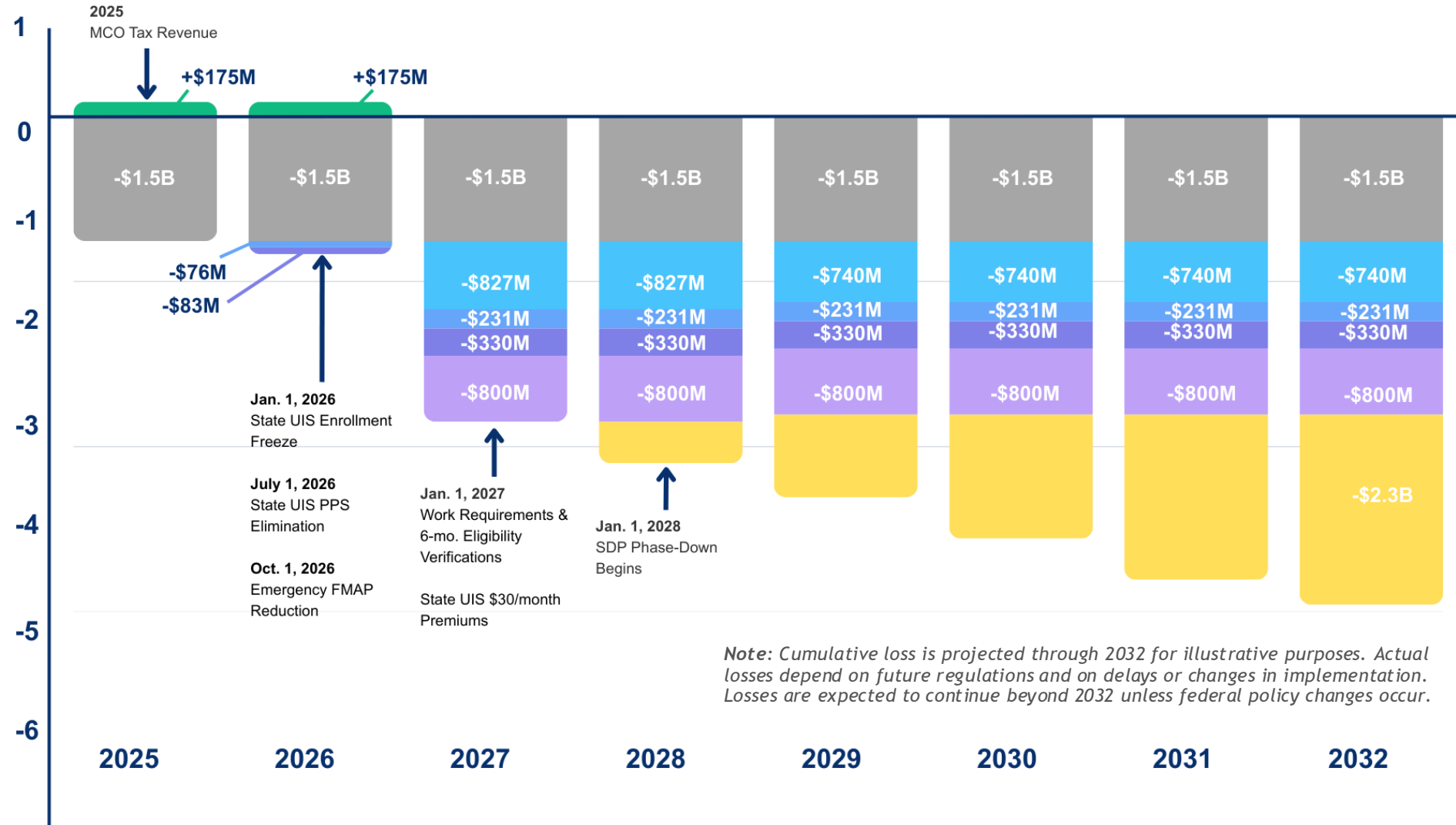




2025-2032 PROJECTED CUMULATIVE IMPACT: STATE AND FEDERAL POLICY CHANGES AFFECTING CALIFORNIA'S PUBLIC HEALTH CARE SYSTEMS

ANNUAL REVENUE AT RISK (\$IN BILLIONS)



KEY:

- EXISTING STRUCTURAL DEFICIT
Does not include PHS' historical deficit of \$1.7B.
- DSH/GLOBAL PAYMENT PROGRAM (GPP) NON-RENEWAL
- STATE UNSATISFACTORY IMMIGRATION STATUS (UIS) CHANGES
- EMERGENCY FMAP REDUCTION
- FEDERAL ELIGIBILITY CHANGES
Includes Medicaid work requirements and six-month re-verification thereby reducing Medi-Cal enrollment, lowering federal funding, and increasing uncompensated care costs.
- STATE DIRECTED PAYMENT (SDP) REDUCTIONS
SDP impact shown between 2028-2031 assumes gradual reduction through FY 2032, ending with \$2.3B annual loss. Actual amounts depend on federal implementation.
- MCO TAX

Note: Cumulative loss is projected through 2032 for illustrative purposes. Actual losses depend on future regulations and on delays or changes in implementation. Losses are expected to continue beyond 2032 unless federal policy changes occur.