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Attacks on Immigrants Continue to Intensify, Threatening Access to Health Care and Other Critical Services

Coupled with increasingly menacing rhetoric, highly visible Immigration and Customs Enforcement (ICE) raids, and other stepped-up immigration enforcement efforts, the Trump Administration is now targeting immigrant access to health care as another front in its attacks on immigrant communities. Federal eligibility restrictions have long barred immigrants without lawful immigration status from accessing most federal health care benefits, including Medicaid, Medicare, and subsidies to purchase marketplace coverage. However, the budget reconciliation bill, recently passed by Congress (and described in a recent Health Care in Motion), rolls back coverage options even for lawfully present immigrants such as asylees and refugees. In addition, the Administration has recently announced its intent to further reduce immigrant eligibility for safety net health care and social services, and a few states have followed suit. Read on to learn how these changes may affect access to health care services and public health moving forward.

The Reconciliation Bill, the Marketplace Rule, and Immigrant Access to Health Care

The final reconciliation package signed into law, coupled with the marketplace integrity final rule, puts in place many provisions that impact immigrants, including billions of dollars in new funding for immigration enforcement and new fees and red tape that make it harder for immigrants to apply for legal immigration status. There are also several draconian provisions that further limit access for many immigrant groups to federal health care and nutrition programs.

Immigration eligibility changes to Medicaid, Medicare, ACA marketplace subsidies, and SNAP	**Effective dates**
Immigrant eligibility for Medicaid, Medicare, ACA marketplace subsidies, and the Supplemental Nutrition Assistance Program (SNAP) will be limited to: • Lawful Permanent Residents (green card holders); • Certain Cuban and Haitian nationals; • People residing in the U.S. under a Compact of Free Association with Palau, Micronesia, and the Marshall Islands This means that eligibility will be no longer be available to: • Refugees;	SNAP changes: effective immediately. Medicaid changes: October 1, 2026 Marketplace changes: • Exclusion of DACA recipients from Qualified Health Plan enrollment and marketplace subsidy eligibility goes into effect August 25, 2025

• Asylees; • Survivors of domestic violence; • Survivors of trafficking; and • People with Temporary Protected Status and valid visa holders (this group was already ineligible for Medicaid and SNAP, but will now be ineligible for Medicare and ACA marketplace subsidies as well) The law also ends the ability of lawfully present immigrants with income below 100% FPL and who are ineligible for Medicaid to enroll in subsidized marketplace coverage. The final marketplace integrity rule redefines "lawfully present immigrants," excluding Deferred Action for Childhood Arrival (DACA) recipients from enrolling in Qualified Health Plans or receiving federal marketplace subsidies. DACA recipients are immigrants without lawful immigration status who were brought to the U.S. as children and meet other educational or military requirements.	• Immigrant category changes go into effect January 1, 2027 • The elimination of ability for lawfully present immigrants with income under 100% FPL to access subsidized marketplace coverage goes into effect January 1, 2026 Medicare eligibility changes: effective immediately, but people already enrolled may remain in the program for 18 months from July 4, 2025

HHS Guidance on Federal Benefits and Immigrant Access

On July 14, 2025 the Department of Health and Human Services (HHS) released a final notice announcing a new federal policy regarding noncitizen eligibility for a range of federal benefits programs. While the notice includes a 30-day comment period, it goes into effect immediately. The notice makes changes to HHS's longstanding interpretation of a sweeping federal law passed in 1996 called the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).

As part of PRWORA, Congress adopted stringent immigrant eligibility requirements for certain federal benefits and programs. Unless noncitizens meet PRWORA's legal definition of a "qualified" immigrant, they are barred from accessing most federal public benefits. The PRWORA statute included explicit exceptions for certain federal benefits programs, including:

- Assistance for health care items and services that are necessary for the treatment of an emergency medical condition (also known as emergency Medicaid)

- Short-term, non-cash emergency disaster relief
- "Public health assistance" for immunizations and "for testing and treatment of symptoms of communicable diseases"
- Certain other programs or services specified by the Attorney General that deliver in-kind assistance (such as food, crisis counseling, or short-term shelter) and meet other requirements, including that they are "necessary for the protection of life or safety."

PRWORA's Public Health Exception

The notice does not change the exemptions listed in the PRWORA statute, which specifically include "public health assistance" programs. This exemption protects programs that ensure access to infectious diseases treatment and testing, and to vaccines, regardless of immigration status.

There are two ways that a program may be exempt from PRWORA's strict immigrant eligibility requirements. First, the law gives federal agencies discretion to determine which programs are "federal public benefits." Programs that agencies determine are not federal public benefits are not subject to PRWORA's immigrant eligibility requirements. Second, programs could fall into one of the four exceptions above, including programs that have been designated by the Attorney General as "necessary for the protection of life or safety." In 1998, HHS issued a final notice and in 2001 the Department of Justice (DOJ) issued a final order, the combination of which, exempted many programs from the PRWORA immigration requirements, including Head Start, the Community Health Center program, soup kitchens, and many others.

The July 2025 HHS notice and accompanying DOJ order rescinded this previous federal notice and order. Under the new policy, HHS will now subject the following programs to PRWORA's rules that limit access to only qualified immigrants:

- Certified Community Behavioral Health Clinics
- Community Mental Health Services Block Grant
- Community Services Block Grant (CSBG)
- Head Start
- Health Center Program
- Health Workforce Programs not otherwise previously covered (including grants, loans, scholarships, payments, and loan repayments).
- Mental Health and Substance Use Disorder Treatment, Prevention, and Recovery Support Services Programs administered by the Substance Abuse and Mental Health Services Administration
- Projects for Assistance in Transition from Homelessness Grant Program
- Substance Use Prevention, Treatment, and Recovery Services Block Grant
- Title IV-E Educational and Training Voucher Program
- Title IV-E Kinship Guardianship Assistance Program
- Title IV-E Prevention Services Program
- Title X Family Planning Program

This list is not exhaustive, and federal agencies may add programs in the coming weeks and months. Because of how narrowly federal law defines qualified immigrant, this new policy means that in addition to undocumented immigrants, many lawfully present immigrants who qualified for these programs before may lose their eligibility.

How to Comment on the HHS Notice

Individuals and organizations concerned about the impact of the July 2025 HHS notice may submit comments here by August 13, 2025. While the notice takes effect immediately, comments can help build the evidence the agency should have considered before adopting the new policy, potentially helping to buttress litigation efforts. See this CHLPI resource for more on why and how to submit comments.

While the notice announces that recipients of affected federal funding must now verify that beneficiaries have a qualified immigration status, how this requirement will be operationalized is unclear and may be the subject of future federal guidance. For instance, other federal law exempts nonprofit charitable organizations from verifying immigration status. It is unclear how the federal government intends these organizations to change their policies and procedures moving forward.

State-level Attacks

In addition to these federal policy shifts, several states are pursuing legislation that limits immigrants' access to state public benefits, including programs that ensure access to health care. Idaho, for instance, recently passed a law that went into effect earlier this month preventing undocumented immigrants from accessing a number of state benefits that had previously been exempt from immigration verification requirements. The law was initially applied to Ryan White HIV/AIDS Program (RWHAP) services, but a federal judge has enjoined the state from denying RWHAP services to undocumented immigrants based on PRWORA's public health exemption. Louisiana passed a similar bill last month, requiring state agencies to verify immigration status before allowing individuals access to state funded benefits and programs. The Louisiana law goes one step farther than Idaho's and requires state agencies to report immigration information to ICE. It is likely the Louisiana law will also be challenged in court, but other states could attempt to follow Idaho and Louisiana's lead.

What's Next

Many of the federal government's efforts to reduce immigrants' access to health care will likely be subject to litigation, and state Attorneys General have already challenged the July 2025 notice in court. However, since many of these provisions take effect immediately or very soon, state Medicaid agencies, marketplace insurers, and affected health care providers are likely already taking steps to determine how to comply. Moreover, these policies—in addition to the ICE raids taking place across the country—will likely have a tremendous chilling effect on immigrants' access to health care. As attacks on immigrants' rights continue, health and social services providers will need to navigate a volatile policy and legal landscape to continue to serve all individuals and communities, including those who are historically and systemically marginalized.

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