

# Access to Healthcare for Noncitizen Survivors

Survivor Health  
Access Project

## Limitations on Medicaid/CHIP & ACA Marketplace

May 2026

### Access to Healthcare for Noncitizen Survivors<sup>1</sup> Limitations on Medicaid/CHIP & ACA Marketplace<sup>2</sup>

The One Big Beautiful Bill Act (OBBBA), also known as H.R. 1, became law on July 4, 2025. It makes sweeping changes to healthcare coverage for many people across the country, including lawfully residing noncitizen survivors of domestic violence (DV), sexual assault (SA), and trafficking who had previously been eligible for such benefits.

The purpose of this paper is to provide immigrant survivors as well as DV, SA and trafficking programs with an overview of federal healthcare benefits still available to noncitizen survivors despite the extensive changes contained in H.R. 1. Specifically, it discusses noncitizens' current access to full scope Medicaid and the Children's Health Insurance Program (CHIP) and the changes resulting from H.R. 1. It also discusses the changes that H.R. 1 makes to the Affordable Care Act Health Insurance Marketplace (often referred to as the ACA Marketplace). It further provides information about states' emergency Medicaid obligation and other options states can adopt to provide healthcare to noncitizens. Finally, the paper sets forth advocacy opportunities for advocates and programs.

#### I. Noncitizens' Access to Medicaid & CHIP

In general, federal health benefits, like Medicaid<sup>3</sup> and CHIP<sup>4</sup>, are restrictive and the laws and rules are complicated for noncitizens. The two laws that have limited healthcare access to noncitizens the most over the past 30 years are arguably the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the recently passed H.R. 1<sup>5</sup>. Below is an explanation of their restrictions and how they limit noncitizens' access to federal healthcare benefit programs.

##### **PRWORA Restrictions: Limits Access to Medicaid and CHIP for Noncitizens**

PRWORA created two categories of immigrant eligibility for public benefits -- those lawfully residing noncitizens who qualify for public healthcare benefits (*qualified noncitizens*) and those who do not qualify (*not qualified noncitizens*).<sup>6</sup> It also determined whether lawfully residing noncitizens could receive healthcare benefits immediately or would need to wait five (5) years in

order to be eligible. Below is more information on these key concepts as they still remain relevant.

### Qualified and Not Qualified Noncitizens

By law, federal healthcare programs like Medicaid and CHIP are only available to *qualified noncitizens* (QNCs). They are not available to *not qualified noncitizens*.

According to PRWORA, *QNCs* include:

- Lawful permanent residents (green card holders),
- Asylees and refugees,
- Survivors of trafficking (includes T visa holders),
- Certain survivors or victims of abuse, their children, and/or their parents (includes VAWA self-petitioners),
- Cuban/Haitian entrants,
- People residing under the Compact of Free Association (COFA migrants),<sup>7</sup>
- Individuals “paroled” into the United States for at least one year,<sup>8</sup> (The term “paroled” under immigration law means individuals who are allowed to enter or remain in the United States for urgent humanitarian or significant benefit reasons.)
- Individuals granted withholding of deportation,
- Iraqi and Afghan special immigrants and parolees,
- Certain Ukrainian parolees,
- Amerasian immigrants, and
- Veterans or active-duty military and spouses or unmarried dependents who also have QNC status.

Under PRWORA, the *not qualified noncitizen* category includes other lawfully residing immigrants, including immigrant survivors with U visas, asylum applicants (so those with asylum applications pending but not yet approved), and immigrants with Temporary Protected Status (TPS). In addition, all undocumented immigrants are considered *not qualified noncitizens*. They are not eligible, nor have they ever been eligible, for federal healthcare programs.

Generally, *not qualified noncitizens* can only access emergency Medicaid, low-cost health centers, and other public health programs that provide immunizations and/or treatment for communicable diseases.<sup>9</sup>

### Five-Year Waiting Period

PRWORA further restricts eligibility for federal health benefits by distinguishing between those QNCs who came to the United States before 1996 and those who came after 1996. Many noncitizens who entered the United States after 1996 must wait five years after they secure qualified immigration status to get federal healthcare benefits like Medicaid and CHIP.

QNCs subject to the five-year waiting period (also known as the “5-year bar”) include:

- Lawful permanent residents (unless excepted),<sup>10</sup>
- Certain survivors or victims of abuse, their children, and/or their parents (VAWA self-petitioners), and
- Individuals paroled into the United States for at least one year.

QNCs who are not subject to the five-year waiting period include:

- Asylees and refugees,
- Survivors of trafficking (includes T visa holders),
- Cuban/Haitian entrants,
- People residing under the Compact of Free Association (COFA migrants),
- Individuals granted withholding of deportation,
- Iraqi and Afghan special immigrants and parolees,
- Certain Ukrainian parolees,
- Amerasian immigrants, and
- Veterans or active-duty military and spouses or unmarried dependents who also have QNC status.

## H.R. 1 Limitations on Access to Medicaid and CHIP

H.R. 1 severely restricts full scope Medicaid and CHIP coverage for lawfully residing noncitizens. **Beginning on October 1, 2026, only three categories of lawfully residing noncitizens will be eligible to receive federally funded full scope Medicaid and CHIP coverage.**

These three categories are:

- Lawful permanent residents,
- Cuban/Haitian entrants, and
- COFA migrants.

**These three categories of noncitizens are considered to have “satisfactory immigration status” for purposes of full-scope Medicaid and CHIP.** Lawful permanent residents are subject to the five-year waiting period (unless excepted), but Cuban/Haitian entrants and COFA migrants are not subject to the five-year waiting period.

**All other lawfully present noncitizens will not have access to full scope Medicaid and CHIP as of October 1, 2026. This means that immigrant survivors who now have Medicaid and CHIP will lose their Medicaid and CHIP benefits on October 1, 2026. This change in the law impacts survivors of trafficking, VAWA self-petitioners, asylees, and refugees, among others.**

*A note about U visa holders. Although they are lawfully residing noncitizens, they fall within the not-qualified noncitizen category under PRWORA and do not have access to full scope Medicaid and CHIP.*

## II. Noncitizens’ Access to the ACA Marketplace

Given the restrictive nature of federal healthcare benefits, many lawfully residing noncitizens, including those subject to the five-year waiting period, have looked to the ACA Marketplace to obtain healthcare coverage.<sup>11</sup> For over a decade, access to the ACA Marketplace has allowed

lawfully residing noncitizens and families (like VAWA self-petitioners, U visa holders, T visa holders, and asylees) to maintain their regular check-ups, receive treatment for illnesses, and get care for chronic conditions.

Along with access to the ACA Marketplace, many lawfully residing noncitizens (like VAWA self-petitioners, U visa holders, T visa holders, and asylees) have been able to obtain financial subsidies to afford their monthly healthcare premiums. These subsidies are often referred to as Premium Tax Credits (PTCs). PTCs make the cost of healthcare coverage financially manageable for individuals and families.<sup>12</sup> Unfortunately, as explained below, H.R. 1 impacts noncitizens' access to PTCs.

H.R. 1 makes two significant changes to PTCs that will make it more difficult for noncitizens to purchase affordable healthcare insurance through the ACA Marketplace.

First, as of **January 1, 2026**, PTCs are no longer available to lawfully residing noncitizens with incomes under 100% of the Federal Poverty Level (FPL)<sup>13</sup> who are not eligible for Medicaid due to their immigration status – this includes lawfully residing noncitizens who are subject to the five-year bar.

Second, as of **January 1, 2027**, PTCs will only be available to the following lawfully residing noncitizens with incomes at or above 100% of the FPL:

- Lawful permanent residents,
- Cuban/Haitian entrants, and
- COFA migrants.

That said, lawfully residing noncitizens who do not qualify for the PTCs can still purchase health care insurance through the ACA Marketplace including **VAWA self-petitioners, T visa holders, U visa holders, and asylees. However, they will have to pay the full cost without the PTC subsidy.** Unfortunately, for many lawfully residing noncitizens, including survivors of DV and SA, healthcare coverage will be far too expensive to purchase without the PTCs.

### III. Emergency Medicaid and Health Centers & State Options for Noncitizens

Without access to Medicaid and CHIP and the PTCs, many low-income, lawfully residing noncitizens will have limited options for healthcare. Emergency Medicaid is a program that states must provide to individuals with an emergency medical condition **regardless of their immigration status.** Also, historically low-cost health centers have been available to all noncitizens. In addition, **states can choose** to offer limited healthcare services to vulnerable noncitizens as well as use state funds to cover healthcare services for noncitizens.

#### A. Emergency Medicaid

Federal law requires all states to screen and provide stabilizing treatment to individuals who go to a hospital for emergency services<sup>14</sup> regardless of their ability to pay and their immigration

status. The federal government reimburses hospitals for the costs of this care. Emergency services include those services that require immediate attention to prevent death, serious harm or disability. Emergency services also include labor and delivery.

Along with emergency Medicaid, all noncitizens, regardless of their immigration status, can access public health programs that provide immunizations and/or treatment of communicable disease symptoms whether or not those symptoms are caused by such disease.

## **H.R. 1 does not change states' obligation to provide emergency Medicaid and access to immunizations and treatment of communicable diseases.**

### **B. Low-Cost Health Centers**

Across the country, low-cost health centers offer comprehensive primary care services, dental care, and some behavioral health services to individuals and families regardless of their ability to pay or immigration status. There are four types of health centers:

- Community health centers,
- Health centers for migrant workers,
- Health centers for the homeless, and
- Health centers for residents of public housing.<sup>15</sup>

All immigrants, regardless of their immigration status, can receive healthcare services at any of these health centers. In 2023, there were more than 15,500 low-cost health center delivery sites throughout the United States that provided care to more than 31 million patients.<sup>16</sup> In 2024, the number of patients served increased to 32 million inclusive of citizens and noncitizens.<sup>17</sup>

## **H.R. 1 does not impact noncitizens' access to low-cost health centers.**

**Important Note:** The United States Department of Health and Human Services (HHS) has attempted to restrict access to low-cost health center programs to only *qualified immigrants*. In September of 2025, HHS issued a notice of policy change to update the definition of “federal public benefits” in PRWORA. The 2025 PRWORA guidance indicates that only *qualified immigrants* are eligible to access healthcare services at low-cost health centers. A federal District Court has blocked this guidance from taking effect in 20 states and Washington, DC.<sup>18</sup> It is unclear if the Administration is enforcing this guidance in other states while the case is being litigated. Importantly, the restrictive language in the guidance contradicts the underlying statutory requirements that health centers serve patients and not collect information about their immigration status.

**Advocacy Assistance:** If you are living and working in a state that is not part of the on-going litigation challenging the 2025 PRWORA guidance, can you please share your experiences regarding implementation with Karen Herrling at [kherrling@futureswithoutviolence.org](mailto:kherrling@futureswithoutviolence.org) and Cecelia Friedman Levin at [cecelia@immigrantsurvivors.org](mailto:cecelia@immigrantsurvivors.org). It would be helpful to know if the other 30 states are enforcing the guidance and how they are doing so.

## C. State Options for Vulnerable Populations

A number of states support noncitizens' access to healthcare by choosing federal options that provide limited healthcare services to individuals who are particularly vulnerable. Additionally, some states have used their own state funds to cover healthcare services for noncitizens. Below are descriptions of these programs.<sup>19</sup>

### 1. State Options on Medicaid/CHIP to Lawfully Residing Children and Pregnant People<sup>20</sup> (often referred to as CHIPRA 214 state option)

States have the option to provide Medicaid and CHIP to children and pregnant people who are lawfully residing in the United States. (Section 214 of the Children's Health Insurance Reauthorization Act of 2009.) Under this option, children and pregnant people can access these programs immediately and do not have to wait five years.

As of October 2025, thirty-nine states, including Washington, D.C., cover lawfully residing immigrant children.<sup>21</sup> Additionally, thirty-two states, including Washington, D.C., cover lawfully residing immigrant pregnant women.<sup>22</sup>

Examples of lawfully residing individuals under this option include:

- QNCs (including during the five-year waiting period),
- Individuals with a valid nonimmigrant status,
- Individuals paroled into the United States for less than 1 year with exceptions,
- Individuals with Temporary Protected Status,
- Individuals with approved visa petitions and pending applications for adjustment of status,
- Individuals with pending asylum applications,
- Children with pending applications for Special Immigrant Juvenile classifications,
- Individuals lawfully present in American Samoa.

### H.R. 1 does not impact access to CHIPRA 214.

### 2. State Options: From-Conception-to End-of-Pregnancy (FCEP) Option<sup>23</sup>

Through CHIP, states have the option to provide prenatal care and pregnancy related benefits for pregnant individuals beginning from conception to end of pregnancy regardless of their citizenship or immigration status.

For the child to be eligible for FCEP, the pregnant individual must be:

- Uninsured,
- Ineligible for other coverage under CHIP or Medicaid,
- Resident of the state,
- At or below the state's income standard for the FCEP option.

Twenty-four states plus Washington, D.C. have opted to provide CHIP coverage for prenatal and pregnancy-related care from conception to end of pregnancy, regardless of the individual's immigration status.<sup>24</sup>

### **H.R. 1 does not change eligibility for the FCEP state option.**

#### **3. State Option: CHIP Health Services Initiatives (HSIs)**

The federal government allows states to use limited CHIP dollars for initiatives to improve the health of low-income children. Some states use this pathway to extend postpartum coverage to immigrants.<sup>25</sup>

### **H.R. 1 does not change eligibility for the CHIP HSIs option.**

#### **4. State Option: State-funded Health Programs**

States can use their own funding to provide coverage to noncitizens who are not eligible for federally-funded health programs. As of September 2025, fourteen states and Washington, D.C. provide state-funded coverage for children regardless of immigration status.<sup>26</sup> Seven states and Washington, D.C. have provided state-funded coverage to income-eligible adults.<sup>27</sup> Unfortunately, because of budget pressures, three of the seven states plan to scale back coverage.

### **H.R. 1 does not impact state-funded health programs.**

For more information on states' coverage of health care services, please see information provided by:

- Kaiser Family Foundation,<sup>28</sup>
- National Immigration Law Center,<sup>29</sup>
- National Immigrant Women's Advocacy Project,<sup>30</sup>
- State Health and Value Strategies.<sup>31</sup>

## **Summary of Key Deadlines**

H.R. 1 essentially strips full scope Medicaid and CHIP from most previously eligible lawfully residing noncitizens. It also takes away access to affordable health coverage on the ACA Marketplace by restricting PTCs. This means that most noncitizens will only be eligible for emergency Medicaid, low-cost health centers, or state programs.

#### **Premium Tax Credits**

**January 1, 2026**, PTCs are no longer available to noncitizens with incomes under 100% of the FPL who are not eligible for Medicaid due to their immigration status, including lawfully residing noncitizens who are subject to the five-year bar.

## **Full Scope Medicaid and CHIP**

**October 1, 2026**, only three categories of immigrants will be eligible to receive federally funded full scope Medicaid and CHIP coverage. These three categories are:

- Lawful permanent residents (LPRs still subject to the five-year bar),
- Cuban/Haitian entrants, and
- COFA migrants.

## **Premium Tax Credits**

**January 1, 2027**, PTCs will only be available to:

- Lawful permanent residents,
- Cuban/Haitian entrants, and
- COFA migrants.

## **Advocacy Opportunities for DV/SA Programs**

DV/SA and trafficking advocates and programs can help survivors by urging their states to provide healthcare services to noncitizens. You do not have to advocate on your own. You can join groups that are working at the local and state level to ensure that all residents have access to affordable healthcare.

- ✓ **CHIPRA 214 State Option, Medicaid/CHIP to Lawfully Residing Children and Pregnant People**  
Provide Medicaid/CHIP to all lawfully residing children and pregnant individuals.
- ✓ **From-Conception-to End-of-Pregnancy (FCEP) Option**  
Provide CHIP for prenatal and pregnancy-related coverage from conception to end of pregnancy, regardless of the pregnant individual's immigration status.
- ✓ **State Option: CHIP Health Services Initiatives (HSIs)**  
Use CHIP dollars to improve children's health for all noncitizens.
- ✓ **State Option: State-funded Health Programs**  
Expand state-funded programs or initiatives to ensure that noncitizens have access to healthcare.

Note: Because each state implements Medicaid, CHIP, and the ACA Marketplace a little differently, survivors will need to check with their state Medicaid Office to get a full picture of their healthcare options.

To share feedback related to his paper, contact Karen A. Herrling, Senior Policy Advisor, at [kherrling@futureswithoutviolence.org](mailto:kherrling@futureswithoutviolence.org)

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<sup>1</sup> The information provided in this paper is for informational purposes only and does not constitute legal advice.

<sup>2</sup> FUTURES would like to acknowledge the individual experts and excellent resources that guided and informed this paper. Individuals include Casey Swegman with Tahirih Justice Center, Cecelia Levin with the Alliance for Immigrant Survivors, Cristina Velez with ASISTA, and Lena O'Rourke of O'Rourke Health Policy Strategies. Resources include Boozang, P., Dervan, E., and Straw, T. at Manatt Health. (September 2025) printed in State Health & Value Strategies. *How H.R 1 Impacts Coverage for Non-Citizens*. Retrieved from: <https://shvs.org/how-h-r-1-impacts-coverage-for-non-citizens/>; Broder, T., Lopas, M., D'Avanzo, B., Krieger, S. (December 2025). *Overview of Immigrant Eligibility for Federal Programs*. Retrieved from: <https://www.nilc.org/resources/overview-immeligfedprograms/>; Protecting Immigrant Families, (2025). *2025 Changes to Eligibility for Key Programs by Immigration Status*. Retrieved from: <https://pifcoalition.org/resources/library/changes-to-immigrant-eligibility-chart/>; Kolker, A., Heisler, E. of the Congressional Research Service. (November 14, 2024). *Noncitizens' Access to Health Care*. Number R47351. Retrieved from: <https://www.congress.gov/crs-product/R47351>. Additionally, the State Health & Value Strategies held a webinar on January 20, 2026, entitled: H.R. 1 Changes to Non-Citizen Eligibility for Medicaid, CHIP, and Marketplace Coverage. The webinar and slides provided critical information that informed this paper and our policy guidance. Slides can be found at: [https://shvs.org/wp-content/uploads/2026/01/SHVS\\_H.R.1-Changes-to-Non-Citizen-Eligibility-for-Medicaid-CHIP-and-Marketplace-Coverage\\_1.20.26.pdf](https://shvs.org/wp-content/uploads/2026/01/SHVS_H.R.1-Changes-to-Non-Citizen-Eligibility-for-Medicaid-CHIP-and-Marketplace-Coverage_1.20.26.pdf). Another great source of information is ASISTA's advisory about the impact of H.R. 1 on trafficking survivors. It can be found at: [https://asistahelp.org/wp-content/uploads/2025/10/ASISTA-PA\\_-IMPACT-OF-THE-BIG-BEAUTIFUL-BILL-ACT-ON-TRAFFICKING-SURVIVORS-10.1.25.docx.pdf](https://asistahelp.org/wp-content/uploads/2025/10/ASISTA-PA_-IMPACT-OF-THE-BIG-BEAUTIFUL-BILL-ACT-ON-TRAFFICKING-SURVIVORS-10.1.25.docx.pdf)

<sup>3</sup> Medicaid is a joint federal-state program that finances the delivery of primary and acute medical services to low-income populations, including children, pregnant women, adults, individuals with disabilities, and people aged 65 and older.

<sup>4</sup> CHIP provides health coverage to targeted low-income, uninsured children (through age 18) in families with incomes above applicable Medicaid income standards, as well as to certain pregnant women.

<sup>5</sup> <https://www.congress.gov/crs-product/R46510#:~:text=Title%20IV%20of%20the%20Personal,broad%20array%20of%20federal%20benefits>.

<sup>6</sup> See 8 U.S.C. 1641.

<sup>7</sup> Under the *Compact of Free Association (COFA)*, citizens of Micronesia, the Marshall Islands and Palau have the right to *live* and work in the *United States*.

<sup>8</sup> Immigration law allows the Secretary of the Department of Homeland Security (DHS) to grant "parole" to certain noncitizens to allow them to enter or temporarily remain in the United States for specific reasons. DHS may only grant parole if the agency determines that there are urgent humanitarian or significant public benefit reasons for a person to be in the United States, and that person merits a favorable exercise of discretion. While individuals who receive a grant of parole are allowed to enter the United States, they are not provided with an immigration status and are not formally "admitted" into the country for purposes of immigration law. American Immigration Council. (April 8, 2024). *The Use of Parole Under Immigration Law*. Retrieved at:

<https://www.americanimmigrationcouncil.org/fact-sheet/use-parole-under-immigration-law/>

<sup>9</sup> 8 USC 1611.

<sup>10</sup> Excepted LPRs include those who are veterans or active-duty armed service members or certain family members of such individuals.

<sup>11</sup> The ACA Marketplace are federal- and state-run virtual marketplaces through which consumers can purchase coverage directly from private insurers.

<sup>12</sup> Information about PTCs can be found on the Internal Revenue Service’s website at:

<https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>

<sup>13</sup> For 2026, 100% of FPL equals income of \$15,000 for one person and \$33,000 for a family of four.

<sup>14</sup> 42 USC Section 1396b(v)(3): For purposes of this subsection, the term “emergency medical condition” means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in— (A) placing the patient’s health in serious jeopardy, (B) serious impairment to bodily functions, or (C) serious dysfunction of any bodily organ or part.

<sup>15</sup> Kolker, A., Heisler, E. of the Congressional Research Service. (November 14, 2024). *Noncitizens’ Access to Health Care*. Number R47351. Retrieved from: <https://www.congress.gov/crs-product/R47351>

<sup>16</sup> Ibid.

<sup>17</sup> Pillai, A., Tolbert, J., Bell, C. (February 2026). *Community Health Centers Patients, Financing, and Services*. Kaiser Family Foundation. Retrieved from: <https://www.kff.org/medicaid/community-health-center-patients-financing-and-services/?entry=introduction-key-takeaways>. See also information on the Rural Health Information website at: <https://www.ruralhealthinfo.org/topics/migrant-health>.

<sup>18</sup> Along with Washington, DC, the 20 states are: Arizona, California, Colorado, Connecticut, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, Wisconsin, and Washington. See Dept. of Health and Human Services. Alert [HHS Bans Illegal Aliens from Accessing its Taxpayer-Funded Programs](#)

<sup>19</sup> Information about these options came from State Health & Value Strategies webinar on January 20, 2026, and accompanying slides at: [https://shvs.org/wp-content/uploads/2026/01/SHVS\\_H.R.1-Changes-to-Non-Citizen-Eligibility-for-Medicaid-CHIP-and-Marketplace-Coverage\\_1.20.26.pdf](https://shvs.org/wp-content/uploads/2026/01/SHVS_H.R.1-Changes-to-Non-Citizen-Eligibility-for-Medicaid-CHIP-and-Marketplace-Coverage_1.20.26.pdf). Also, information about these programs is available at Medicaid.gov website on the topic of *CHIP Eligibility & Enrollment* at: <https://www.medicaid.gov/chip/chip-eligibility-enrollment>

<sup>20</sup> Information about this program is available at Medicaid.gov website under the topic *Medicaid and CHIP Coverage of Lawfully Residing Children & Pregnant People* at: <https://www.medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-of-lawfully-residing-children-pregnant-women>.

<sup>21</sup> See Kaiser Family Foundation. (January 2025). *Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women*. Retrieved from: <https://www.kff.org/affordable-care-act/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/?activeTab=map&currentTimeframe=0&selectedDistributions=lawfully-residing-immigrant-pregnant-women-covered-without-5-year-wait-ichia-option&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>22</sup> Ibid.

<sup>23</sup> See Medicaid.gov website on the topic of *CHIP Eligibility & Enrollment* at: <https://www.medicaid.gov/chip/chip-eligibility-enrollment>

<sup>24</sup> The states are Alabama, Arkansas, California, Colorado, Connecticut, Illinois, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New York, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Virginia, Washington, Wisconsin. See Pillai, A., Pillai, D., Artiga, S. (May 29, 2025). *State Health Coverage and Implications for Health Coverage and Care*. Kaiser Family Foundation. Retrieved from: <https://www.kff.org/racial-equity-and-health-policy/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/#:~:text=A%20total%20of%2024%20states,Figure%20>

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<sup>25</sup> As an example, Illinois received approval for a CHIP state plan amendment to implement a health services initiative (HSI) to extend postpartum coverage from 60 days to 12 months under the CHIP unborn child option. This coverage applies to postpartum individuals who are not eligible for Medicaid due to immigration status. Kaiser Family Foundation. (March 19, 2026). *Medicaid Postpartum Coverage Extension Tracker*. Retrieved from: <https://www.kff.org/medicaid/medicaid-postpartum-coverage-extension-tracker/> For more information about services that states can and are offering pregnant people, including immigrants please see: <https://ccf.georgetown.edu/2024/10/15/more-states-expanding-medicare-chip-for-pregnant-women-including-immigrants/> Note: This resource was written in 2024. You may wish to contact your state Medicaid and CHIP office to get the latest information.

<sup>26</sup> The fourteen states are: California, Colorado, Connecticut, Illinois, Maine, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, Utah, Vermont, Washington, and Washington, D.C. Two of these states (New Jersey and Vermont) also provide state-funded coverage to income-eligible pregnant people regardless of immigration status, with Vermont extending this coverage for 12 months postpartum. Pillai, A., Pillai, D., Artiga, S. (May 29, 2025). *State Health Coverage and Implications for Health Coverage and Care*. Kaiser Family Foundation. Retrieved from: <https://www.kff.org/racial-equity-and-health-policy/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/#:~:text=A%20total%20of%2024%20states,Figure%202>

<sup>27</sup> The seven states are: California, Colorado, Illinois, Minnesota, New York, Oregon, Washington plus Washington, D.C. The three states that plan to or have begun to reduce coverage include: California, Illinois, and Minnesota as well as Washington, D.C. Ibid.

<sup>28</sup> <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/>

<sup>29</sup> <https://www.nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states.pdf>

<sup>30</sup> <https://niwaplibrary.wcl.american.edu/all-state-public-benefits-charts>

<sup>31</sup> [https://shvs.org/hr1-resources-for-states/?sft\\_resource\\_tag=non-citizen-coverage-eligibility-changes](https://shvs.org/hr1-resources-for-states/?sft_resource_tag=non-citizen-coverage-eligibility-changes)