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CalSIM

California Simulation of Insurance Markets

The California Simulation of Insurance Markets (CalSIM) model is designed to estimate the impacts of various federal and state policies on individual decisions to obtain insurance coverage and employer decisions to offer coverage in California. It was developed by the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research.

Policy Brief • May 2026

Over two million more Californians projected to lack health insurance by 2030

By Miranda Dietz, Srikanth Kadiyala, Annie Rak, Sun-Yin Ho, Dylan H. Roby, and Laurel Lucia

As a result of federal and state policy decisions made in 2025, we project that 4.6 million Californians under age 65 will be uninsured by 2030—an increase of 2.2 million—and the uninsured rate will nearly double to 14.7%. This will erode much of the progress California has made since the Affordable Care Act and subsequent state actions to move closer to universal coverage. It will also widen disparities in health care coverage, particularly for low-income, Latino, and undocumented Californians, who already face higher-than-average uninsured rates.

Significant policy changes are coming

A series of federal and state policies will impact health insurance coverage for Californians ages 0-64 over the coming years.¹ We model policies that will have a substantial direct impact on enrollment in Medi-Cal (California's Medicaid program) and Covered California (the state's marketplace for individual market coverage). To conduct this analysis we use the California Simulation of Insurance Markets (CalSIM) microsimulation model, developed to measure the impact of policy changes on health insurance coverage; data from the California Department of Health Care Services; and experiences in other states. We focus on the coverage changes among those directly affected by the policy changes; coverage loss could be greater if there are significant spillover effects from these policies to other populations, such as the children of those who lose coverage.²

The policies we model will be implemented in California over the course of several years, as summarized below.

Medi-Cal changes modeled:

- January 2026: [Enrollment freeze](#) for undocumented Medi-Cal enrollees age 19+ under state policy
- October 2026:* [Elimination of federal full-scope Medicaid](#) for refugees, asylees, and certain other humanitarian immigrants under H.R. 1, the federal tax and budget reconciliation bill passed in July 2025
- January 2027: [Work requirements](#) for ACA expansion enrollees (childless adults and parents with incomes 109-138% FPL) applied to federally funded enrollees under H.R. 1, and applied to immigrant populations in state-only Medi-Cal by state policy³
- January 2027: [More frequent redeterminations](#) (every six months instead of yearly) applied to federally funded enrollees under H.R. 1, and applied to immigrant populations in state-only Medi-Cal by state policy
- July 2027: [\\$30* monthly premium](#) for enrollees ages 19-59 with "unsatisfactory immigration status"⁴ under state policy

** The 2026-27 California budget May revision proposes delaying the elimination of full-scope Medicaid for some immigrants to July 1, 2027, and increasing premiums to \$50 per month. The modeling reflects the changes enacted in 2025, not the recent proposals.*

Covered California changes modeled:

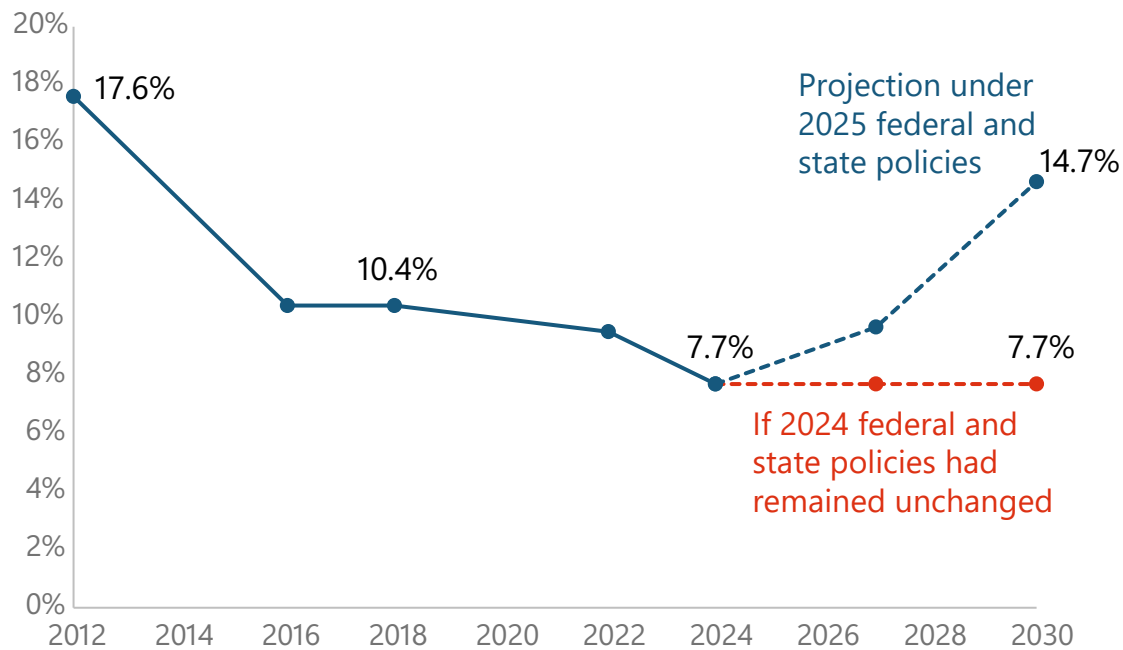
- January 2026: [Elimination of federal subsidies](#) for those with income over 400% FPL, and elimination of enhanced federal subsidies for those with incomes under 400% FPL
- January 2026: [California provision of enhanced subsidies](#) for those with incomes under 165% FPL**
- January 2027: [Elimination of federal marketplace subsidies](#) for refugees, asylees, and certain other humanitarian immigrants

*** The 2026-27 California budget May revision proposes enhanced state subsidies for those with incomes up to 200% FPL. The modeling does not reflect this recent proposal.*

The uninsured rate is projected to climb to 14.7%

We project that, with the 2025 federal and state policy changes and the expiration of the federal Covered California subsidies, by 2030 there will be 4.6 million Californians under age 65 who are uninsured and the uninsured rate will be 14.7%. Our analysis also found that, *without* these policy changes and with the *continuance* of the enhanced federal subsidies for Covered California, the uninsured rate in 2030 would have remained at 7.7%.

Figure 1. Uninsured rates among Californians age 0-64, 2012-2030



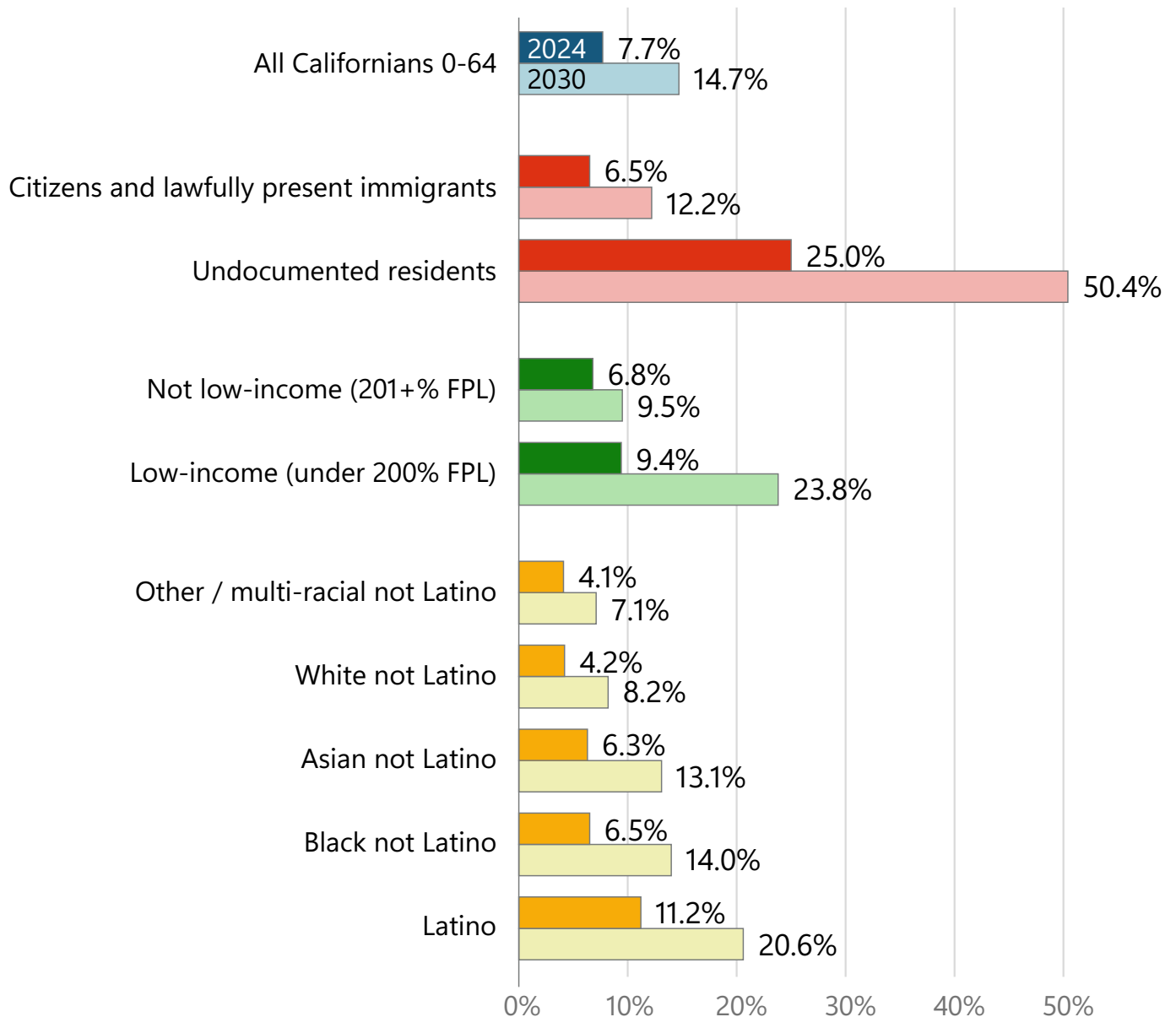
Source: California Health Interview Survey (2012-2022) and CalSIM v3.62 (2024-2030)

Note: Includes those with restricted-scope Medi-Cal benefits that cover only emergency and pregnancy-related services as uninsured.

The overall uninsured rate is projected to climb to 14.7%, increasing among every racial and ethnic group, but with bigger percentage point increases among populations currently experiencing higher-than-average uninsured rates, exacerbating inequities already present in California's health insurance landscape. The uninsured rate among Latino Californians under age 65 will increase almost 10 percentage points to 20.6% by 2030. The uninsured rate among Black and Asian non-Latino Californians will more than double, to 14.0% and 13.1% respectively. Because many of the policy changes involve Medi-Cal, low-income Californians—defined as those with income at or below twice the federal poverty line—are among the most affected: this group will see their uninsured

rate increase from roughly one in ten (9.4%) to almost one in four (23.8%). Several policies narrow Medi-Cal eligibility for immigrant Californians, especially undocumented residents. As a result, the uninsured rate for undocumented Californians, already high at one in four (25.0%) in 2024, will increase to one in two (50.4%) by 2030.

Figure 2. Increase in uninsured rate among Californians age 0-64, by group, 2024 to 2030



Source: CalSIM v3.62

Uninsured rate projected to be especially high in Southern California

There is also considerable geographic variation in policy impacts. Two main factors account for this. First, several policies reduce Medi-Cal and Covered California enrollment among California immigrants, who are more concentrated in certain regions than others. Second, the Department of Health Care Services has expressed its intent to utilize federal exemptions to work requirements for those living in counties with high unemployment rates. We model this exemption assuming counties with high unemployment rates today will continue to meet the threshold.⁵ The work requirements are the biggest driver in the increase in the uninsured among the policies modeled; the regional exemption to their use means some regions will see smaller increases in their uninsured rates. We project Southern California will have the largest increases in the uninsured rate as it is home to both a high proportion of the state's immigrant population and an unemployment rate below the threshold for exclusion from the work requirements policy.

Figure 3: Uninsured rates among Californians under age 65, by region, 2024 and 2030

Region	2024	2030	Change 2024-30
Northern CA & Sacramento Valley	7.8%	13.7%	5.9%
Greater Bay Area	6.5%	12.6%	6.1%
Central Coast	9.6%	14.6%	5.0%
San Joaquin, Central Valley, Eastern, Kern	8.5%	12.9%	4.4%
Los Angeles	7.8%	16.6%	8.8%
Inland Empire	8.6%	17.4%	8.8%
Orange	7.4%	14.7%	7.3%
San Diego	6.8%	13.4%	6.6%

Source: CalSIM v3.62
See Appendix Figure A for region definitions.

These policies will result in both more uninsured and less affordable coverage

As a result of these federal and state policies, we project 2.2 million Californians will become uninsured due to loss of Medi-Cal or subsidized coverage through Covered California.⁶ In addition to those who lose coverage, these policies will also impact Californians who will have to pay more to remain covered.

For those who lose Medi-Cal, some will be able to access private coverage, either by enrolling in an offer of employer coverage from their own or a family member's employer, or, in limited cases, buying unsubsidized coverage on the individual market. If they do take up private coverage, they are likely to pay significantly more for that coverage:

- Medi-Cal currently has no premiums (except those slated to start in July 2027), no deductibles, and no cost-sharing until October 2028 when California will introduce [nominal copayments under an H.R. 1 mandate](#) for adults eligible under the ACA expansion with income above the poverty level.
- The [average worker contribution for an employer plan](#) in California in 2025 was \$1,303 for single coverage and \$7,312 for family coverage for plans typically including both copays and a deductible.
- The cost of individual market coverage without subsidies depends on both age and geography, but without subsidies or an employer contribution the lowest-cost silver plan for a 40-year old in 2025 ranged from \$4,000-\$8,000 depending on region and included a \$5,000 deductible.

The reduction in federal subsidies for Covered California enrollees impacts both coverage and affordability. [Lower federal subsidies](#) will result in more uninsured Californians, [more enrollees in high-deductible bronze plans](#), and significantly higher premiums for most of those who remain enrolled. Thanks to the state's enhanced subsidies, those who earn just over the Medi-Cal income threshold will be protected from premium increases.

Estimates of impact are uncertain; policy choices are in flux

There is considerable uncertainty around Medi-Cal policies, both the size of the coverage impact of each policy, and which Medi-Cal policy choices will ultimately be implemented and on what timeline. The estimates presented in this brief reflect the higher end of estimated coverage impacts.⁷ California policymakers will consider choices during the 2026-27 budget cycle that could change the policies modeled in this brief. Options for mitigating the increase in uninsured rate include:

- Eliminating the Medi-Cal enrollment freeze for undocumented enrollees
- Eliminating premiums for Medi-Cal enrollees with unsatisfactory immigration status
- Providing full-scope state-funded Medi-Cal to refugees, asylees, and other humanitarian immigrants who will lose eligibility for federal funding
- Limiting H.R. 1 work requirements and six-month redeterminations to only those enrollees who are federally eligible for Medi-Cal (i.e., only those strictly subject to H.R. 1 requirements)

If state policymakers enacted these changes, we project that 800,000 fewer Californians would be uninsured, and even more would retain their Medi-Cal coverage. This would result in an uninsured rate of 12.2% for Californians age 0-64 in 2030, mitigating about one-third of the coverage loss otherwise projected from 2024 to 2030.

In parallel, some state policymakers are also considering options to [increase state revenues](#) and [reserve funds](#), which would support the ability of California to lessen the harm of recent federal and state health policy decisions and protect the Medi-Cal program. What the health insurance policy landscape will actually look like in California in 2030 will also depend on future state budget and policy decisions along with federal actions that could mitigate or exacerbate future coverage losses.

Conclusion: Health insurance matters

The projected loss of coverage matters. [Close to a decade of research](#) on the [impact of the ACA Medicaid expansion](#) has shown that having insurance helps people live longer and improves people's physical, mental, and financial health. Health coverage is an investment in Californians that [allows residents to work and take care of their families](#), [build equity](#), and [stay out of medical debt](#).

California made significant progress in moving closer to universal coverage under the Affordable Care Act and state policies enacted in 2016 through 2022. H.R. 1 and state budget decisions in 2025 put much of that progress at risk. Millions of Californians will lose Medi-Cal or subsidized coverage through Covered California. Among this group, most will lose health insurance coverage all together and become uninsured; a smaller group may find other sources of coverage but will face significantly increased costs. As a result, more Californians will live sicker, die younger, and be one emergency away from bankruptcy. But the federal changes are not the whole story: California policymakers can still limit the impacts of H.R. 1, maintain full-scope Medi-Cal regardless of immigration status, and raise the revenues needed to do so. The progress the state has made in getting closer to universal coverage and improving health equity was a choice; protecting it is also a choice.

Appendix

Figure A. Region definitions

Region	Counties
Northern CA & Sacramento Valley	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Mateo, San Francisco, Santa Clara, Solano, and Sonoma
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura
San Joaquin, Central Valley, Eastern, Kern	Fresno, Imperial, Inyo, Kern, Kings, Madera, Merced, Mariposa, Mono, San Joaquin, Stanislaus, and Tulare
Los Angeles	Los Angeles
Inland Empire	Riverside and San Bernardino
Orange	Orange
San Diego	San Diego

Endnotes

- 1 While policies like H.R. 1 do have an impact on Californians age 65 and over, the enrollment impact is relatively small and is outside the scope of this brief.
- 2 For example, the loss of coverage among undocumented adults could lead to a decrease in coverage among their children, who are not directly impacted by the policies, since studies show that [children are more likely to be enrolled when their parents are enrolled](#).
- 3 Immigrant populations with state-funded Medi-Cal benefits include undocumented enrollees as well as some lawfully present immigrants such as those with green cards for less than five years, asylum applicants, and DACA recipients, as a few examples.
- 4 Those with unsatisfactory immigration status are not eligible for federal full-scope Medicaid benefits. This includes undocumented enrollees as well as some lawfully present immigrants such as those with green cards for less than five years, asylum applicants, and DACA recipients, as a few examples.
- 5 For more on the unemployment exemption, including the counties in California that we model as being exempt, see "[A Look at the Potential Impact of the High Unemployment Hardship Exception to Medicaid Work Requirements](#)."
- 6 In our publication "[Projected reduction in Medi-Cal coverage due to federal H.R.1 and 2025-26 State Budget, by county, 2028](#)" we project that as many as three million Californians could lose Medi-Cal coverage by 2028. Our estimates here differ in several ways. First, some who lose Medi-Cal will take up other coverage and not become uninsured. Second, we include the impact of Covered California-related policy changes in these projections of the uninsured. Third, our estimates here are for 2030, not 2028. Finally, our estimates of how many Californians lose Medi-Cal are based on administrative data on Medi-Cal enrollment. As has been well documented, administrative [estimates of Medicaid enrollment](#) are higher than survey-based estimates. Since our uninsured estimates rely on CalSIM, which in turn is based on survey data, our CalSIM-based projections are lower.
- 7 Details of our methodology will be published in a forthcoming methodology brief.

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UC Berkeley Labor Center

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