

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

NATIONAL HEALTH LAW PROGRAM, )  
1512 E. Franklin Street, Suite 110 )  
Chapel Hill, NC 27514, )

*Plaintiff,* )

v. )

Case No. 1:26-cv-01200

U.S. DEPARTMENT OF HEALTH & )  
HUMAN SERVICES, )  
200 Independence Avenue SW )  
Washington, DC 20201, )

CENTERS FOR MEDICARE & MEDICAID )  
SERVICES, )  
7500 Security Boulevard )  
Baltimore, MD 21244, )

*Defendants.* )

\_\_\_\_\_ )

**COMPLAINT**

1. The National Health Law Program brings this case following failures by the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) to produce records in response to requests under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, regarding data sharing between these two agencies and Immigration and Customs Enforcement (ICE).

2. HHS and CMS receive a wide range of personal information about participants in the Medicaid program. *See e.g.*, 42 U.S.C. § 1369b(r)(1)(F); Privacy Act of 1974, System of Records, 84 Fed. Reg. 2230 (Feb. 6, 2019).

3. Historically, HHS and CMS have not given ICE the personal information they collect related to administration of the Medicaid program. *See* Order on Mot. for Prelim. Injunction, *California v. U.S. Dep’t of Health & Hum. Servs.*, No. 25-cv-05536-VC, 2025 WL 2356224 at \*1 (N.D. Cal. Aug. 12, 2025) (summarizing previous policies relating to sharing of data of Medicaid participants between federal agencies).

4. In the summer of 2025, HHS and CMS abruptly changed course and began sharing Medicaid data with ICE for purposes of immigration enforcement. *Id.*

5. Since that change in practice, HHS and CMS have not disclosed the full nature and scope of the information that has been or will be provided to ICE. *See* Order on Mot. for Prelim. Injunction, *California v. U.S. Dep’t of Health & Hum. Servs.*, No. 25-cv-05536-VC, 2025 WL 3751931 at \*1, 3 (Dec. 29, 2025) (finding that new ICE and HHS policies are “totally unclear” as to what information will be shared); Pls.’ Mot. to Enforce at 1, *California v. U.S. Dep’t of Health & Hum. Servs.*, No. 25-cv-05536-VC (N.D. Cal. Mar. 26, 2026), ECF No. 151 (alleging HHS and ICE “have failed to provide satisfactory responses to even the most basic questions from Plaintiffs” regarding data sharing).

6. On February 17, 2026, the National Health Law Program (NHLP) filed FOIA requests with HHS and CMS seeking records with the potential to shed light on the nature and scope of the data that HHS and CMS have shared or plan to share with ICE.

7. In light of the need to inform the public about this important matter and having received no production of responsive records or final determinations on its FOIA requests to HHS and CMS, NHLP brings this action against HHS and CMS under FOIA and the Declaratory Judgment Act, 28 U.S.C. §§ 2201 and 2202, seeking declaratory and injunctive relief to compel compliance with the requirements of FOIA.

**JURISDICTION AND VENUE**

8. This Court has jurisdiction over this action pursuant to 5 U.S.C. § 552(a)(4)(B) and 28 U.S.C. §§ 1331, 2201, and 2202.

9. Venue is proper in this district pursuant to 5 U.S.C. § 552(a)(4)(B) and 28 U.S.C. § 1391(e)(1).

10. Defendant HHS has failed to issue a determination on NHeLP's requests within the applicable time-limit provisions of FOIA.

11. Defendant CMS has failed to issue a determination on NHeLP's requests within the applicable time-limit provisions of FOIA.

12. Because Defendants have failed to comply with the applicable time-limit provisions of FOIA, NHeLP is deemed to have exhausted its administrative remedies pursuant to 5 U.S.C. § 552(a)(6)(C)(i) and is now entitled to judicial action enjoining Defendants from continuing to withhold department or agency records and ordering the production of department or agency records improperly withheld.

**PARTIES**

13. Plaintiff NHeLP is a nonpartisan, non-profit section 501(c)(3) organization dedicated to protecting and advancing health rights of low-income and underserved people. In furtherance of its mission, NHeLP partners with a range of federal, state, and local organizations that assist individuals and families who are seeking or receiving health coverage through Medicaid.

14. Defendant U.S. Department of Health and Human Services is a department of the executive branch of the U.S. government headquartered in Washington, D.C., and an agency of the federal government within the meaning of 5 U.S.C. § 552(f)(1).

15. HHS has possession, custody, and control of records that NHeLP seeks.

16. Defendant Centers for Medicare & Medicaid Services is an agency of the federal government within the meaning of 5 U.S.C. § 552(f)(1) and is headquartered in Baltimore, M.D.

17. CMS has possession, custody, and control of records that NHeLP seeks.

**STATEMENT OF FACTS**

*HHS Request – Policies and Practices (HHS P&P Request)*

18. On February 17, 2026, NHeLP submitted a FOIA request to HHS seeking records from July 9, 2025, through the date the search is conducted (HHS P&P Request).

19. The HHS P&P Request included requests for a fee waiver and expedited processing.

20. A true and correct copy of the HHS P&P Request is attached as Exhibit A and incorporated by reference herein.

21. Within minutes of submitting the HHS P&P Request, NHeLP received a general email from “SecureRelease™ Support (Contractor)” indicating that NHeLP could track the status of its FOIA request using the SecureRelease portal.

22. According to the SecureRelease portal, HHS assigned NHeLP’s FOIA request number 2026-HHS-FOIA-001921.

23. As of the date of this Complaint, NHeLP has received no further communication from HHS regarding the HHS P&P Request.

24. As of the date of this Complaint, HHS has not issued a final determination in response to the HHS P&P Request.

25. As of the date of this Complaint, HHS has not produced any records responsive to the HHS P&P Request.

*CMS Request – Policies and Practices (CMS P&P Request)*

26. On February 17, 2026, NHeLP submitted a FOIA request to CMS seeking records from July 9, 2025 through the date the search is conducted (CMS P&P Request).

27. The CMS P&P Request included requests for a fee waiver and expedited processing.

28. A true and correct copy of the CMS P&P Request is attached as Exhibit A and incorporated by reference herein.

29. Exhibit A is a single document that was addressed and submitted to both HHS (HHS P&P Request) and CMS (CMS P&P Request).

30. On February 26, 2026, CMS acknowledged receipt of the CMS P&P Request and assigned it control number 021720267122.

31. In its acknowledgment correspondence, CMS indicated that “[t]he following unusual circumstances, as defined by 5 USC § 552(a)(6)(B), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed.”

32. Also on February 26, 2026, CMS granted NHeLP’s requests for a fee waiver and expedited processing.

33. On March 9, 2026, CMS emailed NHeLP seeking “clarification regarding the subject matter” of the CMS P&P Request.

34. On March 12, 2026, NHeLP submitted a final response to CMS’s request for clarification via email.

35. As of the date of this Complaint, NHeLP has received no further communication from CMS regarding the CMS P&P Request.

36. As of the date of this Complaint, CMS has not issued a final determination in response to the CMS P&P Request.

37. As of the date of this Complaint, CMS has not produced any records responsive to the CMS P&P Request.

*HHS Request – Communications with DHS (HHS Comms Request)*

38. On February 17, 2026, NHeLP submitted a FOIA request to HHS seeking records from July 9, 2025 through the date the search is conducted (HHS Comms Request).

39. The HHS Comms Request included requests for a fee waiver and expedited processing.

40. A true and correct copy of the HHS Comms Request is attached as Exhibit B and incorporated by reference herein.

41. Within minutes of submitting the request, NHeLP received an email from “SecureRelease™ Support (Contractor)” indicating that NHeLP could track the status of the HHS Comms Request using the SecureRelease portal.

42. According to the SecureRelease portal, HHS assigned the HHS Comms Request number 2026-HHS-FOIA-001922.

43. As of the date of this Complaint, NHeLP has received no further communication from HHS regarding the HHS Comms Request.

44. As of the date of this Complaint, HHS has not issued a final determination in response to the HHS Comms Request.

45. As of the date of this Complaint, HHS has not produced any records responsive to the HHS Comms Request.

*CMS Request – Communications with DHS (CMS Comms Request)*

46. On February 17, 2026, NHeLP submitted a FOIA request to CMS seeking records from July 9, 2025 through the date the search is conducted (CMS Comms Request).

47. The CMS Comms Request included requests for a fee waiver and expedited processing.

48. A true and correct copy of the CMS Comms Request is attached as Exhibit B and incorporated by reference herein.

49. Exhibit B is a single document that was addressed and submitted to both HHS (HHS Comms Request) and CMS (CMS Comms Request).

50. On February 24, 2026, CMS acknowledged receipt of the CMS Comms Request and assigned it control number 021720267123.

51. In its acknowledgment correspondence, CMS indicated that “[t]he following unusual circumstances, as defined by 5 USC § 552(a)(6)(B), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed.”

52. On March 2, 2026, CMS granted NHeLP’s requests for a fee waiver and expedited processing.

53. As of the date of this Complaint, CMS has not issued a final determination in response to the CMS Comms Request.

54. As of the date of this Complaint, CMS has not produced any records responsive to the CMS Comms Request.

*HHS Request – State Requests and Responses (HHS State Request)*

55. On February 17, 2026, NHeLP submitted a FOIA request to HHS seeking records from July 9, 2025 through the date the search is conducted (HHS State Request).

56. The HHS State Request included requests for a fee waiver and expedited processing.

57. A true and correct copy of the HHS State Request is attached as Exhibit C and incorporated by reference herein.

58. Within minutes of submitting the HHS State Request, NHeLP received an email from “SecureRelease™ Support (Contractor)” indicating that NHeLP could track the status of the request using the SecureRelease portal.

59. According to the SecureRelease portal, HHS assigned the HHS State Request number 2026-HHS-FOIA-001924.

60. As of the date of this Complaint, NHeLP has received no further communication from HHS regarding the HHS State Request.

61. As of the date of this Complaint, HHS has not issued a final determination in response to the HHS State Request.

62. As of the date of this Complaint, HHS has not produced any records responsive to the HHS State Request.

*CMS Request – State Requests and Responses (CMS State Request)*

63. On February 17, 2026, NHeLP submitted a FOIA request to CMS seeking records from July 9, 2025 through the date the search is conducted (CMS State Request).

64. The CMS State Request included requests for a fee waiver and expedited processing.

65. A true and correct copy of the CMS State Request is attached as Exhibit C and incorporated by reference herein.

66. Exhibit C is a single document that was addressed and submitted to both HHS (HHS State Request) and CMS (CMS State Request).

67. On February 24, 2026, CMS acknowledged receipt of the CMS State Request and assigned it control number 021720267125.

68. In its acknowledgment correspondence, CMS indicated that “[t]he following unusual circumstances, as defined by 5 USC § 552(a)(6)(B), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed.”

69. On February 26, 2026, CMS granted NHeLP’s requests for a fee waiver and expedited processing.

70. On March 9, 2026, CMS emailed NHeLP seeking “clarification regarding the subject matter” of the CMS State Request.

71. On March 12, 2026, NHeLP submitted a final response to CMS's request for clarification via email.

72. As of the date of this Complaint, NHeLP has received no further communication from CMS regarding the CMS State Request.

73. As of the date of this Complaint, CMS has not issued a final determination in response to the CMS State Request.

74. As of the date of this Complaint, CMS has not produced any records responsive to the CMS State Request.

*HHS Request – Number of Impacted Persons (HHS Impacted Persons Request)*

75. On February 17, 2026, NHeLP submitted a FOIA request to HHS seeking records from July 9, 2025 through the date the search is conducted (HHS Impacted Persons Request).

76. The HHS Impacted Persons Request included requests for a fee waiver and expedited processing.

77. A true and correct copy of the HHS Impacted Persons Request is attached as Exhibit D and incorporated by reference herein.

78. Within minutes of submitting the HHS Impacted Persons Request, NHeLP received an email from "SecureRelease™ Support (Contractor)" indicating that NHeLP could track the status of the request using the SecureRelease portal.

79. According to the SecureRelease portal, HHS assigned the HHS Impacted Persons Request number 2026-HHS-FOIA-001925.

80. As of the date of this Complaint, NHeLP has received no further communication from HHS regarding the HHS Impacted Persons Request.

81. As of the date of this Complaint, HHS has not issued a final determination in response to the HHS Impacted Persons Request.

82. As of the date of this Complaint, HHS has not produced any records responsive to the HHS Impacted Persons Request.

*CMS Request – Number of Impacted Persons (CMS Impacted Persons Request)*

83. On February 17, 2026, NHeLP submitted a FOIA request to CMS seeking records from July 9, 2025 through the date the search is conducted (CMS Impacted Persons Request).

84. The CMS Impacted Persons Request included requests for a fee waiver and expedited processing.

85. A true and correct copy of the CMS Impacted Persons Request is attached as Exhibit D and incorporated by reference herein.

86. Exhibit D is a single document that was addressed and submitted to both HHS (HHS Impacted Persons Request) and CMS (CMS Impacted Persons Request).

87. On February 24, 2026, CMS acknowledged receipt of the CMS Impacted Persons Request and assigned it control number 021720267126.

88. In its acknowledgment correspondence, CMS indicated that “[t]he following unusual circumstances, as defined by 5 USC § 552(a)(6)(B), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed.”

89. On February 25, 2026, CMS granted NHeLP's requests for a fee waiver and expedited processing.

90. As of the date of this Complaint, NHeLP has received no further communication from CMS regarding the CMS Impacted Persons Request.

91. As of the date of this Complaint, CMS has not issued a final determination in response to the CMS Impacted Persons Request.

92. As of the date of this Complaint, CMS has not produced any records responsive to the CMS Impacted Persons Request.

*HHS Request – Scope of Data Sharing (HHS Sharing Scope Request)*

93. On February 17, 2026, NHeLP submitted a FOIA request to HHS seeking records from July 9, 2025 through the date the search is conducted (HHS Sharing Scope Request).

94. The HHS Sharing Scope Request included requests for a fee waiver and expedited processing.

95. A true and correct copy of the HHS Sharing Scope Request is attached as Exhibit E and incorporated by reference herein.

96. Within minutes of submitting the HHS Sharing Scope Request, NHeLP received an email from "SecureRelease<sup>TM</sup> Support (Contractor)" indicating that NHeLP could track the status of the request using the SecureRelease portal.

97. According to the SecureRelease portal, HHS assigned the HHS Sharing Scope Request number 2026-HHS-FOIA-001926.

98. As of the date of this Complaint, NHeLP has received no further communication from HHS regarding the HHS Sharing Scope Request.

99. As of the date of this Complaint, HHS has not issued a final determination in response to the HHS Sharing Scope Request.

100. As of the date of this Complaint, HHS has not produced any records responsive to the HHS Sharing Scope Request.

*CMS Request – Scope of Data Sharing (CMS Sharing Scope Request)*

101. On February 17, 2026, NHLP submitted a FOIA request to CMS seeking records from July 9, 2025 through the date the search is conducted (CMS Sharing Scope Request).

102. The CMS Sharing Scope Request included requests for a fee waiver and expedited processing.

103. A true and correct copy of the CMS Sharing Scope Request is attached as Exhibit E and incorporated by reference herein.

104. Exhibit E is a single document that was addressed and submitted to both HHS (HHS Sharing Scope Request) and CMS (CMS Sharing Scope Request).

105. On February 24, 2026, CMS acknowledged receipt of the CMS Sharing Scope Request and assigned it control number 021720267127.

106. In its acknowledgement correspondence, CMS indicated that “[t]he following unusual circumstances, as defined by 5 USC § 552(a)(6)(B), may affect our ability to fulfill a FOIA request within 20 business days. These include circumstances such as (1) the request requires us to search for and collect records from multiple components and/or field offices; (2) the request involves a voluminous number of records that must be located, compiled, transferred to this office, and reviewed.”

107. As of the date of this Complaint, NHeLP has received no further communication from CMS regarding the CMS Sharing Scope Request.

108. As of the date of this Complaint, CMS has not issued a final determination in response to the CMS Sharing Scope Request.

109. As of the date of this Complaint, CMS has not produced any records responsive to the CMS Sharing Scope Request.

*Exhaustion of Administrative Remedies*

110. As of the date of this Complaint, Defendants have failed to: (a) notify NHeLP of a final determination regarding NHeLP's FOIA requests identified in this pleading, including the scope of responsive records Defendants intend to produce or withhold and the reasons for any withholdings; or (b) produce the requested records or demonstrate that the requested records are lawfully exempt from production.

111. Through Defendants' failure to respond to NHeLP's FOIA requests within the time period required by law, NHeLP has constructively exhausted its administrative remedies and is entitled to immediate judicial review.

**COUNT I**

**Violation of FOIA, 5 U.S.C. § 552**

**Failure to Conduct Adequate Searches for Responsive Records**

112. NHeLP repeats the allegations in the foregoing paragraphs and incorporates them as though fully set forth herein.

113. NHeLP properly requested records within the possession, custody, and control of Defendants.

114. Defendants are agencies subject to and within the meaning of FOIA, and they must therefore make reasonable efforts to search for requested records.

115. Defendants have failed to promptly and adequately search for agency records that are responsive to NHeLP's FOIA requests identified in this pleading.

116. The failure of each Defendant to conduct an adequate search for responsive records violates FOIA.

117. Plaintiff NHeLP is therefore entitled to injunctive and declaratory relief requiring Defendants to promptly make reasonable efforts to search for records responsive to NHeLP's FOIA requests identified in this pleading.

**COUNT II**  
**Violation of FOIA, 5 U.S.C. § 552**  
**Wrongful Withholding of Non-Exempt Responsive Records**

118. NHeLP repeats the allegations in the foregoing paragraphs and incorporates them as though fully set forth herein.

119. NHeLP properly requested records within the possession, custody, and control of Defendants.

120. Defendants are wrongfully withholding non-exempt agency records requested by NHeLP by failing to produce non-exempt records responsive to its FOIA requests identified in this pleading.

121. Defendants are wrongfully withholding non-exempt agency records requested by NHeLP by failing to segregate exempt information in otherwise non-exempt records responsive to NHeLP's FOIA requests identified in this pleading.

122. Each Defendant's failure to provide all non-exempt responsive records violates FOIA.

123. Plaintiff NHeLP is therefore entitled to declaratory and injunctive relief requiring Defendants to promptly produce all non-exempt records responsive to its FOIA requests identified in this pleading and provide indexes justifying the withholding of any responsive records withheld under claim of exemption.

**REQUESTED RELIEF**

WHEREFORE, NHeLP respectfully requests the Court to:

- (1) Order Defendants to conduct a search or searches reasonably calculated to uncover all records responsive to NHeLP's FOIA requests identified in this pleading;
- (2) Order Defendants to produce, within twenty days of the Court's order, or by such other date as the Court deems appropriate, any and all non-exempt records responsive to NHeLP's FOIA requests identified in this pleading with indexes justifying the withholding of any responsive records withheld under claim of exemption;
- (3) Enjoin Defendants from continuing to withhold any and all non-exempt records responsive to NHeLP's FOIA requests identified in this pleading;
- (4) Award NHeLP the costs of this proceeding, including reasonable attorneys' fees and other litigation costs reasonably incurred in this action, pursuant to 5 U.S.C. § 552(a)(4)(e); and
- (5) Grant NHeLP such other relief as the Court deems just and proper.

Dated: April 9, 2026

Respectfully submitted,

*/s/ Benjamin A. Sparks*  
Jessica Jensen  
D.C. Bar No. 1048305  
Benjamin A. Sparks  
D.C. Bar No. 90020649  
AMERICAN OVERSIGHT  
1030 15th Street NW, B255  
Washington, DC 20005

(202) 869-5246

(202) 873-1741

[Jessica.jensen@americanoversight.org](mailto:Jessica.jensen@americanoversight.org)

[ben.sparks@americanoversight.org](mailto:ben.sparks@americanoversight.org)

Sarah Grusin

Catherine McKee

NATIONAL HEALTH LAW PROGRAM

1512 E. Franklin St., Suite 110

Chapel Hill, NC 27514

(919) 968-6308

[grusin@healthlaw.org](mailto:grusin@healthlaw.org)

[mckee@healthlaw.org](mailto:mckee@healthlaw.org)

# EXHIBIT A

February 17, 2026

Filed electronically

FOIA Officer  
U.S. Department of Health and Human Services  
Freedom of Information Officer  
Hubert H. Humphrey Building, Room 729H  
200 Independence Avenue, SW  
Washington, D.C. 20201

FOIA Officer  
Centers for Medicare & Medicaid Services  
North Building, Room C5-11-06  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: Expedited FOIA Request

Dear FOIA Officers:

The National Health Law Program submits this request pursuant to the Freedom of Information Act, 5 U.S.C. § 552, and U.S. Department of Health and Human Services (HHS) FOIA regulations, 45 C.F.R. §§ 5.1-5.71.

We submitted a FOIA request on July 8, 2025, seeking similar records (Control Number 072320257004 and PIN KK92). The Centers for Medicare & Medicaid Services (CMS) granted expedited processing and a fee waiver on July 30, 2025, although no records have been produced to-date. Given our prior FOIA request, we are now seeking records created, issued, or in effect from July 9, 2025, through the date that HHS and CMS begin to search for records responsive to this request. 45 C.F.R. § 5.24(d).

As used herein,

“records” means all records as defined in 5 U.S.C. § 552(f)(2). Please search for all records regardless of format, including all paper records and all electronic records, audiotapes, videotapes, photographs, and graphical materials. This request includes, without limitation, all correspondence, memorandum of understanding, letters, emails, text messages, calendar entries, facsimiles, voice mail messages, and transcripts, notes, minutes, or audio or video recordings of any meetings, telephone conversations, or discussions.

Please provide us with a copy of the records described below within twenty business days. Our request does not include individual records prohibited from disclosure under the Privacy Act or the Health Insurance Portability and Accountability Act (and implementing regulations) or any personally identifiable information (*e.g.*, name, date of birth, address, phone number, citizenship or immigration status, or medical information) of Medicaid applicants and/or enrollees or their household members.

We do not wish to inspect responsive records beforehand.

**For all parts of this request, please provide all responsive records created, issued, or in effect from July 9, 2025, through the date the search is conducted.**

1. All records reflecting policies, protocols, practices, and procedures prepared by, received by, or otherwise in the possession of HHS and/or CMS regarding the sharing of information or data about applicants for and/or enrollees in Medicaid or the Children's Health Insurance Program (CHIP) with DHS and/or ICE. This request includes, but is not limited to, policies, protocols, practices, and procedures regarding the November 25, 2025 Notice of Medicaid Information Sharing Between the Centers for Medicare & Medicaid Services and the Department of Homeland Security (CMS-9163-N)<sup>1</sup> and/or the November 24, 2025 letter from Acting Executive Associate Director Marcos D. Charles to Division Director Leslie Nettles. *See* Attachment 1.
2. All records reflecting policies, protocols, practices, and procedures HHS and/or CMS have used or are using to determine whether any particular individual has "unsatisfactory immigration status" and is "not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law" as used in the November 24, 2025 letter from Marcos D. Charles to Leslie Nettles. *See* Attachment 1. This request includes, but is not limited to, any memoranda, guidance, formal or informal criteria, or other definitions used to assess immigration status.
3. All records reflecting the policies, protocols, practices, and procedures HHS and/or CMS have used or are using to determine whether any particular individual is an "alien[] who [is] not lawfully residing in the United States," as used in *California v. HHS*, 3:25-cv-05536-VC (N.D. Cal), Dkt. No. 148. *See* Attachment 2 at 6. This request includes, but is not limited to, any memoranda, guidance, formal or informal criteria, or other definitions used to determine status.

NHeLP does not seek, and this request specifically excludes, all personally identifiable information (*e.g.*, name, date of birth, address, phone number, citizenship or immigration status, or medical information) of Medicaid or CHIP applicants and/or enrollees or their household members.

Should any documents or portions of documents be withheld, we request that you provide a *Vaughn* index of those documents, stating with specificity the description of the document to be withheld and the legal and factual grounds for the withholding. *Vaughn v. Rosen*, 484 F.2d 820

---

<sup>1</sup> 90 Fed. Reg. 53324 (Nov. 25, 2025), *available at* <https://www.federalregister.gov/documents/2025/11/25/2025-20911/notice-of-medicaid-information-sharing-between-the-centers-for-medicare-and-medicaid-services-and>

(D.C. Cir. 1973). The index must describe each document claimed as exempt with sufficient specificity “to permit a reasoned judgment as to whether the material is actually exempt under FOIA,” *CADC 79-12 Founding Church of Scientology v. Bell*, 603 F.2d 945, 949 (D.C. Cir. 1979), and “for each withholding it must discuss the consequences of disclosing the sought-after information.” *King v. US. Dep’t of Justice*, 830 F.2d 210, 223-24 (D.C. Cir. 1987). Should any document include both disclosable and nondisclosable material that cannot reasonably be segregated, *see* 5 U.S.C. § 552(b) (requiring disclosure of any material that can reasonably be segregated), we request that you describe what proportion of the information in a document is non-disclosable and how that information is dispersed throughout the document, in accordance with *Mead Data Cent., Inc. v. U.S. Dep’t of Air Force*, 566 F.2d 242, 261 (D.C. Cir. 1977).

For records available in electronic format, please email the documents to [grusin@healthlaw.org](mailto:grusin@healthlaw.org). Please send all other requested records to:

Sarah Grusin  
National Health Law Program  
1512 E. Franklin St., Ste. 110  
Chapel Hill, NC 27514

#### Request to Waive Fees

We request a waiver of search, review, and duplication fees because disclosure of the requested records “is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.” 5 U.S.C. § 552(a)(4)(A)(iii). A federal regulation, 45 C.F.R. § 5.54, lists three factors that, if met, entitle the requester to a waiver of fees. We believe our request satisfies these factors. *First*, disclosure of the information requested here “would shed light on the operations or activities of the government,” *id.* § 5.54(b)(1), in connection with the transfer of Medicaid applicant and enrollee data between federal agencies and between HHS and state Medicaid agencies.

*Second*, NHeLP will disseminate any information obtained through this request to the public, so disclosure of the requested information will likely “contribute significantly to public understanding” of the federal government’s operations and approach to the transfer of the data. *Id.* § 5.54(b)(2). Disclosure of this information will be “meaningfully informative” about [HHS] operations or activities” because it is not already in the public domain. *Id.* The request also pertains to government policies and activities that are under public scrutiny, making them significant to the public’s understanding of the government’s operations and positions on important issues affecting the administration of the Medicaid program. *Id.* § 5.54(b)(2)(i). Because the data gathering and sharing is potentially affecting millions of people across the country, disclosure of these records will necessarily “contribute to the understanding of a reasonably broad audience of persons interested in the subject,” *id.* § 5.54(b)(2)(ii). Moreover, NHeLP’s “expertise in the subject area” and its substantial “ability and intention to effectively convey information to the public” demonstrates that disclosure here will contribute to the

understanding of a broad audience of persons. As described on our website, [www.healthlaw.org](http://www.healthlaw.org), NHeLP is a non-profit legal organization whose mission is to protect and advance health rights of low-income and underserved people. We work extensively with individuals who are seeking access to health benefits through Medicaid. We work with a range of federal, state, and local organizations that provide assistance to low-income and underserved individuals, providing information, education, and litigation support. NHeLP has the knowledge and expertise to understand the information sought and to facilitate its public dissemination quickly and effectively.

*Third*, this request is not “in the commercial interest of the requester.” *Id.* § 5.54(b)(3). NHeLP does not have any commercial interest in the disclosure of the requested records and does not seek to benefit commercially from this information. We exist to help individuals use programs such as Medicaid. Our clients cannot afford to pay for legal assistance; they also cannot afford the costs associated with this request. The dissemination of information to the public will be at no cost and for the purpose of educating the public and promoting NHeLP’s mission.

#### Request for Expedited Processing

We ask that you provide expedited processing of this FOIA request, which qualifies for such treatment pursuant to 5 U.S.C. § 552(a)(6)(E) and 45 C.F.R. § 5.27. There is an “urgency to inform the public concerning actual or alleged Federal Government activity” as it relates to the sharing of data between HHS and DHS and the transfer of the data between state Medicaid agencies and HHS. 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). The individuals that we serve have an immediate interest in knowing whether and how widely information they provide to a state Medicaid agency will be shared among federal officials. NHeLP has highlighted this problem and the resulting harms from the lack of public information in an amicus brief in pending litigation over the information sharing policy between HHS and DHS. *See* Amicus Br. of NHeLP et al., *California v. DHS*, 3:25-cv-5536-VC (N.D. Cal.), Dkt. No. 136-1, available at <https://healthlaw.org/resource/amicus-california-v-u-s-department-of-health-and-human-services-u-s-district-court-northern-district-of-california/>. The vague nature of the information sharing policy is causing widespread fear among immigrant families. Lawfully residing pregnant women are forgoing Medicaid coverage and as a result, medically necessary health care. Similarly, many mixed-status families are not seeking Medicaid coverage for their U.S. citizen children due to concerns about their information being provided to ICE.

The need for information is particularly pressing in light of recent media reports indicating that DHS has started to use HHS data to aid its immigration enforcement efforts, *see* Joseph Cox, ‘ELITE’: The Palantir App ICE Uses to Find Neighborhoods to Raid, 404 (Jan. 15, 2026), <https://www.404media.co/elite-the-palantir-app-ice-uses-to-find-neighborhoods-to-raid/>, and CMS’s recent refusal to provide the public with an explanation of what data it is sharing with DHS, *see* Phil Balewitz & Amanda Seitz, CNN (Feb. 5, 2026), <https://www.cnn.com/2026/02/05/health/medicaid-data-ice-immigrants>. Furthermore, as noted

above, NHeLP is “primarily engaged in disseminating information to the public.” 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). Dissemination of information about government activities, particularly with respect to the Medicaid program, is a critical and substantial component of our mission.

In addition to prioritizing this request and expediting it, we ask that you strictly comply with the 20-day time limit established by FOIA. 5 U.S.C. § 552(a)(6)(A). Please be advised that once this 20-day period has expired, you are deemed to have constructively denied this request, and we will consider the internal appeals process to be constructively exhausted. *See, e.g., Citizens for Responsibility and Ethics in Washington v. Fed. Election Comm'n*, 711 F.3d 180 (D.C. Cir. 2013).

As required, I hereby certify that the above information is true and correct to the best of my knowledge and belief. *See* 5 U.S.C. § 552(a)(6)(E)(vi); 45 C.F.R. § 5.27(a). Please contact me at (919) 968-6308 or [grusin@healthlaw.org](mailto:grusin@healthlaw.org) if you have questions. Thank you for your assistance.

A handwritten signature in black ink, appearing to read "Sarah Grusin". The signature is fluid and cursive, with the first name "Sarah" being more prominent than the last name "Grusin".

Sarah Grusin

## **Attachment 1**

Office of the Director

U.S. Department of Homeland Security  
500 12<sup>th</sup> Street, NW  
Washington, DC 20536



**U.S. Immigration  
and Customs  
Enforcement**

November 24, 2025

Leslie Nettles  
Senior Official for Privacy  
Director, Division of Security, Privacy Policy & Oversight  
Information Security & Privacy Group  
Office of Information Technology  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Re: Request for Information

Dear Ms. Nettles:

This letter is to request information from the Department of Health and Human Services (HHS), Center for Medicare and Medicaid Services (CMS), in support of U.S. Immigration and Customs Enforcement (ICE) immigration enforcement priorities in accordance with the President's Executive Order 14,159. I am requesting this information pursuant to section (b)(7) of the Privacy Act of 1974, 5 U.S.C. § 552a(b)(7), 8 U.S.C. § 1360(b), 8 U.S.C. § 1373, 6 U.S.C. § 122, and have delegated authority to do so from the ICE Director.

ICE is requesting HHS provide CMS Medicaid data from June 2025 to the present pertaining to the biographical, contact, and location information of individuals with unsatisfactory immigration status (aliens not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law). This request includes citizenship and immigration status, address, phone number, date of birth, and Medicaid ID.

This requested information is necessary to ensure that the primary mission of ICE, to enforce provisions of the Immigration and Naturalization Act and other Federal laws relating to the unlawful presence of aliens in the United States, including using civil enforcement authorities, are met.

Please let me know if you have any questions.

Sincerely,

Marcos D. Charles  
Acting Executive Associate Director  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

**FOR OFFICIAL USE ONLY**

## **Attachment 2**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

STATE OF CALIFORNIA, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, et al.,

Defendants.

Case No. 25-cv-05536-VC

**ORDER GRANTING IN PART AND  
DENYING IN PART MOTION FOR  
PRELIMINARY INJUNCTION**

Re: Dkt. No. 134

As explained in an order granting the States’ prior motion for a preliminary injunction, Dkt. No. 98, DHS and HHS needed to engage in a reasoned decisionmaking process to explain their abrupt departure from their past policies of not sharing or using Medicaid data for immigration enforcement purposes. DHS and HHS have since released documents explaining their new proposed data-sharing policies. Dkt. Nos. 131-1 (ICE Memo), 131-2 (CMS Notice). The States challenge those new policies in a renewed motion for a preliminary injunction. The motion is denied as to the data that is the primary focus of the new policies—basic biographical, location, and contact information—because the sharing of such information is clearly authorized by law and the agencies have adequately explained their decisions. But the motion is granted to the extent the new policies authorize the sharing of information beyond these categories because the new policies are totally unclear about what that information would be, why it would be needed for immigration enforcement purposes, and what the risks of sharing it with DHS would be. This ruling assumes the reader’s familiarity with the facts, the applicable legal standards, and

the arguments made by the parties.<sup>1</sup>

1. Under the Administrative Procedure Act, agencies must address important aspects of the problem and any reasonable alternatives “within the ambit” of the policy at issue, especially when they “involve important policy choices.” *DHS v. Regents of the University of California*, 591 U.S. 1, 30 (2020). But they “are not compelled to explore every alternative device and thought conceivable by the mind of man.” *Id.* at 33. Applying this standard, the States have not demonstrated a likelihood of success on the merits as to the core aspects of the new data-sharing policies, which primarily focus on Medicaid data revealing the biographical, contact, and location information of unlawfully present aliens that DHS is already entitled to know. *See* ICE Memo at 5-7 (explaining that aliens are typically required by law to provide certain data to DHS). The formal data request sent by ICE to CMS reflects that focus by specifying “citizenship and immigration status, address, phone number, [and] date of birth” as examples of what is being requested with respect to “aliens not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.” Dkt. No. 133-1. And the CMS Notice states that, in response to such requests, CMS “will share the minimum required information,” such as “citizenship and immigration status, location, and phone numbers.” CMS Notice at 6-7.

That kind of data sharing is clearly authorized by statute. As the ICE Memo explains, DHS has always possessed broad statutory authority to request and to use certain data from other agencies to pursue legitimate law enforcement objectives, like immigration enforcement. ICE Memo at 2; *see also* 8 U.S.C. § 1360(b) (“Any information in any records kept by any

---

<sup>1</sup> As a threshold matter, the challenged policies are “final” agency actions that are reviewable under the APA. Agency action is “final” it marks “the consummation of the agency’s decisionmaking process” and is “one by which rights or obligations have been determined, or from which legal consequences will flow.” *U.S. Army Corps of Engineers v. Hawkes Co., Inc.*, 578 U.S. 590, 597 (2016) (quoting *Bennett v. Spear*, 520 U.S. 154, 177-78 (1997)); *see also Oregon National Desert Association v. U.S. Forest Service*, 465 F.3d 977, 986-87 (9th Cir. 2006). Here, the ICE Memo and CMS Notice mark the consummation of a reasoned decisionmaking process required by this Court’s prior order. And legal consequences flow from the agencies’ position that ICE is entitled to obtain certain information from CMS.

department or agency of the Government as to the identity and location of aliens in the United States shall be made available to [DHS] upon request made by the Attorney General to the head of any such department or agency.”); 6 U.S.C. § 122(a)(2) (“The [DHS] Secretary shall also have access to other information relating to matters under the responsibility of the Secretary that may be collected, possessed, or prepared by an agency of the Federal Government as the President may further provide.”). The CMS Notice relies on those same statutory authorities. CMS Notice at 4-5.

The States argue that DHS’s statutory authority to request information does not mean that CMS has the authority to share that information. But the statutes upon which the ICE Memo relies clearly state that the relevant data requested by DHS “shall be made available,” 8 U.S.C. § 1360(b), and that the Secretary “shall . . . have access” to such data. 6 U.S.C. § 122(a)(2). Congress could not have made a clearer statement about DHS’s entitlement to certain data from other agencies, and that entitlement would be meaningless if it did not also obligate agencies to comply with DHS’s legitimate data requests.

The States further argue that the Government engaged in flawed legal analysis by failing to consider the countervailing restrictions imposed by the Affordable Care Act, Privacy Act, HIPAA, and the Social Security Act on HHS’s disclosing certain data. But those authorities do not support setting aside the policies at issue in their entirety. The CMS regulations implementing the ACA prohibit the disclosure of data created or collected by the Exchange, which does not cover the Medicaid data actually requested by ICE. *See* 45 C.F.R. § 155.260(a); Dkt. No. 133-1. The Privacy Act and the CMS regulations implementing HIPAA permit disclosure of otherwise protected data for law enforcement purposes such as immigration enforcement.<sup>2</sup> *See* 5 U.S.C. § 552a(b)(7) (Privacy Act); 45 C.F.R. § 164.512(f) (HIPAA regulations). And the SSA allows disclosures when “provided by Federal law,” such as the

---

<sup>2</sup> In any event, the Privacy Act applies only to citizens and lawful permanent residents, whose data is off limits for the reasons explained later. *See* 5 U.S.C. 552a(a)(2).

statutes cited in the ICE Memo. 42 U.S.C. § 1306(a)(1).<sup>3</sup> Those authorities therefore do not restrict ICE from obtaining Medicaid data pertaining to the basic biographical, contact, and location data of unlawfully present aliens.

The States' other APA challenges also fail—at least, as applied to basic biographical, contact, and location information. The States argue that the Government failed to consider important reliance interests, but the ICE Memo assesses the reliance interests of unlawfully present aliens at length before concluding that those interests are entitled to “little to no weight” and that they are “outweighed by ICE’s legitimate law enforcement interest” in using updated contact and location information “for effective immigration enforcement.” ICE Memo at 6-7. The ICE Memo further concluded that any interests of the States that are distinct from those of unlawfully present aliens “are entitled to little weight because they simply reflect the scheme that Congress created.” ICE Memo at 7-8. The CMS Notice adopted the same analysis. CMS Notice at 7-9. The documents are hardly masterpieces, but their reasoning satisfies the APA’s highly deferential standard, which gives the Government leeway in how to “assess whether there were reliance interests, determine whether they were significant, and weigh any such interests against competing policy concerns.” *DHS*, 591 U.S. at 32; *see also Ranchers Cattlemen Action Legal Fund v. USDA*, 499 F.3d 1108, 1115 (9th Cir. 2007) (emphasizing the APA’s “highly deferential” standard of review).

Finally, the States argue that the CMS Notice is a legislative rule and therefore needed to undergo notice-and-comment rulemaking. In particular, the States contend that the CMS Notice

---

<sup>3</sup> The States argue that because the SSA provides that no disclosure “shall be made except as the head of the applicable agency may by regulations prescribe *and* except as otherwise provided by Federal law,” both statutory conditions must be met. Dkt. No. 140, at 12 (citing 42 U.S.C. § 1306(a)(1) (emphasis added)). In other words, according to the States, not only must some other federal law authorize disclosure, but CMS itself must promulgate separate regulations doing the same. But that reading of the statutory text defies common sense because it would effectively allow CMS to unilaterally thwart a congressional mandate for disclosure by simply refusing to promulgate its own regulations. *United States v. Bonilla-Montenegro*, 331 F.3d 1047, 1051 (9th Cir. 2003) (“A statute’s use of disjunctive or conjunctive language is not always determinative. Rather, we must strive to give effect to the plain, common-sense meaning of the enactment without resorting to an interpretation that defies common sense.” (cleaned up)).

carries the force of law because, without it, CMS would have no legislative basis for sharing data with ICE and because it effectively amends other legislative rules that purportedly restrict routine data sharing with other agencies. Those arguments are incorrect. As explained above, even without the CMS Notice, CMS would have been authorized—and, in fact, required—to share certain data with ICE under 8 U.S.C. § 1360(b) and 6 U.S.C. § 122(a)(2). *See supra* at 3-4 & n.4. The CMS Notice therefore did not effectively amend the rules cited by the States, 45 C.F.R. § 155.260 and 42 C.F.R. § 401.134, because those rules do not prohibit CMS from fulfilling its statutory obligations. In other words, the CMS Notice does not add to or revise any existing law; it “merely represents an agency position with respect to how it will treat—typically enforce—the governing legal norm.” *Syncor International Corp. v. Shalala*, 127 F.3d 90, 94 (D.C. Cir. 1997).

2. Beyond the basic information discussed above, the policies are totally unclear and do not appear to be the product of a coherent decisionmaking process. It is unclear (1) whether DHS may obtain from HHS any information relevant to any proceedings beyond criminal immigration investigations or civil enforcement actions; (2) what data DHS is authorized to obtain from HHS on a “case-by-case” basis and what factors are considered in such inquiries; and (3) whether DHS may request any data from HHS about citizens or lawful permanent residents, including members of mixed-status households. It’s even an open question whether the policies would allow HHS to share sensitive medical information about Medicaid patients with DHS—information that’s difficult to imagine the agency needing for any legitimate purpose. Furthermore, neither the ICE Memo nor the CMS Notice address why a more narrowly tailored policy, focused on the basic biographical information discussed above, would not suffice for immigration enforcement purposes. At the December 9, 2025, hearing, the Government failed to provide satisfactory answers to these and other questions based on the contemporaneous record, and the Government’s supplemental brief only adds to the confusion.<sup>4</sup> Because the scope of

---

<sup>4</sup> For example, at the December 9, 2025, hearing, the Government asserted that ICE’s new policy permits ICE to obtain information only about people who are not U.S. citizens and

DHS’s authority to obtain and to use certain data about unlawfully present aliens (or any data about citizens or lawful permanent residents) is a matter of significant consequence, the challenged policies are likely arbitrary and capricious to the extent that they offer no coherent explanation as to their vague language and likely overbroad scope.

The States have also shown that they will suffer irreparable harm from these vague and likely overbroad portions of the ICE and CMS policies. *See* Dkt. 42-2, at 20-24 (citing various declarations in the record). This same evidence shows that they have Article III standing. And it shows that the balance of hardships and the public interest warrant preliminary injunctive relief.

As both sides agree, the Court has authority under the APA to issue relief “as may be required and to the extent necessary to prevent irreparable injury,” including by severing invalid portions of the challenged agency actions. 5 U.S.C. § 705; *Nasdaq Stock Market LLC v. SEC*, 38 F.4th 1126, 1145 (D.C. Cir. 2022). Accordingly, while this litigation is pending, HHS and CMS are preliminarily enjoined from sharing any information received from the plaintiff States<sup>5</sup> with DHS or ICE, unless it (1) is from the Medicaid program, (2) pertains only to aliens who are not lawfully residing in the United States, and (3) divulges only those aliens’ citizenship and immigration status, address, phone number, date of birth, and Medicaid ID. To the extent that such basic biographical, contact, or location information about unlawfully present aliens is not severable from other information that DHS and ICE are not entitled to obtain (*e.g.*, information about lawful permanent residents or citizens, sensitive health records), HHS or CMS may not share it. If DHS or ICE believes that other types of basic information must be collected to effectuate the portions of the policies that have not been preliminarily enjoined, they must seek a modification of this ruling before obtaining such information from HHS or CMS. DHS and ICE

---

not permanent residents. Dkt. No. 145, at 15:11-21. But in its supplemental brief, the Government states that the ICE Memo “does not preclude the possibility” that ICE could obtain information about citizens. Dkt. No. 146, at 6. The face of the ICE Memo itself could be construed to support either reading, and the record does not contain evidence settling the ambiguity.

<sup>5</sup> The plaintiff States are California, Arizona, Colorado, Connecticut, Delaware, Hawaii, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, Washington, and Wisconsin.

are also preliminarily enjoined from using any data obtained from HHS or CMS (including any data already acquired from HHS or CMS) for immigration enforcement purposes, unless the data satisfies the aforementioned requirements. This preliminary injunction shall remain in place for the shorter of: (1) the duration of this litigation, or (2) 14 days from the issuance of a new policy that clarifies what additional information DHS needs from HHS and explains the legal and policy basis for it.

Solely for administrative purposes, the prior preliminary injunction, Dkt. No. 98, shall remain in place until January 5, 2026. *See* Dkt. No. 143.

**IT IS SO ORDERED.**

Dated: December 29, 2025



---

VINCE CHHABRIA  
United States District Judge

# EXHIBIT B

February 17, 2026

Filed electronically

FOIA Officer  
U.S. Department of Health and Human Services  
Freedom of Information Officer  
Hubert H. Humphrey Building, Room 729H  
200 Independence Avenue, SW  
Washington, D.C. 20201

FOIA Officer  
Centers for Medicare & Medicaid Services  
North Building, Room C5-11-06  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: Expedited FOIA Request

Dear FOIA Officers:

The National Health Law Program submits this request pursuant to the Freedom of Information Act, 5 U.S.C. § 552, and U.S. Department of Health and Human Services (HHS) FOIA regulations, 45 C.F.R. §§ 5.1-5.71.

We submitted a FOIA request on July 8, 2025, seeking similar records (Control Number 072320257004 and PIN KK92). The Centers for Medicare & Medicaid Services (CMS) granted expedited processing and a fee waiver on July 30, 2025, although no records have been produced to-date. Given our prior FOIA request, we are now seeking records created, issued, or in effect from July 9, 2025, through the date that HHS and CMS begin to search for records responsive to this request. 45 C.F.R. § 5.24(d).

As used herein,

“records” means all records as defined in 5 U.S.C. § 552(f)(2). Please search for all records regardless of format, including all paper records and all electronic records, audiotapes, videotapes, photographs, and graphical materials. This request includes, without limitation, all correspondence, memorandum of understanding, letters, emails, text messages, calendar entries, facsimiles, voice mail messages, and transcripts, notes, minutes, or audio or video recordings of any meetings, telephone conversations, or discussions.

Please provide us with a copy of the records described below within twenty business days. Our request does not include individual records prohibited from disclosure under the Privacy Act or the Health Insurance Portability and Accountability Act (and implementing regulations) or any personally identifiable information (*e.g.*, name, date of birth, address, phone number, citizenship or immigration status, or medical information) of Medicaid applicants and/or enrollees or their household members.

We do not wish to inspect responsive records beforehand.

**For all parts of this request, please provide all responsive records created, issued, or in effect from July 9, 2025, through the date the search is conducted.**

1. A complete copy (including any attachments) of all formal or informal requests for personally identifiable information of applicants for and/or enrollees in HHS and/or CMS programs submitted by DHS and/or ICE to HHS and/or CMS.
2. All email communications (including emails, email attachments, complete email chains): between (a) any of the CMS officials listed below and (b) any representative of DHS (including anyone communicating with an email address ending in dhs.gov); and containing any of the key terms listed below:

CMS Officials:

- Patrick Newbold, Chief Information Officer, Office of Information Technology, Centers for Medicare & Medicaid Services
- Leslie Nettles, Senior Official for Privacy, Office of Information Technology, Information Systems and Privacy Group, Centers for Medicare & Medicaid Services
- Lee Ann Crochunis, Deputy Director, Office of Information Technology, Information Systems and Privacy Group, Centers for Medicare & Medicaid Services
- George Hoffman, Deputy Director & Deputy CIO, Office of Information Technology, Information Systems and Privacy Group, Centers for Medicare & Medicaid Services
- Keith Busby, Acting Chief Information Security Officer, Office of Information Technology, Enterprise Architecture & Data Group, Centers for Medicare & Medicaid Services
- Mark Hogle, Group Director, Office of Information Technology, Enterprise Architecture & Data Group, Centers for Medicare & Medicaid Services
- Sara Vitolo, Deputy Director of the Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services
- Anne Marie Costello, Deputy Director of the Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services
- Daniel Brillman, Deputy Administrator and Director, Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services
- Caprice Knapp, Principal Deputy Director, Center for Medicaid & CHIP Services, Centers for Medicare & Medicaid Services
- Anyone communicating on behalf of [CMCS@cms.hhs.gov](mailto:CMCS@cms.hhs.gov)
- Kimberly Brandt, Deputy Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services

- John Czajkowski, Deputy Chief Operating Officer, Centers for Medicare & Medicaid Services
- John Brooks, Senior Counselor, Centers for Medicare & Medicaid Services
- Stephanie Carlton, Deputy Administrator and Chief of Staff, Centers for Medicare & Medicaid Services
- Mehmet Oz, Administrator, Centers for Medicare & Medicaid Services

Key Terms:

- alien
- immigr\*
- migrant
- “lawfully residing”
- PRUCOL
- “permanently residing in the United States under color of law”
- UIS
- “emergency Medicaid”
- “emergency medical condition”
- ICE<sup>1</sup>
- T-MSIS
- TMSIS
- MSIS
- “5 U.S.C. § 552a(b)(7)”
- 552a(b)(7)
- “8 U.S.C. § 1360(b)”
- 1360(b)
- “8 U.S.C. § 1373”
- “6 U.S.C. § 122”
- IAE
- “Information Exchange Agreement”
- “Information Agreement”

For this request, please note that NHeLP is using the asterisk (\*) to designate the standard use of “wildcards” in the search for responsive records. For example, a search for “immigra\*” would return all of the following: immigrant, immigration, etc. If your agency is unable to search for

---

<sup>1</sup> NHeLP does not object to excluding records where ICE is the only key term to appear and the reference is not to Immigration and Customs Enforcement.

wildcards, please advise so that we may specifically include the variations that we would like searched.

Should any documents or portions of documents be withheld, we request that you provide a *Vaughn* index of those documents, stating with specificity the description of the document to be withheld and the legal and factual grounds for the withholding. *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973). The index must describe each document claimed as exempt with sufficient specificity “to permit a reasoned judgment as to whether the material is actually exempt under FOIA,” *CADC 79-12 Founding Church of Scientology v. Bell*, 603 F.2d 945, 949 (D.C. Cir. 1979), and “for each withholding it must discuss the consequences of disclosing the sought-after information.” *King v. US. Dep’t of Justice*, 830 F.2d 210, 223-24 (D.C. Cir. 1987). Should any document include both disclosable and nondisclosable material that cannot reasonably be segregated, *see* 5 U.S.C. § 552(b) (requiring disclosure of any material that can reasonably be segregated), we request that you describe what proportion of the information in a document is non-disclosable and how that information is dispersed throughout the document, in accordance with *Mead Data Cent., Inc. v. U.S. Dep’t of Air Force*, 566 F.2d 242, 261 (D.C. Cir. 1977).

For records available in electronic format, please email the documents to [grusin@healthlaw.org](mailto:grusin@healthlaw.org). Please send all other requested records to:

Sarah Grusin  
National Health Law Program  
1512 E. Franklin St., Ste. 110  
Chapel Hill, NC 27514

#### Request to Waive Fees

We request a waiver of search, review, and duplication fees because disclosure of the requested records “is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.” 5 U.S.C. § 552(a)(4)(A)(iii). A federal regulation, 45 C.F.R. § 5.54, lists three factors that, if met, entitle the requester to a waiver of fees. We believe our request satisfies these factors. *First*, disclosure of the information requested here “would shed light on the operations or activities of the government,” *id.* § 5.54(b)(1), in connection with the transfer of Medicaid applicant and enrollee data between federal agencies and between HHS and state Medicaid agencies.

*Second*, NHeLP will disseminate any information obtained through this request to the public, so disclosure of the requested information will likely “contribute significantly to public understanding” of the federal government’s operations and approach to the transfer of the data. *Id.* § 5.54(b)(2). Disclosure of this information will be “meaningfully informative” about [HHS] operations or activities” because it is not already in the public domain. *Id.* The request also pertains to government policies and activities that are under public scrutiny, making them significant to the public’s understanding of the government’s operations and positions on

important issues affecting the administration of the Medicaid program. *Id.* § 5.54(b)(2)(i). Because the data gathering and sharing is potentially affecting millions of people across the country, disclosure of these records will necessarily “contribute to the understanding of a reasonably broad audience of persons interested in the subject,” *id.* § 5.54(b)(2)(ii). Moreover, NHeLP’s “expertise in the subject area” and its substantial “ability and intention to effectively convey information to the public” demonstrates that disclosure here will contribute to the understanding of a broad audience of persons. As described on our website, [www.healthlaw.org](http://www.healthlaw.org), NHeLP is a non-profit legal organization whose mission is to protect and advance health rights of low-income and underserved people. We work extensively with individuals who are seeking access to health benefits through Medicaid. We work with a range of federal, state, and local organizations that provide assistance to low-income and underserved individuals, providing information, education, and litigation support. NHeLP has the knowledge and expertise to understand the information sought and to facilitate its public dissemination quickly and effectively.

*Third*, this request is not “in the commercial interest of the requester.” *Id.* § 5.54(b)(3). NHeLP does not have any commercial interest in the disclosure of the requested records and does not seek to benefit commercially from this information. We exist to help individuals use programs such as Medicaid. Our clients cannot afford to pay for legal assistance; they also cannot afford the costs associated with this request. The dissemination of information to the public will be at no cost and for the purpose of educating the public and promoting NHeLP’s mission.

#### Request for Expedited Processing

We ask that you provide expedited processing of this FOIA request, which qualifies for such treatment pursuant to 5 U.S.C. § 552(a)(6)(E) and 45 C.F.R. § 5.27. There is an “urgency to inform the public concerning actual or alleged Federal Government activity” as it relates to the sharing of data between HHS and DHS and the transfer of the data between state Medicaid agencies and HHS. 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). The individuals that we serve have an immediate interest in knowing whether and how widely information they provide to a state Medicaid agency will be shared among federal officials. NHeLP has highlighted this problem and the resulting harms from the lack of public information in an amicus brief in pending litigation over the information sharing policy between HHS and DHS. *See* Amicus Br. of NHeLP et al., *California v. DHS*, 3:25-cv-5536-VC (N.D. Cal.), Dkt. No. 136-1, available at <https://healthlaw.org/resource/amicus-california-v-u-s-department-of-health-and-human-services-u-s-district-court-northern-district-of-california/>. The vague nature of the information sharing policy is causing widespread fear among immigrant families. Lawfully residing pregnant women are forgoing Medicaid coverage and as a result, medically necessary health care. Similarly, many mixed-status families are not seeking Medicaid coverage for their U.S. citizen children due to concerns about their information being provided to ICE.

The need for information is particularly pressing in light of recent media reports indicating that DHS has started to use HHS data to aid its immigration enforcement efforts, *see* Joseph Cox, *'ELITE': The Palantir App ICE Uses to Find Neighborhoods to Raid*, 404 (Jan. 15, 2026), <https://www.404media.co/elite-the-palantir-app-ice-uses-to-find-neighborhoods-to-raid/>, and CMS's recent refusal to provide the public with an explanation of what data it is sharing with DHS, *see* Phil Balewitz & Amanda Seitz, CNN (Feb. 5, 2026), <https://www.cnn.com/2026/02/05/health/medicaid-data-ice-immigrants>. Furthermore, as noted above, NHeLP is "primarily engaged in disseminating information to the public." 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). Dissemination of information about government activities, particularly with respect to the Medicaid program, is a critical and substantial component of our mission.

In addition to prioritizing this request and expediting it, we ask that you strictly comply with the 20-day time limit established by FOIA. 5 U.S.C. § 552(a)(6)(A). Please be advised that once this 20-day period has expired, you are deemed to have constructively denied this request, and we will consider the internal appeals process to be constructively exhausted. *See, e.g., Citizens for Responsibility and Ethics in Washington v. Fed. Election Comm'n*, 711 F.3d 180 (D.C. Cir. 2013).

As required, I hereby certify that the above information is true and correct to the best of my knowledge and belief. *See* 5 U.S.C. § 552(a)(6)(E)(vi); 45 C.F.R. § 5.27(a). Please contact me at (919) 968-6308 or [grusin@healthlaw.org](mailto:grusin@healthlaw.org) if you have questions. Thank you for your assistance.



Sarah Grusin

# EXHIBIT C

February 17, 2026

Filed electronically

FOIA Officer  
U.S. Department of Health and Human Services  
Freedom of Information Officer  
Hubert H. Humphrey Building, Room 729H  
200 Independence Avenue, SW  
Washington, D.C. 20201

FOIA Officer  
Centers for Medicare & Medicaid Services  
North Building, Room C5-11-06  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: Expedited FOIA Request

Dear FOIA Officers:

The National Health Law Program submits this request pursuant to the Freedom of Information Act, 5 U.S.C. § 552, and U.S. Department of Health and Human Services (HHS) FOIA regulations, 45 C.F.R. §§ 5.1-5.71.

We submitted a FOIA request on July 8, 2025, seeking similar records (Control Number 072320257004 and PIN KK92). The Centers for Medicare & Medicaid Services (CMS) granted expedited processing and a fee waiver on July 30, 2025, although no records have been produced to-date. Given our prior FOIA request, we are now seeking records created, issued, or in effect from July 9, 2025, through the date that HHS and CMS begin to search for records responsive to this request. 45 C.F.R. § 5.24(d).

As used herein,

“records” means all records as defined in 5 U.S.C. § 552(f)(2). Please search for all records regardless of format, including all paper records and all electronic records, audiotapes, videotapes, photographs, and graphical materials. This request includes, without limitation, all correspondence, memorandum of understanding, letters, emails, text messages, calendar entries, facsimiles, voice mail messages, and transcripts, notes, minutes, or audio or video recordings of any meetings, telephone conversations, or discussions.

Please provide us with a copy of the records described below within twenty business days. Our request does not include individual records prohibited from disclosure under the Privacy Act or the Health Insurance Portability and Accountability Act (and implementing regulations) or any personally identifiable information (*e.g.*, name, date of birth, address, phone number, citizenship or immigration status, or medical information) of Medicaid applicants and/or enrollees or their household members.

We do not wish to inspect responsive records beforehand.

**For all parts of this request, please provide all responsive records created, issued, or in effect from July 9, 2025, through the date the search is conducted.**

1. A complete copy (including any attachments) of all formal or informal requests for information submitted by HHS and/or CMS to any state Medicaid agency regarding the immigration status of Medicaid applicants and/or enrollees.
2. A complete copy (including any attachments) of all formal or informal requests for information submitted by HHS and/or CMS to any state Medicaid agency regarding the immigration status of non-applicant household members of Medicaid applicants and/or enrollees.
3. A complete copy (including any attachments) of all responses from state Medicaid agencies to any formal or informal requests for information identified above in parts 1-2 of this request.

NHeLP does not seek, and this request specifically excludes, all personally identifiable information (*e.g.*, name, date of birth, address, phone number, citizenship or immigration status, or medical information) of Medicaid applicants and/or enrollees or their household members. However, records sufficient to identify whether states responded, what categories of information were shared (*e.g.* spreadsheet headings), and the number of individuals whose information was provided would be responsive to this request and should be produced.

Should any documents or portions of documents be withheld, we request that you provide a *Vaughn* index of those documents, stating with specificity the description of the document to be withheld and the legal and factual grounds for the withholding. *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973). The index must describe each document claimed as exempt with sufficient specificity “to permit a reasoned judgment as to whether the material is actually exempt under FOIA,” *CADC 79-12 Founding Church of Scientology v. Bell*, 603 F.2d 945, 949 (D.C. Cir. 1979), and “for each withholding it must discuss the consequences of disclosing the sought-after information.” *King v. US. Dep’t of Justice*, 830 F.2d 210, 223-24 (D.C. Cir. 1987). Should any document include both disclosable and nondisclosable material that cannot reasonably be segregated, *see* 5 U.S.C. § 552(b) (requiring disclosure of any material that can reasonably be segregated), we request that you describe what proportion of the information in a document is non-disclosable and how that information is dispersed throughout the document, in accordance with *Mead Data Cent., Inc. v. U.S. Dep’t of Air Force*, 566 F.2d 242, 261 (D.C. Cir. 1977).

For records available in electronic format, please email the documents to [grusin@healthlaw.org](mailto:grusin@healthlaw.org). Please send all other requested records to:

Sarah Grusin  
National Health Law Program  
1512 E. Franklin St., Ste. 110  
Chapel Hill, NC 27514

### Request to Waive Fees

We request a waiver of search, review, and duplication fees because disclosure of the requested records “is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.” 5 U.S.C. § 552(a)(4)(A)(iii). A federal regulation, 45 C.F.R. § 5.54, lists three factors that, if met, entitle the requester to a waiver of fees. We believe our request satisfies these factors. *First*, disclosure of the information requested here “would shed light on the operations or activities of the government,” *id.* § 5.54(b)(1), in connection with the transfer of Medicaid applicant and enrollee data between federal agencies and between HHS and state Medicaid agencies.

*Second*, NHeLP will disseminate any information obtained through this request to the public, so disclosure of the requested information will likely “contribute significantly to public understanding” of the federal government’s operations and approach to the transfer of the data. *Id.* § 5.54(b)(2). Disclosure of this information will be “meaningfully informative” about [HHS] operations or activities” because it is not already in the public domain. *Id.* The request also pertains to government policies and activities that are under public scrutiny, making them significant to the public’s understanding of the government’s operations and positions on important issues affecting the administration of the Medicaid program. *Id.* § 5.54(b)(2)(i). Because the data gathering and sharing is potentially affecting millions of people across the country, disclosure of these records will necessarily “contribute to the understanding of a reasonably broad audience of persons interested in the subject,” *id.* § 5.54(b)(2)(ii). Moreover, NHeLP’s “expertise in the subject area” and its substantial “ability and intention to effectively convey information to the public” demonstrates that disclosure here will contribute to the understanding of a broad audience of persons. As described on our website, [www.healthlaw.org](http://www.healthlaw.org), NHeLP is a non-profit legal organization whose mission is to protect and advance health rights of low-income and underserved people. We work extensively with individuals who are seeking access to health benefits through Medicaid. We work with a range of federal, state, and local organizations that provide assistance to low-income and underserved individuals, providing information, education, and litigation support. NHeLP has the knowledge and expertise to understand the information sought and to facilitate its public dissemination quickly and effectively.

*Third*, this request is not “in the commercial interest of the requester.” *Id.* § 5.54(b)(3). NHeLP does not have any commercial interest in the disclosure of the requested records and does not seek to benefit commercially from this information. We exist to help individuals use programs such as Medicaid. Our clients cannot afford to pay for legal assistance; they also cannot afford

the costs associated with this request. The dissemination of information to the public will be at no cost and for the purpose of educating the public and promoting NHeLP's mission.

#### Request for Expedited Processing

We ask that you provide expedited processing of this FOIA request, which qualifies for such treatment pursuant to 5 U.S.C. § 552(a)(6)(E) and 45 C.F.R. § 5.27. There is an “urgency to inform the public concerning actual or alleged Federal Government activity” as it relates to the sharing of data between HHS and DHS and the transfer of the data between state Medicaid agencies and HHS. 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). The individuals that we serve have an immediate interest in knowing whether and how widely information they provide to a state Medicaid agency will be shared among federal officials. NHeLP has highlighted this problem and the resulting harms from the lack of public information in an amicus brief in pending litigation over the information sharing policy between HHS and DHS. *See* Amicus Br. of NHeLP et al., *California v. DHS*, 3:25-cv-5536-VC (N.D. Cal.), Dkt. No. 136-1, available at <https://healthlaw.org/resource/amicus-california-v-u-s-department-of-health-and-human-services-u-s-district-court-northern-district-of-california/>. The vague nature of the information sharing policy is causing widespread fear among immigrant families. Lawfully residing pregnant women are forgoing Medicaid coverage and as a result, medically necessary health care. Similarly, many mixed-status families are not seeking Medicaid coverage for their U.S. citizen children due to concerns about their information being provided to ICE.

The need for information is particularly pressing in light of recent media reports indicating that DHS has started to use HHS data to aid its immigration enforcement efforts, *see* Joseph Cox, ‘ELITE’: The Palantir App ICE Uses to Find Neighborhoods to Raid, 404 (Jan. 15, 2026), <https://www.404media.co/elite-the-palantir-app-ice-uses-to-find-neighborhoods-to-raid/>, and CMS's recent refusal to provide the public with an explanation of what data it is sharing with DHS, *see* Phil Balewitz & Amanda Seitz, CNN (Feb. 5, 2026), <https://www.cnn.com/2026/02/05/health/medicaid-data-ice-immigrants>. Furthermore, as noted above, NHeLP is “primarily engaged in disseminating information to the public.” 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). Dissemination of information about government activities, particularly with respect to the Medicaid program, is a critical and substantial component of our mission.

In addition to prioritizing this request and expediting it, we ask that you strictly comply with the 20-day time limit established by FOIA. 5 U.S.C. § 552(a)(6)(A). Please be advised that once this 20-day period has expired, you are deemed to have constructively denied this request, and we will consider the internal appeals process to be constructively exhausted. *See, e.g., Citizens for Responsibility and Ethics in Washington v. Fed. Election Comm'n*, 711 F.3d 180 (D.C. Cir. 2013).

As required, I hereby certify that the above information is true and correct to the best of my knowledge and belief. *See* 5 U.S.C. § 552(a)(6)(E)(vi); 45 C.F.R. § 5.27(a). Please contact me at (919) 968-6308 or [grusin@healthlaw.org](mailto:grusin@healthlaw.org) if you have questions. Thank you for your assistance.

A handwritten signature in black ink, appearing to read "Sarah Grusin", is centered on a light green rectangular background.

Sarah Grusin

# EXHIBIT D

February 17, 2026

Filed electronically

FOIA Officer  
U.S. Department of Health and Human Services  
Freedom of Information Officer  
Hubert H. Humphrey Building, Room 729H  
200 Independence Avenue, SW  
Washington, D.C. 20201

FOIA Officer  
Centers for Medicare & Medicaid Services  
North Building, Room C5-11-06  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: Expedited FOIA Request

Dear FOIA Officers:

The National Health Law Program submits this request pursuant to the Freedom of Information Act, 5 U.S.C. § 552, and U.S. Department of Health and Human Services (HHS) FOIA regulations, 45 C.F.R. §§ 5.1-5.71.

We submitted a FOIA request on July 8, 2025, seeking similar records (Control Number 072320257004 and PIN KK92). The Centers for Medicare & Medicaid Services (CMS) granted expedited processing and a fee waiver on July 30, 2025, although no records have been produced to-date. Given our prior FOIA request, we are now seeking records created, issued, or in effect from July 9, 2025, through the date that HHS and CMS begin to search for records responsive to this request. 45 C.F.R. § 5.24(d).

As used herein,

“records” means all records as defined in 5 U.S.C. § 552(f)(2). Please search for all records regardless of format, including all paper records and all electronic records, audiotapes, videotapes, photographs, and graphical materials. This request includes, without limitation, all correspondence, memorandum of understanding, letters, emails, text messages, calendar entries, facsimiles, voice mail messages, and transcripts, notes, minutes, or audio or video recordings of any meetings, telephone conversations, or discussions.

Please provide us with a copy of the records described below within twenty business days. Our request does not include individual records prohibited from disclosure under the Privacy Act or the Health Insurance Portability and Accountability Act (and implementing regulations) or any personally identifiable information (*e.g.*, name, date of birth, address, phone number, citizenship or immigration status, or medical information) of Medicaid applicants and/or enrollees or their household members.

We do not wish to inspect responsive records beforehand.

**For all parts of this request, please provide all responsive records created, issued, or in effect from July 9, 2025, through the date the search is conducted.**

1. Records reflecting the number of Medicaid applicants and/or enrollees whose personally identifiable information HHS and/or CMS has provided to DHS and/or ICE each month, beginning July 2025.

NHeLP does not seek, and this request specifically excludes, all personally identifiable information of these individuals. However, records sufficient to identify the number of individuals whose information has been provided to DHS and/or ICE are responsive to this request and should be produced.

2. Records reflecting the number of individuals for whom DHS and/or ICE has requested personally identifiable information, but for whom HHS and CMS has not provided that information because:
  - a. HHS and/or CMS was not able to determine that the individual is an “alien[] who [is] not lawfully residing in the United States,” as used in *California v. HHS*, 3:25-cv-05536-VC (N.D. Cal.), Dkt No. 148 (See Attachment at 6), and/or
  - b. HHS and/or CMS was not able to sever the data from non-sharable data. See Attachment at 6.

NHeLP does not seek, and this request specifically excludes, all personally identifiable information of these individuals. However, records sufficient to identify the number of individuals whose information has been requested by DHS or ICE is responsive to this request and should be produced.

Should any documents or portions of documents be withheld, we request that you provide a *Vaughn* index of those documents, stating with specificity the description of the document to be withheld and the legal and factual grounds for the withholding. *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973). The index must describe each document claimed as exempt with sufficient specificity “to permit a reasoned judgment as to whether the material is actually exempt under FOIA,” *CADC 79-12 Founding Church of Scientology v. Bell*, 603 F.2d 945, 949 (D.C. Cir. 1979), and “for each withholding it must discuss the consequences of disclosing the sought-after information.” *King v. US. Dep’t of Justice*, 830 F.2d 210, 223-24 (D.C. Cir. 1987). Should any document include both disclosable and nondisclosable material that cannot reasonably be segregated, *see* 5 U.S.C. § 552(b) (requiring disclosure of any material that can reasonably be segregated), we request that you describe what proportion of the information in a document is

non-disclosable and how that information is dispersed throughout the document, in accordance with *Mead Data Cent., Inc. v. U.S. Dep't of Air Force*, 566 F.2d 242, 261 (D.C. Cir. 1977).

For records available in electronic format, please email the documents to [grusin@healthlaw.org](mailto:grusin@healthlaw.org). Please send all other requested records to:

Sarah Grusin  
National Health Law Program  
1512 E. Franklin St., Ste. 110  
Chapel Hill, NC 27514

### Request to Waive Fees

We request a waiver of search, review, and duplication fees because disclosure of the requested records “is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.” 5 U.S.C. § 552(a)(4)(A)(iii). A federal regulation, 45 C.F.R. § 5.54, lists three factors that, if met, entitle the requester to a waiver of fees. We believe our request satisfies these factors. *First*, disclosure of the information requested here “would shed light on the operations or activities of the government,” *id.* § 5.54(b)(1), in connection with the transfer of Medicaid applicant and enrollee data between federal agencies and between HHS and state Medicaid agencies.

*Second*, NHeLP will disseminate any information obtained through this request to the public, so disclosure of the requested information will likely “contribute significantly to public understanding” of the federal government’s operations and approach to the transfer of the data. *Id.* § 5.54(b)(2). Disclosure of this information will be “meaningfully informative” about [HHS] operations or activities” because it is not already in the public domain. *Id.* The request also pertains to government policies and activities that are under public scrutiny, making them significant to the public’s understanding of the government’s operations and positions on important issues affecting the administration of the Medicaid program. *Id.* § 5.54(b)(2)(i). Because the data gathering and sharing is potentially affecting millions of people across the country, disclosure of these records will necessarily “contribute to the understanding of a reasonably broad audience of persons interested in the subject,” *id.* § 5.54(b)(2)(ii). Moreover, NHeLP’s “expertise in the subject area” and its substantial “ability and intention to effectively convey information to the public” demonstrates that disclosure here will contribute to the understanding of a broad audience of persons. As described on our website, [www.healthlaw.org](http://www.healthlaw.org), NHeLP is a non-profit legal organization whose mission is to protect and advance health rights of low-income and underserved people. We work extensively with individuals who are seeking access to health benefits through Medicaid. We work with a range of federal, state, and local organizations that provide assistance to low-income and underserved individuals, providing information, education, and litigation support. NHeLP has the knowledge and expertise to understand the information sought and to facilitate its public dissemination quickly and effectively.

*Third*, this request is not “in the commercial interest of the requester.” *Id.* § 5.54(b)(3). NHeLP does not have any commercial interest in the disclosure of the requested records and does not seek to benefit commercially from this information. We exist to help individuals use programs such as Medicaid. Our clients cannot afford to pay for legal assistance; they also cannot afford the costs associated with this request. The dissemination of information to the public will be at no cost and for the purpose of educating the public and promoting NHeLP’s mission.

#### Request for Expedited Processing

We ask that you provide expedited processing of this FOIA request, which qualifies for such treatment pursuant to 5 U.S.C. § 552(a)(6)(E) and 45 C.F.R. § 5.27. There is an “urgency to inform the public concerning actual or alleged Federal Government activity” as it relates to the sharing of data between HHS and DHS and the transfer of the data between state Medicaid agencies and HHS. 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). The individuals that we serve have an immediate interest in knowing whether and how widely information they provide to a state Medicaid agency will be shared among federal officials. NHeLP has highlighted this problem and the resulting harms from the lack of public information in an amicus brief in pending litigation over the information sharing policy between HHS and DHS. *See* Amicus Br. of NHeLP et al., *California v. DHS*, 3:25-cv-5536-VC (N.D. Cal.), Dkt. No. 136-1, available at <https://healthlaw.org/resource/amicus-california-v-u-s-department-of-health-and-human-services-u-s-district-court-northern-district-of-california/>. The vague nature of the information sharing policy is causing widespread fear among immigrant families. Lawfully residing pregnant women are forgoing Medicaid coverage and as a result, medically necessary health care. Similarly, many mixed-status families are not seeking Medicaid coverage for their U.S. citizen children due to concerns about their information being provided to ICE.

The need for information is particularly pressing in light of recent media reports indicating that DHS has started to use HHS data to aid its immigration enforcement efforts, *see* Joseph Cox, ‘*ELITE*’: *The Palantir App ICE Uses to Find Neighborhoods to Raid*, 404 (Jan. 15, 2026), <https://www.404media.co/elite-the-palantir-app-ice-uses-to-find-neighborhoods-to-raid/>, and CMS’s recent refusal to provide the public with an explanation of what data it is sharing with DHS, *see* Phil Balewitz & Amanda Seitz, CNN (Feb. 5, 2026), <https://www.cnn.com/2026/02/05/health/medicaid-data-ice-immigrants>. Furthermore, as noted above, NHeLP is “primarily engaged in disseminating information to the public.” 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). Dissemination of information about government activities, particularly with respect to the Medicaid program, is a critical and substantial component of our mission.

In addition to prioritizing this request and expediting it, we ask that you strictly comply with the 20-day time limit established by FOIA. 5 U.S.C. § 552(a)(6)(A). Please be advised that once this 20-day period has expired, you are deemed to have constructively denied this request, and we

will consider the internal appeals process to be constructively exhausted. *See, e.g., Citizens for Responsibility and Ethics in Washington v. Fed. Election Comm'n*, 711 F.3d 180 (D.C. Cir. 2013).

As required, I hereby certify that the above information is true and correct to the best of my knowledge and belief. *See* 5 U.S.C. § 552(a)(6)(E)(vi); 45 C.F.R. § 5.27(a). Please contact me at (919) 968-6308 or [grusin@healthlaw.org](mailto:grusin@healthlaw.org) if you have questions. Thank you for your assistance.

A handwritten signature in black ink, appearing to read "Sarah Grusin", is written on a light green rectangular background.

Sarah Grusin

## **Attachment**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

STATE OF CALIFORNIA, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, et al.,

Defendants.

Case No. 25-cv-05536-VC

**ORDER GRANTING IN PART AND  
DENYING IN PART MOTION FOR  
PRELIMINARY INJUNCTION**

Re: Dkt. No. 134

As explained in an order granting the States’ prior motion for a preliminary injunction, Dkt. No. 98, DHS and HHS needed to engage in a reasoned decisionmaking process to explain their abrupt departure from their past policies of not sharing or using Medicaid data for immigration enforcement purposes. DHS and HHS have since released documents explaining their new proposed data-sharing policies. Dkt. Nos. 131-1 (ICE Memo), 131-2 (CMS Notice). The States challenge those new policies in a renewed motion for a preliminary injunction. The motion is denied as to the data that is the primary focus of the new policies—basic biographical, location, and contact information—because the sharing of such information is clearly authorized by law and the agencies have adequately explained their decisions. But the motion is granted to the extent the new policies authorize the sharing of information beyond these categories because the new policies are totally unclear about what that information would be, why it would be needed for immigration enforcement purposes, and what the risks of sharing it with DHS would be. This ruling assumes the reader’s familiarity with the facts, the applicable legal standards, and

the arguments made by the parties.<sup>1</sup>

1. Under the Administrative Procedure Act, agencies must address important aspects of the problem and any reasonable alternatives “within the ambit” of the policy at issue, especially when they “involve important policy choices.” *DHS v. Regents of the University of California*, 591 U.S. 1, 30 (2020). But they “are not compelled to explore every alternative device and thought conceivable by the mind of man.” *Id.* at 33. Applying this standard, the States have not demonstrated a likelihood of success on the merits as to the core aspects of the new data-sharing policies, which primarily focus on Medicaid data revealing the biographical, contact, and location information of unlawfully present aliens that DHS is already entitled to know. *See* ICE Memo at 5-7 (explaining that aliens are typically required by law to provide certain data to DHS). The formal data request sent by ICE to CMS reflects that focus by specifying “citizenship and immigration status, address, phone number, [and] date of birth” as examples of what is being requested with respect to “aliens not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.” Dkt. No. 133-1. And the CMS Notice states that, in response to such requests, CMS “will share the minimum required information,” such as “citizenship and immigration status, location, and phone numbers.” CMS Notice at 6-7.

That kind of data sharing is clearly authorized by statute. As the ICE Memo explains, DHS has always possessed broad statutory authority to request and to use certain data from other agencies to pursue legitimate law enforcement objectives, like immigration enforcement. ICE Memo at 2; *see also* 8 U.S.C. § 1360(b) (“Any information in any records kept by any

---

<sup>1</sup> As a threshold matter, the challenged policies are “final” agency actions that are reviewable under the APA. Agency action is “final” it marks “the consummation of the agency’s decisionmaking process” and is “one by which rights or obligations have been determined, or from which legal consequences will flow.” *U.S. Army Corps of Engineers v. Hawkes Co., Inc.*, 578 U.S. 590, 597 (2016) (quoting *Bennett v. Spear*, 520 U.S. 154, 177-78 (1997)); *see also Oregon National Desert Association v. U.S. Forest Service*, 465 F.3d 977, 986-87 (9th Cir. 2006). Here, the ICE Memo and CMS Notice mark the consummation of a reasoned decisionmaking process required by this Court’s prior order. And legal consequences flow from the agencies’ position that ICE is entitled to obtain certain information from CMS.

department or agency of the Government as to the identity and location of aliens in the United States shall be made available to [DHS] upon request made by the Attorney General to the head of any such department or agency.”); 6 U.S.C. § 122(a)(2) (“The [DHS] Secretary shall also have access to other information relating to matters under the responsibility of the Secretary that may be collected, possessed, or prepared by an agency of the Federal Government as the President may further provide.”). The CMS Notice relies on those same statutory authorities. CMS Notice at 4-5.

The States argue that DHS’s statutory authority to request information does not mean that CMS has the authority to share that information. But the statutes upon which the ICE Memo relies clearly state that the relevant data requested by DHS “shall be made available,” 8 U.S.C. § 1360(b), and that the Secretary “shall . . . have access” to such data. 6 U.S.C. § 122(a)(2). Congress could not have made a clearer statement about DHS’s entitlement to certain data from other agencies, and that entitlement would be meaningless if it did not also obligate agencies to comply with DHS’s legitimate data requests.

The States further argue that the Government engaged in flawed legal analysis by failing to consider the countervailing restrictions imposed by the Affordable Care Act, Privacy Act, HIPAA, and the Social Security Act on HHS’s disclosing certain data. But those authorities do not support setting aside the policies at issue in their entirety. The CMS regulations implementing the ACA prohibit the disclosure of data created or collected by the Exchange, which does not cover the Medicaid data actually requested by ICE. *See* 45 C.F.R. § 155.260(a); Dkt. No. 133-1. The Privacy Act and the CMS regulations implementing HIPAA permit disclosure of otherwise protected data for law enforcement purposes such as immigration enforcement.<sup>2</sup> *See* 5 U.S.C. § 552a(b)(7) (Privacy Act); 45 C.F.R. § 164.512(f) (HIPAA regulations). And the SSA allows disclosures when “provided by Federal law,” such as the

---

<sup>2</sup> In any event, the Privacy Act applies only to citizens and lawful permanent residents, whose data is off limits for the reasons explained later. *See* 5 U.S.C. 552a(a)(2).

statutes cited in the ICE Memo. 42 U.S.C. § 1306(a)(1).<sup>3</sup> Those authorities therefore do not restrict ICE from obtaining Medicaid data pertaining to the basic biographical, contact, and location data of unlawfully present aliens.

The States' other APA challenges also fail—at least, as applied to basic biographical, contact, and location information. The States argue that the Government failed to consider important reliance interests, but the ICE Memo assesses the reliance interests of unlawfully present aliens at length before concluding that those interests are entitled to “little to no weight” and that they are “outweighed by ICE’s legitimate law enforcement interest” in using updated contact and location information “for effective immigration enforcement.” ICE Memo at 6-7. The ICE Memo further concluded that any interests of the States that are distinct from those of unlawfully present aliens “are entitled to little weight because they simply reflect the scheme that Congress created.” ICE Memo at 7-8. The CMS Notice adopted the same analysis. CMS Notice at 7-9. The documents are hardly masterpieces, but their reasoning satisfies the APA’s highly deferential standard, which gives the Government leeway in how to “assess whether there were reliance interests, determine whether they were significant, and weigh any such interests against competing policy concerns.” *DHS*, 591 U.S. at 32; *see also Ranchers Cattlemen Action Legal Fund v. USDA*, 499 F.3d 1108, 1115 (9th Cir. 2007) (emphasizing the APA’s “highly deferential” standard of review).

Finally, the States argue that the CMS Notice is a legislative rule and therefore needed to undergo notice-and-comment rulemaking. In particular, the States contend that the CMS Notice

---

<sup>3</sup> The States argue that because the SSA provides that no disclosure “shall be made except as the head of the applicable agency may by regulations prescribe *and* except as otherwise provided by Federal law,” both statutory conditions must be met. Dkt. No. 140, at 12 (citing 42 U.S.C. § 1306(a)(1) (emphasis added)). In other words, according to the States, not only must some other federal law authorize disclosure, but CMS itself must promulgate separate regulations doing the same. But that reading of the statutory text defies common sense because it would effectively allow CMS to unilaterally thwart a congressional mandate for disclosure by simply refusing to promulgate its own regulations. *United States v. Bonilla-Montenegro*, 331 F.3d 1047, 1051 (9th Cir. 2003) (“A statute’s use of disjunctive or conjunctive language is not always determinative. Rather, we must strive to give effect to the plain, common-sense meaning of the enactment without resorting to an interpretation that defies common sense.” (cleaned up)).

carries the force of law because, without it, CMS would have no legislative basis for sharing data with ICE and because it effectively amends other legislative rules that purportedly restrict routine data sharing with other agencies. Those arguments are incorrect. As explained above, even without the CMS Notice, CMS would have been authorized—and, in fact, required—to share certain data with ICE under 8 U.S.C. § 1360(b) and 6 U.S.C. § 122(a)(2). *See supra* at 3-4 & n.4. The CMS Notice therefore did not effectively amend the rules cited by the States, 45 C.F.R. § 155.260 and 42 C.F.R. § 401.134, because those rules do not prohibit CMS from fulfilling its statutory obligations. In other words, the CMS Notice does not add to or revise any existing law; it “merely represents an agency position with respect to how it will treat—typically enforce—the governing legal norm.” *Syncor International Corp. v. Shalala*, 127 F.3d 90, 94 (D.C. Cir. 1997).

2. Beyond the basic information discussed above, the policies are totally unclear and do not appear to be the product of a coherent decisionmaking process. It is unclear (1) whether DHS may obtain from HHS any information relevant to any proceedings beyond criminal immigration investigations or civil enforcement actions; (2) what data DHS is authorized to obtain from HHS on a “case-by-case” basis and what factors are considered in such inquiries; and (3) whether DHS may request any data from HHS about citizens or lawful permanent residents, including members of mixed-status households. It’s even an open question whether the policies would allow HHS to share sensitive medical information about Medicaid patients with DHS—information that’s difficult to imagine the agency needing for any legitimate purpose. Furthermore, neither the ICE Memo nor the CMS Notice address why a more narrowly tailored policy, focused on the basic biographical information discussed above, would not suffice for immigration enforcement purposes. At the December 9, 2025, hearing, the Government failed to provide satisfactory answers to these and other questions based on the contemporaneous record, and the Government’s supplemental brief only adds to the confusion.<sup>4</sup> Because the scope of

---

<sup>4</sup> For example, at the December 9, 2025, hearing, the Government asserted that ICE’s new policy permits ICE to obtain information only about people who are not U.S. citizens and

DHS’s authority to obtain and to use certain data about unlawfully present aliens (or any data about citizens or lawful permanent residents) is a matter of significant consequence, the challenged policies are likely arbitrary and capricious to the extent that they offer no coherent explanation as to their vague language and likely overbroad scope.

The States have also shown that they will suffer irreparable harm from these vague and likely overbroad portions of the ICE and CMS policies. *See* Dkt. 42-2, at 20-24 (citing various declarations in the record). This same evidence shows that they have Article III standing. And it shows that the balance of hardships and the public interest warrant preliminary injunctive relief.

As both sides agree, the Court has authority under the APA to issue relief “as may be required and to the extent necessary to prevent irreparable injury,” including by severing invalid portions of the challenged agency actions. 5 U.S.C. § 705; *Nasdaq Stock Market LLC v. SEC*, 38 F.4th 1126, 1145 (D.C. Cir. 2022). Accordingly, while this litigation is pending, HHS and CMS are preliminarily enjoined from sharing any information received from the plaintiff States<sup>5</sup> with DHS or ICE, unless it (1) is from the Medicaid program, (2) pertains only to aliens who are not lawfully residing in the United States, and (3) divulges only those aliens’ citizenship and immigration status, address, phone number, date of birth, and Medicaid ID. To the extent that such basic biographical, contact, or location information about unlawfully present aliens is not severable from other information that DHS and ICE are not entitled to obtain (*e.g.*, information about lawful permanent residents or citizens, sensitive health records), HHS or CMS may not share it. If DHS or ICE believes that other types of basic information must be collected to effectuate the portions of the policies that have not been preliminarily enjoined, they must seek a modification of this ruling before obtaining such information from HHS or CMS. DHS and ICE

---

not permanent residents. Dkt. No. 145, at 15:11-21. But in its supplemental brief, the Government states that the ICE Memo “does not preclude the possibility” that ICE could obtain information about citizens. Dkt. No. 146, at 6. The face of the ICE Memo itself could be construed to support either reading, and the record does not contain evidence settling the ambiguity.

<sup>5</sup> The plaintiff States are California, Arizona, Colorado, Connecticut, Delaware, Hawaii, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, Washington, and Wisconsin.

are also preliminarily enjoined from using any data obtained from HHS or CMS (including any data already acquired from HHS or CMS) for immigration enforcement purposes, unless the data satisfies the aforementioned requirements. This preliminary injunction shall remain in place for the shorter of: (1) the duration of this litigation, or (2) 14 days from the issuance of a new policy that clarifies what additional information DHS needs from HHS and explains the legal and policy basis for it.

Solely for administrative purposes, the prior preliminary injunction, Dkt. No. 98, shall remain in place until January 5, 2026. *See* Dkt. No. 143.

**IT IS SO ORDERED.**

Dated: December 29, 2025



---

VINCE CHHABRIA  
United States District Judge

# EXHIBIT E

February 17, 2026

Filed electronically

FOIA Officer  
U.S. Department of Health and Human Services  
Freedom of Information Officer  
Hubert H. Humphrey Building, Room 729H  
200 Independence Avenue, SW  
Washington, D.C. 20201

FOIA Officer  
Centers for Medicare & Medicaid Services  
North Building, Room C5-11-06  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: Expedited FOIA Request

Dear FOIA Officers:

The National Health Law Program submits this request pursuant to the Freedom of Information Act, 5 U.S.C. § 552, and U.S. Department of Health and Human Services (HHS) FOIA regulations, 45 C.F.R. §§ 5.1-5.71.

We submitted a FOIA request on July 8, 2025, seeking similar records (Control Number 072320257004 and PIN KK92). The Centers for Medicare & Medicaid Services (CMS) granted expedited processing and a fee waiver on July 30, 2025, although no records have been produced to-date. Given our prior FOIA request, we are now seeking records created, issued, or in effect from July 9, 2025, through the date that HHS and CMS begin to search for records responsive to this request. 45 C.F.R. § 5.24(d).

As used herein,

“records” means all records as defined in 5 U.S.C. § 552(f)(2). Please search for all records regardless of format, including all paper records and all electronic records, audiotapes, videotapes, photographs, and graphical materials. This request includes, without limitation, all correspondence, memorandum of understanding, letters, emails, text messages, calendar entries, facsimiles, voice mail messages, and transcripts, notes, minutes, or audio or video recordings of any meetings, telephone conversations, or discussions.

Please provide us with a copy of the records described below within twenty business days. Our request does not include individual records prohibited from disclosure under the Privacy Act or the Health Insurance Portability and Accountability Act (and implementing regulations) or any personally identifiable information (*e.g.*, name, date of birth, address, phone number, citizenship or immigration status, or medical information) of Medicaid applicants and/or enrollees or their household members.

We do not wish to inspect responsive records beforehand.

**For all parts of this request, please provide all responsive records created, issued, or in effect from July 9, 2025, through the date the search is conducted.**

1. Records sufficient to identify whether HHS and/or CMS has provided or intends to provide to DHS and/or ICE personally identifiable information of non-applicant household members of Medicaid applicants and/or enrollees.
2. Records sufficient to identify whether HHS and/or CMS has provided or intends to provide to DHS and/or ICE personally identifiable medical information of Medicaid enrollees, including but not limited to health care services received, health care providers visited, or claims submitted or paid by a managed care plan or state Medicaid agency.
3. Records sufficient to identify whether HHS and/or CMS have granted any DHS or ICE employees access to the T-MSIS database.
4. Records reflecting the names and titles of any DHS or ICE employees who have been granted access to the T-MSIS database.
5. Records sufficient to identify whether HHS and/or CMS has provided or intends to provide to DHS and/or ICE personally identifiable information from HHS programs other than Medicaid or CHIP, and if so, which programs.

Should any documents or portions of documents be withheld, we request that you provide a *Vaughn* index of those documents, stating with specificity the description of the document to be withheld and the legal and factual grounds for the withholding. *Vaughn v. Rosen*, 484 F.2d 820 (D.C. Cir. 1973). The index must describe each document claimed as exempt with sufficient specificity “to permit a reasoned judgment as to whether the material is actually exempt under FOIA,” *CADC 79-12 Founding Church of Scientology v. Bell*, 603 F.2d 945, 949 (D.C. Cir. 1979), and “for each withholding it must discuss the consequences of disclosing the sought-after information.” *King v. US. Dep’t of Justice*, 830 F.2d 210, 223-24 (D.C. Cir. 1987). Should any document include both disclosable and nondisclosable material that cannot reasonably be segregated, *see* 5 U.S.C. § 552(b) (requiring disclosure of any material that can reasonably be segregated), we request that you describe what proportion of the information in a document is non-disclosable and how that information is dispersed throughout the document, in accordance with *Mead Data Cent., Inc. v. U.S. Dep’t of Air Force*, 566 F.2d 242, 261 (D.C. Cir. 1977).

For records available in electronic format, please email the documents to [grusin@healthlaw.org](mailto:grusin@healthlaw.org). Please send all other requested records to:

Sarah Grusin  
National Health Law Program  
1512 E. Franklin St., Ste. 110  
Chapel Hill, NC 27514

### Request to Waive Fees

We request a waiver of search, review, and duplication fees because disclosure of the requested records “is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester.” 5 U.S.C. § 552(a)(4)(A)(iii). A federal regulation, 45 C.F.R. § 5.54, lists three factors that, if met, entitle the requester to a waiver of fees. We believe our request satisfies these factors. *First*, disclosure of the information requested here “would shed light on the operations or activities of the government,” *id.* § 5.54(b)(1), in connection with the transfer of Medicaid applicant and enrollee data between federal agencies and between HHS and state Medicaid agencies.

*Second*, NHeLP will disseminate any information obtained through this request to the public, so disclosure of the requested information will likely “contribute significantly to public understanding” of the federal government’s operations and approach to the transfer of the data. *Id.* § 5.54(b)(2). Disclosure of this information will be “meaningfully informative” about [HHS] operations or activities” because it is not already in the public domain. *Id.* The request also pertains to government policies and activities that are under public scrutiny, making them significant to the public’s understanding of the government’s operations and positions on important issues affecting the administration of the Medicaid program. *Id.* § 5.54(b)(2)(i). Because the data gathering and sharing is potentially affecting millions of people across the country, disclosure of these records will necessarily “contribute to the understanding of a reasonably broad audience of persons interested in the subject,” *id.* § 5.54(b)(2)(ii). Moreover, NHeLP’s “expertise in the subject area” and its substantial “ability and intention to effectively convey information to the public” demonstrates that disclosure here will contribute to the understanding of a broad audience of persons. As described on our website, [www.healthlaw.org](http://www.healthlaw.org), NHeLP is a non-profit legal organization whose mission is to protect and advance health rights of low-income and underserved people. We work extensively with individuals who are seeking access to health benefits through Medicaid. We work with a range of federal, state, and local organizations that provide assistance to low-income and underserved individuals, providing information, education, and litigation support. NHeLP has the knowledge and expertise to understand the information sought and to facilitate its public dissemination quickly and effectively.

*Third*, this request is not “in the commercial interest of the requester.” *Id.* § 5.54(b)(3). NHeLP does not have any commercial interest in the disclosure of the requested records and does not seek to benefit commercially from this information. We exist to help individuals use programs such as Medicaid. Our clients cannot afford to pay for legal assistance; they also cannot afford

the costs associated with this request. The dissemination of information to the public will be at no cost and for the purpose of educating the public and promoting NHeLP's mission.

### Request for Expedited Processing

We ask that you provide expedited processing of this FOIA request, which qualifies for such treatment pursuant to 5 U.S.C. § 552(a)(6)(E) and 45 C.F.R. § 5.27. There is an “urgency to inform the public concerning actual or alleged Federal Government activity” as it relates to the sharing of data between HHS and DHS and the transfer of the data between state Medicaid agencies and HHS. 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). The individuals that we serve have an immediate interest in knowing whether and how widely information they provide to a state Medicaid agency will be shared among federal officials. NHeLP has highlighted this problem and the resulting harms from the lack of public information in an amicus brief in pending litigation over the information sharing policy between HHS and DHS. *See* Amicus Br. of NHeLP et al., *California v. DHS*, 3:25-cv-5536-VC (N.D. Cal.), Dkt. No. 136-1, available at <https://healthlaw.org/resource/amicus-california-v-u-s-department-of-health-and-human-services-u-s-district-court-northern-district-of-california/>. The vague nature of the information sharing policy is causing widespread fear among immigrant families. Lawfully residing pregnant women are forgoing Medicaid coverage and as a result, medically necessary health care. Similarly, many mixed-status families are not seeking Medicaid coverage for their U.S. citizen children due to concerns about their information being provided to ICE.

The need for information is particularly pressing in light of recent media reports indicating that DHS has started to use HHS data to aid its immigration enforcement efforts, *see* Joseph Cox, ‘ELITE’: The Palantir App ICE Uses to Find Neighborhoods to Raid, 404 (Jan. 15, 2026), <https://www.404media.co/elite-the-palantir-app-ice-uses-to-find-neighborhoods-to-raid/>, and CMS's recent refusal to provide the public with an explanation of what data it is sharing with DHS, *see* Phil Balewitz & Amanda Seitz, CNN (Feb. 5, 2026), <https://www.cnn.com/2026/02/05/health/medicaid-data-ice-immigrants>. Furthermore, as noted above, NHeLP is “primarily engaged in disseminating information to the public.” 5 U.S.C. § 552(a)(6)(E)(v)(II); 45 C.F.R. § 5.27(b)(2). Dissemination of information about government activities, particularly with respect to the Medicaid program, is a critical and substantial component of our mission.

In addition to prioritizing this request and expediting it, we ask that you strictly comply with the 20-day time limit established by FOIA. 5 U.S.C. § 552(a)(6)(A). Please be advised that once this 20-day period has expired, you are deemed to have constructively denied this request, and we will consider the internal appeals process to be constructively exhausted. *See, e.g., Citizens for Responsibility and Ethics in Washington v. Fed. Election Comm'n*, 711 F.3d 180 (D.C. Cir. 2013).

As required, I hereby certify that the above information is true and correct to the best of my knowledge and belief. *See* 5 U.S.C. § 552(a)(6)(E)(vi); 45 C.F.R. § 5.27(a). Please contact me at (919) 968-6308 or [grusin@healthlaw.org](mailto:grusin@healthlaw.org) if you have questions. Thank you for your assistance.

A handwritten signature in black ink, appearing to read "Sarah Grusin", is centered on a light green rectangular background.

Sarah Grusin