



February 19, 2026

The Honorable Jesse Gabriel
 Chair, Assembly Budget Committee
 1021 O Street, Suite 8230
 Sacramento, CA 95814

Senator John Laird
 Chair, Senate Budget Committee
 1021 O Street, Suite 8720
 Sacramento, CA 95814-4900

RE: California Must Act Now to Prevent the July 1, 2026 Cut to Dental Benefits that will Harm California Immigrants

Dear Chairs Gabriel and Laird,

On behalf of the undersigned organizations, we continue to urge you to protect Medi-Cal coverage and benefits for immigrant Californians in the 2026-2027 budget for the approximately 200,000 humanitarian immigrants currently enrolled, who are survivors of domestic violence and trafficking, refugees, asylees, and other individuals who have fled violence and trauma.

We write now with a second and equally important request: maintaining full-scope Medi-Cal coverage, including dental for 2.1 million Medi-Cal members. We are deeply concerned that the combined FY 2025-26 and FY 2026-27 proposed cuts to eligibility and benefits, paired with an absence of meaningful revenue solutions while the budget builds reserves, would deepen harm to communities already facing the greatest barriers to care. **It is not too late to prevent the**

elimination of full-scope adult dental benefits for this population of undocumented adults and certain immigrants with legal status.* The Legislature has the power to prevent this cut before it hits communities in just a few months on July 1, 2026.

The scale of harm is significant. If enacted, an estimated 2.1 million Medi-Cal members with certain immigration statuses will lose dental coverage under this policy.¹ Eliminating coverage for routine exams and cleanings, fillings, gum treatments, crowns, root canals, etc. will not reduce dental need, it will simply force people to delay care until dental problems become emergencies, more difficult to treat, more expensive, and more traumatic. In practice, this means preventable dental conditions escalate to the point where individuals are left with extreme options, such as tooth extractions, including healthy teeth that could have been saved.

California’s last major cut to Medi-Cal adult dental benefits in Medi-Cal in 2009 provides a clear preview of likely impacts. In the past, year-to-year dental coverage changes have led to provider drop out of the Medi-Cal Dental program and the eroding of patient trust and continuity of care. The California Health Care Foundation found that all 53 counties with 100+ Medi-Cal Dental rendering providers lost providers in the year after the adult dental benefit cuts, with an unweighted average decline of 20%.² And once benefits are cut, it can take years to rebuild a participating provider network and restore regular utilization, meaning the harms outlast the budget year.

Cutting access to preventive dental care does not create true savings. Instead, it shifts costs to more resource-intensive settings and increases avoidable health conditions. In 2009, California eliminated non-emergency adult dental services. The consequences became apparent quickly, as following those cuts, dental-related ED visits immediately rose by more than 1800 per year, and associated ED costs increased 68%, with members of racial/ethnic minority groups disproportionately affected.³ Reducing benefits increases uncompensated care pressures on safety net providers and undermines prevention, which is the most cost-effective part of dental care. Notably, adult dental benefits for all Medi-Cal members are estimated to account for only about 2% of total annual Medi-Cal spending.⁴

* We use the terminology “undocumented adults and certain immigrants with legal status” in place of the terminology “unsatisfactory immigration status (UIS),” to refer to the broad list of immigrant populations, which includes lawfully present immigrants who maintained eligibility for public benefits under a series of bipartisan federal Administrations, but are now subject to new federal funding restrictions and state and federal eligibility changes. Also, the term “UIS” is confusing as it has radically different meanings depending on the context within public benefits eligibility.

¹ California Department of Health Care Services. (January 2025). [Medi-Cal certified eligible counts by legislative districts and aid category – July 2024 month of enrollment.](#)

² California Health Care Foundation. (December 2011). [Eliminating adult dental benefits in Medi-Cal: An analysis of impact.](#)

³ Singhal, A., Caplan, D. J., Jones, M. P., Momany, E. T., Kuthy, R. A., Buresh, C. T., Isman, R., & Damiano, P. C. (2015). [Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs.](#) Health Affairs, 34(5), 749-756.

⁴ California Health Care Foundation. (June 2024). [Medi-Cal facts and figures almanac: Essential source of coverage for millions.](#)

Oral health is essential to overall health, mental health, and economic stability.⁵ Cutting comprehensive adult dental benefits will increase the risk that chronic conditions like heart disease and diabetes worsen,⁶ and will put people at risk of poor nutrition, developing diseases, oral cancer, and cognitive decline.⁷ This cut will also widen disparities. National research shows that when states eliminate adult dental benefits, dental uninsurance rates increase, dental visits decline, and out-of-pocket spending rises, with some effects lasting up to 8 years.⁸ Non-citizen adults are already less likely to have dental insurance, and more likely to report poor oral health.⁹ Removing comprehensive Medi-Cal dental benefits for this population will deepen existing inequities and push more people into costly emergency care instead of timely treatment.

To protect immigrant Californians and prevent avoidable harm, we urge you to take immediate action to reverse the scheduled July 1, 2026 elimination of full-scope adult dental benefits for undocumented adults and certain immigrants with legal status.

The Legislature can and should stop this cut before it takes effect. Californians should not lose essential preventive care because of immigration status, especially in a year when immigrant communities are already being targeted.

Thank you for your leadership and attention to the health and wellbeing of Californians.

Sincerely,

Kiran Savage-Sangwan
California Pan-Ethnic Health Network

Sofia Garcia-George
California Oral Health Equity Coalition

Laura Marcus
Dientes Community Dental Care

Rhonda M. Smith
California Black Health Network

⁵ American Dental Association. (n.d.). [Oral health and well-being in the United States](#). Health Policy Institute.

⁶ Corliss, J. (July 23, 2014). [Treating gum disease may lessen burden of heart disease, diabetes, other conditions](#). Harvard Health Publishing.

⁷ Alshanbari, M. H., Cheney, A. M., Alhazmi, H. A., & Bouldin, E. D. (2025). [The impact of oral health and dental services on the prevalence of subjective cognitive decline among middle-aged and older US adults: Behavioral Risk Factor Surveillance System, 2022](#). Preventing Chronic Disease, 22, 250083.

⁸ Elani, H. W., Sommers, B. D., Kawachi, I., Tipirneni, R., & Rosenthal, M. B. (2026). [Fluctuating state Medicaid dental coverage: Asymmetric impact of benefit cuts and expansions, 2010–21](#). Health Affairs, 45(2), 200-208.

⁹ UCLA Center for Health Policy Research. [Access CHIS data](#).

Margarita Santiago
Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)

Huy Tran
Services, Immigrant Rights and Education Network (SIREN)

Carlos Alarcon
California Immigrant Policy Center

Doreena Wong
Asian Resources, Inc.

Samantha Morales
Justice in Aging

Shakeel Syed
South Asian Network

Maria Lemus
Vision y Compromiso

Mandy Diec
Southeast Asia Resource Action Center (SEARAC)

James Thao
Healthy House Within A MATCH Coalition

Faith Colburn
The Children's Partnership

Noé Páramo
California Rural Legal Assistance Foundation

Reyna Olaguez
Building Healthy Communities Kern

Andrea Williams
Southside Coalition of Community Health Centers

Heng Lam Foong & Kyle Tsukahira
Asian Pacific Islander Forward Movement

Mar Velez
Latino Coalition for a Healthy California

David Kane
Western Center on Law & Poverty

Skyler Rosellini
National Health Law Program

Nooria Esmaelzade
San Diego Refugee Communities Coalition

Joan Chang
Community Legal Aid SoCal