

Medi-Cal 2030: Person-Centered, Accountable, Sustainable

Background:

Medi-Cal is California's single largest health care program and one of the most consequential public investments in the state's history. Medi-Cal is not a peripheral safety net; it is the primary source of health coverage for low-income families, children, seniors, people with disabilities, and immigrant communities across every county in California. It covers almost half of all births in the state and serves as an essential economic stabilizer helping to keep Californians out of poverty. And yet, despite this scale, Medi-Cal has never fully lived up to its promise of equitable care for all. Decades of research document persistent and preventable disparities in coverage, access, quality, and health outcomes along lines of race, ethnicity, income, language, immigration status, disability, and geography. These are not individual failings but are the product of structural racism and systemic inequities embedded within health care policy, financing, and delivery that Medicaid, by design, must confront.

As we consider the future of Medi-Cal, reform requires more than incremental adjustments; it demands a shared framework of purpose. When a program as complex and consequential as Medi-Cal lacks explicit, equity-centered principles, resources can be misaligned, reforms can be fragmented, and the communities most in need can be left behind, even as spending grows. Realizing these principles will require California to harness technology thoughtfully and on members' terms. Done well, technology is a powerful tool to close the gap between what Medi-Cal promises and what members experience. The principles in this document provide the standard against which every technology investment in Medi-Cal must be evaluated: not whether it is innovative or cost-efficient, but whether it makes it easier for members to access the care they are entitled to, whether it was designed with the people it affects, and whether it protects rather than compromises their rights and dignity.

This document presents eleven principles for transforming Medi-Cal into a program that fully honors its potential as a vehicle to advance health equity. Together, they address the full arc of systemic reform: from who is eligible and how they enroll, to how care is delivered, how the workforce is built, how dollars are spent and by whom, and how Medi-Cal-enrolled members are protected and empowered. The principles that follow are grounded in the conviction that health is a human right and that Medi-Cal, properly designed and fully funded, is one of California's most powerful tools for realizing it. In a moment when federal commitments to Medicaid are under significant threat, these principles are not aspirational, they are essential.

Executive Summary:

A Person-Centered Program

Principle 1: People First

The primary goal of Medi-Cal is to ensure access to health care for every Californian so they may have a decent quality of life regardless of their ability to pay. Medi-Cal must recognize and be intentionally designed to address the unique health care challenges faced by those living in poverty, older adults, children, and people with disabilities, people of color, immigrants, limited-English proficient people, and LGBTQIA+ people.

Principle 2: No Exclusions

All Californians deserve health and health care. Immigration status must not serve as an exclusion from Medi-Cal. Eligibility determinations and processes must be designed to make coverage easier to get and keep.

Principle 3: Remove Discriminatory Barriers to Health and Care

Medi-Cal members must not face discriminatory barriers to health and care, including lack of access to evidence-based treatments, physically inaccessible health care facilities, lack of translation and interpretation services, unlawful discrimination, and cost-sharing requirements. These barriers undermine the program's core mission.

Principle 4: Comprehensive Care from Birth to Death

Medi-Cal must provide medically appropriate and comprehensive health care services that meet the needs of people across their lifespan. This must include the full scope of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children, robust and equitable long-term services and supports that enable full participation in community life for older adults and people with disabilities, and sexual and reproductive health services including family planning, contraception, abortion, and gender affirming care.

An Accountable Program

Principle 5: Public Dollars for Public Good

No person or corporation should excessively profit from Medi-Cal participation. Every dollar should contribute to the health and welfare of Medi-Cal members and be reinvested in the communities most impacted by poverty.

Principle 6: By and For the People

Medi-Cal should be governed by and accountable to those it serves. Governance structures should ensure that those served by the program have real decision-making power over how resources are spent and services are delivered.

Principle 7: Measure What Matters

Data collection, metrics and measurements should be aligned with the needs and priorities of members and other decision makers and should correspond directly to accountability, with meaningful incentives and penalties attached. Metrics should also capture and create accountability for reducing and eliminating racial and ethnic health inequities.

Principle 8: Protect Our Rights

As an entitlement program, Medi-Cal must include important rights and protections under the law for its members. The rights must be accounted for, realized and enforced. Medi-Cal members should be treated with dignity and respect, provided with timely and culturally and linguistically appropriate care, and have access to resources to address concerns.

A Sustainable Program

Principle 9: Unify California's Health Care Systems

A strengthened, consumer-centered Medicaid program should move toward a unified health care delivery system in which a consumer's source of coverage is invisible at the point of care and not determine their access, quality of care, or health outcomes. Consumers should have choice in providers and access to substantially similar provider networks in Medi-Cal as in other health coverage.

Principle 10: Protect Funding from Federal Cuts

California must insulate Medi-Cal against state and federal policy and budget cuts by addressing the need for additional state revenue and containing excessive, profit-driven health care cost growth.

Principle 11: Develop a Workforce That Reflects and Serves Every Community

Medi-Cal is only as strong as the workforce that delivers its care. There is no replacement for human connection in health care. California must ensure that Medi-Cal members have access to a sufficient, stable, and culturally concordant workforce—a workforce that reflects the diversity of the communities it serves and is fairly compensated for the essential work it provides.

Principles and Recommendations

A Person-Centered Program

Principle 1: People First

The primary goal of Medi-Cal is to ensure access to health care for every Californian so they may have a decent quality of life regardless of their ability to pay. Medi-Cal must recognize and be intentionally designed to address the unique health care challenges faced by those living in poverty, older adults and people with disabilities, people of color, immigrants, limited-English proficient people, and LGBTQIA+ people. Our shared humanity demands that all Californians, regardless of income, race, immigration status, language, disability, age, sexual orientation, or gender identity, can live with optimal physical, behavioral, oral, and overall health and well-being. This means building a system that does not merely treat illness but honors the full humanity of every person it serves, including those who have faced historical discrimination and systemic exclusion.

- California should articulate the clear purpose and vision of the program and align strategic priorities and funding with that vision.
- Utilize data, including community-generated qualitative and quantitative data, to fully understand the needs of members and tailor the system to meet their unique needs.

Principle 2: No Exclusions

All Californians deserve health and health care. At a time when the federal government is massively divesting its support of Medi-Cal and ending humanitarian immigrants' long-established federal eligibility for Medi-Cal, the state must affirmatively act to protect and advance its commitment to health coverage for all. Immigration status must not serve as an exclusion from Medi-Cal. Eligibility determinations and processes must be designed to make coverage easier to get and keep.

- Implement strategies to identify eligible but unenrolled Californians, automate eligibility verification, and ensure that California has no eligibility restrictions beyond the minimum federal requirements.
- Ensure that anyone eligible for the program due to income or disability is able to enroll regardless of immigration status.
- Provide the same scope of benefits and services to all members regardless of immigration status.

Principle 3: Remove Discriminatory Barriers to Health and Care

Medi-Cal members must not face discriminatory barriers to health and care, including lack of access to evidence-based treatments, physically inaccessible health care facilities, lack of translation and interpretation services, unlawful discrimination, and cost-sharing requirements. These barriers undermine the program's core mission.

- Create a Consumer Bill of Rights and ensure that programs and policies align with these rights, with sufficient capacity and systems for robust enforcement.
- Implement financing structures that incentivize equitable and accessible health care and ensure that consumers do not become financially liable for their care.
- Eliminate barriers to care, including asset limits, premiums, cost-sharing, immigration-status exclusions, burdensome or inaccessible administrative requirements, lack of translations and interpretation services, and discrimination, for people with limited income.

Principle 4: Comprehensive Care from Birth to Death

Medi-Cal must provide medically appropriate and comprehensive health care services that meet the needs of people across their lifespan. This must include the full scope of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children, which guarantees broad access to any necessary care to correct or ameliorate conditions identified through screening. Older adults and people with disabilities should have access to robust and equitable long-term services and supports that enable full participation in community life, regardless of geographic location or delivery system. Medi-Cal must recognize and affirm that health is not fragmented—mental health, oral health, physical health, long-term services and supports, and emotional and spiritual health are inseparable parts of well-being. Whole person care means integrating and addressing all of these needs, along with social supports, together with a seamless, dignified care experience.

- Medi-Cal members should have access to a comprehensive scope of benefits, and reforms must focus on making this reality rather than limiting or eroding benefits. These include reproductive health care, comprehensive EPSDT services for children, long-term care, home and community-based services, dental care, behavioral health, vision care, and services that address health-related social needs. Whole body, mind, and soul care must be the standard and not the exception.



An Accountable Program

Principle 5: Public Dollars for Public Good

Medi-Cal should be adequately funded by taxpayers to ensure a health care safety net for Californians who need it. No person or corporation should excessively profit from the program. Every dollar should contribute to the health and welfare of Medi-Cal members and be reinvested in the communities most impacted by poverty and not wasted on unnecessary administrative costs or profits. There should be clear accountability and transparency of how funds are spent, while also evaluating effectiveness of services and tracking utilization of benefits and consumer experience.

- Center contracts for health care programs, managed care plans, providers, services, drugs and medical supplies on Medi-Cal member needs and not profits or economic benefit of contractors.
- Require that reinvestment dollars from plans and providers be contributed to publicly governed state or regional entities that prioritize equitable investments to expand services and incentivize and strengthen community-based care.
- Programs receiving public funds should be transparent about how money is spent with disclosure of ownership and financial relationships.
- Identify and reform the structures in place that reduce access, create barriers, and increase system costs.

Principle 6: By and For the People

Medi-Cal should be governed by and accountable to those it serves. People living in poverty should not have their power stripped away through inequitable and discriminatory systems, laws, and policies in the health care system. Governance structures should ensure that those served by the program have real decision-making power over how resources are spent and services are delivered.

- Establish governance structures that allow Medi-Cal members to have a voice in state-level decision-making about the program, including prioritizing program transformation efforts, improving quality, and allocating limited resources.
- Create local governance structures to meaningfully involve Medi-Cal members in decisions about their health through a decision-making capacity.

Principle 7: Measure What Matters

Data is fundamental to quality and accountability. Metrics and measurements should be aligned with the needs and priorities of members and other decision makers. Data quality and integrity are essential. Measurement and evaluation should correspond directly to accountability, with meaningful incentives and penalties attached. Metrics should also capture and create accountability for reducing and eliminating racial and ethnic health inequities, as well as disparities based on language, sexual orientation, gender identity, and disability.

- Plans, providers, and other parts of the delivery system must be accountable for providing high-quality and equitable care to all Medi-Cal members, including access to care, experience of care, and structures of care. They must collect data aligned with the needs and priorities of diverse Medi-Cal members and enforce quality and access standards. California must be ready to enforce accountability when plans do not meet minimum standards.
- A key priority of the program must be to reduce and eliminate racial and ethnic health inequities. These disparities can be identified and addressed by ensuring that delivery system stakeholders are accountable to this goal.

Principle 8: Protect Our Rights

As an entitlement program, Medi-Cal must include important rights and protections under the law for its members. The rights must be accounted for, realized and enforced. Medi-Cal members should be treated with dignity and respect, provided with timely and culturally and linguistically appropriate care, and have ready access to resources to address concerns. The Medi-Cal system must be designed to maintain the confidentiality of enrollees' personal information and include mechanisms to respond to and to protect enrollees from having their personal information shared for purposes other than the administration of the program. No one should face harmful repercussions for seeking health care. Both state payors and regulators, along with independent third-party advocates, should be resourced to ensure that Medi-Cal members have their rights robustly protected and have timely and effective recourse when those rights are violated.

- The oversight, enforcement, and ombudsman functions of the state should be prioritized and fully funded to specifically address protecting the rights of Medi-Cal members.
- The state must monitor attempts to compromise the confidentiality of enrollees' personal information and identify responsive protocols to guard against the uses of that information beyond the administration of Medi-Cal.
- Programs receiving public funds should be transparent about how money is spent with disclosure of ownership and financial relationships.
- State/county agencies and health plans or other contractors should protect the rights of, and respect for, enrollees when they engage with them to ensure timely and effective services are provided.



A Sustainable Program

Principle 9: Unify California's Health Care Systems

A strengthened, consumer-centered Medicaid program should move toward a unified health care delivery system in which a consumer's source of coverage is invisible at the point of care and not determine their access, quality of care, or health outcomes. Consumers should have choice in providers and access to substantially similar provider networks in Medi-Cal as in other health coverage. Licensed providers should be incentivized to accept Medi-Cal members and provide equal care. Disincentives should be removed, such as unnecessary and burdensome prior authorization processes and documentation. Unified financing should be implemented across coverage types where possible. Payment sources should be determined and reconciled on the back end, entirely invisible to clinicians and administrative front-line staff, eliminating the two-tiered experience in which Medi-Cal enrollees face differential treatment, stigma, and reduced access simply because their coverage source is visible and often devalued.

- Managed care plans and providers should commit to serving consumers regardless of their coverage type. Given the frequent movement between programs, provider networks should be equal and aligned. Ensuring that health care consumers have access to the same expanded list of providers regardless of coverage type also reduces stigma associated with Medi-Cal.
- California should take steps to unify our health care system by creating financing systems that remove distinctions based on payor and instead focus on patient access and outcomes, such as global hospital budgets, unified financing for primary care, and a universal, public LTSS benefit program.

Principle 10: Protect Funding from Federal Cuts

Federal funding is critical to the sustainability and viability of Medi-Cal, and California must fight to receive the federal and state funding it needs. California must insulate Medi-Cal against state and federal program and budget cuts and changes by addressing the need for additional state revenue and containing excessive, profit-driven health care cost growth.

- Implement progressive revenue solutions dedicated to the Medi-Cal program.
- Aggressively pursue multiple solutions to the unsustainable and rising cost of health care while also focusing on how this problem impacts Medi-Cal.
- Explore creative financing options that will offer California greater policy flexibility and certainty in times of federal change

Principle 11: Develop A Workforce That Reflects and Serves Every Community

Medi-Cal is only as strong as the workforce that delivers its care. There is no replacement for human connection in health care. California must ensure that Medi-Cal members have access to a sufficient, stable, and culturally concordant workforce—a workforce that reflects the diversity of the communities it serves and is fairly compensated for the essential work it provides. A strong Medi-Cal workforce includes not only physicians and specialists, but community health workers, promotoras, peer support specialists, doulas, home visitors, early interventionists, the elder and disability care workforce and others who provide culturally grounded care and serve as trusted bridges between communities and the health and long-term care system. These roles must be recognized, reimbursed, and supported.

- California must invest in expanding the community-based and culturally concordant workforce, including community health workers, promotoras, doulas, and peer support specialists, as a core strategy for advancing health equity.
- The early childhood workforce, such as home visitors, early interventionists, and pediatric providers, must be recognized as essential to Medi-Cal's mission and supported accordingly.
- The elder care infrastructure, in-home support attendants, habilitation specialists, paramedical specialists, home health aides, private duty nurses, adult day health, assisted living, personal attendants and an Alzheimer's and dementia-trained care workforce must be prioritized to meet the demand of an increasingly aging population.
- The Medi-Cal workforce should reflect the racial, ethnic, linguistic, and lived experience diversity of its members, and California must invest in pipelines that make this possible.

