

Recommendation 8

Preserve Immigrant Access to Health Coverage

HR1 strips many immigrants and their family members of access to vital federal benefits—not just Medicaid, but also Pennie coverage, Medicare, and SNAP. After HR1's cruelty, it will be more important than ever for state governments to do everything they can to ensure that immigrant families are not left to suffer through illness and injury without access to health care. There are several steps Pennsylvania can and should take to stand up for Pennsylvanian immigrants who are such important members of our families, neighborhoods, schools, and economies.

1. Update systems and policies to clearly and accurately identify eligible immigrants. Train, and retrain, staff on immigrant eligibility.

HR1 makes federal funding unavailable for the Medicaid provided to some immigrants, but not all. Additionally, while HR1 may make many immigrants' access to federal healthcare programs much more difficult, it does not change access to other public benefit programs. Specifically, HR1:

- Prohibits federal funding for Medicaid (other than EMA) for non-pregnant adults, unless they are U.S. citizens, lawful permanent residents, Cuban/Haitian entrants, or COFA migrants.¹
- Does **not** make changes to five-year bar rules.² Refugees, asylees, people granted withholding of deportation, trafficking victims, and Special Immigrants from Iraq and Afghanistan are all exempt from the Medicaid five-year bar. If such individuals are also lawful permanent residents, then they are eligible for federally-funded Medicaid with no five-year bar.
- Does **not** change either the eligibility of or the availability of federal funding for lawfully present children under 21 or pregnant adults (through 12 months post-partum). HR1 preserves the eligibility of lawfully present children and pregnant adults for federal Medicaid and CHIP benefits.³
- Does **not** make any changes to state Medicaid programs, Refugee Medicaid and Refugee Cash Assistance, TANF, LIHEAP, or childcare subsidy.
- Does **not** change the definitions of “qualified” immigrant or “lawfully present” immigrant. These are key terms that are used to identify immigration statuses that make individuals

¹ See 42 U.S.C. § 1396b(v)(5).

² The five-year bar and its exemptions are defined in parts of federal law that HR1 does not amend or alter.

³ See 42 U.S.C. § 1396b(v)(2), where the eligibility of lawfully present children and pregnant adults is codified.

eligible for a broad range of programs. These terms are defined by parts of federal law that HR1 does not amend.

Department of Human Services (DHS) systems, policies, and training materials need to be updated to accurately identify immigration statuses and reflect the different immigrant eligibility rules for each program DHS administers.

Update eCIS to capture immigration status categories that are relevant for benefit eligibility purposes.

eCIS must be updated to accurately identify, at a minimum, the groups of immigrants listed below. The Appendix includes a complete list of immigration statuses that currently fall within each group.

1. Lawfully present individuals. These statuses give and will continue to give individuals access to federal Medicaid if under age 21 or pregnant, state Medicaid, CHIP, and TANF, and currently give access to Marketplace subsidies (until January 1, 2027).
2. Qualified individuals. These statuses give and will continue to give individuals access to LIHEAP and currently give non-pregnant adults access to federal Medicaid (until October 1, 2026). They are also relevant for five-year bar purposes (see d below).
3. HR1 individuals. These are individuals with the three immigration statuses that meet HR1's restrictions. These are the statuses that give people access to SNAP starting November 1, 2025, that will give non-pregnant adults access to federal Medicaid starting October 1, 2026, and that will give people access to Marketplace subsidies starting January 1, 2027.
4. Exempt from the SNAP and Medicaid five-year bar. These are the qualified immigration statuses that allow immigrants to receive SNAP and federal Medicaid without a five-year waiting period, if they are otherwise eligible.
5. PRUCOL. This is a small group of statuses that, in addition to lawfully present statuses, give individuals access to state Medicaid programs.
6. Other. This is an important category to include in DHS systems to identify and categorize all those with statuses not included in any other group or who have a status that does not need to be identified or verified (EMA only cases).

Update policies to accurately state HR1's new immigration status criteria.

In addition to updating systems to accurately reflect the six categories of immigration statuses listed above, DHS policies must also be revised to accurately state which benefits programs are available to which of these six categories of immigration statuses. Policies and training must be clear on how caseworkers will identify the subset of lawful permanent residents who are not subject to the five-year bar. The Medicaid and SNAP Handbooks will require significant revisions.

Detailed initial training of CAO staff, and repeated trainings at regular intervals, on immigrant eligibility is necessary.

Staff training will be key to the successful implementation of these changes. County Assistance Office (CAO) staff frequently misapply immigrant eligibility rules which leads to wrongful denials or terminations. They also often find it very difficult to understand immigration documents and give inaccurate information about who must provide immigration status documents and SSNs. HR1's changes are very likely to make this confusion worse.

We have developed expertise on immigrant eligibility for public benefit programs, both before and after HR1. We regularly provide trainings on a variety of immigrant eligibility for benefit topics to benefit application assisters, hospitals and medical clinics, social service providers, legal aid providers, and more. We regularly provide these trainings because people regularly request them. These are very difficult topics that often require repeated training sessions for people to fully understand. We have training materials on HR1's immigrant eligibility rules that could be tailored for CAOs. We urge DHS to use these materials to train staff, and retrain staff on a regular basis, on immigrant eligibility for benefits.

Carefully review people's immigration status before cutting off Medicaid for failure to meet HR1's immigration status criteria after October 1, 2026.

HR1's new immigration status criteria will be confusing for everyone. Those who will be eligible under HR1 may not understand that they remain eligible or what they need to do to prove it. For this reason, DHS should use the more robust immigration status verification procedures that are typically reserved for new applications when reviewing the continued eligibility of Medicaid-enrolled immigrants. For example, for a refugee who DHS does not know to have a green card, the CAO should review their own records for proof of lawful permanent residency, submit a SAVE inquiry and if the SAVE response does not confirm lawful permanent residency, send a request for immigration status verification that specifically requests information about whether lawful permanent residency has been obtained. A reasonable opportunity period should be offered to anyone who attests to having an eligible status while they work to provide verification.

For those who do not meet HR1's immigration status criteria, review for eligibility in state categories and Emergency Medicaid before cutting off or denying Medicaid or Pennie coverage.

Many non-pregnant adult refugees, asylees, and other humanitarian immigrants without lawful permanent residency will be stripped of access to federal health programs under HR1, but HR1 does not disturb their potential eligibility for state Medicaid or Emergency Medicaid (EMA). DHS should review state Medicaid eligibility for this group of immigrants before terminating them from federal Medicaid. Those who are ineligible for state Medicaid should then be reviewed for EMA. New applicants in these immigration categories, along with lawfully present and PRUCOL immigrants, should likewise always be evaluated for state Medicaid or EMA. If needed, each of these Medicaid applicants and recipients must be given an opportunity to provide verification of

eligibility for state Medicaid or EMA before a Medicaid denial notice or an advance notice to terminate Medicaid is issued.

DHS should also fully fund and maintain full access to the Medicaid programs that are currently available to lawfully present children, pregnant adults, non-pregnant adults, and immigrants with emergency medical conditions. Any choice by the state to cut funding or otherwise restrict access to these Medicaid programs would compound HR1's cruelty and devastate immigrants and their communities, leaving everyone in those communities—immigrant or not—less safe, less healthy, and more economically insecure.

APPENDIX

1. Lawfully present. This term is defined in 45 CFR § 155.20 for Marketplace purposes. This is the most recent regulation issued that defines the term and the only time HHS has defined the term in regulation.
 - a. Is in a valid nonimmigrant status;
 - b. Is paroled less than 1 year;
 - c. Is granted temporary resident status;
 - d. Is granted Temporary Protected Status (TPS);
 - e. Is granted employment authorization under 8 CFR 274a.12(c);
 - f. Is a Family Unity beneficiary
 - g. Is covered by Deferred Enforced Departure (DED);
 - h. Is granted deferred action (but not DACA);
 - i. Has a pending application for adjustment of status;
 - j. Has a pending application for asylum, for withholding of removal under, or for protection under the regulations implementing the Convention Against Torture; and is under the age of 14;
 - k. Has been granted withholding of removal under the regulations implementing the Convention Against Torture; or
 - l. Has a pending or approved petition for Special Immigrant Juvenile classification as described in 8 U.S.C. § 1101(a)(27)(J).
 - m. All those who are “qualified” (see #2 below).

2. Qualified. This term is defined in 8 U.S.C. § 1641 to include the statuses listed in a-h below. Separate statutory provisions add those in i-l as either “qualified” or eligible to the same extent as refugees.
 - a. Lawful permanent residents.
 - b. Refugees
 - c. Asylees
 - d. People granted withholding of removal.
 - e. Cuban/Haitian entrants.
 - f. Parolees 1 year or more.
 - g. VAWA petitioners.
 - h. Trafficking victims and T-Visa holders.
 - i. Special Immigrants from Iraq and Afghanistan.
 - j. People from Afghanistan granted parole after July 31, 2021, until parole expiration.
 - k. People from Ukraine granted parole after February 24, 2022, until parole expiration.
 - l. COFA Migrants.

3. HR1 statuses. HR1 limits eligibility for SNAP beginning November 1, 2025, Medicaid for non-pregnant adults (age 21+) beginning October 1, 2026, Medicare by January 1, 2027, and Marketplace subsidies beginning January 1, 2027 to the following:
 - a. Lawful permanent residents
 - b. Cuban/Haitian entrants.
 - c. COFA Migrants.

4. Statuses exempt from the five-year bar.
 - a. Refugees
 - b. Asylees
 - c. People granted withholding of removal.
 - d. Cuban/Haitian entrants.
 - e. Trafficking victims and T-Visa holders.
 - f. Special Immigrants from Iraq and Afghanistan.
 - g. People from Afghanistan granted parole after July 31, 2021, until parole expiration.
 - h. People from Ukraine granted parole after February 24, 2022, until parole expiration.
 - i. COFA Migrants

5. PRUCOL. This term is defined by 55 Pa. Code § 150.1(3). It includes statuses listed under “lawfully present” (see #1 above) and also the statuses listed below.
 - a. People with deferred action.
 - b. People with orders of supervision.
 - c. All others living in the United States with the knowledge and permission of federal immigration officials and whose departure that federal immigration officials do not contemplate enforcing.

6. Other. These are either a) statuses that are identified and verified but are not included in the lists above or b) the statuses of applicants and recipients who are not required to identify or verify their status (for example, the statuses of EMA-only applicants and recipients).