

**Monterey County Board of Supervisors**  
**Referral Submittal Form**

**Referral No. 2025.16**  
**Assignment Date: 11/18/25**

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

Date: 10/30/2025	Submitted By: Luis Alejo	District #: 1
Referral Title: Esperanza Care 2.0		
Referral Purpose: The purpose of this referral is to bring back the Esperanza Care Program in light of thousands of Monterey County residents who are expected to lose their MediCal coverage starting in 2026.		
Brief Referral Description: In 2015, the Monterey County Board of Supervisors approved \$500,000 to create the Pilot Program for the Remaining Uninsured to provide healthcare services to county residents who remained uninsured and unable to pay for costly medical care, procedures and prescription medicines. At the time, it was estimated that 30,000 to 50,000 adult residents over the age of 25 were without any medical insurance due to their documentation status.		
The pilot program was later renamed Esperanza Care and became effective October 1, 2017 with an enrollment cap of 2,500. It provided limited scope pharmaceuticals, laboratory and radiology services. Starting in 2021, the program was expanded in scope of services, increased in funding to a \$2.5M+ program, and the enrollment cap was increased to 4,500 maximum.		
However, with the historic MediCal expansion in California that covered all eligible adults regardless of immigration status in 2024, the Esperanza Program was ended. Unfortunately, due to the recent federal changes to Medicaid that funds California's MediCal via HR 1 on July 4, 2025, it is estimated that approximately 27,000 residents will lose their MediCal coverage starting next year. These dire circumstances merit bringing Esperanza Care back to once again serve our county residents who will have no other form of healthcare coverage.		

Classification - Implication	Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <u>HEALTHCARE</u>	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation <b>Requested Response Timeline</b> <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 8 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s): <u>NMC/Health Department</u>	Referral Lead: <u>Dr. Charles Hariss/Elsa Jimenez</u>	Board Date: <u>11/18/25</u>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s):	Referral Lead:	Original Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:		
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Analysis Completed By: <hr/>	<b>Department's Recommended Response Timeline</b>	
Date: _____	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____	

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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