

# Health Care in Motion

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## Medicaid Data Sharing with ICE: What We Know and Why We're Worried

As part of its [unprecedented immigration enforcement](#) actions, the Trump Administration has begun using data that the federal government collects on individuals, including Medicaid data, for immigration enforcement purposes. Despite previous assurances that such information would not be used for immigration enforcement actions, the current administration has reversed this policy and begun sharing data between health care and immigration enforcement agencies. Due to court challenges, current data sharing differs by state, and disputes are ongoing about how information may be shared and used.

This data sharing creates added barriers to care for many lower income individuals, including undocumented immigrants, lawfully present immigrants, and U.S. citizen household members of immigrants. Read on for more details about Medicaid coverage of immigrants, current Medicaid data sharing with U.S. Immigration and Customs Enforcement (ICE), state efforts to push back in the courts and through legislation, and what we know so far about how these policies are impacting health care.

### Background: Medicaid Coverage of Immigrants, Now and in the Near Future

Immigrants' access to coverage under Medicaid is limited. Under current law, [several categories of lawfully present immigrants are eligible for Medicaid](#). Lawful permanent residents (known as LPRs or "green card" holders) must wait five years before they may enroll. Some do not have to wait five years, including refugees and asylees, and citizens of certain nations. States can choose to eliminate the five-year waiting period for children and pregnant people, and some states have also extended Children's Health Insurance Program (CHIP) coverage to pregnant people and children regardless of immigration status. Seven states have chosen to use state-only funds to cover adults regardless of immigration status. For uninsured individuals who cannot access Medicaid due to their immigration status, Medicaid may pay for emergency health services such as labor and delivery.

Last year's [budget reconciliation bill](#) (HR 1) further narrowed immigrants' access to Medicaid. Under HR 1, starting October 1, 2026, immigrant eligibility for Medicaid will be [limited to LPRs and citizens of certain nations](#). This will eliminate coverage for many lawfully present immigrants, including refugees, asylees, and other individuals with lawful status based on humanitarian policies. States are also facing significant budget pressure due to HR 1 and other factors, [threatening state-funded programs](#) providing access to care for immigrants.

## Data Sharing with ICE: Policy Changes and Legal Challenge

Until recently, the federal government had pledged not to use health coverage information for immigration enforcement. In 2013, during the roll out of the Affordable Care Act coverage, Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) issued a [memo](#) stating that information provided by applicants to determine health program eligibility [would not be used for immigration enforcement or any other purpose than eligibility](#). HealthCare.gov had [a similar message](#).

In June of 2025, the ICE began formally requesting Medicaid data from the Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS). According to a [memo later published by ICE](#), it requested and received data from CMS on a “population of aliens from a list that ICE provided to HHS CMS.” ICE then uploaded the data into ICE systems for criminal and civil enforcement actions.

On July 1, 2025, California and 19 other states [sued the Administration to stop this data sharing](#). In August, the court [granted a preliminary injunction](#), finding that while ICE and CMS had entered a formal data sharing agreement, the agencies had not engaged in a reasoned decision-making process as required by the Administrative Procedures Act.

Following this finding, [ICE issued a memo in October](#) formally rescinding its 2013 policy and [CMS issued notice in November](#) about its data sharing with ICE. In December, the court issued a further [ruling that CMS may only share certain data with ICE in the states that sued](#).

Concerningly, the data sought for federal immigration enforcement purposes include data from past use of Medicaid, including emergency services. This potentially places at risk individuals who may have relied on past assurances about how their information would be used when they enrolled in Medicaid or accessed emergency medical care.

### Where Data Sharing with ICE Stands Today

Since the court’s ruling applies only to the states that sued, the current rules on Medicaid data sharing with ICE differs by state. In the states that sued (CA, AZ, CO, CT, DE, HI, IL, ME, MD, MA, MI, MN, NV, NJ, NM, NY, OR, RI, VT, WA, joined more recently by KY and WI), CMS may only share data from Medicaid about people who are not lawfully residing in the U.S., and the data must be limited to their citizenship and immigration status, address, phone number, date of birth, and Medicaid ID. CMS may not share information about people who are residing in the U.S. lawfully or sensitive health records. [Experts have warned, however](#), that limiting data to these elements would be difficult or impossible. Meanwhile, in the remaining states no such restriction exists, and ICE [continues to obtain and use Medicaid data for immigration enforcement actions](#).

Recently, the plaintiff states have [pledged that CMS is not adhering to the court order](#) and sharing much more information than allowed under the ruling. They filed a [motion on March 26, 2026](#), asking the court to enforce the order. The states claim that CMS is continuing to share information with ICE outside the scope of what is allowed by the court, including information about people with legal immigration status. On April 9, [the federal government](#)

[admitted](#) that it had improperly shared Medicaid data on residents of Minnesota with ICE, but that ICE has since deleted the data. As of April 21, 2026, the court had not yet ruled on the motion.

Also on April 9, the National Health Law Program (NHeLP) and American Oversight [sued](#) HHS to compel it to produce records about the data sharing between Medicaid and ICE. NHeLP had requested this information under the [Freedom of Information Act](#)—a statute that promotes government transparency by enabling public access to federal government records—but the government did not timely respond to the request, prompting the lawsuit.

## State Legislative Efforts

The battle over access to state data, including health data, has also been waged in state legislatures. For example, in 2025, [state legislatures enacted 12 bills](#) that would strengthen protections for state administrative data, including, in some instances, immigration-related data.

On the other hand, several states have taken action to mandate that state agencies—including health, education, and nutrition agencies—share information with immigration enforcement. For example:

- Louisiana [Act 351](#) requires state agencies to verify the citizenship status of applicants for public benefits and report non-citizens to immigration enforcement.
- Florida [SB 2-C](#) calls on the State Board of Immigration Enforcement to collect data on immigration enforcement and issue recommendations to enhance information sharing between state agencies
- Mississippi [HB 538](#) requires state government entities to fully cooperate with federal immigration enforcement and share information about individuals when requested.
- Indiana [SB 76](#) requires, among other things, that hospitals report to the state each patient that used Medicaid and the form of identification that they used at the hospital.

State legislative sessions typically occur in the first half of the year, and [many have not yet adjourned](#). Similar legislation is currently active and may pass in more states. Advocates may wish to contact their state legislators to express support for legislation prohibiting public benefits data sharing and to oppose efforts to weaken protections for such data.

## Medicaid Data Sharing Threatens Access to Care

As noted above, many lawfully present immigrants are also lawfully enrolled in Medicaid. Additionally, millions of Medicaid and CHIP enrollees live in households with mixed immigration statuses, [including 5.9 million U.S. citizen children](#) who are living in a household with at least one noncitizen. Data sharing between Medicaid and immigration enforcement agencies is likely to deter people in these households from enrolling in or maintaining coverage, or accessing needed medical care, including emergency care. These fears are likely compounded by other aspects of the Trump Administration’s immigration enforcement actions, including policy changes such as the most recent proposed change to the public charge rule (see below).

This environment is [negatively impacting access to healthcare for immigrants](#) and U.S. citizen children. For example, [2025 polling by KFF and The New York Times](#) found that 11% of immigrant adults polled reported having stopped participating in a government program that provides food, housing, or healthcare because of immigration-related concerns, and about half of respondents said they were very or somewhat concerned about health officials or providers sharing their information with immigration enforcement. [Immigrant enrollment in California Medicaid has also declined](#), a reversal of recent trends.

#### Impact on Mixed Status Households

Mixed status families and households are those where not all members have the same immigration status—for example, a U.S. citizen child could be living with a parent or other family member who is an LPR or is undocumented. Research has shown that children in mixed status households are at [elevated risk of not being enrolled in noncash health, food, and housing benefits](#) for which they are eligible due to fears about possible immigration consequences for their parents.

#### Public Charge

Under the Immigration and Nationality Act, an immigrant who is deemed [likely to become a “public charge”](#) (meaning reliant on certain public benefits), is generally prohibited from becoming an LPR (although exceptions apply). The Administration has proposed to greatly expand the scope of benefits considered and leave public charge determinations up to the discretion of individual immigration officials. Health care advocates, [including many in the HIV community](#), opposed this change, noting that it would prevent eligible immigrants from accessing needed services for fear of a future adverse immigration ruling.

Health care access advocates should therefore continue to demand transparency about what data federal agencies are sharing and with whom, as well as protections for immigrants and their household members who access medically necessary care and critical programs such as Medicaid.

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*Health Care in Motion is written by Carmel Shachar, Health Law and Policy Clinic Faculty Director; Kevin Costello, Litigation Director; Elizabeth Kaplan, Director of Health Care Access; Maryanne Tomazic, Clinical Instructor; John Card, Staff Attorney; and Rachel Zacharias, Clinical Fellow. This issue was written with the assistance of Rachel Patterson and Sarah Meek of Patterson & Meek.*

For further questions or inquiries please contact us at [chlpi@law.harvard.edu](mailto:chlpi@law.harvard.edu).