California Pan-Ethnic
HEALTH NETWORK

IMPERIAL COUNTY

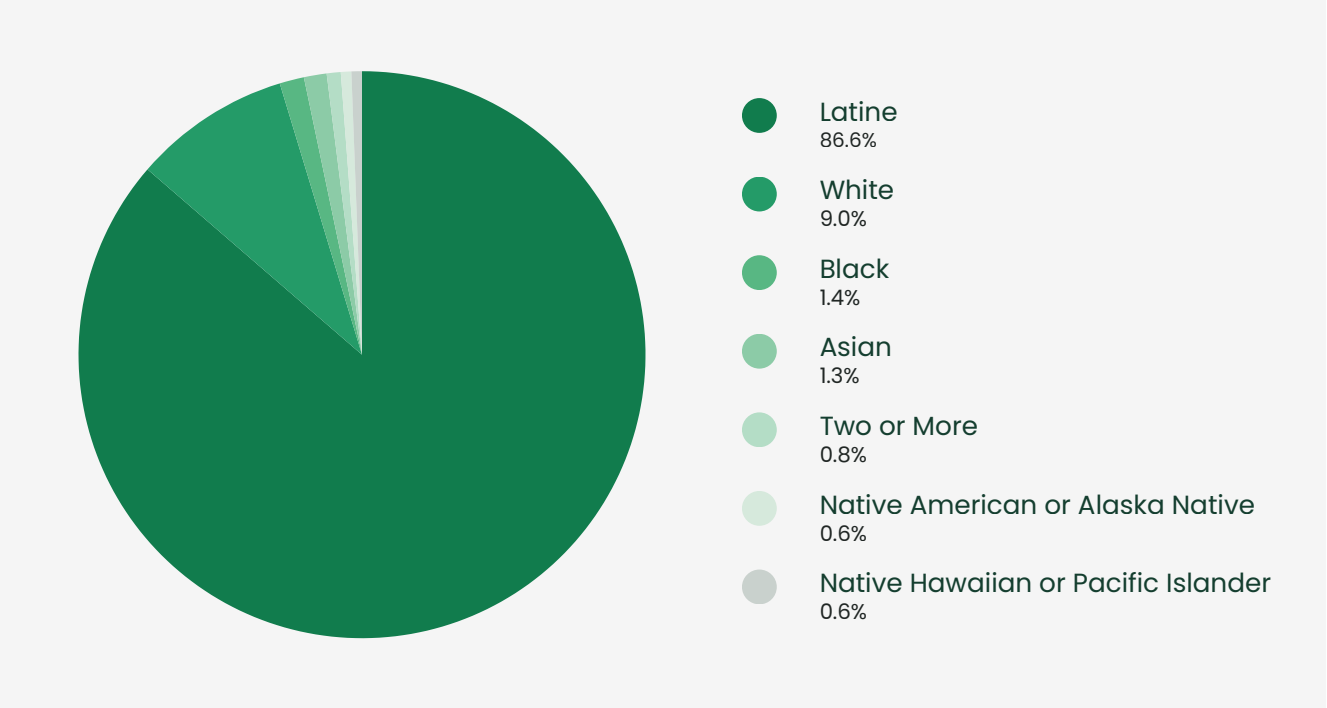
Health Care Access, Affordability, and Equity: Imperial County Landscape



Overview of Imperial County Health Care Market

Imperial County has a population of 181,724; 87% of the county's population is Latine.

Figure 1: Imperial County by Race and Ethnicity, 2024



Source: *2024 American Community Survey (ACS) 1-year estimates.*

Note: This report uses the term "Latine" when referring to Hispanic or Latino individuals.



Imperial County has a very limited supply of health care providers, with only 2 hospitals in the County and severe primary care and behavioral health care workforce shortages. The hospitals were recently merged into a single health care district, and both have received state loans for distressed hospitals.

More than half of Imperial County residents (52%) have Medi-Cal coverage; 28% have commercial insurance, 20% have Medicare coverage, and 6.3% are uninsured. Imperial County (9.1%) has a higher share of residents who are dually eligible for Medi-Cal and Medicare than residents statewide (4.5%). Recent federal and state Medicaid cuts are likely to further undermine the stability of the regional health care delivery system and restrict critical access to care for individuals, workers, and families.

Fewer than 8 in 10 Imperial County residents (78%) say they have a usual source of care; only three in four residents with Medi-Cal coverage (75.5%) have a usual source of care compared to residents with employment-based insurance (83.9%) [1].[i] About one in four Imperial County residents (26%) say their health is fair or poor compared to 17% of residents statewide.

Table 1: Health Indicators Among Adults Age 18 and Older, California Health Interview Survey, 2024

Health Indicator	Imperial County	Statewide
Percent of adults reporting fair or poor health, 2021-2024	25.8%	17.3%
Percent of adults reporting ever being diagnosed with asthma	18.8%	16.6%
Percent of adults reporting ever being diagnosed with diabetes	18.7%	12.4%
Percent of adults reporting ever being diagnosed with high blood pressure	35.1%	26.2%

Source: *2024 California Health Interview Survey*
Note: Data for health status was pooled over 2021 and 2024 for statistical stability. All other table measures are for 2024 only.

From 2022 to 2024, 11.2% of Imperial County adults said they had problems paying their own or their household medical bills in the past year, compared to 10.3% of California adults overall. Among these, 35% say they were unable to afford basic necessities due to medical debt [2]. In 2025, 31% of San Diego area residents[ii] report having any medical debt, lower than California residents overall (40%) [3].

Despite these challenges, there are several key opportunities for advocates and community leaders to strengthen access to affordable health care and advance health equity.

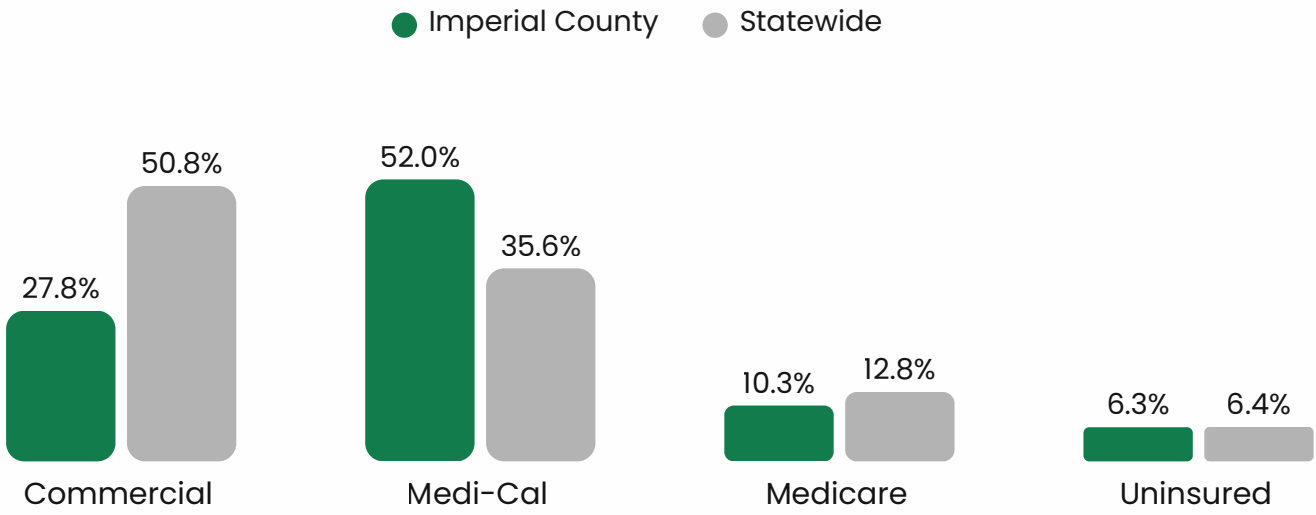
[i] Data is pooled from 2022-2024.

[ii] Includes San Diego and Imperial counties.

Health Insurance Coverage in Imperial County

Compared to California overall, more Imperial County residents have Medi-Cal coverage and fewer have commercial insurance.

Figure 2: Source of Health Insurance Coverage in Imperial County, 2023



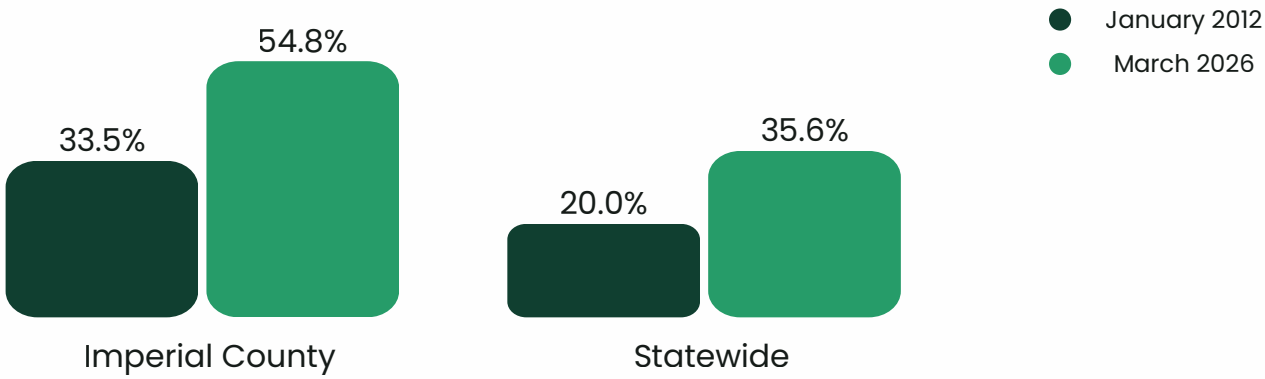
Source: *California Health Care Foundation Regional Market Report 2026: San Diego and Imperial Counties*



Medi-Cal in Imperial County

From 2012 to 2026, Medi-Cal enrollment in Imperial County increased from 34% to 55%. In 2026, Imperial had the second highest Medi-Cal enrollment as a share of its population of all California counties.

Figure 3: Medi-Cal Enrollment Over Time, Imperial County, 2012-2026



Source: *CHCF Medi-Cal Enrollment Tracking Tool*

Note: County totals were calculated using ACS 5-Year population estimates for 2008-2012 and 2020-2024.



Nearly all of the county's Medi-Cal enrollees (96%) are enrolled in a managed care plan, similar to California overall (94%). Imperial is one of three single plan counties in Medi-Cal, with coverage offered through the locally managed public health plan, Community Health Plan of Imperial Valley (CHPIV). CHPIV subcontracts the plan administration, including provider contracting, claims processing, prior authorization, and member communication to Health Net Community Services, a subsidiary of the major, national corporation Centene. A Kaiser Permanente plan is also available through the state's direct contract with Kaiser, although nearly all of the county's Medi-Cal enrollees receive services through Community Health Plan [4].[iii]

Community Health Plan had a net profit margin of 1% and posted positive income of $3.65 million in 2025.

Table 2: Medi-Cal Managed Care Plans, Imperial County, 2025

Managed Care Plan	Number of Medi-Cal Enrollees	Share of Region's Medi-Cal Enrollment	Net Profit (Loss) in Dollars	Net Profit Margin (%)
Community Health Plan of Imperial Valley	94,605	100.0%	$3,651,906	1.0%
Kaiser Permanente	28	0.0%	$9,325,472,000	6.9%

Sources: *California Department of Health Care Services (DHCS) Medi-Cal Certified Eligibles Data by Month; DMHC Health Plan Dashboard*

Note: Medi-Cal Managed Care Plan enrollment figures are based on January 2025 eligibility data. Net profit margin and net profit (loss) are based on revenues and costs for the plan's whole business, which may include other counties and commercial, government (e.g., Medi-Cal, Medicare), and other types of business. The majority of Kaiser's enrollment comes from their commercial plans.

[iii] Kaiser had 28 enrollees in January 2025.



Medicare in Imperial County

In 2024, 35,801 Imperial County residents had Medicare coverage. The percent of residents with Medicare increased from 17.3% in 2019 to 19.7% in 2024. Fewer Imperial County residents (35.5%) with Medicare used Medicare Advantage plans, which bundle hospital services, physician services, and often prescription drugs into one health plan sold by private insurance companies, compared to California overall (51%). The remainder use Original Medicare [5].



Commercial Insurance in Imperial County

While county level data is not available, California's largest health plans are Kaiser Permanente, Blue Shield, and Anthem, which together account for about 77% of commercial health enrollees in the state. In 2025, the latest year for which data is available, six of the seven largest health plans had positive profit margins, while Health Net had a negative margin.

Table 3: Top 7 Commercial Insurers in California, 2025

Health Plan	Number of Commercial Enrollees	Share of California's Commercial Enrollees (%)	Net Profit (Loss) in Dollars	Net Profit Margin (%)
Kaiser Permanente	6,653,930	48.5%	$9,325,472,000	6.9%
Blue Shield of California	1,964,613	14.3%	$234,973,000	0.9%
Elevance (Anthem Blue Cross)	1,924,050	14.0%	$426,274,000	2.2%
UnitedHealthcare of California	829,462	6.0%	$106,488,000	1.5%
Centene (Health Net of California, Inc.)	530,883	3.9%	-$100,688,270	-1.8%
CVS (Aetna Health of California, Inc.)	426,484	3.1%	$41,041,917	2.4%
Cigna HealthCare of California, Inc.	295,781	2.2%	$46,019,893	5.4%

Source: *DMHC Health Plan Dashboard; CDI Health Insurance Covered Lives Report*

Notes: Number of commercial enrollees and share of California's commercial enrollees calculated based on combined data from the California Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI). Net profit margin and net profit (loss) are based on revenues and costs for commercial, government (e.g., Medi-Cal, Medicare), and other types of business, and only pertain to DMHC-regulated plans, which represent 95% of commercial enrollment in California.

Table 4: Commercial Insurers Serving Imperial County, 2026

Health Plan	
Blue Cross of California (Anthem Blue Cross)	MediExcel, S.A. de C.V.
Blue Shield of California (California Physicians' Service)	Molina Healthcare of California
Cigna HealthCare of California, Inc.	Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA Health Plan)
Centene (Health Net of California, Inc.)	UnitedHealthcare of California
Kaiser Permanente	UnitedHealthcare Benefits Plan of California
Inland Empire Health Plan	

Source: *DMHC Health Plan Dashboard*

Note: Only plans regulated by DMHC are represented in this table.

In addition to all seven of the largest health plans, several other plans serve the county, including Inland Empire Health Plan, MediExcel, Molina Healthcare of California, Sistemas Medicos Nacionales, and UnitedHealthcare.



Covered California

In March 2026, 10,760 Imperial County residents were enrolled in Covered California health plans. Nearly all Covered California enrollees in Imperial County (97%) receive a premium subsidy, higher than enrollees statewide (89%) [6]. The average monthly premium for Imperial County enrollees who receive a subsidy is $48, less than one-third of the average California premium ($153). Residents who do not receive subsidies pay on average $715 monthly, slightly higher than the statewide average ($704).

Table 5: Covered California Enrollment and Average Monthly Premiums, Imperial County, 2026

Geography	Number of Enrollees	Members Receiving Subsidies: Average Monthly Premium per Member	Unsubsidized Members: Average Monthly Premium per Member
Imperial County	10,760	$48	$715
Statewide	1,785,900	$153	$704

Source: *Covered California Active Member Profile, March 2026*

In 2026, nearly all of Imperial County's Covered California enrollment was with Molina Healthcare (59%) and Health Net (38%).

Table 6: Covered California plans operating in Imperial County, 2026

Plan	Number of Enrollees	Percent of Enrollees
Blue Shield of California	310	2.9%
Health Net	4,070	37.8%
Kaiser Permanente	30	0.3%
Molina Healthcare	6,350	59.0%
Total	**10,760**	**100.0%**

Source: *Covered California Active Member Profile, March 2026*

Statewide quality data for the Covered California plans offered in Imperial County reveals that only a minority of children and adolescents are receiving annual well-care visits in most plans (35% for Molina and 30% for Health Net). In addition, more than 2 in 10 Covered California adult enrollees in the two largest plans in the County have received no care (24% for Molina and 23% for Health Net). See Appendix A for data.

Medically Indigent Adult Program

California's Medically Indigent Adult (MIA) programs are not considered health insurance but can help low-income uninsured adults pay for health services. 23 counties operate independent programs with county level discretion determining eligibility, benefits, enrollment period, and cost. 35 counties are centrally administered under the County Medical Services Program (CMSP) with uniform offerings in all participating counties. MIA programs generally do not provide care outside of their specified county, with some exceptions for emergency care.

- Imperial County operates under the centrally administered County Medical Services Program (CMSP). The CMSP Governing Board recently approved changes that reduce covered benefits, eligibility, and costs that will take effect January 1, 2027; current program details will remain in place through December 31, 2026.

Table 7: Medically Indigent Adult Program, Imperial County

Program Name	Program Type	Covered Benefits*	Eligibilty*	Cost
Imperial CMSP	CMSP**	Primary & preventative care, emergency services, hospitalization, dental, vision, mental health & substance use disorder, outpatient care, and prescription coverage.	**Duration:** 6 Months **Age:** 21-64 **Income:** ≤300%FPL **Citizenship Status:** Regardless of Immigration Status	No cost or share of cost

**Effective January 1, 2027 the CMSP income limit will decrease to 200% FPL, cost-sharing and asset limit requirements will change, and coverage for undocumented immigrants will be reduced to emergency only coverage. Other discontinued services include outpatient substance use disorder treatments, certain mental health services, chiropractic care, and some vision, audiology, and dental services.*

***CMSP enrollment is through corresponding County Social Services Departments and participating Community Health Centers. Through December 31, 2026 participating community health centers in CMSP counties may also offer the "Connect to Care" program, which offers less comprehensive health benefits for those with annual incomes between 138% and 300% FPL.*

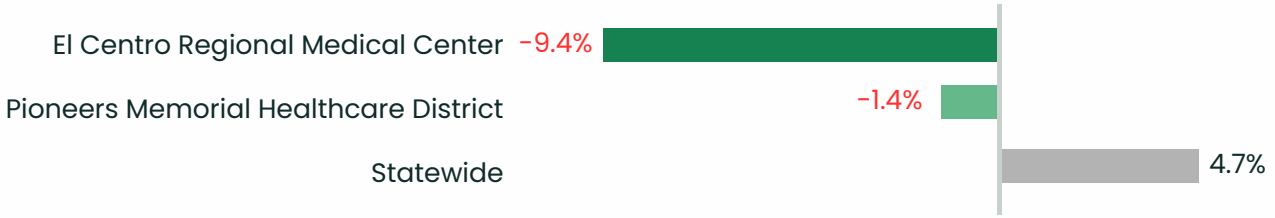
MIA programs are one way counties comply with their legal obligation under California Welfare and Institutions Code 17000 (cir.1933) naming them the "providers of last resort" for county residents with no other sources of care. Recent health policy changes have renewed interest in these programs as a possible resource for people who are no longer eligible for Medi-Cal, and some counties are exploring ways to reform them. The California State Budget did not include any additional funding for MIA programs in 2026-2027, so programs across the state are navigating how they will respond to the increasing volume of uninsured residents with health care needs. Recent developments in the centrally administered CMSP were driven by this budget uncertainty and will reduce program benefits for residents of Imperial County when they take effect January 2027.

Imperial County's Hospital Marketplace

Only two hospitals operate in Imperial County: El Centro Regional Medical Center (RMC) and Pioneers Memorial Healthcare District. Both public hospitals are operating with negative margins and have received funding from the state's Distressed Hospital Loan Fund. Both hospitals have a high share of Medi-Cal patients and revenues, with about half of net patient revenue from Medi-Cal.

In 2023, state legislation merged the hospitals into a single health care district, the Imperial Valley Healthcare District (IVHD). El Centro RMC is in a particularly weak financial position and may have closed if the IVHD had not been created. Within the IVHD, some services will be consolidated, and a single governing entity will oversee both hospitals. IVHD put a ballot measure before voters in November 2026 to raise public funds for the hospital systems. If the measure is supported by more than two thirds of voters, the county will impose a parcel tax on local properties which is expected to generate about $8.9 million annually [7].

Figure 4: Net Income Margin by Hospital, Imperial County, 2021 to 2023 (Average)



Source: *HCAI Hospital Annual Financial Data: Selected Data, 2021-2023 CY*
Note: The data includes hospitals HCAI classifies as general acute care facilities; excludes specialty, psychiatric, children, long-term care, and rehabilitation hospitals. Net income margin is net income divided by the sum of net patient revenue, other operating revenue, and nonoperating revenue.

Figure 5: Medi-Cal Share of Net Patient Revenue by Hospital, Imperial County, 2021 to 2023 (Average)



Source: *HCAI Hospital Annual Financial Data: Selected Data, 2021-2023 CY*

Figure 6: Financial Assistance Provided to Patients as a Share of Total Expenses by Hospital, Imperial County, 2021 to 2023 (Average)



Source: *Data provided by The Lown Institute Hospitals Index for Social Responsibility sourced from IRS Form 990 or CMS hospital cost reports.*

FQHCs

Imperial County has 7 FQHCs, most of which are operated by a single organization, Innercare (formally known as Clinicas de Salud del Pueblo), making Innercare the largest private health care provider in the county. FQHCs are much less financially stable than FQHCs statewide with an average operating margin of -31% compared to 1.2% statewide [8].

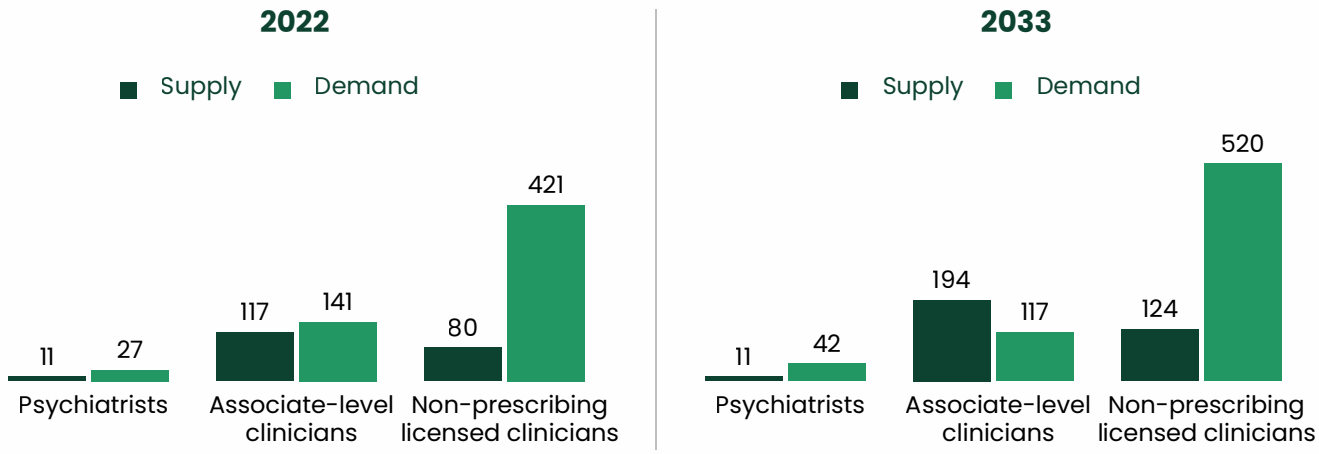


Workforce

Imperial County faces critical provider shortages, especially for primary care and behavioral health care.

Imperial County faces a significant behavioral health provider shortage today that is projected to persist or worsen by 2033. In 2022, the County had a severe shortage of psychiatrists and non-prescribing licensed clinicians; these shortages are projected to persist or increase through 2033. The County faced a less severe shortage of associate-level clinicians in 2022, but this is projected to worsen to a severe shortage by 2033.

Figure 7: Behavioral Health Provider Supply and Demand, Imperial County, 2022 and 2033



Source: *HCAI Supply and Demand Modeling for California's Behavioral Health Workforce*



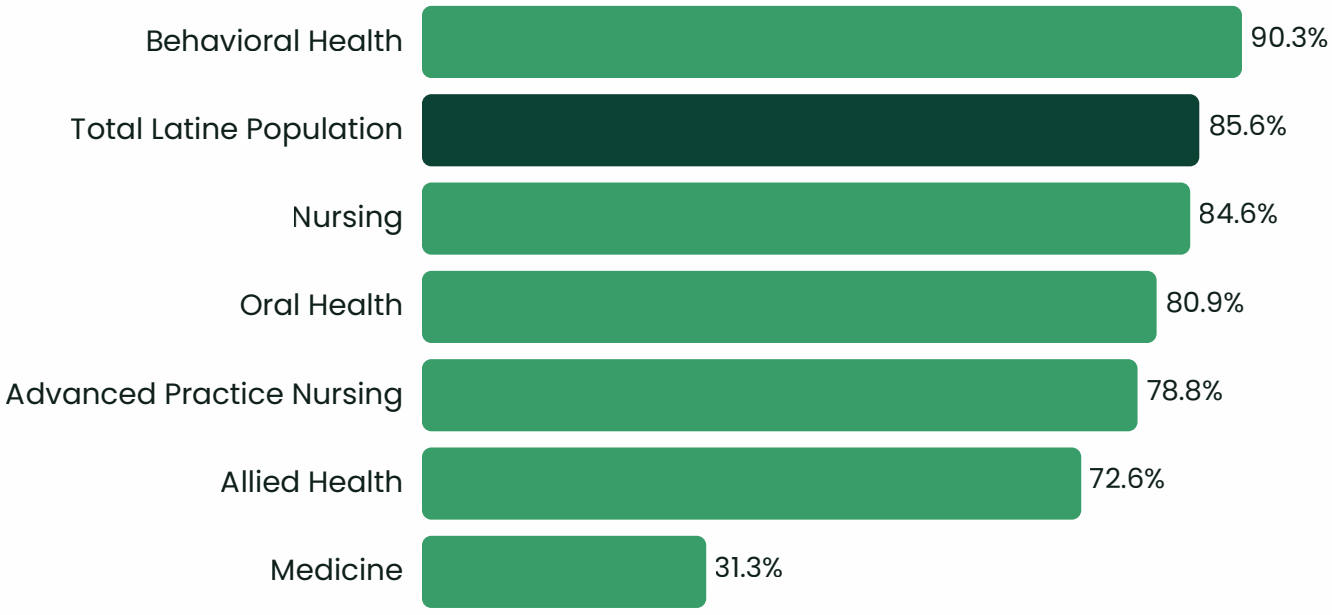
As of 2022, Imperial County faced a shortage of registered nurses (a 17% gap between demand and supply). That shortage is projected to nearly double by 2033, when the county is projected to have a gap of about 400 RN FTEs (a 33% gap between demand and supply) [9].

In addition, Imperial County is critically underserved by nurse anesthetists with only 1FTE serving the county, when the County is estimated to need 5.2 FTEs. This shortage is projected to persist through 2033 [10].

All of Imperial County is designated as a primary care shortage area, according to HCAI [11].

The diversity of Imperial County's health care workforce does not align well with the County's population. While Latine residents make up 86% of the County's population, Latine workers are severely underrepresented in the County's medicine workforce (physicians and physician assistants) with Latine making up only 31% of active licenses. Latine are also underrepresented in allied health roles (73%) and advanced practice nurse positions (79%). The Latine workforce is more representative of the region's population for nursing (85% of active licenses) and behavioral health (90% of active licenses). Spanish-speaking workers are also underrepresented in the County's medicine workforce, where 50% speak Spanish versus 74% of the County's population.

Figure 8: Latine Licensed Health Care Workforce by Workforce Category, Imperial County, 2024



Source: *HCAI Health Workforce Race & Ethnicity Data*

Note: Refer to Appendix B for lists of license types within each workforce category.

Opportunities for Advocacy/Policy Recommendations

1 **Successfully implement the Imperial Valley Healthcare District**

A **Ensure a robust Community Advisory Board:** Advocates should urge the IVHD Board to establish a robust Community Advisory Board comprised of community residents with diverse perspectives and lived experience The Advisory Board should have a transparent and equitable recruitment and selection process, meaningful mechanisms for public participation, and clear impact on the decisions of the IVHD Board.

B **Integrate hospital care in the district:** by prioritizing what care is needed where rather than having two competing hospitals.

2 **Strengthen Community Health Plan of Imperial Valley**

A **Keep local dollars in the community:** Advocates should request additional transparency about the local health plan's relationship with Health Net to ensure that Medi-Cal dollars stay local. While it's possible that this delegation is useful and the county may have difficulty fully administering the program itself, it is also possible that dollars are being lost to administration and profit that could better meet community needs. CHPIV could also look for an administrator that is not-for-profit and/or that better understands community needs.

B **Improve asthma related services:** Childhood asthma is a significant issue in Imperial and yet, the Medi-Cal benefit for asthma remediation is underutilized. Advocates should request the plan to fund community-led initiatives for asthma home visiting and remediation.

3 **Leverage state authority and funding for local improvements**

Imperial Valley is more dependent on state dollars to sustain its health care infrastructure than just about any other county in the state. Yet, it has limited political representation and voice in Sacramento. Advocates should engage in state policymaking on key initiatives that need to prioritize Imperial County:

A **Distressed Hospital Loan Fund and Hospital Financial Stability Unit:** This program has provided critical loans to keep Imperial County's two hospitals open. However, it provided one-time, state general fund supported loans, not an ongoing approach to financial stability and sustainability. Going forward, advocates should engage with the Department of Health Care Access and Information, particularly the Hospital Financial Stability Unit, to provide input on the future of the program and ensure that any future dollars are prioritized for the regions with the greatest unmet health care needs.

B **Rural Health Transformation Initiative:** Funding from the federal Rural Health Transformation Initiative (RHTI) is being distributed by the Department of Health Care Access and Information [12]. Advocates should work with the IVHD to monitor opportunities for funding and ensure that the county's funding applications align with community priorities.

C **Medi-Cal Payment Transformation:** Medi-Cal funding for hospitals is paid primarily based on the volume of services delivered, which can be difficult for facilities in more rural and less populated areas, like Imperial County. Advocates should work with local elected officials and the California Department of Health Care Services to develop and pilot new approaches to paying for hospital services using methodologies that provide predictability and stability, and that allow for and incentivize the provision of care that is highly valued by the community.



Acknowledgements

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California Pan-Ethnic HEALTH NETWORK

The California Pan-Ethnic Health Network (CPEHN) is a BIPOC-led, multicultural, state policy organization, which seeks to advance health equity by dismantling structural racism and ensuring opportunity and health for all Californians. For 30 years, CPEHN has worked with a diverse network of community-based organizations across the state to identify and elevate community priorities to state policymakers. CPEHN is dedicated to building power with communities of color through policy advocacy, research, network and leadership building, and storytelling.

Endnotes

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Appendix

Appendix A: Covered California Qualified Health Plan Performance by Plans, Statewide, 2024

Qualified Health Plan	Percent of adults ages 18+ with no utilization	Number of ER visits per 1,000 enrolled members ages 18+	Percent of children and adolescents ages 3-21 with at least one well-care visit
Aetna HMO	28%	181	28%
Anthem EPO	19%	204	34%
Anthem HMO	23%	143	28%
Blue Shield HMO	15%	190	32%
Blue Shield PPO	11%	196	53%
Chinese Community HMO	27%	81	58%
Health Net HMO	17%	161	35%
Health Net PPO	23%	149	38%
Kaiser HMO	16%	168	39%
L.A. Care HMO	25%	121	36%
Molina HMO	24%	138	30%
Sharp HMO	14%	160	52%
Valley Health Plan HMO	34%	172	17%
Western Health Advantage HMO	16%	182	42%

Source: *Covered California Plan Performance Report 2025 Healthcare Evidence Initiative (HEI): Utilization Dashboard*

Notes:

1. *The percent of adults age 18+ with no utilization is the percent of members with 12 months of continuous enrollment who had no medical or drug services during the year. A lower value indicates better performance.*
2. *With annual number of emergency room visits per 1,000 enrolled adult members, higher rates may signal difficulty accessing care through appropriate channels.*
3. *The well-care visit measure refers to the percent of children and adolescents ages 3-21 who had at least one well-care visit during the year.*

Appendix B: Health Workforce Categories and License Types

Workforce Category	License Types
Advanced Practice Nursing	Clinical Nurse Specialist, Licensed Midwife, Nurse Anesthetist, Nurse Midwife, Nurse Practitioner
Allied Health	Advanced Practice Pharmacist, Audiologist, Chiropractor, Doctor of Podiatric Medicine, Licensed Acupuncturist, Occupational Therapist, Occupational Therapy Assistant, Optometrist, Pharmacy Technician, Physical Therapist, Physical Therapist Assistant, Polysomnographic Technician, Polysomnographic Technologist, Psychiatric Technician, Registered Pharmacist, Respiratory Care Practitioner, Speech Pathologist, Speech-Language Pathology Assistant
Behavioral Health	Associate Clinical Social Worker, Associate Marriage and Family Therapist, Associate Professional Clinical Counselor, Licensed Clinical Social Worker, Licensed Educational Psychologist, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Psychiatric Mental Health Nurse, Psychologist, Registered Psychological Associate
Medicine	Naturopathic Doctor, Osteopathic Physician and Surgeon, Physician and Surgeon, Physician Assistant
Nursing	Public Health Nurse, Registered Nurse, Vocational Nurse
Oral Health	Dentist, Orthodontic Assistant, RDA In Extended Functions, RDH Alternative Practice, RDH Extended Function, Registered Dental Assistant, Registered Dental Hygienist

Source: *Table adapted from the HCAI Race & Ethnicity of California's Health Workforce Visualization.*



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