

Overview of Medicaid and SNAP (Including Eligibility Changes Due to H.R.1)



December 18, 2025

Andrea Kovach, Senior Attorney, Health Justice Team

Agenda

1. Overview of H.R.1
2. Overview of Medicaid/Medicaid-Like Programs & H.R.1 Impact
3. Overview of SNAP & H.R.1 Impact
4. Ways to Mitigate the Harm (Including Public Charge)
5. Q & A
6. Appendix

I will be presenting at a high level. The slides contain more content than we will be able to cover today. You will receive a copy of the slides. Please use slides as a resource. I can provide presentations on any of the topics we touch on today.

Overview of H.R.1:

Overview of H.R.1 & Its Impacts

- On July 4, 2025, President Trump signed the “[One Big Beautiful Bill Act](#)” (OBBA) into law. Hereafter, **H.R.1**.
- H.R. 1 cuts **\$1 trillion** from Medicaid; the CBO estimated it will result in 11.8 million people uninsured by 2034.
 - Illinois’ Medicaid agency (Dep’t of Healthcare & Family Services or HFS) projects **270,000 – 500,000** Illinoisans will lose coverage (more to come).
 - HFS projects Illinois will **lose \$26 billion in federal funding** for Medicaid in next decade.
- H.R.1 is responsible for **the most significant reductions in federal funding for lawfully present immigrants eligible for benefits** since 1996 welfare “reform.”
- Due to changes in H.R.1:
 - **All 1.8 million Illinoisans enrolled in SNAP** (including nearly 650,000 children) will see the true value of their SNAP benefits decrease over time.
 - Maintaining SNAP could cost Illinois **\$800 million more** per year.

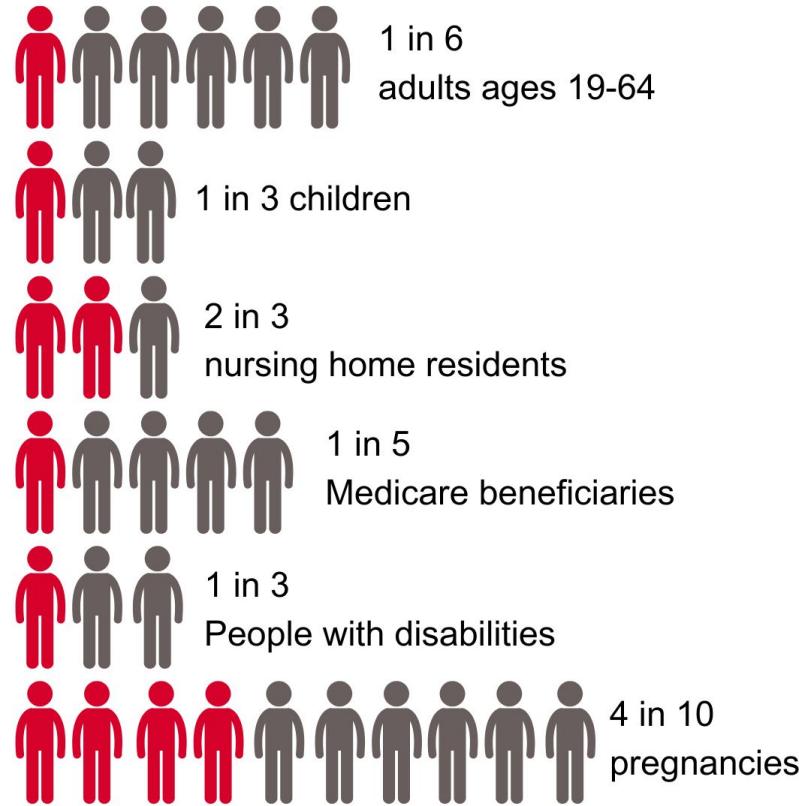
Overview of Medicaid/Medicaid-Like Programs:

Medicaid Insures Millions of Illinoisans

**3.2M Illinoisans
(136,375 in Lake
County) are enrolled in
Medicaid (about half
(1.4M) are children)**

**734,286 adults are
enrolled in the ACA
Adult Medicaid
Expansion (FY25)
(26,538 in Lake County)**

In IL, Medicaid Covers:



Medicaid Is a Vital Part of Illinois' Economy

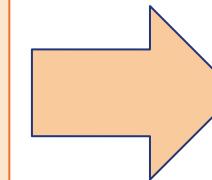
- IL ranks **44th** among all states & D.C. in spending per Medicaid enrollees – meaning our program is already VERY lean on spending.
- Medicaid is a vital component of the payer mix for every hospital in Illinois:
 - Medicaid covers **24% of hospital admissions** and 24% of hospital outpatient visits
 - 38 hospitals receive at least **35% of their revenue** from Medicaid
 - **Lake County hospitals' Medicaid %s were lower overall** than those in Cook County, with most < 10%; Vista Medical Center East in Waukegan (**25.5%**) and Northwestern Medicine Lake Forest Hospital (**14%**) had higher %s.
- **400+ FQHCs and look-alikes in Illinois** – majority (60%) of patients covered by Medicaid; Medicaid makes up 41% of FQHC revenue

Sources: <https://www.team-ihc.org/advocacy-policy/medicaid/#tabs-horizontal1>
https://www.iphca.org/wp-content/uploads/2023/03/2022_PICharts.pdf

Illinois Medicaid and Medicaid-Like Programs

Federal Medicaid: (Federal & state gov't partnership)

- The fed. gov't pays a specified % of Illinois' Medicaid program expenditures: the ***Federal Medical Assistance Percentage (FMAP)***. IL's regular FMAP for *most* programs is approx. **51%**.
- Illinois drew **\$21B** in federal Medicaid funding in FY23, covering **65%** of total spending.
- Illinois must follow federal Medicaid rules, such as for federal immigrant eligibility.



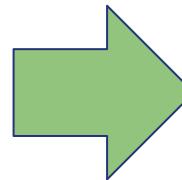
Examples of Federal Medicaid Programs:

ACA Adult (the FMAP is **90%**)

Aid to Aged, Blind, and Disabled (AABD)

State-Created Medicaid-Like Programs:

- Created to fill *some* of the gaps in Federal immigrant eligibility.
- State writes the governing regulations, including services covered & eligibility criteria; can terminate.



Examples of Medicaid-Like Programs:

Health Benefit for Immigrant Seniors (HBIS)

Victims of Trafficking, Torture, & Other Serious Crimes (VTTC) Medical Coverage

Asylum Applicant and Torture Victims (AATV) Medical Coverage

Illinois funds its share of Medicaid expenditures through general revenue, health care related taxes (e.g., hospital assessment, nursing home assessment), and other sources.

General Eligibility Criteria for Medicaid and Medicaid-Like Programs

Income level

Age

Immigration Status

Illinois residency (live in Illinois and intend to remain in Illinois)

Individual does not have to live in Illinois for a set period of time or have a permanent address. See [PM 03-02-00](#) for details.

Children Up to Age 19: All Kids Program

1.4 M Children enrolled in FY25 (67, 635 in Lake County).

Eligibility for the All Kids Health insurance program:

- Income up to **318% FPL** (For instance, \$5,604 monthly income for a family of 2 or \$7,062 monthly income for a family of 3).
- Available regardless of immigration status.
- No cost-sharing.
- Must be an Illinois resident.

Changes to All Kids Program due to H.R.1?:

No foreseeable changes at this time.

- U.S. Citizen and lawfully present immigrant children will continue to be eligible for federal reimbursement and
- All Kids' coverage for children who are *undocumented* would continue at *state* cost.

For Pregnant/Recent Pregnant People: Medicaid Presumptive Eligibility (MPE) and *Moms & Babies*

- Programs provide coverage for approx. 50% of all Illinois births and approx. 90% of Illinois teen births [[Source: HFS](#)]
- **MPE** (for immediate, outpatient pregnancy needs) and **Moms & Babies** (provides ongoing, comprehensive, free coverage for duration of pregnancy and 1 year after pregnancy has ended, regardless of how it ended).
- **Eligibility Criteria:** Regardless of their immigration status, Illinois resident is: [1] currently pregnant or within 90 days after pregnancy has ended; and [2] has income < 213% FPL (for instance \$3,754 monthly income for a family of 2 or \$4,730 for a family of 3).

More information on these programs in the Appendix.

Changes to Moms & Babies/ MPE due to H.R.1?:

No foreseeable changes at this time.

- U.S. Citizen and many immigrants will continue to be eligible for federal reimbursement.
- Coverage for pregnant/recently pregnant people who are undocumented would continue.

Medicaid Programs for Non-Pregnant Adults Age 19+

Eligibility for Medicaid and Medicaid-Like Programs Largely
Depends on the Non-Pregnant Adult's Immigration Status.



Eligibility for Federal Medicaid for Non-Pregnant Adults

ACA Adult “Medicaid Expansion”:

- Must be 19-64 years old.
- Have income up to 138% FPL; Ex. \$1,799 monthly income for an individual and \$2,432 monthly for a family of 2.
- No cost-sharing.
- must be Illinois resident.
- Must be U.S. citizen or have a ***Qualified Immigrant*** status (defined in law/regs) or designated as eligible for federal public benefits to the same extent as **refugees**

Aid to the Aged (65+), Blind, Disabled (AABD):

- Have income up to 100% FPL; Ex. \$1,304 monthly income for an individual (**spenddown** is available [see gray box below]).
- **Asset test** of \$17,500 for 1 or 2 people. No cost-sharing.
- Must be Illinois resident.
- Must be U.S. citizen or ***Qualified Immigrant*** (defined in law/regs) or designated as eligible for federal public benefits to the same extent as **refugees**



Spenddown can help people are disabled, over age 65, pregnant women or children who have too much income or too many assets (like bank accounts and other resources) to qualify for specific Medical Programs. If they have medical bills or receipts for recent payments they made for medical care, they may qualify under spenddown to get a medical card to pay for some of their medical care.

H.R.1 Changes to Federal Medicaid Reimbursement Impacts Immigrants:

Effective Date: October 1, 2026

Immigration Status	Eligible Now?	Eligible Oct. 1, 2026?
Legal Permanent Resident (LPR)	Yes, after meet 5 year bar	Yes, after meet 5 year bar
<u>Cuban and Haitian Entrants</u>	Yes (& <u>no 5 year bar</u>)	Yes (& <u>no 5 year bar</u>)
People residing under a <u>Compact of Free Association</u> (3 Pacific Islands)	Yes (& <u>no 5 year bar</u>)	Yes (& <u>no 5 year bar</u>)
Refugees	Yes (& <u>no 5 year bar</u>)	NO (Eligible for 4 months of Refugee Medical Assistance (RMA)).
Asylees	Yes (& <u>no 5 year bar</u>)	NO (RMA for 4 months).
People granted withholding of deportation/ removal	Yes (& <u>no 5 year bar</u>)	NO
Survivors of Trafficking with pending or approved T Visa	Yes (& <u>no 5 year bar</u>)	NO (RMA for 4 months).
Survivors of domestic violence who filed a VAWA self-petition (or who have an approved family based immigration petition filed by a spouse/parent)	Yes, after meet 5 year bar	NO
Persons granted humanitarian parole for a period of at least one year	Yes, after meet 5 year bar	NO (Certain parolees may be eligible for RMA for 4 months).
Conditional entrants granted before 1980	Yes	NO

Note: the above H.R.1 changes affect eligibility for non-pregnant adults. However, *lawfully residing* children and pregnant adults in states (like Illinois) that offer that coverage will remain eligible for All Kids and Moms & Babies under federal reimbursement pathways untouched by H.R.1. Questions?: post in HelpHub.

H.R.1 Impact to Immigrants After 10/1/26:

After 10/1/26, in order for Illinois to receive Federal Medicaid matching funds, individuals must have one of the following Immigration statuses:

1. U.S. Citizen
2. LPR (Green Card Holder) Who Has Met the 5 Year Bar (waiting period)
3. Cuban/Haitian Entrant
4. COFA Migrant

Immigrants with other immigration statuses (red rows on the previous slide): Illinois can provide comprehensive (full-benefit) coverage for these immigrants at state cost through Medicaid-Like Programs. ***Support for Medicaid-Like Programs*** *Created/Funded at the State Level Are Critically Important, Now More than Ever.*

Note: We do not have the projected number of Illinois immigrants newly *ineligible* for Federal Medicaid reimbursement effective 10/1/26.

Illinois State-Funded *Medicaid-Like* Programs:

Program	Eligibility
Health Benefit for Immigrant Seniors (HBIS)	Closed for new enrollment. About 8k currently enrolled. Eligibility: Must be age 65+, have income up to 100% FPL, and meet the asset test. Must have an immigration status that makes them ineligible for Federal Medicaid.
“Medical Benefits for Asylum Applicants and Torture Victims” (AATV) or “Victims of Trafficking, Torture, & Other Serious Crimes” (VTTC)	Eligible if the individual has filed an application for asylum, a Trafficking (T) visa, or a U visa, (for <u>victims of certain crimes</u>) or has been granted U Visa holder status; must be age 19+, have income up to 100% FPL, and meet the asset test.
Medicaid-Like Program for Survivors of Domestic Violence	Eligible if have filed a formal petition for relief under VAWA and the petition is in pending or approved status as verified in SAVE, and who have not yet met the 5-year federal bar to be eligible for Federal Medicaid. Must have income < 100% FPL; See <u>IDHS policy</u> for more information.

More information on these programs can be found in the Appendix.

Other H.R.1 Changes to Medicaid that will impact ACA Adults (19-64) (“Medicaid Expansion” Program)

Work Reporting Requirements:

- H.R.1 added the first-ever national work reporting requirements to Medicaid.
- H.R.1 requires states to condition Medicaid eligibility on *reporting* work or participation in qualifying activities (see below) for at least 80 hours per month.
 - employment; participation in a work program, such as job training; enrollment in an educational program (at least half time), community service activities, or a combination of these activities.
- States must verify compliance both at the time an individual applies for Medicaid &, once enrolled, every 6 mos. thereafter.
- **Effective Date: Jan. 1, 2027.**

Partial List of Exemptions:

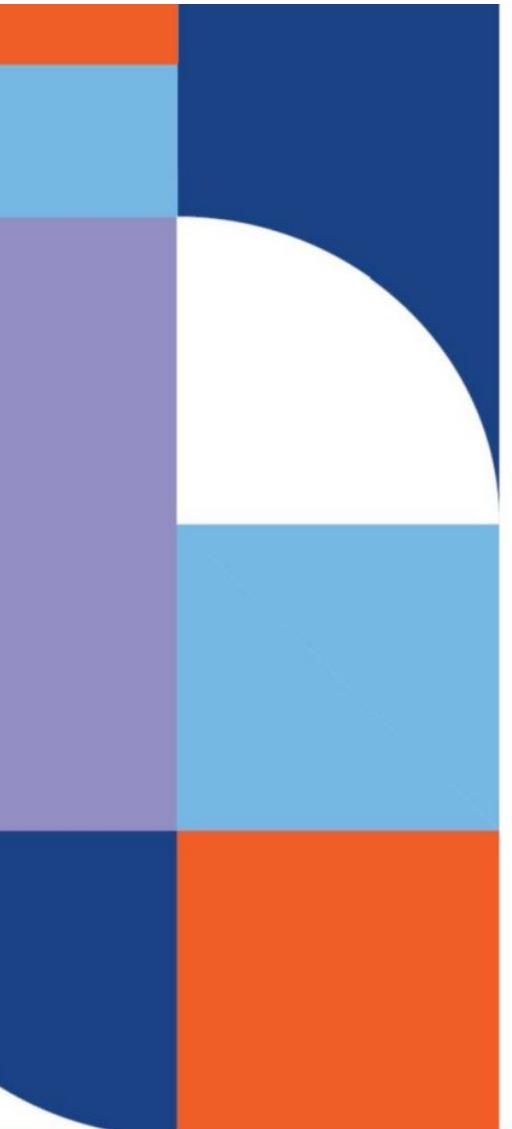
- **Foster care youth:** Foster youth and former foster youth under the age of 26.
- **Indian Health Service members:** Individuals recognized as American Indians or Alaska Natives and eligible for health services through the Indian Health Service.
- **Caregivers:** Defined as “parent, guardian, caretaker relative, or family caregiver of a dependent child 13 years of age and under or a disabled individual.”
- **Disabled veterans:** Defined as a veteran “with a disability rated as total under section 1155 of Title 38, United States Code” (section of law that establishes the schedule for rating veterans’ disabilities and governs how compensation is determined).
- **Medically frail individuals:** Including people who are blind or disabled, have a substance use disorder, a disabling mental disorder, a physical, intellectual, or developmental disability, or who have a serious or complex medical condition.
- **Individuals already meeting work requirements:** Including under Temporary Assistance for Needy Families or the Supplemental Nutrition Assistance Program (SNAP).
- **Individuals participating in a qualifying substance use disorder (SUD) treatment program:** Defined as SUD programs that meet SNAP-related federal requirements, run by nonprofit organizations or public community mental health centers.
- **Incarcerated or recently incarcerated individuals:** Including individuals who are currently incarcerated or have left incarceration within the prior three months.
- **Pregnant and postpartum individuals:** Defined as “pregnant or entitled to postpartum medical assistance under paragraph (5) or (16) of subsection (e)” (the 12-month Medicaid continuous postpartum extension).

Harm to Illinois Due to H.R.1's Work Reporting Requirements:

- **Increase Illinois' uninsured rate:**
 - Estimates range from 270,000 to 500,000 people in Illinois could lose eligibility. Reporting work hours can be especially difficult for people with multiple jobs, people without access to the internet or a computer, and people with limited English proficiency.
 - States that have imposed work reporting requirements, such as Arkansas and Georgia, saw tens of thousands of *eligible* enrollees lose coverage because of confusing and difficult reporting burdens. [Source: [Commonwealth Fund](#)].
 - H.R.1 provision states that individuals losing their Medicaid for failure to meet the work reporting requirement **are also locked out of financial help** (PTCs) to purchase coverage through the ACA marketplaces.
- Will cause many people to **lose access to critical health services**, delay care, skip medications, leading to worse health outcomes, avoidable E.R. visits.
- **Decreases revenue** for health providers and **increases uncompensated care** (when eligible people lose coverage).

Harm to Illinois Due to H.R.1's Work Requirements (Cont.).

- **Does not improve employment rates**. A 2023 analysis found that 71% of working-age adults on Medicaid were working either full- or part-time or were in school. [[Source: KFF May 2025](#)]
- **Disproportionately harms** people with substance abuse/mental health conditions, those experiencing homelessness and those with arrest/conviction records, given their barriers to employment.
- **Creates a huge additional administrative burden** on both enrollment assister community and HFS/IDHS, including hiring additional staff, augment IT systems to maximize automation, streamlining applications and redeterminations, exempting eligible individuals seamlessly, and optimizing customer interface so it is easy to navigate and maintain compliance.



Additional H.R.1 Provisions Affecting ACA Adult Population (More in Appendix):

Eligibility and Cost-Sharing

- Requires states to conduct eligibility redeterminations for ACA expansion population adults **every six months**, as opposed to annually, effective January 1, 2027.
- Requires **cost sharing** for certain Medicaid expansion enrollees on or after October 1, 2028. For expansion adults with income above 100 percent of the federal poverty level (\$15,560/year), states must impose copayments (up to \$35) on all services except those exempted under existing law (e.g., primary care, prenatal care, family planning services, and emergency services). [KFF Research on harm of cost sharing.](#)
- Medicaid provides retroactive for 3 months if applicants had past medical treatment/bills. H.R.1 cuts retroactivity **to 1 month** for ACA Adults and to 2 months for other Medicaid applicants (increasing medical debt & uncompensated care).

Overview of SNAP & Changes Due to H.R.1

IMPACT OF SNAP

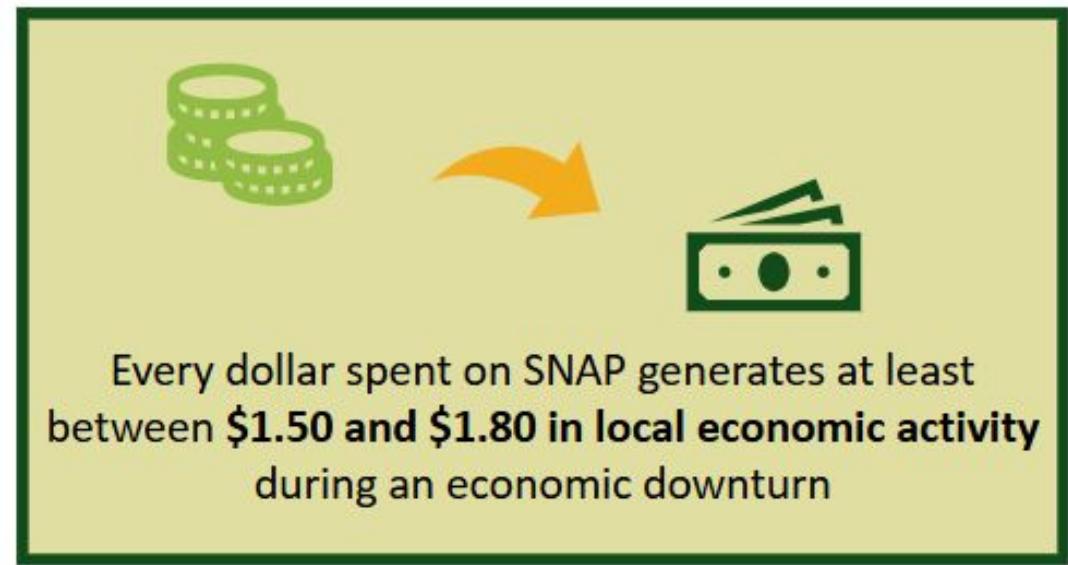
Nationwide, SNAP provides critical nutrition assistance to feed roughly **42M** people annually (**1.8 M in IL**) (10% of Lake County uses SNAP. [Approx. **37k** households and **70k** individuals in Lake County])



SNAP increases Food Access



Participation in SNAP and WIC generates Hundreds of Millions in activity in the local economy



In Cook County, for July 2024, this represents **\$281 million dollars PER MONTH** in local economic activity

H.R.1 CHANGE #1: SHIFTING COSTS TO STATES

Many states, including Illinois, must prepare to pay a portion of benefits



- Historically, SNAP benefits were 100% federally funded (over 60 years).
- Beginning in October 2027, states will be required to cover a significant portion of SNAP benefits.
- These new rules will require **Illinois to pay up to \$800 million** per year to keep SNAP available for those that need it.



#1 CONTINUED: INCREASES STATE SNAP COSTS TO UNPRECEDENTED LEVELS



Benefit Costs

- **Historically:** 100% Federally Funded since 1963
- **Change:** Starting in FFY2028 (Oct. 1, 2027), requires states to pay a portion of SNAP benefits based on payment error rates:
 - < 6% error rate = 0%
 - 6-8% error rate = 5%
 - 8-10% error rate = 10%
 - **10% error rate or higher* = 15%**
- **Example – Illinois Impact:**
 - **FFY24 IL had an error rate of 11.56%**
 - IDHS estimates this to cost **\$705 million/year**



Administrative Costs

- **Historically:** Split 50-50 between state and federal
- **Change:** Starting FFY2027 (Oct. 1, 2026), all states would be responsible for 75% of costs.
- **Example – Illinois Impact:** IDHS estimates this to cost an additional **\$80 million/year** plus **\$20 million/year** to implement the new changes.

= more than \$800 million/year

**13.33% error rate or higher in FFY2025 and FFY2026 delays implementation to FFY2029 or FFY2030, respectively.*

H.R.1 CHANGE # 2: WORK REPORTING REQUIREMENTS



Many SNAP customers must now **report work or volunteer hours to keep benefits**

The change in expanded work reporting requirements with the first countable month being February 2026 (so the first potential cut off from SNAP would be May 2026). This provision could impact SNAP access for approximately **450,000 Illinoisans**. Impacted people can report exemptions **NOW!**

What's changed?	Who is impacted?	Some exemptions include:
<p>Adults ages 18 – 64 must report any of the following for at least 80 hours per month to continue receiving SNAP.</p> <p>To meet this requirement, a person must:</p> <ul style="list-style-type: none">• Work (paid or unpaid),• Participate in SNAP Employment & Training Programs,• Volunteer,• Or any combination of the above	<ul style="list-style-type: none">• Anyone between 18 - 64 unless exempt• Failure to meet requirements may result in loss of SNAP for up to 3 years, unless work requirements are met	<ul style="list-style-type: none">• Individuals under 18 or over 64• Physically or mentally unable to work• Pregnant individuals• Caregivers for a child under 14 or an incapacitated person• Participants in drug/alcohol treatment programs• Some Native Americans

GCFD Toolkit for community on work requirements [LINK HERE](#)

H.R.1 CHANGE #3: Ends SNAP Eligibility for Many Immigrant Groups

[GCFD SNAP cuts analysis here](#)

Immigration Status	Eligible Under H.R.1?
Legal Permanent Resident	Yes (must meet 5 year bar or qualify for an exception)
<u>Cuban or Haitian Entrants</u> under §501(e) of the Refugee Education Assistance Act of 1980	Yes
<u>People residing under a Compact of Free Association</u> (COFA) the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau	Yes
Refugees	NO
Asylees	NO
People granted deferred action, deferred enforced departure or withholding of removal	NO
Trafficking survivors	NO
Survivors of domestic violence who filed a VAWA self-petition (or who have an approved family based immigration petition filed by a spouse/parent)	NO
Persons granted humanitarian parole for a period of at least one year	NO

Estimated to
be 16-20k
people

USDA published guidance 10/30/25; Applies immediately to new applications and for existing SNAP customers, will apply at recertification; IDHS is reviewing USDA Guidance & is not implementing yet.

H.R.1 Impact to Immigrants Once SNAP Immigrant Eligibility Provision is Implemented:



After the H.R.1 SNAP Immigrant Eligibility Provision is implemented, individuals must have one of the following Immigration statuses to be eligible for SNAP:

1. U.S. Citizen
2. LPR (Green Card Holder) Who Has Met the 5 Year Bar (waiting period) or qualifies for an exception (see Appendix for slide on exceptions)
3. Cuban/Haitian Entrant
4. COFA Migrant

Immigrants with other immigration statuses (red rows on the previous slide): Illinois can provide food assistance for these immigrants at state cost through expanding the VTTC food assistance program. ***Support for State-Funded Food Assistance Programs Created at the State Level Are Critically Important, Now More than Ever.***

Some of these Immigrant Groups will be *Newly Eligible* for VTTC food Assistance

NOTE: IDHS informed advocates that IDHS policy is forthcoming.

- When H.R.1's Immigrant (In)Eligibility Provision Takes Effect eliminating SNAP eligibility for many immigrant groups, **Asylees and T Visa Holders** will be newly eligible for VTTC food assistance.
- A **T visa holder (with or without derivative family member (DFM))** and **an Asylee (with DFM)** are eligible for VTTC food assistance if they are not eligible for federal SNAP:
 - They will need to submit a new application for VTTC Food assistance *after* the termination of their SNAP benefits.

NOTE: More information about VTTC is in the Appendix and I am happy to provide a VTTC/AATV presentation for any of your organizations.

Ways to Mitigate the Harm (including public charge)

Ways to Mitigate the Harm:

- **Screen Medicaid enrollees** to ensure that Medicaid and SNAP cases file reflects current immigration status.
 - Immigration statuses change over time. For instance, a portion of current Medicaid/SNAP enrollees may have *applied* for Medicaid/SNAP as refugees or asylees, but have since adjusted to LPR status, and would therefore retain Federal Medicaid/SNAP reimbursement eligibility under H.R.1.
- **Brainstorm now** on ways to **make Medicaid/SNAP work requirements as easy as possible** for enrollees to track and submit, and to make exceptions as simple as possible to apply for; advocates can **lift up these recommendations** to our state benefit agencies.
 - HFS/IDHS have announced that they will convene stakeholder groups in the near future.
- **Illinois can build off of its history** of prioritizing health coverage and food assistance for all Illinoisans in **advocating to expand its state-funded Medicaid-like and Food Assistance programs.**

Ways to Mitigate the Harm (Continued)

- Illinois has an opportunity to designate **revenue for programs for immigrants who are losing coverage or SNAP under H.R.1**, and SNAP enrollees and/or ACA adults terminated due to work requirement administrative burdens.
- Illinois may have opportunities to bring **legal challenges** to some of the H.R.1 provisions.
- We all have an opportunity to **build and strengthen coalition**, consensus, and power around the importance of human services for all.
 - **Protecting Immigrant Families Illinois** coalition hosts virtual meetings to provide state and federal updates and answer questions on the topic of immigrant access to public benefits and on public charge ([email pifillinois@povertylaw.org](mailto:pifillinois@povertylaw.org) if you want to join the listserv to receive updates and invites to join monthly meetings).
 - **Protect Our Care Illinois**: statewide coalition of health care advocates, providers, and consumers joining together to protect and defend Medicaid and the Affordable Care Act. Protect Our Care – Illinois invites you to join Illinoisans across the state to defend access to quality affordable health care for all.
 - **Join at:** <https://www.protectourcareil.org/index.php/about-2/>

POC-IL Strategic Priorities

OUR 2026 STRATEGIC PRIORITIES



DOCUMENT

Documenting the harm from
HR1/OBBBA and the positive
impacts of Medicaid and the ACA.



BUILD

Building the POCIL Coalition, its
collective power, diversifying its
members, and extending its reach.



ACCOUNTABILITY

Holding officials accountable for their
policy decisions and voting choices.

Join at: <https://www.protectourcareil.org/index.php/about-2/>

Protect Our Care IL Strategy and Activities

Mobilization

- Ongoing engagement with thousands of patients, advocates, and community leaders across Illinois.
- Rapid Response efforts to organize petitions, town halls, and social media storms in key districts.

Story Collection & Amplification

- Identifying patients from key districts and collecting quotes on how Medicaid cuts would devastate lives.
- Integration of storytelling into press events, op-eds, and social media posts.

Digital Storytelling & Media Engagement

- Deploy shareable graphics, videos, and live streams to mobilize public action quickly.
- Coordinate press briefings and secure coverage in local and national outlets to elevate the issue.
- Share Medicaid beneficiary stories across platforms, including video testimonials and op-eds.

Policy Support

- Policy briefings for Congressional, legislative, executive branch stakeholders.
- Provide state-level analysis of specific policy proposals.
- Mobilize and coordinate with state elected officials and administration officials.

Join at: <https://www.protectourcareil.org/index.php/about-2/>



Protecting Immigrant Families-Illinois

Origin Story: In Spring 2018, ICIRR, Latino Policy Forum, Legal Council for Health Justice, and the Shriver Center on Poverty Law modeled PIF-IL after the national Protecting Immigrant Families (PIF) campaign. PIF-IL listserv currently has 400 individuals representing over 150 different organizations.

PIF-IL purpose and mission:

- Resist harmful policies at the federal level and
- Make informed choices about public benefits eligibility and public charge.

Quick Crash Course on Public Charge!

What is Public Charge:

- The “public charge” inadmissibility test has been part of federal immigration law for over 140 years. Federal statute is here: [8 U.S.C. 1182\(a\)\(4\)](#).
- The public charge test is designed to identify people who may depend on the government as their **main source of support** in the future.
- If an immigration or consular official determines that someone is likely to become a **“public charge,”** the government **can deny** that person’s application for admission to the United States or an application for lawful permanent resident status (LPR status, also called a “green card”).
- **Not all immigrant groups are subject to the public charge test;** many never will be. The main groups subject to the public charge test are [1] people applying for their green card from inside the U.S. through a “family-based” petition and [2] people applying for a visa to enter the U.S. from abroad.

PIF-IL Exec team members can provide presentations on public charge. Interested in learning more? Email pifillinois@povertylaw.org.

Recent Timeline of Public Charge

1999 Field Guidance on Public Charge

Longstanding field guidance in place based on decades of case law. Was fair and balanced; very few people ever determined a public charge.



1999

2019



Trump 1.0 Final Public Charge Rule

Proposed rule was filed in 2018 and published as final in 2019. The rule dramatically expanded the public charge test and resulted in a massive chilling effect on the immigrant community. There was a series of lawsuits challenging the rule. Following a series of preliminary injunctions and stays or reversals of those injunctions, a partial final judgment vacating the 2019 Final Rule went into effect nationwide on March 9, 2022

Biden Administration Final Public Charge Rule

Biden administration issued ANPRM, NPRM, proposed rule and a final rule, which is still in effect today. The rule is balanced, clear, straightforward, fair and humane.



2022

2025

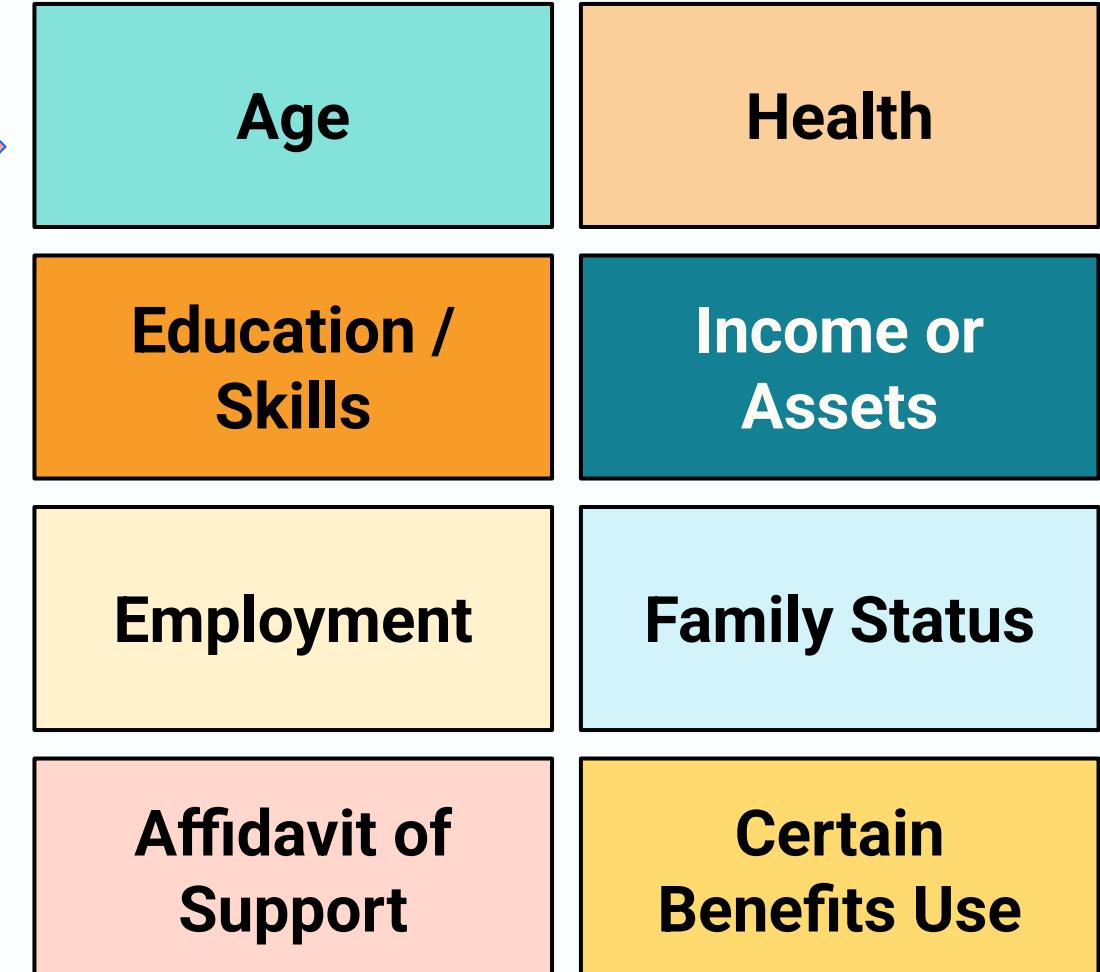
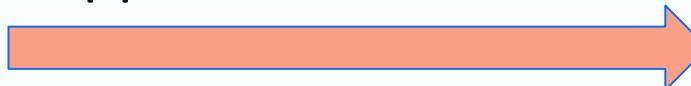


Trump 2.0 Proposed Public Charge Rule

Trump's DHS filed proposed public charge rule in Federal Register 11/19/25, with a 30-day comment period.

The Public Charge Test Under the 2022 Final Public Charge Rule (Still in Effect Today)

- The public charge test looks at the totality of the LPR applicant's circumstances
- Use of benefits in the past is just one part of the larger test. **Only two types of benefits** are currently considered in the 2022 final public charge rule: **cash assistance for income maintenance from the government and long-term institutionalization at government expense.**
- An affidavit of support is also considered in support of an immigrant's application



PR PROPOSED RULE

NPRM COMMENTS CLOSE ON 12/19/25; PRA COMMENTS CLOSE ON 1/20/26; Public Charge Ground of Inadmissibility

Posted by the U.S. Citizenship and Immigration Services on Nov 19, 2025

[Comment](#)[Share](#)[Document Details](#) [Document Comments 743](#)[Feedback](#)

- Proposed rule was published in the Federal Register on Nov. 19, 2025.
- 30-Day Comment Period is Open until ***11PM CST on December 19, 2025*** ([LINK HERE](#)).

Proposed Rule Filed in Federal Register

30 day comment period until 12/19/25

DHS considers submitted comments & publishes final rule with an effective date

Guidance to immigration officers

Filing a comment to oppose this rule is a form of resistance.

What Does the 2025 Proposed Rule Seek To Do?

The proposed rule:

- Would rescind the 2022 final public charge rule, other than a new short section about public charge bonds.
- Does not propose replacing the 2022 policy with a new explicit and enumerated public charge test. Dept. of Homeland Security (DHS) “*proposes to move away from a bright line primary dependence standard.*”
- Instead, DHS intends to provide future “***policy and interpretive tools***” that would guide USCIS adjudicators as they **use broad** discretion.
- DHS wants to ‘**integrate**’ records from federal benefit-granting agencies (like Federal HHS/CMS which administers federal Medicaid). [See Appendix for more information on the topic of data/privacy protections for people enrolling in Medicaid].
- DHS suggests that any enumerated list of benefits that may be considered unduly limits immigration officers’ discretion. Leaves open that immigration officers may consider **current or past use of any public benefits** in a public charge assessment.
- The proposal leaves open the possibility that the final rule (final public charge assessment) could **consider family members’ use of benefits** (the LPR applicant’s family members).

The Deliberate Broad Language in the Proposed Rule:

WHAT THIS MEANS FOR FAMILIES

CONFUSION - Lack of clarity on what benefits are safe and not safe to use

UNCERTAINTY - Lack of reassurance that family members' use of benefits won't be counted

HARM - The proposal estimates that government spending on programs would decrease by \$9 billion each year. Almost all of this impact will come from reduced use by US citizens and lawful permanent residents, especially children

Why Submit a Comment?

- Demonstrates strong, unified opposition to a proposal that may be useful to future advocacy.
- Federal agencies **are required to consider** the comments submitted. If they do not respond adequately to significant, relevant comments when they make the final rule, it may create a basis for court challenges.
- Stories from direct service providers or application assisters about the **chilling effect** of the proposed changes to public charge, the **negative consequences of loss of benefits**, and the ways that clients and agencies **have relied on previous regulations** are all potentially **helpful for future legal challenges** to a harmful final rule.
- Many immigrants who will be directly harmed by the proposed rule may be afraid to submit their own comments. By lifting up what you have seen, you can help tell their stories.

Comments are most useful if they explain ways in which the agency relied on incorrect information, did not consider potential negative consequences, or failed to consider less harmful alternative ways to achieve their goals. Comments on the economic effects of the rule that include **quantitative and qualitative data** are especially helpful.

Two Resources from PIF to Assist in Drafting a Comment:

- **PIF's comprehensive diverse sector template comment** [[LINK HERE](#)] provides a framework for organizations to bring their unique expertise and perspective to the issue.
 - Your organization would modify the template and integrate unique data pertaining to your organization and its clients.
- **PIF's template comment for direct service providers** to share stories of what the providers are seeing on the ground.
 - It includes prompts for the provider to respond to, to make the comment unique by integrating quantitative and qualitative data. [[LINK HERE](#)]

Broad Themes In Templates:

The proposed rule is a...

[1] Change from historic understanding of public charge

[2] Chilling effect and deep harm to families and communities

[3] Change to immigration system

To access these comments:

pifcoalition.org/publiccharge



PIF-IL Organizational Sign On Comment

- Sign on **by noon on 12/19 CST** ([LINK HERE](#))
- This comment will be submitted in the Federal Register on 12/19/25 with the organizational name listed.
- **Who should sign?** Any Illinois-based nonprofit, community-based organization, advocacy group, service provider, faith-based institution, research or policy organization, or allied partner that supports immigrant families and shares our commitment to promoting health, well-being, and economic security. Note: we are not accepting sign-ons from individuals unaffiliated with organizations.

Encourage your partners and networks to sign on! Please forward the PIF-IL sign on comment to orgs in your networks that may be interested.

PIF National Organizational Sign On Comment

- **Who should sign?:** Any nonprofit, community-based organization, advocacy group, service provider, faith-based institution, research or policy organization, or allied partner that supports immigrant families and shares our commitment to promoting health, well-being, and economic security.
 - **Deadline: 12/18/25, 4pm CST**
 - Note: this is an organizational sign-on; PIF is not accepting sign-ons from individuals unaffiliated with organizations.
- Your organization can sign on to **both** the PIF-IL & PIF National Sign on comments
- PIF National Sign On comment [[LINK HERE](#)] ➡ bit.ly/pif-public-charge
- **Sign onto the Children Action Thrive Network's (CTAN) child-focused sign on comment letter.**
- [Coalition for Human Needs](#) has made it easy for individuals to submit a comment [[LINK HERE](#)]

Encourage your partners and networks to sign on to the PIF National Organizational Sign On Comment! Organizations can sign on to multiple sign on comments.

Protecting Immigrant Families (PIF-IL)

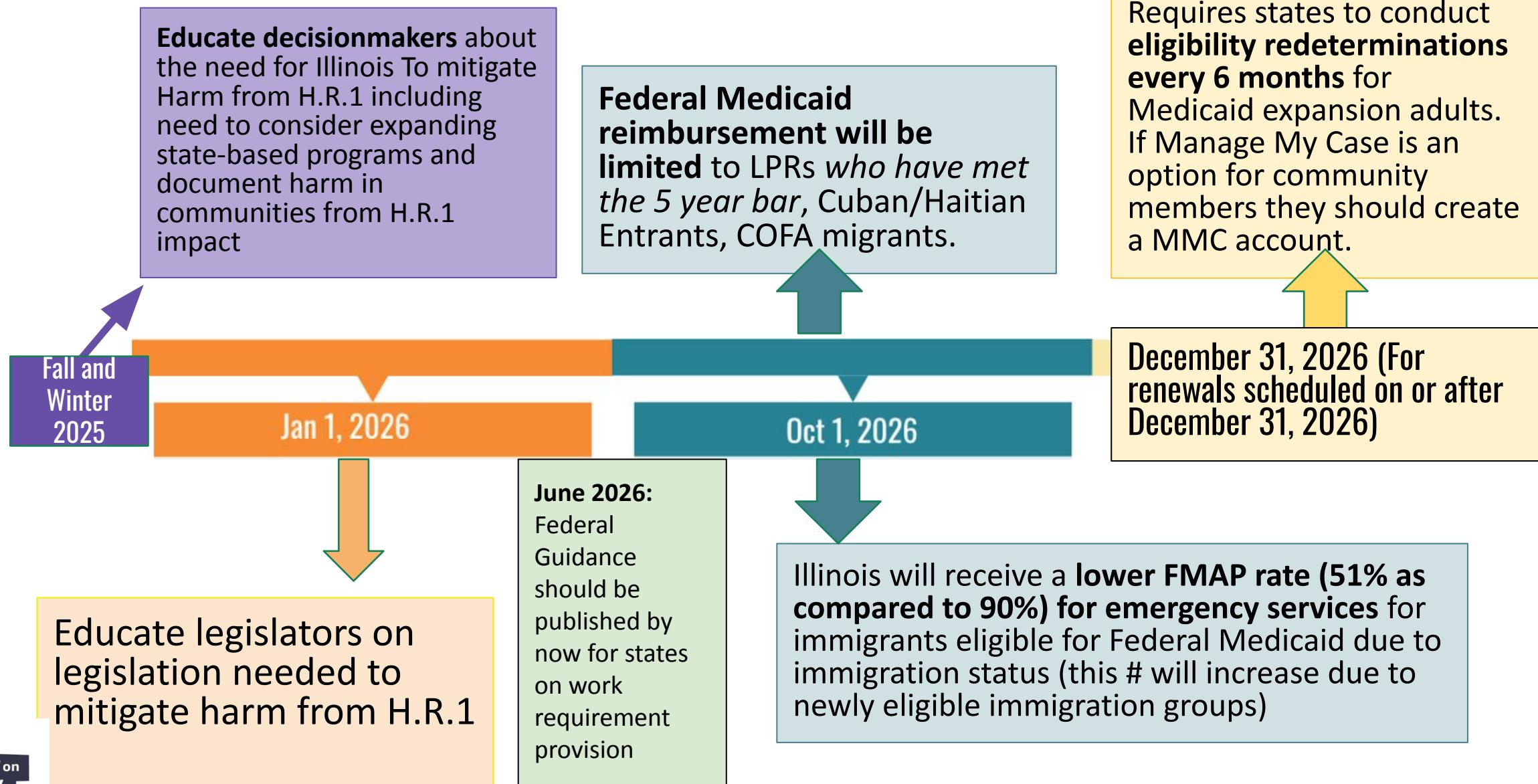
Want To Get Involved or More Information?:

- Check out our website ([Protecting Immigrant Families-Illinois](#))
- Join our PIF-IL list serv: email us at pifillinois@povertylaw.org
- Want to know if an immigration status is subject to the public charge test? See the guide on <https://keepyourbenefits.org/en/il/public-charge>
- If community members need assistance in accessing public benefits or healthcare services, call the **ICIRR Family Support Network at 1-855-435-7693**. It's available 24/7 in English, Spanish, Korean and Polish.
- Do you work for an organization that helps people enroll in public benefits? [Register for HelpHub](#)--an online technical assistance portal for enrollment assisters in Illinois to answer questions about eligibility for public benefits, including questions on immigrant eligibility and on public charge.
- Still have a question? Email us at pifillinois@povertylaw.org

Comment campaign! Education! Trainings!

Resources

Timeline of Implementation Dates of Key Provisions Affecting Federal Medicaid



Timeline of Implementation Dates of Key Provisions Affecting Federal Medicaid

Requires states to condition Medicaid eligibility for individuals ages 19-64 applying for coverage or enrolled through the ACA expansion group (or a waiver) **on working or participating in qualifying activities** for at least 80 hours per month or attending school half-time.

January 1, 2027
(or earlier at state option)

Also January 1, 2027

Requires states to **impose cost sharing** of up to \$35 per service on expansion adults with incomes 100-138% FPL; exempts primary care, mental health, and substance use disorder services and services provided by federally qualified health centers, behavioral health clinics, and rural health clinics from cost sharing; limits cost sharing for prescription drugs to nominal amounts.

October 1, 2028

Next presidential election 11/7/28

Limits retroactive Medicaid coverage (or Medicaid coverage for qualified medical expenses incurred prior to the date of application for coverage) to one month prior to application for expansion enrollees and two months prior to application for traditional enrollees.

When do the major Medicaid H.R.1 provisions go into effect?

OBBA Provision	Effective Date
Freeze current and prohibit new provider taxes	July 4, 2025
Phase-down provider hold harmless threshold	October 1, 2028
Modify “generally redistributive” provider tax criteria	Transition period of up to 3 years TBD
Cap new SDPs at 100% Medicare payment rates	July 4, 2025
Reduce current SDPs by 10 percentage points per year until the SDPs are no greater than 100% of Medicare	January 1, 2028
Work requirements	January 1, 2027 (January 1, 2029 with good faith effort determination)
6-month eligibility redeterminations for ACA adults	January 1, 2027
Prohibit Medicaid funding to Planned Parenthood for 1 year	July 4, 2025
Rural Provider Relief Fund	Application period will end no later than December 31, 2025
Several other eligibility-related proposals	January 1, 2027 – October 1, 2029

Illinois-Based Resources

- [HFS Federal Resource Center](#): Understanding the Impact of Federal Funding Cuts to Medicaid Webpage to help stakeholders understand how federal funding cuts contained in the 'One Big Beautiful Bill Act' (OBBA) will impact Medicaid, which covers roughly 1 in 4 Illinoisans.
- Recording of HFS' Trump Budget Bill Briefing (Friday, 8/1/2025):
<https://multimedia.illinois.gov/hhs/External-Stakeholder-OBBA-Briefing-080125.html>
- Protect Our Care Illinois (POCIL) Coalition's *Policy Briefing: One Big Beautiful Bill Act (OBBA) - Medicaid, ACA & SNAP* webinar briefing: Policy Briefing Recording (First 30 Minutes...due to tech issue)
<https://aidschicago-org.zoom.us/rec/share/C23aJcTglvDvRHNdMQpz3EUUjiJxaigpREzW3g7Fd4mhUn-LXkQ4t8TcoA5NJV28.y9Qrp0DFrPX62N33?startTime=1753455667000>
Passcode: +v#0FxH Policy Briefing Recording (Second 60 Minutes...due to tech issue)
<https://aidschicago-org.zoom.us/rec/share/wb2LyXGemfxc4jPR8-BhUwq34Y-87G5Xfh3ggitrlavsRn5DjeNHYwXRUDuLcQX.qq2seJhWlfxzySae?startTime=1753457694000>
Passcode: YpSw1ss&
- Protect Our Care Illinois (POCIL) Coalition Website: <https://www.protectourcareil.org/>
- [Health Care and Coverage Options for Immigrants](#)
- Health Coverage & Public Charge Fact Sheet: [here](#)
- HFS has issued an FAQ regarding Medicaid data privacy [here](#)
- [Fact Sheet for Enrollment Assisters on Data Privacy Protections for Medicaid in Illinois](#)
- Register for HelpHub: <https://helphub.povertylaw.org/index.html>
- Citizen Action-Illinois Upcoming Events: <https://www.mobilize.us/citizenactionillinois/event/812911/>

National Resources on H.R.1

- [National Immigration Law Center \(NILC\) Analysis](#)
- [PIF's Provisions on Immigrants Access to Public Benefits in the Final Reconciliation Package](#)
- [NIJC's July 10, 2025 Webinar Recording | Urgent Community Briefing: The New Budget Bill's Impact on Immigration and What Comes Next](#)
- [Families USA summary and analysis](#)
- [KFF Health Provisions in the Reconciliation Bill](#)
- [NASHP's What Health Care Provisions of the One Big Beautiful Bill Act Mean for States](#)
- [Senate-Passed H.R. 1: Updated Estimates on Impact to State Medicaid Coverage and Expenditures, Hospital Expenditures, Including Impacts by Congressional District](#)
- [NHELP's Budget Reconciliation Act Implementation Dates For Select Medicaid & Health Provisions](#) (high level - focused on implementation dates) and post-OBBA resources – <https://healthlaw.org/prepare/>.
- [NHELP's Budget Reconciliation Act Implementation Dates, Funding, and Authorities for Medicaid & Select Health Provisions](#) (more detailed - includes dates, implementation funding, and CMS/HHS roles in administering certain provisions)
- [CBPP's Final Reconciliation Bill Summary](#) and [CBPP's Final Reconciliation Bill: Effective Dates of Key Provisions](#).
- FRAC (Food Research Action Center): [Full analysis of the OBBBA \(reconciliation bill\) with provisions](#)
- [Summarized table of provisions: The Far-Reaching Harmful Impacts of the OBBBA — on Families, Older Adults, Immigrants, and State Budgets](#)
- JAMA article on patient impact: [Projected Health System and Economic Impacts of 2025 Medicaid Policy Proposals | JAMA Health Forum | JAMA Network](#)
- KFF analysis of loss of federal dollars by state: [Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package | KFF](#)
- Justice In Aging's [new explainer and implementation timeline](#) outlines how and when the law's Medicaid, Medicare, and ACA changes impact health and long-term care access for older adults and their more [detailed section-by-section summary of H.R. 1](#). And their recording of webinar, [Medicaid Cuts in H.R. 1—updates for Aging Advocates](#) and view all of our H.R. 1 resources on our [Medicaid Defense Page](#).
- Code for America
<https://files.codeforamerica.org/2025/08/22092218/Implementing-Medicaid-Work-Requirements%20%93A-Guide-for-States.pdf>

SNAP Resources & Take Action

New IDHS Federal SNAP status webpage ([link here](#))

- SNAP Rules are Changing (English) (pdf)
- SNAP Rules are Changing (Spanish) (pdf)
- SNAP Rules are Changing (Polish) (pdf)
- SNAP Rules are Changing (Arabic) (pdf)
- SNAP Rules are Changing (Chinese Mandarin) (pdf)
- SNAP Rules are Changing (Ukrainian) (pdf)
- SNAP Rules are Changing (Russian) (pdf)
- SNAP Rules are Changing (Tagalog) (pdf)

54

GCFD Toolkit for community on work requirements [LINK HERE](#)

- HelpHub is referenced throughout webinar. It is a FREE online portal to post your question (and get answers) on all of the topics discussed in the webinar.
- HelpHub was created for Illinois-based assisters who help people enroll & stay in benefits.
- **Why Join?** Get the latest updates and ask questions about public benefits.
- **How to join?** Register for HelpHub:
<https://helphub.povertylaw.org/index.html>

Examples of HelpHub Questions :

- Did [FILL IN BLANK] change under the new law that just passed?
- What Benefits are counted in the public charge test?
- What benefits is [FILL IN THE BLANK IMMIGRATION CATEGORY] eligible for?
- My client/patient is afraid to sign up for [FILL IN THE BLANK] because of possible negative immigration consequences...

Gov. Pritzker Announces Launch of Legal Hotline and Resource Hub for LGBTQIA+ Community

IL Pride Connect Resource Hub:

www.ilprideconnect.org

Legal Hotline: **855-805-9200**

(Hours: Monday–Thursday, 9 a.m.– 4 p.m.)

IL Pride Connect includes a digital resource hub with legal FAQs, know-your-rights information, referrals to affirming legal and community services, and advocacy tools. It also includes a first of its kind legal hotline that operates Monday through Thursday, 9 a.m. to 4 p.m., and provides real-time information and referrals, including on name and gender marker changes, housing and education rights, and access to healthcare and public benefits.



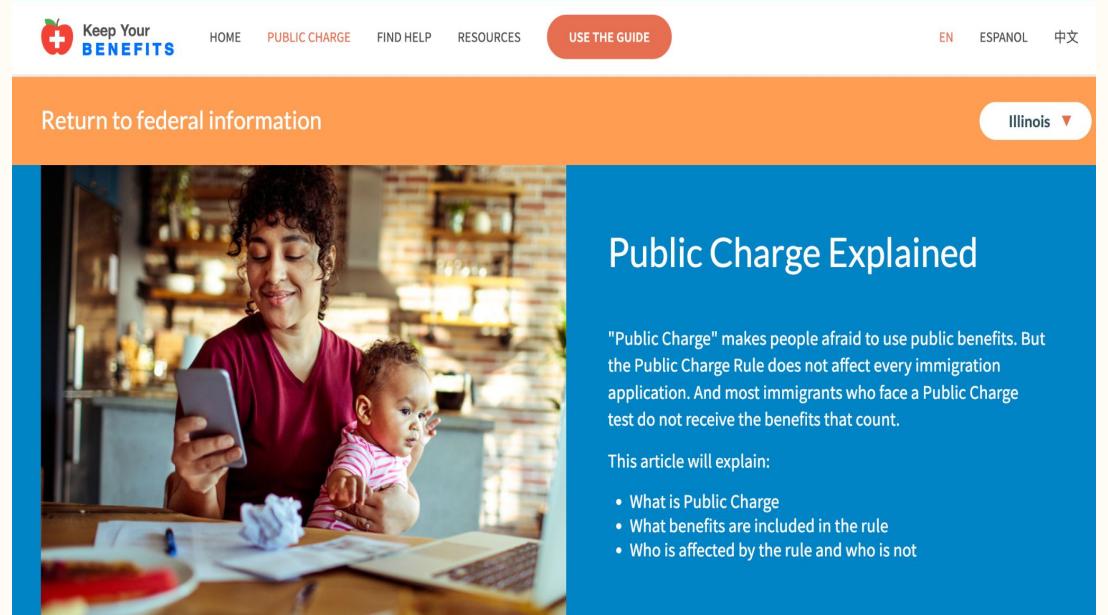
Public Charge Resources RE: 2025 Proposed Public Charge Rule

- PIF's [Statement to the Media](#)
- PIF's [Public Charge: What Advocates Need to Know](#)
- PIF's [Talking points for the press](#)
- NILC's [Public Charge: What Advocates Need to Know About the November 2025 Proposed Rule](#)
- PIF: [Public Charge NPRM: Community Talking Points](#) [\(SPANISH HERE\)](#)
- PIF: [3 Things to Know about Public Charge \(English and Spanish\)](#)
- PIF: [Public Charge Toolkit \(with all the Materials\)](#)
- PIF [Webinar Recording](#) and PIF [Webinar Slide Deck](#)
- PIF [2025 Public Charge Campaign](#): This page includes PIF's organizational sign-on comment, comment templates, sample press releases, and a toolkit of resources on public charge for community members and advocates.
- PIF [Comment Pledge](#): Please let us know if your organization is planning to submit a comment in response to the public charge NPRM.
- [Fact Sheet for Enrollment Assisters on Data Privacy Protections for Medicaid in Illinois](#)

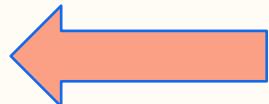
To access these comments:
pifcoalition.org/publiccharge



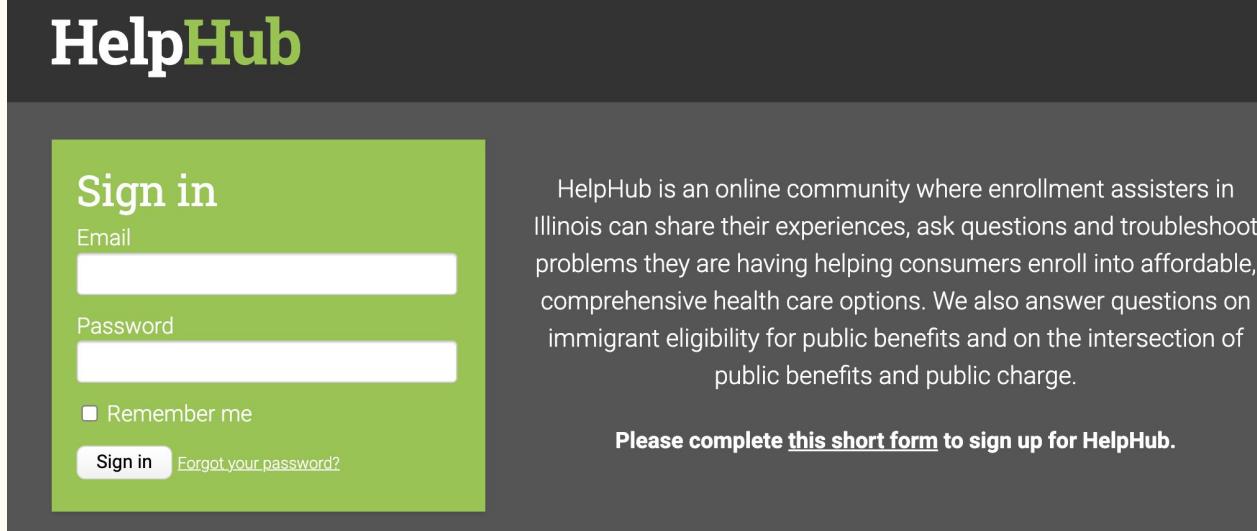
Public Charge Resources



The screenshot shows a woman holding a baby while looking at a tablet. The text on the page reads: "Public Charge Explained" and "Public Charge" makes people afraid to use public benefits. But the Public Charge Rule does not affect every immigration application. And most immigrants who face a Public Charge test do not receive the benefits that count. This article will explain: • What is Public Charge • What benefits are included in the rule • Who is affected by the rule and who is not".



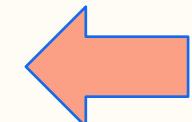
HelpHub



The sign-in page has a green header with the text "Sign in". It includes fields for "Email" and "Password", a "Remember me" checkbox, and "Sign in" and "Forgot your password?" buttons. The main content area describes HelpHub as an online community for enrollment assisters in Illinois to share experiences and troubleshoot problems related to public benefits and immigrant eligibility.

HelpHub is an online community where enrollment assisters in Illinois can share their experiences, ask questions and troubleshoot problems they are having helping consumers enroll into affordable, comprehensive health care options. We also answer questions on immigrant eligibility for public benefits and on the intersection of public benefits and public charge.

Please complete [this short form](#) to sign up for HelpHub.



- Check out our website ([Protecting Immigrant Families-Illinois](#))
- Join our PIF-IL list serv: email us at pifillinois@povertylaw.org
- Want to know if an immigration status is subject to the public charge test? See the guide on <https://keepyourbenefits.org/en/il/public-charge>
- Do you work for an organization that helps people enroll in public benefits? [Register for HelpHub](#)--an online technical assistance portal for enrollment assisters in Illinois to answer questions about eligibility for public benefits, including questions on immigrant eligibility and on public charge.

Protecting Immigrant Families-Illinois (PIF-IL) to Resist the Harmful Public Charge Proposal



Origin Story: In Spring 2018, ICIRR, Latino Policy Forum, Legal Council for Health Justice, and the Shriver Center on Poverty Law. PIF-IL's purpose and mission is to resist harmful policies at the federal level and provide accurate information about public charge and immigrant eligibility for benefits so that Illinois immigrant families can make informed decisions.

PIF-IL hosts monthly meetings and is currently in the midst of **a comment campaign** to garner organizational sign on and written submitted comments to resist the harmful new proposed public charge rule. The comment period closes 12/19/25. Here is a 1-page overview of the proposed rule.

PIF-IL Organization Sign On Comment [here](#); PIF National organization sign on comment [here](#). Resources to help your organization draft a comment [here](#).

For more information email andreakovach@povertylaw.org or pifillinois@povertylaw.org.

Thank you!

Andrea Kovach, andreakovach@povertylaw.org until 1/1/26
and after 1/2/26: akovach@legalcouncil.org

Additional presentation offerings:

- Immigrant eligibility for public benefits;
- Overview of the public charge rule.



Appendix

Resources for People Who Are Undocumented

[Emergency Medicaid](#) for [Qualifying emergency medical services](#) for ER and any admission stemming from ER visit; must be Illinois resident and [meet income guidelines](#). [Fact Sheet here](#).

Hospital Financial Assistance programs including charity care (e.g., [CareLink financial assistance program for Cook County Health](#))

FQHCS & community health centers; Find a center [here](#).

[Moms & Babies and Medicaid Presumptive Eligibility \(MPE\)](#) (if pregnant or recently pregnant)

FQHCs often use two methods to provide low or no cost medication to patients. [1] Ask about the 340B Medication Pricing program, which gives clinics the most common medications at the lowest rate possible. [2] Clinics can also contact patient assistance programs at pharmaceutical companies. Also, NeedyMeds and RX Outreach are national orgs that help patients find affordable medications: www.needymeds.org or <https://rxoutreach.org/>

[Equal Hope](#) provides free breast and reproductive cancer services and resources to uninsured and underinsured people in need.

[Fact sheet: Illinois Health Care & Coverage Programs For Immigrants Ineligible for Federal Medicaid Due to Their Immigration Status](#)

MPE if Pregnant and Need *Immediate* Prenatal Care:

- Medicaid Presumptive Eligibility (MPE)** covers outpatient pregnancy care needs at a [MPE provider clinic](#), starting the day the individual applies until their *Moms & Babies* (the ongoing coverage) application is reviewed.
- The case worker at the MPE clinic can help apply for both programs (MPE and Moms & Babies) at the same time.
- Must meet income requirements: < 213% FPL; **available regardless of immigration status.**

MPE provides immediate, temporary coverage for outpatient health services, such as:

- prenatal checkups,
- doctor visits,
- lab tests,
- prenatal vitamins,
- eye care,
- dental care,
- mental health and substance abuse services

Moms & Babies: *Ongoing Coverage for Duration of Pregnancy and One Year After Pregnancy Has Ended*

If Individual is:

- Currently pregnant or within 90 days after her pregnancy has ended

AND

- Meets income guidelines: < 213% FPL (for instance \$3,754 monthly income for a family of 2 or \$4,730 for a family of 3).

THEN

is eligible for **Moms & Babies**--which provides ongoing, comprehensive and free coverage for duration of the pregnancy and one year after the pregnancy has ended regardless of how it ended.

Moms & Babies is available regardless of immigration status.

Apply: <https://abe.illinois.gov>

How Does Sec. 71109 Affect Illinois' Medicaid/Medicaid-Like Programs?:

Program	Impact After 10/1/26 Effective Date [Based on Our Best Information As of 8/29/25]
ACA Adult (ages 19-64, up to 138% FPL)	Only LPRs who have met 5 year bar, Cuban/Haitian Entrants and COFA Migrants are eligible; all other immigration statuses (refugees, asylees, etc.) now ineligible. <u>VAWA self-petitioners may be eligible for state-funded medical</u> .
AABD (seniors, blind, disabled, up to 100% FPL, asset test) Spenddown available	Only LPRs who have met 5 year bar, Cuban/Haitian Entrants and COFA Migrants are eligible; all other immigration statuses (refugees, asylees, etc.) now ineligible. <u>VAWA self-petitioners may be eligible for state-funded medical</u> .
All Kids (up to age 19, up to 318% FPL)	LPRs who have met 5 year bar, Cuban/Haitian Entrants and COFA Migrants are eligible for federal Medicaid; all other lawfully present immigration statuses (refugees, asylees, etc.) are eligible for CHIPRA medical coverage under the ICHIA option Illinois elected. Coverage for children who are undocumented would continue at state cost.
Moms & Babies (pregnant or recently pregnant, up to 213% FPL)	LPRs who have met a 5 year bar, Cuban/Haitian Entrants and COFA Migrants are eligible for Federal Medicaid. For all other lawfully present immigration statuses (i.e., refugees, asylees, etc.) <u>and</u> people who are undocumented will remain eligible for Medicaid for the duration of the pregnancy as well as for the one-year period after the pregnancy has ended, under a combination of the <u>unborn child option</u> and <u>HSI-CHIP</u> .
HBIS (65+, up to 100% FPL, asset test)	Closed for new enrollment. If enrollment re-opened, individuals who are 65+ and are asylees, refugees, or have active humanitarian parole (and other immigration statuses now newly excluded) would be eligible.
VTTC Medical/ AATV (65+, up to 100% FPL, asset test)	People with pending applications for asylum, T visa and U visa (or pending appeals) are eligible and U visa holders are eligible. However as of 10/1/26, coverage for individuals with APPROVED applications for asylum or a T visas would have to be at state cost after passing authorizing legislation.

Medicaid: Medical Essential Health Benefits (EHB)

Doctor visits,
immunizations and
check-ups

Behavioral health
and substance use
treatment+

Hospital care,
medically necessary
surgeries and ER
visits

Vision, hearing and
dental screenings &
treatment,
eyeglasses, hearing
aids

Family planning
services and care for
pregnant women

Long Term Services
And Supports

Therapies: physical,
occupational and
speech

Transportation to
and from medical
appointments +

Prescription drugs,
medical equipment,
x-rays, lab tests

Supportive Living
Program+

+ Additional services distinct from EHB

2025 Monthly Gross Income Qualifications

Family Size	Children	Parent/Caregiver and ACA Adults	Moms and Babies and Family Planning	AABD and Immigrant Seniors
1	\$4147	\$1799		\$1304
2	\$5604	\$2432	\$3754*	\$1762
3	\$7062	\$3064	\$4730	\$2220
4	\$8519	\$3697	\$5706	\$2679
+1	+\$1456	+\$632	+\$975	+\$458

Annual Program Standards

* Family Planning will always be family size of 2 so always same amount

“Qualified” Immigrants Eligible for Federal Medicaid Include (Not Exhaustive):

- Legal permanent resident (LPR, also known as a green card holder); **Subject to the Five-Year bar unless individual adjusted from a status exempt from the 5-year bar or unless individual has 10 years credit for working in the U.S. (For example, immigrants who were granted asylum or admitted as a refugee and later adjusted to LPR status, remain exempt from the five-year bar.)**
- Granted asylum; **NOT Subject to the Five-Year bar**
- Admitted to the U.S. as a refugee; **NOT Subject to the Five-Year bar**
- Paroled into the U.S. for a period **of at least one year**; (if prior to 1996, **NOT Subject to the Five-Year bar**; if after 1996, **subject to the Five-Year bar**)
- Granted withholding of deportation; **NOT Subject to the Five-Year bar**
- Cuban or Haitian entrant (includes Cuban and Haitian nationals with a range of current and past immigration statuses listed at 45 C.F.R. § 401.2.) **NOT Subject to the Five-Year bar**
- Lawfully residing in the United States in accordance with a Compact of Free Association (individuals from the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau); **NOT Subject to the Five-Year bar**
- Born in Canada and is at least 50% American Indian, or is a member of a tribe recognized by the Federal government. **NOT Subject to the Five-Year bar**
- Certain Amerasian Immigrants **NOT Subject to the Five-Year bar**
- Iraqis and Afghans granted Special Immigrant visas. **NOT Subject to the Five-Year bar**
- Immigrant with an approved visa petition filed by a spouse or parent, a self-petition under the Violence Against Women Act (VAWA) that has been approved or sets forth a *prima facie* case for relief, or an approved application for cancellation of removal under VAWA. **Subject to the Five-Year bar**
- Survivors of trafficking and their derivative beneficiaries who obtain a T visa or whose application for a T visa sets forth a *prima facie* case. **NOT Subject to the Five-Year bar**

NOTE: Veterans or active duty military, and their spouses or unmarried dependents who also have “qualified noncitizen” status are Not Subject to 5 Year Bar

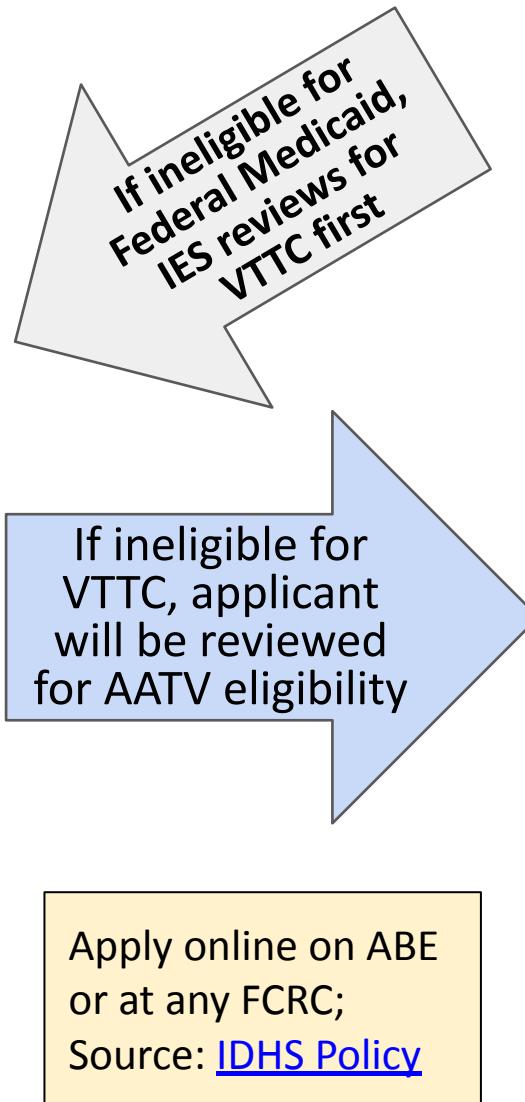
Source: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Immigration-Fact-Sheet.pdf>; See also: <https://www.nilc.org/issues/economic-support/overview-immeligfedprograms/>. and CBPP 2020 OE8 Part III slide deck

AATV/VTTC Medicaid-Like Program Application Flow Chart

Medical Coverage application submitted; application is reviewed for Federal Medicaid eligibility first. Source: IDHS policy issued January 23, 2024 ([link here](#))

HFS reviews whether applicant meets eligibility criteria for VTTC Medical:

- [1] Individual must either:
 - [a] have filed an application for Asylum and have a qualifying derivative family member (DFM) [see also [this IDHS policy for DFM](#)], **OR**
 - [b] have filed an application for a T Visa or U Visa **OR**
 - [c] is a U visa holder.
- [2] AND have income < 100% FPL and have assets under \$17,500 for 1 or 2 people;
- [3] AND be an Illinois resident.



AATV (Asylum Applicants & Torture Victims):

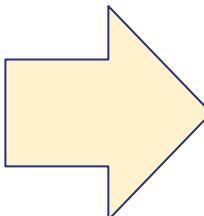
- [1] Individual must either:
 - [a] have a pending *Asylum* application (no DFM required) **OR**
 - [b] have an appeal pending regarding decision of asylum status, and represented by counsel or accredited rep. **OR**
 - [c] is receiving federally-funded torture treatment services from the [Kovler Center](#).
- [2] AND have income < 100% FPL
- [3] AND be an Illinois resident.

There is no DFM requirement for AATV. Individuals are exempt from needing a SSN. (source: [IDHS PM 06-21-01](#)) AATV medical coverage is for 24 months (unless meet exceptions). See also [WAG 06-21-04: Maximum Eligibility Period](#)

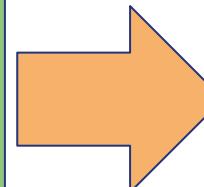
Example of the Five-Year Bar

See Appendix for a Slide on Immigration Statuses and Whether Subject to the Five Year bar

Rosa has temporary protected status (TPS) and meets and marries a U.S. citizen. Rosa is eligible for Lawful Permanent Resident (LPR) status based on a pathway that opened via the marriage.



Rosa applies for LPR (also known as a green card) and her application is eventually approved. The 5-Year-Bar “clock” starts when her LPR status (which is a Qualified Immigrant status) is granted.



Rosa must have a Qualified Immigrant (LPR) status for 5 years before she is eligible for Federal Medicaid (ACA Adult or AABD programs, for instance).

LPRs May Still Be Eligible for SNAP Without Wait Period if Meet One of these Exceptions:

LPRs may still be eligible for SNAP without a waiting period if they meet one or more of the following conditions:

- Are under 18 years old
- Have 40 qualifying work quarters
- Are blind or disabled
- Were lawfully residing in the U.S. and 65 or older on August 22, 1996
- Have a U.S. military connection
- Are admitted to the United States as an Amerasian immigrant
- Are an American Indian born abroad
- Certain Hmong or Highland Laotian tribal members

as defined under §584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988



source: [USDA Guidance released 10/30/25](#)

Health Benefit for Immigrant Seniors (HBIS) Medicaid-Like Program



Eligibility for Health Benefit for Immigrant Seniors:

- Age 65 or older and Illinois resident
- Have an immigration status that makes them ineligible for Federal Medicaid
- < 100% FPL income (spenddown is available)**; asset test (same as AABD); \$17,500 for one person
- **Excludes Long-Term Care Institutionalization**

However: As of Nov. 6, 2023, HBIS new enrollment has been closed.

Additional Information About New Federal Medicaid Work Requirements Under H.R.1

- The new Medicaid rules look backward. For applicants, states must require that individuals subject to work requirements be in compliance for at least 1 month, but not more than 3 consecutive months, *prior* to the month the application was filed.
- For enrollees, at a minimum, a state must verify compliance every 6-months for that month of work activities.
- States have the option not to require verification of an exclusion or exception (see next slide for exclusions/exceptions). In other words, H.R. 1 allows states to choose to accept clients' statements about characteristics and situations that confer exemptions.
- If a person is denied or disenrolled due to work requirements, they are also ineligible for subsidized Marketplace coverage.
- The state is required to send individual written notices of noncompliance and provide a 30-day deadline to respond with proof that one is not subject to the requirements or is in compliance. Before a state can deny or terminate Medicaid on the basis of non-compliance they must conduct an ex parte review and provide a written notice of adverse action that includes a statement about hearing rights.
- During real-time enrollment or ex parte renewals, data sources should be automatically checked for exemptions. During the manual processing of an application or renewal packet, the eligibility worker should check both documentation associated with the case and any interfaces available to them.

Exclusions & Exceptions to New Medicaid Work Requirements under H.R.1

- those under age 19 or over 64;
- individuals receiving former foster care Medicaid;
- certain Native Americans;
- caretaker relatives of children under 14 or older family members with a disability;
- veterans with disabilities;
- people with certain disabilities or special medical needs (which can include substance use disorder);
- compliance with TANF work requirements;
- people who are members of a household that receive SNAP and are not otherwise exempt from SNAP work requirements;
- participation in a specified drug or alcohol treatment program;
- pregnancy;
- enrollment in postpartum Medicaid including those in states (like Illinois) that extended the period to 12-months;
- public inmates;
- individuals receiving Medicaid on the basis of age or disability;
- individuals entitled to or enrolled in Medicare Part A or enrolled in Medicare Part B;
- individuals receiving Adoption Assistance Medicaid;
- individuals, including parents/caretakers, deemed eligible for § 1931; and
- those who were institutionalized or incarcerated at any point during a 3-month period prior to their application or recertification.

Verification for Exemptions:

Exemption Type	Verification currently required?	Potential data sources	Potential manual verification sources
Parent/guardian of a child age 13 or under or disabled individual (not Section 1931)	No, but the household member should also be considered for coverage	N/A	N/A
Indian, Urban Indian, California Indian, IHS-eligible Indian	No, but this information is asked as part of the application ^[7]	N/A	N/A
Medicare-eligible	Yes	Federal Data Services Hub, Social Security Administration	Medicare enrollment letters
Medically frail	Varies ^[8]	Unknown—possible medical record sources such as MMIS	Medical documentation

Source:
Code for
America

Verification for Exemptions (Continued)

Exemption Type	Verification currently required?	Potential data sources	Potential manual verification sources
Veteran with total disability	Medicaid currently doesn't require this information	Veterans Affairs API ^[9]	Disability determination notice
SNAP participant, NOT exempt from work requirements	Medicaid currently doesn't require this information	Supplemental Nutrition Assistance Program (SNAP) E&E system, SNAP E&T system ^[10]	SNAP notices
TANF participant, in compliance with state work requirements	Medicaid currently doesn't require this information	TANF E&E system	TANF notices
Drug/alcohol rehab participant	Medicaid currently doesn't require this information	Unknown—potentially claims data	Admission documentation
Current or recent inmate	Medicaid currently doesn't require this information—but some states may have pre-release enrollment ^[11]	State Department of Corrections	Incarceration or release documentation

Source:
Code for America



Rural Health Transformation

- HR 1 establishes the **Rural Health Transformation Program (RHTP)**.
 - Total of \$50 billion over FFY 2026 – 2030 in grants to states.
 - The Notice of Funding Opportunity was released September 15, and includes 5 strategic goals:
 - Make rural America healthy again
 - Sustainable access
 - Workforce development
 - Innovative care
 - Tech innovation
 - The application was submitted November 5, and CMS will make award decisions by December 31.

<https://hfs.illinois.gov/info/fedresctr/ruralhealthtp.html>

Emergency Medical for Non-Citizens (Emergency Medicaid (EM))

- Emergency Medicaid is NOT comprehensive health coverage; rather EM covers qualifying emergency medical services provided in Emergency Room and any hospital admission stemming from the ER visit.
- EM also includes dialysis for people with End Stage Renal Disease (ESRD).
- Eligibility:
 - Illinois resident;
 - Individuals applying for EM do not have to attest to or verify their immigration status. 42 U.S.C. § 1320b-7(f). Those eligible will be ineligible for *Federal* Medicaid due solely to their immigration status;
 - Must meet income guidelines (if 19-64 years old: < 138% FPL; if 65+: < 100% FPL).
- Individuals who qualify for EM should not receive a bill for their ER visit.
- The State of Illinois may claim federal reimbursement for EM and in doing so, may share claims data with the federal government. Under the current Federal administration, EM claims data shared with Federal Health & Human Services (HHS) has been shared with Dept. of Homeland Security (DHS)(more to come).

Emergency Medicaid [Fact Sheet here.](#)

HFS Family Planning Program (FPP), which includes Family Planning Presumptive Eligibility (FPPE)

- FPP provides partial benefit coverage for *comprehensive reproductive health services* for eligible Illinois residents, regardless of age or gender.
 - Current policy today: U.S. citizens and Qualified Immigrants including asylees, refugees, those with immigration status designated equivalent to a refugee are eligible for the ongoing FPP program.
- **Family Planning Presumptive Eligibility (FPPE)** is part of FPP & offers *immediate, temporary coverage*. When applying for FPPE, an individual is not asked their immigration status.
- **You can apply as an individual if:**
 - You're a resident of Illinois and you make \$3,754 a month or less before taxes
 - You are not currently pregnant
 - You are not already enrolled in Medicaid or Medicaid-Like Program
- **Coverage is open to:** People with private insurance that doesn't cover birth control, has high OOP costs, or with confidentiality concerns.

VTTC Food/ Cash Assistance Eligibility As of July 1, 2025

In order to be eligible for VTTC Food/ Cash Assistance, an individual must have met the following:

[1] Illinois residency

AND

[2] Prove have filed an application for asylum, a T Visa (for victims of Trafficking), or a U Visa (for victims of certain crimes) or be a U Visa holder

AND

[3] For asylum applicants only, have a derivative family member

AND

[4] Income/Asset requirements:

- VTTC Food Assistance (mirrors Federal SNAP): 165% FPL; 200% FPL if age 60+
- VTTC Cash Assistance (mirrors Federal TANF for families or pregnant people and has a 30 day wait); mirrors Refugee Resettlement Program (RRP) cash for single/married & childless non-pregnant adults, there is no 30 day wait, and it is for four months only.)

Apply online on ABE or at any FCRC; Source: IDHS Policy

More Information on VTTC Cash Assistance Implementation

- VTTC Cash Assistance:
 - mirrors [Federal TANF](#) for families or pregnant people and has a 30 day wait;
 - mirrors [Refugee Resettlement Program \(RRP\) cash](#) for single/married & childless non-pregnant adults, there is no 30 day wait, and it is for four months only.
 - See Policy Memo, [Change in Federal Refugee Resettlement Program Eligibility Time Period and Clarification for Refugee General Activity Compliance Requirements](#), dated 06/11/2025 for details.
- Applicants for refugee cash – and therefore also for VTTC cash – will not qualify for assistance if they are **past 4 months** of their date of entry to the U.S., if their date of entry was **on or after May 5, 2025**.
- If an applicant is still within their eligibility period (12 months or 4 months, depending on their entry date), and has not received all the benefits yet, then they can receive the remainder of the benefits on a separate case.

More Information on How to Submit a Comment:

- Go to <https://www.regulations.gov/commenton/USCIS-2025-0304-0001>
- You can either:
 - 1) Cut and paste your comment into the blank space (up to 5,000 words) or
 - 2) Upload your comment as a file and any attachments as well.
- **Comments must be submitted in English, or an English translation must be provided.**
We recommend that a statement from the translator which verifies the accuracy of the translation, be included. Something like: *I, [translator's name], hereby declare that I am fluent in [language] and English and that this translation is a true, accurate and complete version of the original text to the best of my knowledge.*
- Check "email address" and add yours so that you will get confirmation that your comment was submitted.

Data Sharing & Concerns for People in Immigrant Families

Data Sharing & Concerns for People in Immigrant Families

Medicaid Data shared with Dept. of Homeland Security (DHS)

- HFS is required to routinely share information with federal Centers for Medicare & Medicaid Services (CMS) in order to receive reimbursement for Federal Medicaid costs, and does so with the understanding that the data is protected under federal law.
- After credible media reports all summer and admissions from CMS in court, [on 11/25/25](#) [federal CMS published a notice](#) informing states that CMS will share Medicaid customer personal data with DHS, which houses Immigration and Customs Enforcement (ICE).
- On July 1, 2025, [Illinois Attorney General Kwame Raoul](#), as part of a coalition of 20 AGs, [filed a lawsuit](#) challenging Federal CMS/HHS's decision to provide access to individual health data to DHS. The states won their preliminary injunction 8/12/25 ([opinion here](#) and [IL AG statement here](#)).
 - As a result, DHS may not use the Medicaid data it has already obtained from the plaintiff states and CMS is prohibited from sharing data with DHS from those plaintiff states.
 - The preliminary injunction is temporary and has been extended; it is in effect [until January 5, 2026](#).

Role for Enrollment Assistants

- People who are immigrants and their families have faced tremendous fear and confusion related to immigration enforcement, data sharing between agencies, public charge, and other actions, and this has resulted in many people forgoing health coverage and other supports.
- Enrollment assisters can:
 - Explain the value of comprehensive health insurance to people while noting that they should balance the benefits with the risk that their information may be shared.
 - Highlight that applying doesn't increase risk if the U.S. Department of Homeland Security already has their address, and that dropping out of benefits won't erase past data.
- Enrollment assisters can also direct people to resources such as those provided by the Protecting Immigrant Families Campaign:
 - KeepYourBenefits.org (available in English, Spanish, and Chinese)
 - [Public Charge Community Resources](#)

*Shriver's [fact sheet](#) for further guidance *[PIF Resource](#): Medicaid & SNAP Data Sharing

*PIF Community-Facing Fact Sheets [here](#)

*HFS has issued an FAQ regarding Medicaid which mentions issues on data privacy [here](#)