COVERED CALIFORNIA BOARD MINUTES
Thursday, August 20, 2026
Covered California
1601 Exposition Blvd.
Sacramento, CA 95815

Agenda Item I: Call to Order, Roll Call, and Welcome

The meeting was called to order at 10:31 a.m.

Board Members Present During Roll Call:

Craig Cornett
Jerry Fleming
Deborah Kelch
Mayra Alvarez
Kim Johnson

Agenda Item II: Closed Session

A conflict disclosure was performed and there were no conflicts from the Board members that needed to be disclosed. The Board adjourned for closed session to discuss contracting and personnel matters pursuant to Government Code Section 100500(j), and 11126(a).

The open session was called to order.

Agenda Item III: Board Meeting Action Items

Action – June 18, 2026 Meeting Minutes

Board Comment: None.

Public Comment: None.

Motion/Action: Ms. Alvarez called for a roll call vote for approval of the June 18, 2026, meeting minutes.

Vote: The motion was approved by a unanimous vote of those present.

Agenda Item IV: Executive Director's Report

Discussion – Announcement of Closed Session Actions

Jessica Altman, Executive Director, stated that the Board met in closed session to undertake issues related to personnel and contracting. There were no items to report.

Discussion – Executive Director's Update

Jessica Altman, Executive Director, gave a brief overview of the agenda and announced that the next Board meeting is scheduled for September 17th.

Discussion – State and Federal Policy/Legislative Update

Ms. Altman reported that several federal regulations affecting health care marketplaces are being challenged in court, with recent decisions beginning to clarify their status. She explained that in *California v. Kennedy*, the court vacated a provision that would have excluded gender-affirming care from qualifying as an essential health benefit. She emphasized that California had already protected access to gender-affirming care for all Covered California enrollees and would continue assessing the decision's operational effects and potential appeals. She also noted that the *Columbus v. Kennedy* (Columbus II) litigation resulted in the court vacating several provisions of the 2027 Notice of Benefit and Payment Parameters, including stringent verification requirements that could have created enrollment barriers for consumers.

Ms. Altman stated that the Department of Homeland Security finalized a new Public Charge Rule that may broadly include Covered California tax credits and cost-sharing reductions, creating significant concern about fear and a chilling effect among immigrant communities. She emphasized that Covered California is coordinating with state agencies and community-based organizations to provide consistent information and support to affected communities. She added that Covered California submitted comment letters relating to essential health benefits, health care quality, behavioral health, addiction, and proposed health plan accreditation standards. Ms. Altman then highlighted a Government Accountability Office report that validated Covered California's consumer-friendly enrollment practices and strong program-integrity controls compared with deficiencies identified in the federal marketplace.

Next, Ms. Altman highlighted two briefs prepared by the Policy, Eligibility and Research team: one examining the expiration of Enhanced Premium Tax Credits and another addressing upcoming changes to lawful-presence definitions and related loss of tax credit eligibility. She explained that the briefs combine quantitative estimates of affected consumers and increased costs with survey data, interviews, and consumer stories to convey both the scale and human impact of these changes. She noted that Covered California plans to share the briefs with partners and encouraged their use as resources.

Finally, Ms. Altman reported that the governor signed the state's budget bills on June 29 without changing Covered California's previously proposed appropriations, and she expressed appreciation for additional Healthcare Affordability Reserve Fund support that will enable a more generous California Premium Subsidy Program in plan year 2027. She also noted broader health-related budget actions, including continued implementation of the managed care organization tax relevant to qualified health plans and protections intended to mitigate impacts on Medi-Cal members.

Board Comment: None.

Public Comment: Diana Douglas, representing Health Access, expressed appreciation for Covered California's responsiveness to federal rule changes and ongoing court decisions, and she said Health Access would continue supporting state implementation and consumer communications. She urged the state to provide timely, accessible, and accurate information, and thanked Covered California for its ongoing partnership.

Agenda Item V: Covered California Policy and Action Items

Discussion – Proposed Emergency Eligibility and Enrollment Regulations

Bahara Hosseini, Assistant Chief Counsel of the Office of Legal Affairs, presented an overview of the proposed emergency eligibility and enrollment regulations. Ms. Hosseini stated that Covered California proposes using emergency rulemaking to update individual exchange eligibility and enrollment regulations in response to recent federal changes, primarily those required by H.R. 1, following collaboration with consumer advocates, health plan issuers, and other stakeholders. She explained that beginning in plan year 2027, eligibility for advance premium tax credits would be limited to U.S. citizens, U.S. nationals, and certain eligible noncitizens, with new verification procedures for eligible noncitizen status. She noted that beginning in plan year 2028, the regulations would add a one-year failure-to-reconcile process for APTC eligibility and reinstate an automatic 60-day extension for income inconsistencies. She also described clarifying revisions, including corrections to typographical errors and additional references. Ms. Hosseini said staff will seek formal adoption at the next Board meeting, after which the regulation will be filed with the Office of Administrative Law and any further updates shared with stakeholders for review and feedback.

Ms. Altman reminded the Board that the item was delayed from the prior meeting so staff could remove provisions tied to vacated federal regulations while updating Covered California's rules to comply with current law. She emphasized that the agency adopts consumer-friendly options whenever the federal framework allows, and said the delay ensured the regulations remain narrowly tailored and aligned with the latest court decisions, which could change.

Board Comments: Mr. Cornett clarified that the cases would be appealed by the federal government.

Ms. Altman responded that if they hadn't already been they soon would be.

Public Comment: None.

Discussion – Community Engagement Program

Sumeet Pamma, Chief of Community Engagement and Partnerships Program of the External Affairs and Community Engagement Division, provided an overview of the Community Engagement and Partnership Program, which was created to strengthen outreach, education, and enrollment through sustained, trusted relationships with communities statewide. While community engagement has been part of Covered

California's work since its inception, community conversations in 2023 and 2024 demonstrated the need for a year-round approach. The program was formally established as part of the 2024 strategic plan within the External Affairs and Community Engagement Division.

Mr. Pamma emphasized the program's cross-divisional collaboration, noting that the Communications and Public Relations Division, the Outreach and Sales Division, and the Policy, Eligibility, and Research Division (PERD) help identify priority communities, participate in events, and bring feedback into the organization. The team gathered input through community circles, webinars, partner conversations, and surveys to learn directly about community experiences. These efforts support shared learning and help tailor resources such as affordability messaging and consumer guidance.

Mr. Pamma outlined common challenges, including coverage gaps caused by transitions and churn, affordability concerns, confusing eligibility and renewal processes, system usability issues, documentation requirements, account access, and plan comparison, and noted that communities value trusted messengers, language-accessible materials, and step-by-step guidance. The team developed clear fact sheets, resource guides, FAQs, and tools, and connects communities to existing resources.

He added that the use of a human-centered approach, providing warm handoffs to state agencies, counties, advocates, community-based organizations, federally qualified health centers, and free and charitable care clinics when needs fall outside Covered California's scope.

Looking ahead, communities affected by lawful presence eligibility changes will remain a major focus. The team plans to hold community circles with Asian American, Native Hawaiian and Pacific Islander, and Latino communities; strengthen local physician engagement; prepare partners and communities for renewals, open enrollment, and policy changes; and use community feedback and data to guide outreach and resource development through 2027. An external newsletter will provide partners with timely updates, resources, and key messages throughout the year.

Board Comments: Ms. Kelch thanked Mr. Pamma for his presentation and praised the importance of the Community Engagement program. Drawing on experience with regional workgroups at the Insure the Uninsured Project, Ms. Kelch congratulated Mr. Pamma on building the new team and expressed strong enthusiasm for the program's potential.

Mr. Cornett echoed the appreciation for the presentation and expressed curiosity towards how it may change as we get closer to open enrollment, and asked if Covered California had reached out to influencers within communities as well.

Ms. Altman further clarified that the Marketing Division is responsible for the influencer program and have put thought into who the most trusted voices in the communities may be in relation to social media.

Chairwoman Johnson shared appreciation for the work of this group. Specifically, she expressed appreciation for the effort to engage California's diverse communities and praised collaboration with other state agencies. She emphasized the importance of

directing individuals to trusted immigration legal-services providers who can explain public-benefit consequences, address the chilling effects of public charge, and help people identify the best options for their circumstances.

Ms. Alvarez echoed the appreciation for the Community Engagement efforts presented. She commended Covered California for using trusted messengers and cross-sector partnerships to break down silos and recognize immigration, housing, and childhood development as important health issues for families. She expressed pride in supporting the work, emphasizing the importance of strengthening public trust and ensuring that eligible Californians gain and maintain access to coverage and services.

Public Comment: Doreena Wong, representing Asian Resources, expressed deep appreciation for Covered California's Community Engagement program and its recognition of community-based organizations as essential to effective enrollment and expanding coverage.

Discussion – Lawfully Present Immigrant Eligibility Changes

Kelly Green, Director of External Affairs and Community Engagement Division, provided an overview of lawfully present immigrant eligibility changes. Ms. Green updated the Board on Covered California's strategy to support lawfully present immigrants affected by H.R. 1. Beginning in 2027, certain lawfully present immigrants will lose eligibility for premium tax credits, cost-sharing reductions, and other financial assistance, potentially affecting about 140,000 enrollees. She noted the affected population could lose about $660 million in federal assistance and face average monthly premium increases of about $500, with about 80 percent having incomes below 200 percent of the federal poverty level. Ms. Green reported that green cardholders, Cuban and Haitian entrants, and migrants from Compact of Free Association countries (COFA migrants) will remain eligible for assistance, while refugees, asylees, and individuals with work or student visas and other statuses generally will not.

She emphasized that demographic, geographic, and agent-assistance data are guiding strategies focused on public education, trusted-partner engagement, consumer transitions, and operational readiness, noting that nearly 90 percent of impacted enrollees work with certified agents. She described efforts to inform consumers, update immigration-status information, evaluate lower-cost coverage options, connect individuals with trusted immigration and health resources, and protect consumers from scams.

Ms. Green highlighted increased outreach assistance to consumers understand the changes and available actions, resulting in about 2,000 LPI enrollees who had updated their status by early July and remained eligible for financial assistance. Ms. Green also highlighted consumer notices, agent toolkits and training, carrier coordination, community and stakeholder webinars, and resource documents directing uninsured Californians to clinics and other available programs.

Looking ahead, she said Covered California will use email, text, renewal notices, potential outbound calls, community engagement, carrier support, and continued agent

outreach during renewal and open enrollment, while advising consumers to seek qualified legal assistance regarding the evolving Public Charge rules.

Finally, Ms. Green noted that Covered California is placing emphasis on consumer support, resources, and continued engagement heading into renewal and open enrollment.

Board Comments: Chairwoman Johnson thanked Ms. Green for providing varied approaches and data to clarify who will be affected. She emphasized the importance of ensuring those individuals have the information needed to navigate their next steps.

Ms. Kelch praised the depth and breadth of the approach and asked how the broad outreach materials about finding affordable healthcare options are distributed and accessed.

Ms. Green explained that the new resource document was developed with input from consumer advocates, administrative partners, counties, and community stakeholders and will remain a work in progress as local resources change. It is currently posted on the HBEX website and shared with partners, agents, and enrollers, while broader consumer distribution is being considered carefully to avoid confusion about coverage options during renewal and open enrollment.

Ms. Kelch noted that many people are uncertain about the range of available options amid recent changes, while previously reduced services may again be needed by those who have become uninsured.

Chairwoman Johnson emphasized Covered California and HHS's collaboration on clear, individualized communications and resources to help people navigate available options.

Public Comment: None.

Discussion – Population Health Investments (PopHI) Updates

Taylor Prisetley, Director of the Health Equity and Quality Transformation Division, provided an update on Population Health Investments (PopHI). Ms. Priestley stated that PopHI is funded through Quality Transformation Initiative payment and guided by equity and evidence-based principles, with proposed investments reviewed by the advisory council.

Ms. Priestley summarized the 2025–2026 portfolio, including childhood wellness, food security, practice transformation, and healthcare workforce pathways, and noted that the Child Scholarship Account program now serves over 1,000 enrolled households, with evaluations identifying awareness and competing demand-barriers.

Ms. Priestley reported that the Equity and Practice Transformation initiative supports about 45 primary care practices serving Medi-Cal and Covered California members through coaching, technical assistance, and learning opportunities focused on population health infrastructure, data sharing, care delivery, and equity. She highlighted improvements including increased depression-screening follow-up among Spanish-speaking patients.

Ms. Priestley added that Phase 2 will expand practice-improvement efforts and that the Health Professions Pathways Program will launch a new five-year grant cycle focused on prioritizing primary care and behavioral health shortages, with applications due in October and awards expected in December.

Next, Ms. Priestley reported that the Grocery Support Program enrolled nearly 7,000 households, provided an average award of $1,600 per household, and facilitated nearly $5 million in spending, with year-two showing strong retention and improved enrollment equity.

Dr. Emma Tucher from the UCSF SIREN Center presented preliminary fundings from the year-one evaluation of the Grocery Support Program, which enrolled 6,972 households and provided monthly or lump-sum payments for grocery support to enable randomized assessment. Dr. Tucher noted strong engagement and robust evaluation methods with high utilization among monthly participants.

Dr. Tucher reported that monthly participants showed a 2.8 percentage point increase in nutrition security, diet quality, affordability, and mental health-related quality of life, though broader social risk and utilization measures did not show significant change. Qualitative feedback indicated reduced stress and improved ability to meet household needs.

Finally, Dr. Tucher shared participant feedback describing improved ability to purchase healthier foods and reported health improvements such as better diabetes management, weight loss, improved bloodwork, and reduced need for certain medications.

Board Comments: Chairwoman Johnson commended the Grocery Support Program for contributing evidence on the resources needed to purchase healthy food and inform potential federal rulemaking related to the Thrifty Food Plan. She also praised the broader evaluation efforts and suggested exploring ways to connect CalKIDS participants with additional available federal funding.

Mr. Cornett asked whether the evaluation considered participants' access to healthy food, including whether they lived in areas with limited food availability.

Dr. Tucher reported that 7 percent of participants lived in rural areas, with most residing in metropolitan communities, and noted that qualitative interviews explored whether rural participants faced food-access challenges beyond affordability. She explained that the grocery card could be used at a broad range of food retailers, including grocery stores, pharmacies, Target, Walmart, and other participating merchants, leading to individuals' ability to better use the funding, even in those rural areas.

Chairwoman Johnson asked if there was research done on individuals who had a choice between a monthly allotment or a lump sum, and if there were any results about distribution mechanism differences.

Dr. Tucher responded that they were randomly allocated at a one-to-one level and are evaluating the impact of the lump sum option. She noted that participants had differing preferences regarding the timing of grocery support, some valued the flexibility of

receiving a lump sum, while others preferred monthly assistance as a reliable reserve during financial hardship. She said further interviews would examine these preferences and related implementation considerations.

Public Comment: Ms. Wong commended Covered California's preparation for upcoming restrictions affecting lawfully present immigrants.

Discussion – Proposed 2027 Population Health Investment (PopHI)

Dr. S. Monica Soni, Chief Medical Officer and Chief Deputy Executive Director of the Health Equity and Quality Transformation Division, provided an overview of the proposed 2027 PopHI, noting that about $41 million is expected from underperforming health plans, and about $13.6 million in preliminary funding would be available for 2027 Population Health Investments. She reported that the 2027 portfolio would continue existing PopHI programs, add transportation support, and introduce a new Public Health for All Californians Together (PHACT) initiative focused on improving childhood immunization rates.

Dr. Soni explained that declining vaccination rates reflect access challenges, workforce constraints, vaccine hesitancy, complex clinical questions, and inconsistent information from trusted community and social media sources. Dr. Soni highlighted significant regional and racial disparities, including especially low rates and steep declines in Northern and Central California and among white children. She emphasized that improving immunization rates will require a coordinated, systemwide approach rather than a single intervention.

Dr. Soni noted PHACT would use community and social listening, evidence-based messaging, and coordinated outreach to develop and disseminate real-time, community-centered vaccination communications. Dr. Soni stated that the proposal targets documented equity gaps and population needs while aligning with Quality Transformation Initiative requirements.

Board Comments: Mr. Cornett requested clarification that all county public health would be a part of the PHACT PopHI.

Dr. Soni confirmed that local public heath was involved.

Ms. Alvarez commended Covered California's leadership and cross-agency collaboration through the PopHI initiative, emphasizing the importance of addressing factors beyond health coverage. She underscored managed care plans' responsibility to improve persistently low childhood immunization rates while recognizing that vaccine hesitancy and other barriers require a broader coalition response. Ms. Alvarez praised the PHACT coalition's systemwide approach and asked how Covered California's experience informs DHCS's Community Reinvestment Program, as well as how interested organizations can participate.

Dr. Soni explained that the PHACT coalition is open to all interested participants, who may join its distribution list and working groups through the PHACT website. She highlighted how Covered California, CDPH, DHCS, and other partners share data, communication strategies, and outreach practices, including updated vaccination

messaging, social influencer guidance, and a statewide back-to-school vaccination plan. Dr. Soni also noted that DHCS participates in the PopHI Advisory Council and that Covered California's lessons on population needs assessments and stakeholder engagement are informing DHCS's Community Reinvestment Program.

Ms. Kelch expressed concern about the long-term effects of measles and commended the initiative's efforts to identify effective ways to communicate this information to families. She praised Covered California's leadership in evaluation and health plan accountability and expressed pride in its contributions to public health.

Chairwoman Johnson reaffirmed California's commitment to improving preventive health outcomes despite unfavorable trends, emphasizing the importance of using publicly shared data to target disparities by population and geography. She commended Covered California, CDPH, local epidemiologists, and the PHACT coalition for equipping communities with new tools and communication strategies to promote public health.

Public Comment: Anate Millers, representing the California Association of Health Plans, expressed support for Covered California's efforts.

Tina Yuen, representing the California Accountable Communities for Health Initiative, described Accountable Communities for Health as equity-centered, multisector collaborations that can help families navigate conflicting childhood vaccine information through trusted local relationships.

Grace Lee, pediatric infectious disease physician, stated that the PHACT coalition addresses longstanding fragmentation across the vaccine, community, and public health systems.

Board Comments: Ms. Kelch acknowledged the value of flexibility but supported Covered California's balanced approach of retaining funds while directing plans toward rigorous, coordinated strategies to improve childhood immunization rates. She recommended focusing on clear goals and key messages, evaluating results collectively, and considering greater flexibility in future years based on the findings.

The meeting was adjourned.