

# Immigrant coverage in NYS post-HR1

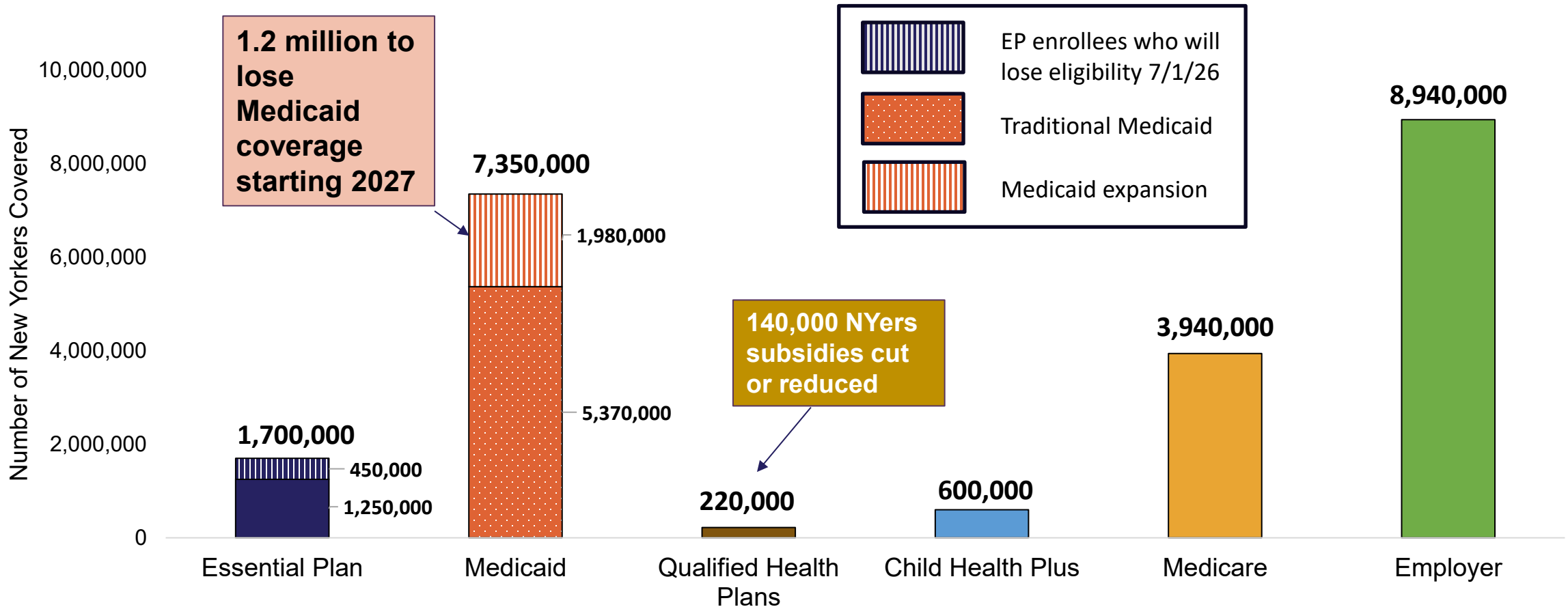
*January 2026*

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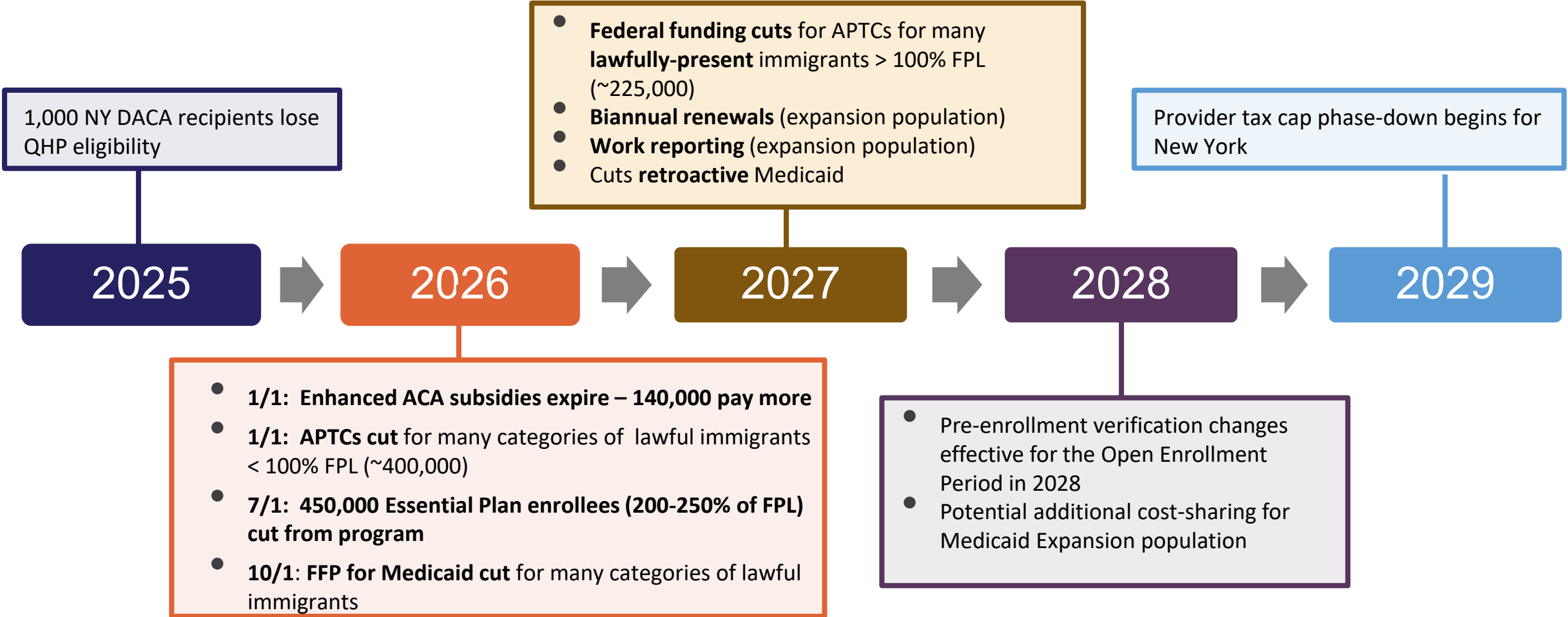
# Health insurance coverage in New York

New York State population is 19,870,000



Sources: NYSOH (EP/QHP data as of August 2025), CMS (Medicare data as of June 2025), KFF (Commercial data as of 2023), UHF (Medicaid/CHP data as of January 2024)

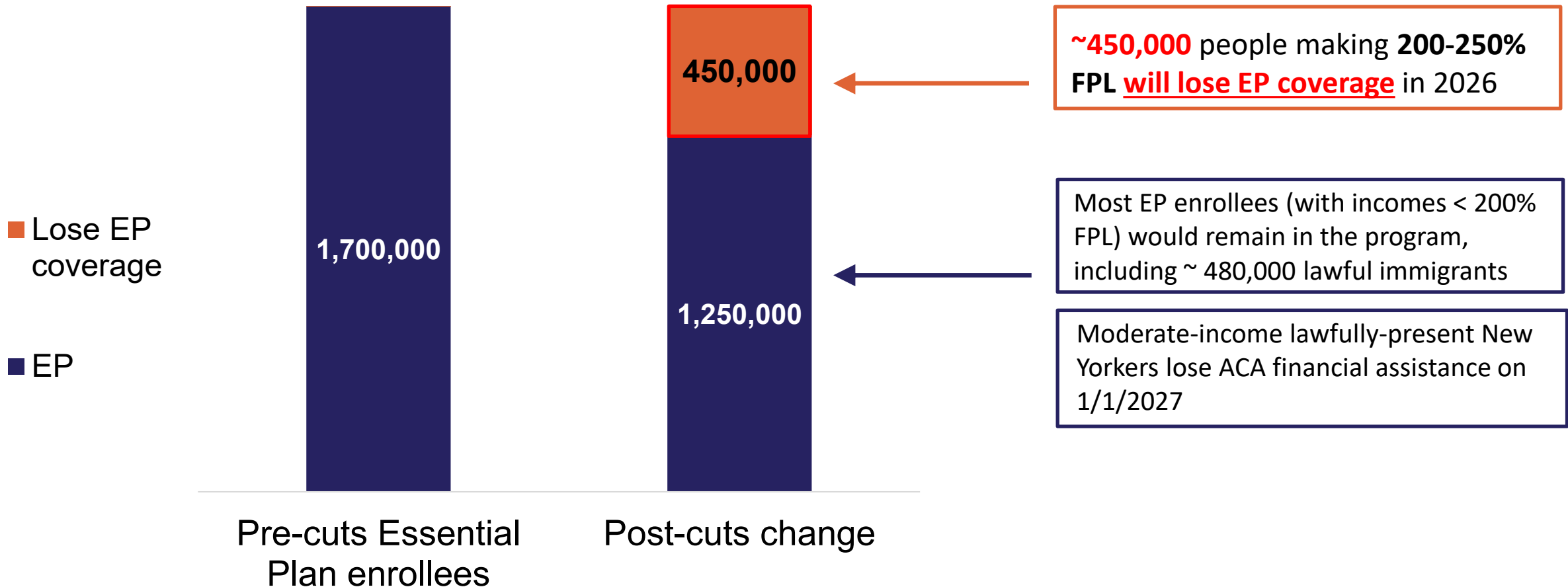
# Timeline of key HR1 provisions



# Changes to Essential Plan eligibility

- Essential Plan relies on federal financing
  - The State has asked CMS to terminate its 1332 waiver to Section 1331 (Basic Health Program – BHP) under the ACA
  - The BHP transition is set to occur on July 1, 2026

- NY State of Health's Essential Plan:
- \$0 monthly premiums and deductible
  - Low-cost sharing



# Immigration terms for healthcare

- **PRUCOL = Permanently Residing Under Color of Law**
  - Old public benefits term (pre-1990s) that was used to describe immigrants who were eligible for federal benefits (e.g., federally-funded Medicaid)
  - In 1996, many of these immigrants were cut from FFP, but the *Aliessa* case (2001) requires NYS to provide State-only Medicaid (and later Family Health Plus) to them.
- **Qualified Aliens ~ 1996**
  - Under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Congress opted to restrict federal financial participation (FFP) for Medicaid to a list of “qualified aliens” – this list was more restrictive than PRUCOL.
  - For example, Lawful Permanent Residents (aka Green Card holders) with that status for under 5 years were no longer eligible for FFP.
- **Lawfully Present ~ 2010**
  - Under the ACA this now includes all Qualified Aliens and nearly all PRUCOLs (5 immigration categories were excluded, we call these the “residual PRUCOLs”).
  - This group of immigrants received FFP for APTCs (but not Medicaid).

# What does HR1 do?

- **HR1 restricts federal financial participation for Medicaid and APTCs to 3 groups of immigrants**
  - LPRs (Green Card holders) for more than 5 years
  - Cuban/Haitian entrants
  - Compacts of Free Association (e.g., people from Micronesia, Marshall, Pulau)
- **Federally-funded Medicaid** will also still cover “lawfully present” children and pregnant women for states (like NY) that took the CHIPRA 214 option.
  - NYS opted into CHIPRA 214 in 2009, the year of enactment. See [GIS 13 MA/011 \(2013\)](#)
- **Cuts are phased in over 3 years (2025-2027)**

# Timeline of immigrant cuts to coverage

- **August 2025**
  - DACAs lose eligibility for APTCs
  - DACAs with incomes under 250% of FPL **stay covered** through EP through 1332 thru 7/1/26; after 7/1/26, those who are income eligible for MA will get state-funded MA.)
- **January 1, 2026**
  - Lawfully-present immigrants (except the HR1 immigrants) with income less than 100% of FPL lose federal financing for APTCs
  - They keep getting EP under 1332 thru 7/1, and then under 1331/BHP if incomes below 200% of FPL
- **October 1, 2026**
  - FFP for Medicaid terminates for some categories of lawfully-present (except for HR1 immigrants; pregnant women & children)
  - Emergency Medicaid funding cut for *undocumented* immigrants who would have been in MA expansion group but for their immigration status. BUT NY never drew down the 90% match, and always billed 50% (our normal FFP rate).
- **January 1, 2027**
  - Lawful Immigrants with incomes greater than 100% of FPL lose eligibility for APTCs
  - HR1 immigrants continue to get APTCs

# Federal funding cuts by immigrant status

- **Losing Medicaid FMAP on October 1, 2026**

- Refugees, asylees
- Paroled into US for > 1 year
- Granting withholding of deportation/removal
- Survivors of domestic violence with a VAWA application
- Survivors of trafficking with pending/approved T visa
- Members of federally recognized tribe or American Indian born in Canada
- Conditional entrant before 1980

- **Losing ACA Marketplace subsidies below 100% of FPL (effective 1/1/26); above 100% of FPL (effective 1/1/27)**

- People with Temporary Protected Status
- People granted Deferred Action or Deferred Enforcement of Departure
- Applicants for adjustment to LPR w/approved visas
- Certain applicants for asylum
- Applicant for withholding of removal
- Special immigrant juveniles
- People granted humanitarian parole in US
- U visa holders & applicants
- Applicants for other status w/granted employment authorization
- All other lawfully-present immigrants

# NYS immigrant coverage post HR1

- **FFP Medicaid (138% of FPL + some folks @ higher income levels)**
  - LPRs (Green Card holders) for more than 5 years
  - Cuban/Haitian entrants
  - Compacts of Free Association (e.g., people from Micronesia, Marshall, Pulau)
  - Pregnant women and children

- **Basic Health Plan Trust Fund (starting 7/1/26)**
  - Refugees, asylees
  - Paroled into US for > 1 year
  - Granting withholding of deportation/removal
  - Survivors of domestic violence with a VAWA application
  - Survivors of trafficking with pending/approved T visa
  - Members of federally recognized tribe or AI born in Canada
  - Conditional entrant before 1980
  - People with Temporary Protected Status
  - People granted Deferred Action or Deferred Enforcement of Departure
  - Applicants for adjustment to LPR w/approved visas
  - Certain applicants for asylum
  - Applicant for withholding of removal
  - Special immigrant juveniles
  - People granted humanitarian parole in US
  - U visa holders & applicants
  - Applicants for other status w/granted employment authorization
  - All other lawful present immigrants

# NYS immigrant coverage post HR1 who are eligible for State-only funded Medicaid

- **Over age 65, blind, or disabled; under age 65 who need long term care or have third-party insurance**
  - Refugees, asylees
  - Paroled into US for > 1 year
  - Granting withholding of deportation/removal
  - Survivors of domestic violence with a VAWA application
  - Survivors of trafficking with pending/approved T visa
  - Conditional entrant before 1980
  - People with Temporary Protected Status
  - People granted Deferred Action or Deferred Enforcement of Departure
  - Applicants for adjustment to LPR w/approved visas
  - Certain applicants for asylum
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  - All other lawfully-present immigrants

- **All “Residual” PRUCOLS**
  - Applicants for immigration benefits who DO or DO NOT have EADs
  - Registry aliens (here since 1/1/72)
  - DACA & DACA applicants
  - Immediate relatives w/approved I-130
  - People who requested deferred action pending > 6 months
  - Non-citizen residing in US with knowledge and/or acquiescence of USCIS/ICE
- **Undocumented people** who are either:  
Over age 65; Pregnant People up to 2 yrs post-pregnancy; children 0-19 (CHPlus); everyone else ER Medicaid, if meet health conditions

# EVOLVING: Privacy & security concerns

**The Trump Administration is seeking to share some personal information about people using Medicaid. Here are some things to consider when advising immigrants contemplating enrolling in coverage.**

1. Public programs like Medicaid can be helpful, and you should balance the benefits with the risks of sharing information. Only you can decide what's best for your family.
2. If the Department of Homeland Security already knows your current address, **applying for benefits does not increase your risk.**
3. There is no added risk continuing programs if you are already getting services and you have not moved. **Dropping out of vital programs won't erase the data you have already provided,** and keeping Medicaid will help your family.
4. You do not have to share everything: When applying for Medicaid, you do not need to share the immigration status or social security numbers for family members who are not applying for benefits themselves, and you should not.
5. **Out of status immigrants NEWLY** applying for Emergency Medicaid have special considerations.
6. The **Public Charge rules are in the process of being changed...** we'll follow up when we know more.

Sources: Protecting Immigrant Families, July 2025, available at: [www.pifcoalition.org](http://www.pifcoalition.org).

See: [State of California v. US DHHS](#), No. 25 CV 05536, (NDCA Dec. 29, 2025).

# What's next?

## Ask New York Leaders to Protect Us From these Cuts!

- The Governor & the Legislature should find State funds to mitigate HR1 coverage cuts:
  - Fund a state premium program to keep people covered
  - Fund equivalent coverage for legal immigrants
  - Fund Navigators and community groups to help New Yorkers through the cuts

## Ask Congressmembers to Make it Right!

- Call Congressmembers who voted for HR1 and ask them to negotiate an extension of Obamacare subsidies and delays to Medicaid cuts: [bit.ly/CSSP2A](https://bit.ly/CSSP2A)
- Data on coverage and funding losses by congressional district: [bit.ly/HCFANYHealthCoverage](https://bit.ly/HCFANYHealthCoverage)

# Thank you!

# Appendix:

## Who is an expansion adult for Medicaid purposes?

- **Single people**
  - 0-138% of FPL, NY is drawing down 90% match, which was not cut by HR1
  - But NYS will lose federal funding for many categories of lawful immigrants
    - Immigrants below 100% of FPL lose APTC eligibility on 1/1/26
    - Immigrants lose Medicaid FFP on 10/1/26
    - HR1 immigrants retain Medicaid/APTC coverage & federal funding thereof
- **Parents of children**
  - Above LIF (Low Income Families) threshold (~ 91% of FPL) to 138%, which was not cut by HR1
  - But NYS will lose the match for many categories of lawful immigrants
    - Immigrants below 100% of FPL lose FFP on 1/1/26
    - People above 100% of FPL lose Medicaid FFP on 10/1/26
    - HR1 immigrants retain coverage & FFP

# Personal Stories

## IRMA'S Story



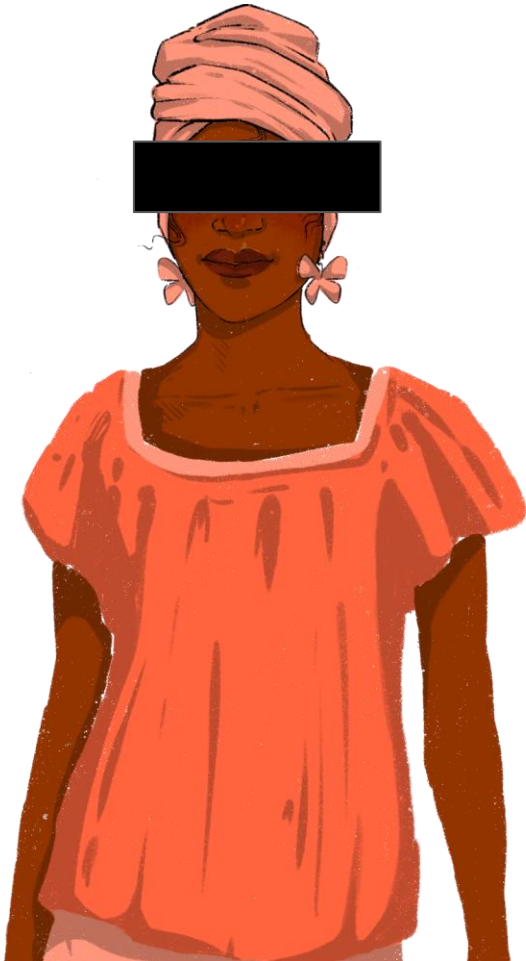
**Irma is a lawfully present immigrant. After a tragic accident, she relied on the Essential Plan to obtain a life-changing prosthetic leg and consistent access to primary and specialty care. Without the Essential Plan, she would be unable to receive the critical services she needs to live safely and maintain her health.**

## Anonymous Story



**We have a client, a father, who is chronically ill. Through the Essential Plan he was able to get coverage to keep his illness in check and get continuous care. He falls into the group that will lose coverage when EP rolls back into BHP. We do not know what is going to happen to them after July 1st, or where we can direct him.**

# Anonymous Story



**We have a family that came from South America years ago. We helped them with medicaid and CHP. They were assisted with renewal in 2024. But late in 2025 the family stopped responding to calls from our advocates and now we found out their coverage has also ended. We do not know how they are doing. We have many families who stopped responding to our advocates and navigators. All of the families we cannot reach are at risk of losing coverage.**

# **Protecting Health Coverage For Immigrant New Yorkers**

**Policy recommendations**

Arline Cruz Escobar, Make the Road NY

# 2026 Policy Solutions

**We urge the New York State Legislature to adopt the following policy solutions:**

1. Use the Basic Health Program trust fund surplus to maintain Essential Plan Coverage for lawfully present immigrants for the next 4 years.
2. Maintain Essential Plan coverage until the end of December 2026
3. Create a state funded health insurance program for DACA recipients and other immigrants who are Permanently Residing Under Color of Law (PRUCOL) with income up to 200% FPL so they can remain eligible for insurance
4. Create an ACA-equivalent state-funded premium assistance program
5. Provide eligibility for state or local public benefits regardless of immigration status