



STATE OF THE STATE OF HEALTHCARE IN 2026:

How will California Adapt to
Budget Challenges and
Federal Changes?

Presented by:

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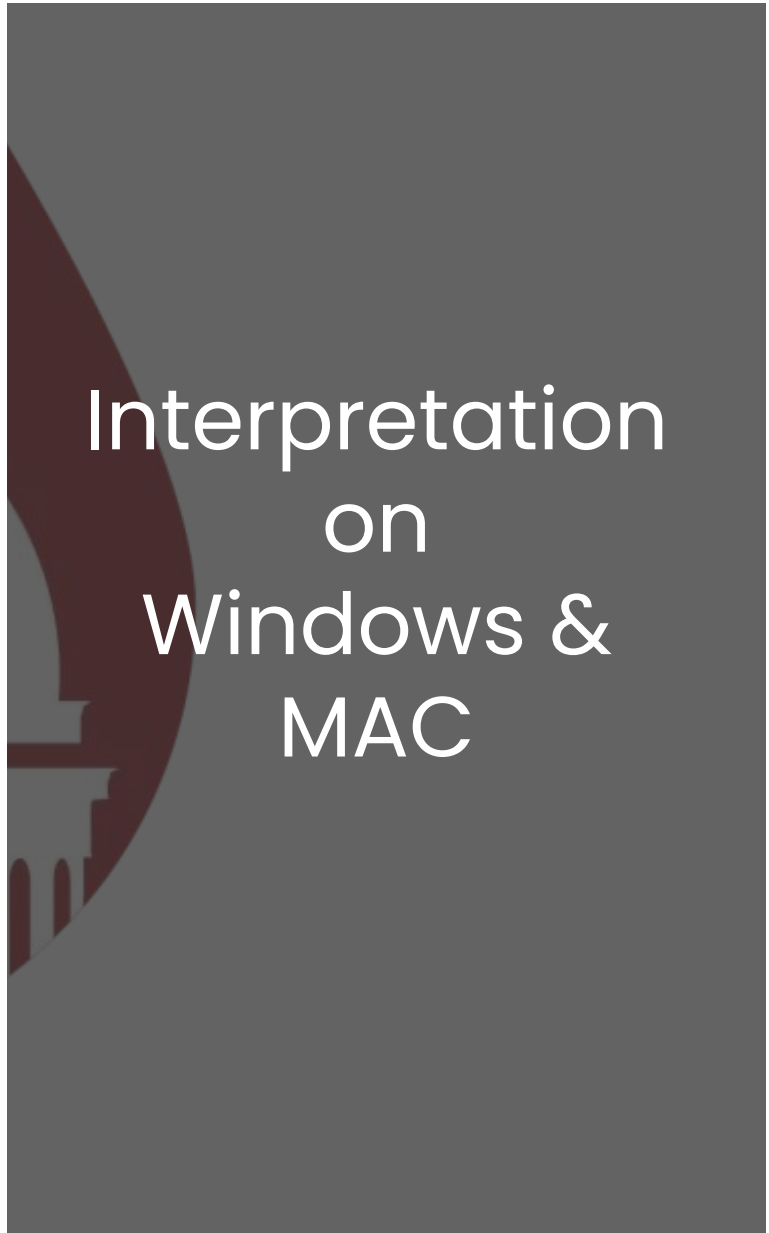
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HOUSEKEEPING IN 30 SECONDS

Use chat!

Introduce yourself, make comments or ask questions in **the chat**.

Disclaimer

Neither the Bleeding Disorders Council of California nor any of our speakers are providing medical advice or legal counsel.

Please Mute

Please **MUTE** your phone or computer until Q&A. Use *6 on your phone.

Recording

This presentation is being recorded. It will be available via our website and our YouTube channel at **@bdcouncilca** at a later date.



WHAT IS THE BLEEDING DISORDERS COUNCIL OF CALIFORNIA (BDCC)?



Our Beginning

BDCC is a 501(c)3 nonprofit organization formed in 1985 to coordinate the shared advocacy agenda of the five California bleeding disorders organizations.



Our Focus

BDCC coordinates statewide access, education and advocacy efforts on behalf of individuals living with bleeding disorders and rare or chronic conditions.



Our Advocacy

BDCC advocates to protect access to care, promote progressive treatment options and advance the quality of life for these individuals, families and caregivers.

FEDERAL UPDATES –

- IMPLEMENTATION OF HR 1
- HELP COPAYS ACT
- PROTECTION FOR DIVISION OF BLOOD DISORDERS & OTHER FEDERAL RESOURCES
- PARTNERSHIP WITH NATIONAL BLEEDING DISORDERS FOUNDATION, HEMOPHILIA FEDERATION OF AMERICA AND OTHER RARE DISEASE GROUPS



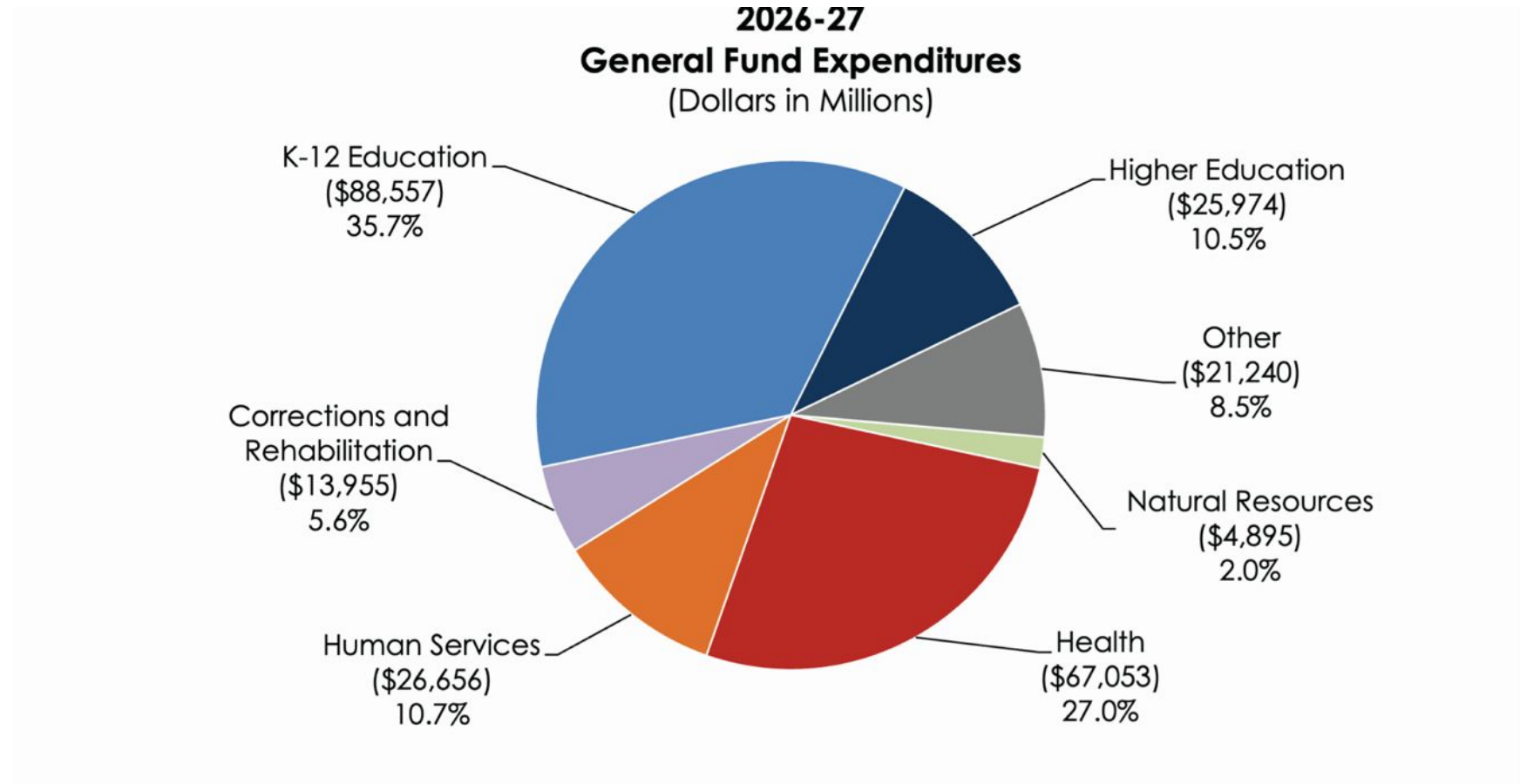
STATE UPDATES –

California State Budget Legislative Proposals



What is in the newly proposed State Budget?

- The 2026-27 Governor's Budget proposal:
 - **Spends** \$248.3 billion General Fund
 - **Projects** \$42.3 billion in additional revenue compared to projections made last June in the enacted budget.
 - **Maintains** previous state-level cuts to programs that expanded health care access but does not propose additional cuts.
 - **Addresses** the more than \$20 billion projected deficit for 2027-28.
 - **Reserves** \$23 billion by the end of 2026-27
 - **Does not** propose any significant new investments or tax solutions to address federal cuts to health care and food assistance as a result of HRI, which will result in a loss of \$1.4 billion in 2026-27.



Source: [Summary Charts - 2026-27 Summary](#)

What does the nonpartisan fiscal analyst, the Legislative Analyst's Office, say about the Governor's proposed budget?

Executive Summary

Governor's Budget Roughly Balanced on Higher Revenues. The administration projects the budget faces a roughly \$3 billion deficit. This is lower than our November *Fiscal Outlook* estimate of an \$18 billion deficit, for two offsetting reasons. First, and most importantly, the administration's revenue estimate is considerably higher than ours because it does not incorporate the strong risk of a stock market downturn. Second, however, these higher revenues are offset by higher spending under the administration's assumptions and estimates.

Stock Market Poses Serious Risk to Revenues. Several historically reliable signs suggest the stock market is overheated and at high risk of reversing course into a downturn in the next year or so. Should a stock market downturn occur, income tax revenues would fall considerably. These risks are severe enough that not incorporating them into this year's budget, as the Governor proposes, would put the state on precarious footing. Further amplifying this precariousness, even under the administration's more optimistic revenues, the budget is only roughly balanced in the near term.

Multiyear Budget Deficits Alarming. Both our office and the administration expect the state to face multiyear deficits, with estimates ranging from \$20 billion to \$35 billion annually. These deficits are concerning for three reasons. First, after four years of projected deficits and a cumulative total of \$125 billion in budget problems solved so far, the state's negative fiscal situation is now chronic. Second, structural deficits have grown—our November outlook is the most negative forecast of the budget's position since the pandemic. Finally, deficits have persisted even as the state's economy and revenues have grown, underscoring that the problem is structural rather than cyclical. Taken together, these trends raise serious concerns about the state's fiscal sustainability.

Medi-Cal in the Budget: No Major Cuts Proposed But Increased Projected Expenditures

- **Provides \$196.7 billion** (\$46.4 billion General Fund) in 2025-26 and \$222.4 billion (\$48.8 billion General Fund) in 2026-27
- **Projects enrollment of 14.5 million members** in 2025-26 and 14 million members in 2026-27
- **Projects an increase in Medi-Cal expenditures of approximately \$2.4 billion General Fund**, driven by the Medical Provider Interim Payment loan ending in 2025-26 and a decrease in **Managed Care Organization (MCO) Tax revenue**.
- **Accounts for a reduction of \$373 million (\$102 million General Fund) in 2026-27 and \$13.1 billion (\$3.6 billion General Fund) by 2029-30**, resulting from the new federal work and community engagement requirements established by H.R.1.
- **Accounts for a reduction of \$463 million (\$74 million General Fund) in 2026-27 and \$3 billion (\$474 million General Fund) by 2029-30 for decreased caseload resulting from the required federal eligibility redetermination frequency** changing from once per year to every six months as established by H.R.1.
- **Estimates \$658 million General Fund in 2026-27 and \$872 million by 2029-30 in General Fund costs due to the federal match reduction from 90 percent to 50 percent** for emergency services for Affordable Care Act adult expansion population members with unsatisfactory immigration status.

Things to keep in mind

The state budget & bill proposals are not final and are negotiated throughout the legislative session!

Your voices are critical to help shape these proposals into policies that benefit and do not harm our community.

Register now for Legislative Day to help advocate!

Medi-Cal Updates & Reminders

- Medi-Cal Redeterminations resumed. Be sure they have your updated contact information on file. Respond to any requests for information in a timely manner.
- Scam alert – it should never cost anything to apply for or renew your Medi-Cal. Contact your treatment center or BDCC if you need assistance.
- Changes for those with unsatisfactory immigration status -

If you currently have Medi-Cal be sure to reply to all renewal notices to keep it active as you won't be able to re-enroll. Most of these changes apply to the adult expansion population.

GHPP & CCS - Reminders

- GHPP provides services for those 21 and over. CCS provides services for those up to age 21. Both are funded by the Governor's proposed budget.
- It is critical that patients research and understand all their coverage options – including private insurance, Covered California, Medi-Cal, GHPP and CCS. Note: Covered California enrollment **ends January 31!**
- We have many resources on our website & YouTube channel, especially regarding GHPP and CCS.
- BDCC is available to assist you in researching your options and understanding what is available.



We are expanding our efforts to build a coalition of rare disease advocates with other rare disease patients and advocacy organizations. Check out www.cararedisease.org for more information.

What BDCC has planned for 2026

- Advocacy & Public Policy Webinar Series
- Advocacy & Access Ambassadors – **Begins on Monday, February 2.**
- NBDF Washington Days – **Registration is closed.**
- Future Leaders – **Registration closes Feb 2.**
- Legislative Day – **Registration closes Feb 17.**
- CA Rare Disease Access Coalition– **Next meeting is Feb 26.**
- Policy News and Action Alerts
- Collaboration with your Local Foundation

ADVOCACY PRIORITIES



BDCC 2026 Advocacy Priorities

Protect Benefits

BDCC will advocate to protect benefits and access to Medi-Cal, CCS and GHPP for all patients with bleeding disorders.

BDCC will also monitor Medi-Cal Rx and CalAIM to ensure we maximize access and benefits for bleeding disorders patients.

All Copays Count

BDCC will work with coalition partners to support efforts to ban the practice of copay accumulator adjusters, where insurance companies won't apply copay assistance to your maximum out of pocket expenses.

March BDA Month

As in years past, BDCC will sponsor a resolution to declare March as Bleeding Disorders Awareness Month and raise awareness about bleeding disorders.

Overview of Upcoming Webinars

- February 25 – Advocating for Yourself and Telling Your Story
- March 18 – Preparing for Legislative Day
- April 22 –
- May 27 –
- August 26 –
- September 23 –
- October 21 –
- November 18 –

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NEED HELP?

Contact **Lynne Kinst** at
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