

Changes to Medi-Cal: Dental Benefits for Immigrant Populations

California can still act to reduce the harm from these policies and safeguard critical dental services

California's 2025-2026 state budget contains several major policy changes to Medi-Cal that will impact access to dental care for many immigrants in the state:

Medi-Cal enrollment freeze for undocumented adults:

Starts January 1st, 2026.

Individuals enrolled before this date can keep their coverage if they continue to qualify.



Medi-Cal will end full dental benefits for certain immigrants:

Starts July 1st, 2026.

Adults ages 19+ will no longer be able to receive preventative or restorative dental services.

- ✗ **Preventative services**
(e.g., annual dental visits, exams, cleanings)
- ✗ **Restorative services**
(e.g., fillings, root canals, crowns, dentures)
- ✓ **Emergency services**
(e.g., severe tooth pain, urgent extractions, infections)

New Medi-Cal monthly premium requirement for certain immigrants:

Starts July 1st, 2027.

Adults age 19+ will be required to pay a monthly \$30 premium. If you miss your payment you have 90 days to catch up. Failure to pay after that, will lead to loss of coverage with no option to reinstate it.



Help is available.

The Health Consumer Alliance offers free assistance over-the-phone or in-person to help people get the health care services they need.

Call: 1-888-804-3536



Take Action

✓ **Use your Medi-Cal dental benefits** before they are eliminated July 1st, 2026. Only emergency dental services will be covered after this point.

✓ **Sign up for email updates.** By subscribing to our email list, you will receive the latest news from CPEHN, including ways you can take action to help us defend Medi-Cal. [Click here](#) to sign up.

✓ **Share your story.** If you are benefiting from Medi-Cal Dental or stand to lose coverage due to recent policy decisions, share your story with us by [clicking here](#).

Eliminating full coverage adult dental benefits will have far reaching negative impacts:



An estimated **2.1 to 2.3 million** Medi-Cal members with certain immigration status will lose full dental coverage.

For these Medi-Cal members, **eliminating adult dental benefits will only make existing disparities worse**. These harmful measures shut out communities already facing poorer oral health outcomes and structural barriers to care.

California still has an opportunity to reduce the harms these policies will cause, and protect access to essential dental care.



With no access to preventative services, **costly visits to the emergency department will increase.**

Preventative and restorative oral health services help keep people out of emergency rooms, which is costly to both individuals and our health system (Owens et al., 2021). **When California eliminated adult dental benefits in 2009, the annual average cost for dental-related ED visits increased by 68%** (Health Affairs, 2015). National costs for non-traumatic dental conditions in the ED have only continued to **increase from \$3 billion in 2020, to \$3.9 billion in 2022**. The average annual cost for non-traumatic dental conditions was **\$2,437 per ED visit** (CareQuest, 2025). Cutting access to services does not result in savings, as it shifts costs to other, more resource-intensive care settings (CareQuest, 2025).



Non-citizens are already less likely to be insured, and many haven't seen a dentist in the past year.

According to the 2024 California Health Interview Survey (CHIS), **nearly 1 in 2 non-citizen adults in California do not have dental insurance**, compared to 1 in 4 adult citizens born in the U.S. **Among Californian adults who did not visit a dentist in the last year, cost or lack of insurance were the most common reasons**, and as shown below, more non-citizens report this barrier than U.S.-born citizens.



Did not visit a dentist in last year due to cost or lack of insurance



Coverage for adult dental benefits for all members is estimated to make up **only 2% of total annual Medi-Cal spending**.

As a percentage of the total population, the cost of covering **adult dental benefits for these certain immigrant populations is likely less than 1% of total Medi-Cal spending**. Cutting these benefits will only **increase costlier ED visits** due to delayed dental care and poorer oral health conditions, meaning the long-term impacts will outweigh cost savings.

Eliminating full coverage adult dental benefits will have far reaching negative impacts:



Poor oral health negatively impacts quality of life and increases the risk for health complications.

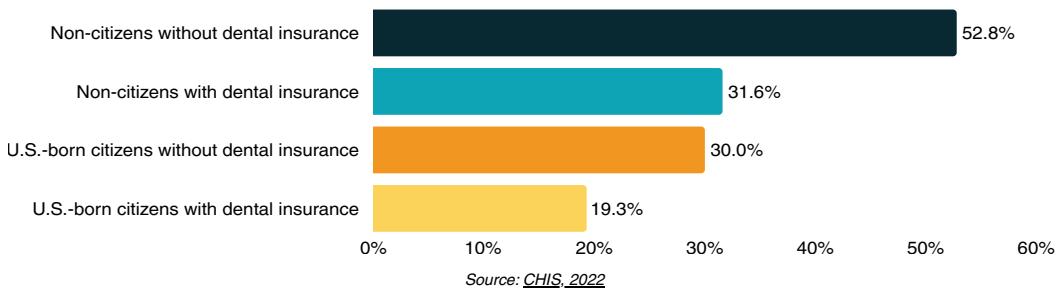
Losing access to preventative care can worsen teeth condition, which can have **negative impacts on mental health and the ability to secure a job** ([American Dental Association, 2015](#)). Untreated gum disease can also **make chronic conditions harder to manage**, such as heart disease or diabetes. Overall poor oral health, such as tooth loss, decay, or gum disease, puts people at risk for poor nutrition, developing diseases or oral cancer, or experiencing cognitive decline ([Carequest, 2023; CDC, 2025; Katronia et al., 2021](#)).



Insurance makes a big difference for condition of teeth, especially for non-citizens.

According to the [2022 California Health Interview Survey \(CHIS\)](#), **Californian adults with no dental insurance are more likely to report their teeth being in poor or fair condition (37.1%)** than those with dental insurance (21.6%). When broken down by citizenship status, **non-citizens were more likely to report fair or poor teeth condition (42.2%)** than U.S. born citizens (21.9%) and naturalized citizens (30.8%). See [Figure 1](#) for a further comparison of groups.

Figure 1. California adults reporting “fair” or “poor” condition of teeth, by citizenship and dental insurance status, 2022



Older adults, already vulnerable to poor oral health outcomes, will face additional challenges to access care.

Because traditional Medicare does not cover dental services, many older adults rely on Medi-Cal for coverage ([Justice in Aging, 2025](#)). Older adults ages 65 and older will experience additional challenges with asset limits expected to be implemented on January 1, 2026. **Older adults without dental insurance reported having no natural teeth at a higher rate (7.9%) than those with dental insurance (5.1%).** Tooth loss, often resulting from untreated decay, can lead to additional poor health outcomes such as reduced quality of life, higher risk of chronic disease, and worse nutrition intake ([Justice in Aging, 2025](#)).

Non-citizen older adults are even more vulnerable, with nearly half (48.8%) of non-citizens ages 65 and over reporting having no dental insurance, compared to 35.9% of U.S.-born citizens. Non-citizen older adults also report having poor or fair teeth condition at a much higher rate (46.7%) than U.S.-born citizens (24.2%) ([CHIS 2022 & 2024](#)).