabetes Among Adult Medicaid Enrollees in Eight States," Centers for Disease Control and Prevention (CDC), September 27, 2018, available online.
- ¹⁶ Secretary of State, "Political Subdivisions by County," Elections Division California Official Statewide Voter Registration System (VoteCal), March 5, 2024, available online.
- ¹⁷ Department of Health Care Services, "Fast Facts," Accessed April 16, 2025, available online.
- ¹⁸ Missouri Department of Health and Senior Services, "Age-Adjusted Rate Definitions," *Accessed April 16, 2025,* available online.



UCLA Latino Policy & Politics Institute