

NHeLP's 2025 Summer Intern Training Series

Health Insurance Access for Immigrants

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Agenda

- Introduction to NHeLP
- Immigration overview
- Immigrant health in Medicaid
 - State options to expand coverage
- Marketplace coverage
- Privacy issues
- Federal threats
- The HEAL for Immigrant Families Act

NHeLP Overview

- For 55+ years, NHeLP has fought for equitable health care access via litigation, policy lawyering/advocacy, and legal capacity building
- Guided by an [Equity Stance](#) that holds collective liberation as our north star
- Work with national, state, and local partners (50 states + PR)

Immigration Status

- Nearly 50 million immigrants in the U.S. (foreign-born individuals)
- Naturalized U.S. citizens
- Lawful permanent residency
 - LPRs are often referred to as green card holders
- Temporary status, visa holders
 - Humanitarian visas (e.g. refugees, asylees, deferred action)
 - Non-immigrant visas (e.g. workers, visitors)
 - Many other categories
- Undocumented status
 - Individuals who lost permission to remain in the U.S. or entered the U.S. without lawful permission

Immigrant Communities' Economic Impact

- Tax contributions
 - \$651.9 Bil in tax contributions in 2023
 - \$215.8 Bil to SSA, and \$58.7 Bil to Medicare
 - Undocumented individuals paid \$89.8 Bil in federal and state taxes in 2023
- Economic contributions
 - Over half of the country's Fortune 500 companies are founded by immigrants or children of immigrants
 - \$1.7 Tril in total spending power
 - \$167 Bil in housing rent paid by immigrants in 2023

Medicaid Eligibility: Full-Scope Coverage

- 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA): severely restricted eligibility for full-scope Medicaid coverage.
 - “Qualified” immigrants who entered the U.S. before 8/22/96: eligible
 - “Qualified” immigrants who entered the U.S. on/after 8/22/96: eligible only if:
 - Granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian, victim of trafficking, or Iraqi or Afghan special immigrant status
 - Veteran, active duty military, spouse, unremarried surviving spouse, or child
 - Have held a “qualified” immigrant status (many lawful permanent residents, some others) for 5 years or more (“5-year bar”)

Medicaid Eligibility: Full-Scope Coverage

- 2009 Children's Health Insurance Program Reauthorization Act: created the Immigrant Children's Health Improvement Act (ICHIA) State plan amendment (SPA) options to expand full-scope Medicaid eligibility to lawfully present children and pregnant people within the 5-year bar (enables federal matching funds).
 - As of 1/2025, 38 states have opted to cover children and 32 states to cover pregnant people w/in the 5-year bar.
- 7/2025 big ugly reconciliation bill severely restricted eligibility for full-scope Medicaid.
 - Effective 10/2026, only lawfully present immigrants, Cuban and Haitian Entrants, and people residing under a Compact of Free Association remain eligible.
 - ICHIA SPA options remain.

Medicaid Eligibility: Limited-Scope Coverage

- Emergency Medicaid (42 U.S.C. §1396b(v)(3) and 8 U.S.C. §1611(b)(1)(A)): states must provide coverage of services for treatment of an emergency medical condition for immigrants who would be eligible for Medicaid but for their immigration status.
 - Very limited. Primary used to cover cost of labor and delivery; [less than 1%](#) of all Medicaid spending in 2023.
- “From-Conception-to-End-of-Pregnancy” (FCEP) SPA option: 2002 option created via regulation to provide Children’s Health Insurance Program (CHIP) coverage to fetuses until the end of pregnancy. Results in very limited-scope coverage of pregnancy-related services for undocumented birthing people.
 - As of 2024, 24 states and DC had adopted.

Medicaid Eligibility: State-Funded Coverage

- Undocumented immigrants are excluded from federally funded Medicaid, CHIP, Medicare, and ACA Marketplace coverage
- State-funded health care coverage
 - 14 states provide health care coverage similar to Medicaid to undocumented immigrant children and in some cases, pregnant persons
 - 6 of these states include some coverage to undocumented immigrant adults
 - Estimated 1.4 million individuals are covered by state-only programs
 - Not Medicaid; no federal Medicaid dollars, standards, or requirements

State Actions to Close Immigrant Medicaid Coverage Gaps

- Expanding health care coverage
 - 29* states cover lawfully residing pregnant persons and children (39*)
 - Expanding Emergency Medicaid covered services and administration
 - Expanding fully state-funded coverage options
- Consequences of coverage gaps
 - About half (50%) of undocumented immigrants are uninsured, and one in five (18%) of lawfully present immigrants are uninsured
 - Access to affordable care results in regular treatment, preventive care, and timely diagnosis, which [improves health outcomes](#) and reduces overall health care costs
 - Versus: labor participation and exclusion, uncertainty, and avoidance

Federal Changes to the ACA Marketplace

- Eligibility
 - DACA recipients were eligible for ACA under state option, but DACA eligibility now eliminated
 - New requirements to verify pre-enrollment eligibility forthcoming, pre-enrollment checks on income and immigration status
- Affordability
 - Eliminating Marketplace subsidies (Premium Tax Credits (PTC)) for many immigrant populations
 - Reducing total PTC spending by \$10–13 Bil [in 2026](#)
- Coverage losses
 - Estimated 1–2 million individuals will lose Marketplace coverage in 2026

Privacy Protections: Medicaid

- States cannot require an applicant to provide info beyond what's needed for an eligibility determination or what's needed to administer the Medicaid program. 42 C.F.R. § 431.300(a).
 - SSNs generally required of applicants (the intended enrollee)
- Nonapplicants
 - Cannot make Medicaid nonapplicants (e.g., parents or guardians) of applicants disclose citizenship or immigration status. Cannot deny application because nonapplicant doesn't disclose this info.
 - Can opt to request a nonapplicant's SSN, but cannot require (and must provide clear notice not required)

Privacy Protections: Medicaid ctd.

- Limits on state agencies: states must restrict disclosure of info about Medicaid applicants and enrollees to purposes directly connected with Medicaid administration or (at state option) to verify eligibility for school breakfast and lunch programs. 42 C.F.R. § 431.30.
- Limits on HHS and the SSA:
 - “No disclosure . . . [of] any file, record, report, or other paper, or any other information, obtained” by SSA and HHS, except as prescribed by agency regulations or otherwise provided by federal law, 42 U.S.C. § 1306(a).
- Must comply with HIPAA, which protects individuals’ protected health info (PHI)

Trump Administration's Release of Medicaid Enrollee and Applicant Data to DHS/ICE

- In June 2025, the Trump administration's HHS released Medicaid enrollee and applicant data to DHS.
 - Illegally transmitted data without consent, abandoning long standing legal protections without opportunity for notice and comment
 - HHS claimed it gave data to DHS "to ensure that Medicaid benefits are reserved for individuals who are lawfully entitled to them."
 - Progressive state attorneys general filed a federal complaint in the Northern District of CA challenging this release as a violation of the APA
 - In July, NHeLP filed a [FOIA request](#) regarding HHS' release to DHS.
- In July, HHS released this data to ICE.

Hot Topics: Current Threats to Health Insurance Access

- Public charge
 - Test for self-sustainability when transitioning from temporary status to LPR
 - Receipt of public benefits has negative weight on an individual's immigration status change application
 - Back-and-forth between Trump and Biden administrations (Biden-era rule currently in effect)
- Physical safety and privacy
 - ICE raids
 - Disclosure of private information to federal agencies
 - Chilling effects

Health Equity and Access Under the Law (HEAL) for Immigrant Families Act

- Ends the five-year bar on Medicaid, CHIP, and Medicare Part A and B eligibility as well as barriers related to sponsor deeming and liability for LPRs;
- Ensures that all immigrants with federally authorized presence in the U.S. (e.g., DACA) are considered lawfully present for Medicaid, CHIP, and affordable Marketplace coverage;
- Creates a new state option for Medicaid coverage of undocumented immigrants (with federal matching funds);
- Ends discriminatory exclusion of undocumented immigrants from affordable Marketplace coverage and state Basic Health Programs; and
- Ends the exclusion of LPRs from Medicare Parts A and B.

Additional Resources

- NHeLP
 - [Medicaid Coverage for Immigrants](#)
 - [How the HEAL for Immigrant Families Act Could Foster Reproductive Health Equity and Justice](#)
 - [Why the HEAL for Immigrant Families Act is Vital to Building an Equitable Abortion Landscape](#)
- National Immigration Law Center
 - <https://www.nilc.org/resources/>
- Protecting Immigrant Families Campaign
 - <https://pifcoalition.org/> – resources for advocates and families

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