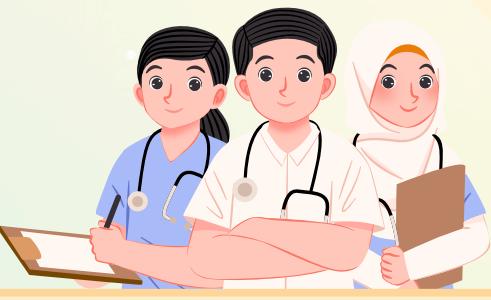


The federal government funds a large share of essential health and social services for families and residents in California. Yet, a 2025 tax and budget law entitled **H.R. 1** (also known as the “One Big Beautiful Bill Act”) makes harmful cuts to health and nutrition assistance programs, along with burdensome work requirements and increased administrative costs to the state and localities. This data sheet provides a profile of the Orange County residents that will be impacted by some of these cuts. The charts below show how many residents in the district are at risk of losing these vital services.

There are **472,278 Orange County residents in California Assembly District 70 (AD-70)**. This district includes the following Orange County cities: **Fountain Valley, Garden Grove, Huntington Beach, Los Alamitos, Midway City, Rossmoor, Santa Ana, Seal Beach, Stanton, and Westminster**.

## MEDI-CAL CUTS

### ORANGE COUNTY SSA MEDI-CAL ENROLLMENT BY RACIAL GROUP, (AD-70)



Racial Group	Residents Enrolled in Medi-Cal coverage		Adults (19-64) at risk of losing health coverage by Medi-Cal work requirements	
	# of Enrollees in District	% of total enrollees in district	Adults at risk of losing coverage in district	% of adult enrollees at risk in district by race
<b>Total Enrollees</b>	180,781	-	108,357	59.94%
African American/Black enrollees	1,373	0.76%	905	65.91%
Asian American enrollees	73,009	40.39%	45,139	61.83%
Hispanic/Latino enrollees	65,245	36.09%	36,167	55.43%
Native American/American Indian enrollees	260	0.14%	207	79.62%
Native Hawaiian, Pacific Islander enrollees	796	0.44%	485	60.93%
White enrollees	14,351	7.94%	9,299	64.80%

**“Medi-Cal” is California’s Medicaid program.** It is a public health insurance program that provides no-cost or low-cost health coverage for people with low-incomes or limited resources.



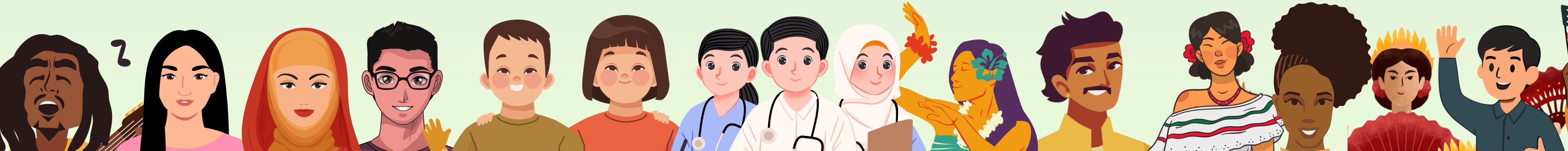
**~1 Million**  
OC residents are enrolled in Medi-Cal through CalOptima Health or Kaiser Permanente

**In AD-70, 59.94% of adult Medi-Cal enrollees are at risk of losing their health coverage.** That’s because H.R. 1 imposes new work requirements on adults ages 19-64 applying for or enrolled in Medi-Cal (with some exemptions). All states including California will have to verify twice a year that adult Medi-Cal enrollees work or participate in “qualifying activities” for at least 80 hours per month to maintain coverage. Adults who do not meet this requirement will be **denied** or **disenrolled from Medi-Cal** coverage and become **uninsured**.

## WHO ARE WE? OC API TASKFORCE

The **Orange County Asian and Pacific Islander Task Force** (<https://www.ocapitaskforce.org/>) is a network of Asian American, Native Hawaiian and Pacific Islander nonprofit organizations and community members. We aim to elevate community voices, engage multi-sector stakeholders, and create sustainable and transformational change in Orange County, California.

APITF thanks Daniel Ichinose at OC Action for conducting the data analysis, the Orange County Social Services Agency, Research Unit, for providing Medi-Cal and CalFresh enrollment data, and Sydney Pike at Pacific Islander Health Partnership for formatting and design.



# CUTS TO CALFRESH

H.R. 1 cuts the amount of food benefits residents and families with low incomes will receive.



More CalFresh recipients will also have to meet the law's stricter work requirements. These changes put **parents, caregivers, older adults, veterans and other vulnerable individuals at high risk of losing their benefits** and will likely impact children living in CalFresh households who qualify for free or reduced cost school meals. The new law also shifts the financial burden of higher food benefits and administrative costs to states and local governments, taking away resources to prevent hunger in OC.

## 18,821

Children at risk of losing nutrition assistance in AD-70



## ORANGE COUNTY SSA CALFRESH ENROLLMENT BY RACIAL GROUP, (AD-70)

	Residents benefiting from nutrition support through CalFresh	Children at risk of losing some nutrition support or free/reduced school meals	
Racial Group	# of Enrollees in District	% of total enrollees in district	Number of children (aged 0-17)
<b>Total Enrollees</b>	72,890	-	18,821
<b>African American/Black enrollees</b>	799	1.10%	253
<b>Asian American enrollees</b>	34,839	47.80%	4,700
<b>Hispanic/Latino enrollees</b>	19,992	27.43%	10,138
<b>Native American/American Indian enrollees</b>	113	0.15%	<25*
<b>Native Hawaiian, Pacific Islander enrollees</b>	407	0.56%	120
<b>White enrollees</b>	6,312	8.66%	1,234

\* Enrollment data under 25 individuals are designated as "<25" for privacy purposes.

"CalFresh," known federally as the Supplemental Nutrition Assistance Program (SNAP), provides monthly food benefits to individuals and families with low-incomes and economic benefits to communities.

**CalFresh is the largest food assistance program in the state and provides an essential hunger safety net to over...**



**318,000**  
OC Residents



**195,000**  
OC Households

### Methodology:

Orange County Medi-Cal and CalFresh enrollment as of March 2025 were provided by the Orange County Social Services Agency, Research Unit on May 30, 2025. These individual-level data were provided with racial, ethnic, and age identifiers, but redacted of all personally identifiable information. County-derived Medi-Cal data differ from state-derived data and exclude Qualified Medicare Beneficiary (QMB) members, SSI recipients, Presumptive Eligibility Medi-Cal members, and those participating in some specialized Medi-Cal programs. County-derived CalFresh data may differ from state-derived data based on export date and county use of application rather than processing dates.

Because individual-level Medi-Cal and CalFresh enrollee data were provided with census tract and Orange County Board of Supervisor district identifiers, but without a street address or other geographic identifiers, California State Assembly and California State Senate-level estimates were produced by aggregating individual data to the census tract-level, using 2020 Census P.L. 94-171 population data to allocate census tract-level data to census blocks, then aggregating the resulting census block data to the legislative district-level.