

California Immigrants Weigh Health Coverage Against Deportation Risk

To close a projected \$12 billion deficit, the state budget will end new Medicaid enrollment for adults without legal status.

July 7, 2025 By Claudia Boyd-Barrett and KFF Health News

For months, Maria, 55, a caregiver to older adults in California's Orange County, has been trying not to smile.

If she opens her mouth too wide, she worries, people will see her chipped, plaque-covered front teeth. An immigrant without legal status, Maria doesn't have health or dental insurance. When her teeth start to throb, she swallows pain pills. Last summer, a dentist said it would cost \$2,400 to fix her teeth. That's more than she can afford.

"It's so expensive," said Maria, who often works 12-hour days lifting clients in and out of bed and helping them with hygiene, medication management, and housework. "I need money for my kids, for my rent, for transport, for food. Sometimes, there's nothing left for me."

KFF Health News connected with Maria through an advocacy organization for immigrant workers. Fearing deportation, she asked that only her first name be used.

Maria is among what the federal government estimates are [2.6 million immigrants](#) living in California without legal status. The state had gradually sought to bring these immigrants into its Medicaid program, known as Medi-Cal. But now, facing a state enrollment freeze, low-income California residents in the U.S. without legal permission — along with the providers and community workers that help them — are anxiously weighing the benefits of pushing forward with Medi-Cal applications against the risks of discovery and deportation by the federal government.

Seeking to close a projected \$12 billion budget deficit, California Gov. Gavin Newsom, a Democrat, signed a balanced state budget on June 27 that will end new Medi-Cal enrollment in January 2026 for those over 19 without legal status.

Meanwhile, federal immigration raids — which appear to have targeted [at least one health clinic](#) in the state — are already making some people afraid to seek medical care, say immigrant advocates and health providers. And the recent news that Trump administration officials are [sharing Medicaid enrollee data](#), including immigration status, with deportation authorities is

expected to further erode trust in the program.

U.S. Department of Health and Human Services spokesperson Andrew Nixon said the agency, which oversees the Centers for Medicare & Medicaid Services, had the legal authority to share the data to address “unprecedented systemic neglect under the Biden-Harris administration that allowed illegal immigrants to exploit Medicaid while millions of Americans struggle to access care, particularly in states like California.”

Further complicating matters, the Trump administration has [threatened to withhold funds](#) from states that provide health coverage to people without legal status. Currently, about 1.6 million people in the country without authorization are enrolled in Medi-Cal.

In 2016, California began opening Medi-Cal to low-income people lacking legal status, starting with children, then gradually expanded it to young people, older adults, and — in January 2024 — those ages 26 to 49. The state Department of Health Care Services, which oversees Medi-Cal, [partnered with community health clinics](#) to help get eligible people enrolled.

It’s too early to tell what impact the latest state and federal developments are having on enrollment numbers, since data is available only through March. But many health care providers and advocates said they expect a chilling effect on immigrant enrollment.

Seciah Aquino is executive director of the Latino Coalition for a Healthy California, which supports community health workers — also called promotores — who help spread awareness about Medi-Cal’s expansion to adults lacking legal status. Just over half of [public health insurance recipients in California](#) are Latino, compared with just [30% of Medicaid enrollees nationwide](#).

Aquino said her coalition will tell promotores to disclose data-sharing risks so community members can make informed decisions.

“They take it very personally that advice that they provided to a fellow community member could now hurt them,” Aquino said.

Newsom condemned the data sharing, calling the move “legally dubious,” while U.S. Sens. Adam Schiff and Alex Padilla, both Democrats, [have demanded](#) that the Department of Homeland Security destroy any data shared.

California’s Department of Health Care Services announced June 13 that it is seeking more information from the federal government. The [agency said](#) it submitted monthly reports to CMS with demographic and eligibility information, including name and address, as required by law.

Medicaid enrollee data from Illinois, Washington state, and Washington, D.C., was also reportedly shared with DHS. Jamie Munks, a spokesperson for the Illinois Department of Healthcare and Family Services, the state’s Medicaid agency, said the department was “deeply concerned” by the news and that the data was regularly passed along to CMS with the understanding that it was protected.

In Sacramento, Democratic lawmakers found themselves in the uncomfortable position of rolling back health benefits for low-income residents with unsatisfactory immigration status, including people without legal status, people who've held green cards for under five years, and some others who are in the process of applying for legal status or have statuses meant to protect them from deportation. In addition to the Medi-Cal enrollment freeze for immigrants 19 and older in the country without authorization, all enrolled residents with unsatisfactory immigration status from 19 to 59 years old will be charged \$30 monthly premiums starting in July 2027.

"What I'm hearing on the ground is folks are telling me they're going to have a really hard time making these premium payments," said Carlos Alarcon, health and public benefits policy analyst with the California Immigrant Policy Center, an advocacy group. "The reality is most people already have limited budgets."

The legislature rejected a proposal from the governor to bar immigrants with unsatisfactory immigration status from receiving long-term nursing home and in-home care through Medi-Cal but went along with eliminating dental benefits starting in July 2026.

Health care providers said that without Medi-Cal coverage, many immigrants will be forced to seek emergency care, which is more expensive for taxpayers than preventive and primary-level care. Sepideh Taghvaei, chief dental officer at Santa Cruz County's Dientes Community Dental Care, saw this play out in 2009 when the [state cut adult Medi-Cal dental](#) benefits. Patients came in with swollen faces and excruciating pain, with conditions so advanced that they required hospital treatment. "It's not cost-effective," she said.

State Sen. Roger Niello, a Republican who serves as vice chair of the Senate budget committee, said he believes California shouldn't be funding Medi-Cal for people who lack legal status, particularly given the state's fiscal challenges. He also said he worries that coverage of people in the country without authorization could encourage others to move to California.

"If we maintain that expense to the noncitizen," he said, "we're going to have to cut someplace else, and that's undoubtedly going to affect citizens."

Californians, too, are going through a change of heart. In a May poll conducted by the Public Policy Institute of California, [58% of adults](#) opposed the benefit.

For Maria, shifting health care policies have left her feeling paralyzed. Since she arrived here five years ago, the caregiver's focus has been on earning money to support her three children, whom she left with her parents in her home country, she said.

Maria didn't learn she might be eligible for Medi-Cal until earlier this year and hadn't yet found time to complete the paperwork. After a friend told her that the state could freeze enrollment in January, she began rushing to finish the sign-up process. But then she learned that Medi-Cal data had been shared with immigration authorities.

"Disappointed and scared" was how she described her reaction.

Suddenly, she said, enrolling in Medi-Cal doesn't seem like a good idea.

Phil Galewitz and Bram Sable-Smith contributed to this report.

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