June 23, 2026

Secretary Kiame Mahaniah
Executive Office of Health and Human Services
One Ashburton Place
Boston, MA 02108

Dear Secretary Mahaniah,

Massachusetts has been a national leader in pursuing universal health care coverage for more than two decades. Unfortunately, health coverage and financing cuts under the federal "One Big Beautiful Bill Act" (OB3) are driving coverage losses in the Commonwealth and across the nation. Swelling ranks of uninsured Massachusetts residents will strain hospitals and community health centers that already face funding shortages and high rates of uncompensated care. Continuing our longstanding commitment to coverage and care for everyone in Massachusetts, including our immigrant friends and neighbors, will require additional steps and investment by the state. We recognize the significant financial constraints the state faces and that it will not be possible to fully back-fill all federal coverage and financing. However, we believe there are important – and feasible – steps the state can take to protect coverage for some of our most vulnerable residents.

We write today regarding one such group that is at risk of losing Medicaid coverage. **We urge you to extend state-funded MassHealth coverage to the approximately 1,050 qualified lawfully present (QLP) immigrants who will lose comprehensive MassHealth coverage in October 2026.**[1] This group is largely comprised of people who have suffered persecution and violence in their home countries – refugees, asylees, people with humanitarian parole (with status for 5+ years) – as well as many who have suffered violence and trauma here in the U.S. – trafficking victims and survivors of domestic violence (with status for 5+ years).

Extending coverage for this small group of QLPs who will lose Medicaid eligibility under OB3 can be accomplished through administrative action under existing state statute, M.G.L. 118E, § 16D (see Appendix A). Providing state-funded coverage for this particularly vulnerable group of immigrants is critical for the following reasons that we address in more detail below:

- It will reduce uncompensated care costs and financial strain on the Health Safety Net at a time when our health system is under increasing stress.
- Given the small size of this group, it is more financially feasible than addressing the full range of coverage losses from OB3. This group is also likely to get even smaller over time due to federal immigration restrictions.
- It would align Massachusetts with peer jurisdictions that are taking action to preserve coverage for immigrants affected by OB3 cuts.

Providing QLPs state-funded coverage is a small but meaningful way to reduce the cost of uncompensated care and alleviate some pressure on an already overburdened Health Safety Net (HSN).

---

[1] As outlined in the Medicaid Advocates meeting (June 12, 2026), this is a subset of the estimated 2,100 immigrants who will lose their eligibility for federally funded Medicaid; the basis for this estimate is explained in footnote 6.

Without state action, many of the 19-64 year-olds in this group will move to emergency Medicaid (MassHealth Limited) and the HSN. Not only will losing coverage devastate the individuals and families who lose access to care, but it will also strain hospitals and community health centers (CHCs) by increasing uncompensated care and adding to the financial pressures on the HSN. The Massachusetts Taxpayers Foundation estimates that for every 50,000 newly uninsured people relying on the HSN, demand increases by $100 million.[2]

Coverage losses increase the financial strain on our health system, resulting in difficult budget decisions and contraction of services from providers who support uninsured patients. The National Association of Community Health Centers (NACHC) estimated that OB3 would lead to 34,000 CHC job losses and 1,800 CHC closures across the country,[3] which could lead to 5,000-6,000 preventable deaths each year.[4] By 2034, OB3 will likely drive an additional 92,000-171,000 uninsured individuals to seek care at Massachusetts CHCs, many of which already have long waitlists for primary care. Massachusetts hospitals, especially safety net hospitals and those serving a disproportionate number of uninsured patients and MassHealth members, will face similar increases in demand and a larger volume of uncompensated care.

Coverage losses are also linked to worse health outcomes: three out of four uninsured adults under the age of 65 reported that they skipped needed health care in the past year and they're nearly twice as likely as insured adults to report health declines as a result of delayed or missed care.[5] The strain on Massachusetts hospitals will only be further exacerbated if QLPs losing coverage cannot access, or choose to delay, routine and preventative care through community-based providers like CHCs and require emergency room services or more costly care.

It is financially feasible for MassHealth to extend state-funded coverage to this group of QLPs given the very small number who will lose federal funding in October 2026, and it demonstrates the administration's commitment to coverage for immigrants in Massachusetts.

MassHealth estimates there are approximately 2,100 people in the QLP group who will lose federal Medicaid coverage in October 2026. According to MassHealth's analysis, this figure includes roughly 1,000 individuals who are 65 and older **or** who have SSI-referred eligibility.[6] MassHealth has stated that

---

[2] Howgate, D. (2025, September 10). *The Changing Landscape: Impacts of Federal Action on Massachusetts. Part 3: Impacts of federal reconciliation on the Massachusetts health care system*. Massachusetts Taxpayers Foundation.
[3] National Association of Community Health Centers (NACHC). (2025, July 3). *NACHC statement on house passage of the "One Big Beautiful Bill"*. NACHC. https://www.nachc.org/nachc-statement-on-house-passage-of-the-one-big-beautiful-bill/
[4] Basu, S., Phillips, R., and Hoang, H. (2025, May 22). *Impact of Community Health Center Losses on County-Level Mortality: A Natural Experiment in the United States, 2011–2019*. Health Services Research, *60*(5). https://doi.org/10.1111/1475-6773.14648.
[5] Sparks, G., Lopes, L., Montero, A., Presiado, M., & Hamel, L. (2026, April 30). *Americans' challenges with health care costs*. Kaiser Family Foundation (KFF). https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/
[6] MassHealth stated that there are 2,100 total members in the QLP group at risk of losing coverage in October 2026 due to OB3, including 800 who are 65 and older and 600 who are on SSI, either elderly or disabled (Medicaid Advocates meeting, June 12, 2026). Since there is overlap between these populations, MassHealth later estimated

QLPs 65 and older or with disabilities who are losing federal Medicaid eligibility will move to MassHealth Family Assistance[7] (see also, M.G.L. c. 118E, § 16D(7)). MassHealth reported that there are 50 pregnant individuals in this QLP group who will maintain MassHealth Standard. MassHealth has filed a proposed rule to move all state-funded coverage to fee-for-service pursuant to federal guidance.[8] The remaining roughly 1,050 QLPs losing federal Medicaid will be in fee-for-service, allowing MassHealth to take advantage of federal reimbursement for emergency services. Health Connector data show that 40% of the immigrants who lost ConnectorCare in January 2026 due to OB3 – the majority of whom were 19-64 – did not have any medical claims during the previous year.[9] If a similar percentage of this younger, healthier QLP group does not seek services, then MassHealth's financial outlay to cover this population would be low.

Further, the number of QLPs who become ineligible for federally funded Medicaid beginning in October 2026 will almost certainly decrease in the coming years. The federal government has greatly restricted the number of refugees admitted to the United States, setting the 2026 cap at 7,500 (with an additional 10,000 spots reserved for white South Africans), its lowest level since inception of the refugee resettlement program in 1980.[10] Already, the number of people granted asylum has decreased markedly since the United States Citizenship and Immigrant Services (USCIS) halted all asylum adjudications between November 2025 and March 2026, froze entry and visas for individuals from 39 countries, and imposed more stringent vetting requirements of applicants. According to the U.S. Census Bureau, Massachusetts saw a 48% decline in international migration between July 1, 2024, and July 1, 2025.[11] Given the federal administration's policies outlined above, in addition to federal efforts to disclose Medicaid information to ICE and to vastly expand the current public charge rule, it can be expected that this decline will continue.

QLPs with income below 138% of the federal poverty level have had access to comprehensive MassHealth coverage for decades. Continuing to provide comprehensive coverage to this small – and shrinking – population ultimately may prove to be less expensive from a systemic perspective than letting them fall into MassHealth Limited and the HSN. It is also the right thing to do from a humanitarian

---

that there are approximately 1,000 distinct individuals who fall into these two categories (email communication, received June 15, 2026). MassHealth also noted that 50 of the 2,100 QLPs are pregnant or postpartum. Therefore, 2,100 QLPs – 1,000 – 50 = 1,050 QLPs who will lose coverage in October 2026. However, the figure is likely smaller because it almost certainly includes some adults with disabilities who are not SSI-referred eligible.

[7] Executive Office of Health and Human Services, Slide Deck: "Impact of OB3 in MassHealth for Stakeholders and Partners," February 8, 2026, slide 8, https://www.mass.gov/doc/impact-of-ob3-on-masshealth-for-stakeholders-partners-masshealth-slide-deck/download (last accessed 6/5/26).

[8] State Medicaid Director letter, SMD # 25-003, RE: Medicaid Managed Care Payments and Emergency Medical Condition Coverage for Aliens Ineligible for Full Medicaid Benefits, September 30, 2025.

[9] Email from Health Connector Staff. "Re: More data to share on CC PT 1 enrollees?". Received by Vicky Pulos, Massachusetts Law Reform Institute (MLRI), November 12, 2025.

[10] Migration Policy Institute, U.S. Annual Refugee Resettlement Ceilings and Number of Refugees Admitted, 1980-Present, https://www.migrationpolicy.org/programs/data-hub/charts/us-refugee-resettlement; see also Maria Ramirez Uribe, PBS News, "3 things to know about Trump's order raising the U.S. refugee cap only for white South Africans," Politics, May 26, 2026, https://www.pbs.org/newshour/politics/3-things-to-know-about-trumps-order-raising-the-u-s-refugee-cap-only-for-white-south-africans. (Last accessed 6/5/26).

[11] US Census Bureau (2025). *Annual Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for the United States, States, District of Columbia, and Puerto Rico: April 1, 2020 to July 1, 2025* [Data Table]. Retrieved May 29, 2026, from https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html

perspective: most of these QLP immigrants have faced significant hardships in their home countries, during their journey to the U.S., or after arriving here.

Covering QLPs in state funded coverage aligns Massachusetts with peer jurisdictions.

Massachusetts' standing as a health coverage leader faces unprecedented headwinds due to harmful federal policies and bleak budgetary projections. All states are impacted similarly, yet many of our peer jurisdictions have made a commitment to use state dollars to cover at least some of the immigrants losing coverage under OB3. Massachusetts has yet to step up in the same way. Providing state-funded coverage to impacted QLP immigrants would be a fiscally manageable way for the Commonwealth to join other states in pushing back on the OB3 cuts. See Appendix B for a chart comparing Massachusetts with peer states that have allocated state funding to cover a subset of the immigrant populations losing federal coverage under OB3.

Conclusion

As the Commonwealth marks the 20th anniversary of Chapter 58, we are deeply grateful for MassHealth's leadership on health coverage and access. This progress is now at risk due to federal health care cuts, which harm the most vulnerable among us, many specifically targeted at immigrants. The federal government is doing everything in its power to make the United States unwelcoming to newcomers. Massachusetts has an opportunity to take a different path and invest in continuing our longstanding commitment to universal health care coverage. Providing state-funded MassHealth coverage to QLP immigrants would be an important step toward preserving access to care while affirming that the Commonwealth is welcoming to all.

Sincerely,

Organizations

Advocacy for Refugee and Immigrant Empowerment Services
Ascentria
Boston Center for Independent Living
Boston Medical Center Health System
Brazilian Women's Group
Cambodian Mutual Assistance Association of Greater Lowell Inc.
Cambridge Health Alliance
Catholic Charities - Springfield, MA
Center for New Americans
Community Care Cooperative
Community Economic Development Center - New Bedford
Community Resource Initiative (CRI)
Community Servings
Greater Boston Interfaith Organization
Greater Boston Legal Services, on behalf of clients
Greater Framingham Community Church
Health Care For All
Health Equity Compact
Health Law Advocates
IFSI-USA
Immigrant Service Providers Group/Health
International Institute of New England
Jewish Family Service of Metrowest
Jewish Family Service of Western MA
La Colaborativa
La Comunidad, Inc
Legal Key Partnership for Health and Justice
Mass General Brigham
Massachusetts Association for Mental Health
Massachusetts Health & Hospital Association

Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA)
Massachusetts Law Reform Institute (MLRI)
Massachusetts League of Community Health Centers
Massachusetts Public Health Alliance
Massachusetts Senior Action Council
Metrowest Worker Center - Casa
New England Justice for Our Neighbors
Northeast Justice Center
Open Sky Community Services
Organization for Refugee & Immigrant Success
Our Bodies Ourselves
Refugee & Immigrant Assistance Center
Rian Immigrant Center
Safe Exit Initiative
St Mark Community Education Program
Straight Ahead Ministries
SURJ Worcester
The Good Street Project
The New American Association of MA
Worcester County Food Bank

Individuals

Stefany Garcia
Frances Anthes, MSW, LICSW
Rev. Jeffrey Conlon
Dr. Tiffany Joseph, PhD
D. Lyn Stevens

Cc:

Dr. Ryan Schwarz
Undersecretary for MassHealth

Appendix A

Contributed by Andrew Cohen, HLA and Vicky Pulos, MLRI

MassHealth can extend coverage to QLPs under 138% FPL through administrative action.

Massachusetts has an existing statute, M.G.L. c. 118E, § 16D, which authorizes MassHealth to extend state funded coverage to the qualified noncitizens who will lose federal Medicaid eligibility under OB3. This statute specifies that "if appropriations permit, the division shall determine eligibility"[12] for "qualified" noncitizens and these benefits "shall be determined without regard to the availability of federal funding for such benefits"[13]. Subsection 118E, 16D(7) also uses mandatory language for coverage of elderly and disabled immigrants who are qualified lawfully present or Permanently Residing Under Color of Law (PRUCOL). Although subsection (3) of the statute indicates that, "[b]enefits for aliens under this section shall not be provided to persons age 19 or older," the language specifying "where appropriations permit" states that the appropriations language is operative "notwithstanding subsection section (3)".[14]

Therefore, M.G.L. c. 118E, § 16D gives MassHealth the authority to create a state funded program that covers not just the elderly and disabled, who it is required to cover under subsection (7), but also additional qualified lawfully present adults who will be losing federal Medicaid benefits under OB3. The cost of covering elderly and disabled QLPs is already accounted for in MassHealth's planning, and the added cost of coverage for the remaining small population can very likely be accommodated within the existing FY 2027 appropriation for MassHealth Family Assistance, which specifically authorizes funding for GL 118E: 16D.[15]

[12] M.G.L. c. 118E, § 16D(6)
[13] M.G.L. c. 118E, § 16D(1).
[14] M.G.L. c. 118E, § 16D(6).
[15] H. 5501 and S.3100, Section 2, line item 4000- 0880 $633,207,250

Appendix B

Contributed by: Aina Maeda, Summer Law Clerk & Andrew Cohen, Director/Lead Attorney – Access to Care & Coverage Practice, Health Law Advocates

States extending state-funded coverage to immigrants affected by OB3 coverage cuts

*FPL = Federal Poverty Level
*APTC = Advanced Premium Tax Credit

State	Coverage Program(s)	Funding Mechanism	Covered Populations(s)
California	Qualified lawfully present immigrants (including refugees, asylees, U-visa holders, and victims of human trafficking), as well as individuals with pending T-visa or U-visa applications, all earning up to 138% FPL, will be able to maintain full-scope Medi-Cal (California's Medicaid) at least until July 1, 2027.[i] There is uncertainty surrounding coverage after July 2027. Non-qualified lawfully present immigrants, such as individuals with DACA or PRUCOL status, with income below 138% FPL, may continue receiving full-scope Medi-Cal coverage with dental benefits if they were enrolled on or before December 31, 2025. (California has not accepted new applications from this group since January 1, 2026.) Beginning July 1, 2026, their benefits will be adjusted to full-scope Medi-Cal coverage with emergency-only dental benefits, which they	The Governor's 2026–27 May Revision allocates approximately $45.7 billion in General Fund spending to Medi-Cal.[iii]	- Jan 2026: Lawfully present immigrants earning less than 100% FPL, who are not typically eligible for federal Medicaid, were already covered by Medi-Cal in California and will maintain coverage at least until July 1, 2027. - Oct 2026: Qualified lawfully present immigrants earning up to 138% FPL who are presently enrolled in Medi-Cal will remain covered at least until July 1, 2027.

	may retain until at least July 1, 2027.[ii]		
Colorado	Individuals with incomes between 0% and 150% FPL, regardless of immigration status, are eligible for a $0 premium Colorado Option Silver Enhanced Plan as part of the OmniSalud program. The coverage has a 73% actuarial value.[iv] In 2025, 12,000 Coloradans were enrolled in subsidized OmniSalud coverage. For 2026, the number of slots was reduced to 6,700, and Colorado used a lottery system to allocate them. Eligibility for the lottery was limited to individuals who had received OmniSalud coverage in 2025. Although not all participants were able to maintain coverage, the program preserved subsidized health insurance for 6,700 individuals in 2026 who otherwise might have lost access entirely.[v] On July 16, 2026, the Health Insurance Affordability Enterprise (HIAE) Board will vote on the benefit design for the 2027 OmniSalud program. As currently proposed, all OmniSalud enrollees would be required to pay monthly premiums. HIAE is currently soliciting public comments to help determine premium levels and the enrollment cap for the 2027 program year.[vi]	SB26-178, enacted on June 2, 2026, established a financing framework intended to sustain Colorado's health coverage affordability programs in response to declining federal support.[vii] The legislation authorizes up to $100 million in revenue bonds, transfers $40 million from the Marijuana Tax Cash Fund, and permits investment earnings to be used to support health coverage programs.[viii] It also revises the allocation formula within the Health Insurance Affordability Enterprise (HIAE). Prior to SB26-178, OmniSalud was only entitled to $18 million plus remaining revenues after other statutory allocations were satisfied.[ix] Beginning in 2027, SB26-178 guarantees a dedicated allocation of 20% of HIAE funds for OmniSalud.[x]	- <u>Jan 2026</u>: Lawfully present immigrants earning up to 100% FPL, who were ineligible for Medicaid, were eligible for OmniSalud. Enrollment was capped at 6,700 enrollees in 2026. - <u>Oct 2026</u>: Qualified lawfully present immigrants presently enrolled in federal Medicaid will be eligible for OmniSalud in 2027 subject to a yet-to-be-determined enrollment cap.

Minnesota	MinnesotaCare (Minnesota's Basic Health Program) continues to cover lawfully present immigrants with income under 200% FPL.[xi]	MinnesotaCare is funded by a state tax on Minnesota hospitals, health care providers and insurers, federal Basic Health Program funding and enrollee premiums.[xii]	- Jan 2026: Lawfully present immigrants earning less than 100% FPL, who are not typically eligible for federal Medicaid, were already covered by MinnesotaCare. - Oct 2026: Qualified lawfully present immigrants presently enrolled in Medicaid will be covered by MinnesotaCare. - Jan 2027: Lawfully present immigrants earning 100-200% FPL who will lose federal APTCs will be covered by MinnesotaCare.
New Mexico	New Mexico established the Puente Health Program, which extends state premium and cost-sharing subsidies to lawfully present immigrants with incomes under 100% FPL.[xiii] New Mexico may extend the program to higher income lawfully present immigrants at risk of losing coverage in 2027.[xiv]	The FY2027 budget approved by New Mexico lawmakers includes $294.4 million for health care affordability programs.[xv] New Mexico passed H.B. 4 in March 2026.[xvi] The bill provides a phased increase in funding for the Health Care Affordability Fund (HCAF) through 2028. The Fund will	- Jan 2026: Lawfully present immigrants earning less than 100% FPL who lost coverage due to federal APTC cuts were covered by Puente Health Program. - Oct 2026: Qualified lawfully present immigrants presently enrolled in Medicaid will be covered by Puente

		receive 55% of health insurance premium surtax revenues in FY26–FY27 and 80 percent in FY28. Beginning September 1, 2028, the HCAF will receive 95% of net surtax receipts.[xvii] Those will give New Mexico the resources to provide state subsidies for lawfully present immigrants.[xviii]	Health Program if income is less than 100% FPL.
New York	Qualified lawfully present, qualified barred, and PRUCOL individuals earning less than 138% FPL will be eligible for state-funded Medicaid coverage in October 2026.[xix] Lawfully present immigrants with incomes between 138% and 200% FPL remain eligible for Essential Plan coverage, which is New York's Basic Health Program.[xx] DACA recipients who are enrolled in the Essential Plan and have income below 138% FPL will move to state-funded Medicaid on July 1, 2026.[xxi]	New York will use its remaining Basic Health Plan trust funds surplus - accumulated when federal funding exceeded program costs. Future funding is to be determined.[xxii]	- Jan 2026: Lawfully present immigrants earning less than 100% FPL were already covered by Essential Plan. - Oct 2026: Qualified lawfully present immigrants presently enrolled in federal Medicaid with incomes up to 200% FPL will be covered by Essential Plan. - Jan 2027: Lawfully present immigrants earning 100%-200% FPL will be covered by Essential Plan.

Oregon	Oregon offers the Healthier Oregon Program, a state-funded coverage program that provides full Oregon Health Plan (Oregon's Medicaid program) benefits to individuals who would otherwise qualify for Medicaid but for their immigration status.[xxiii] The income eligibility is determined under the same financial standards applicable to Oregon Health Plan (OHP) coverage categories. The relevant OHP income limit for adults is 138% FPL.[xxiv] In October 2026, qualified lawfully present immigrants (such as refugees, asylees, survivors of domestic violence or human trafficking, some humanitarian parolees) who are presently enrolled in federal Medicaid will move to the Healthier Oregon Program.[xxv] Oregon also offers OHP Bridge for adults whose income is between 138% and 200%.[xxvi] To qualify for OHP Bridge, adults must be a U.S. citizen, a U.S. national, or a lawfully present immigrant. Lawfully present includes people who have a qualified non-citizen immigration status (there is no waiting period for OHP Bridge), a humanitarian status or circumstance (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking), a valid non-immigrant visa (like a student or employment visa), or a legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity visa,	Healthier Oregon Program is funded primarily through Oregon's General Fund (state tax-supported appropriations) because most program costs are not eligible for the federal Medicaid matching funds.[xxviii] For the 2025–2027 biennium, Oregon has committed approximately $6.3 billion in General Fund (state appropriated tax dollars) to the Oregon Health Authority, supporting the Oregon Health Plan and Healthier Oregon.[xxix]	- Jan 2026: Lawfully present immigrants earning less than 100% FPL were already covered by Healthier Oregon. - Oct 2026: Qualified lawfully present immigrants presently enrolled in federal Medicaid will be covered by Healthier Oregon. - Jan 2027: Lawfully present immigrants earning 100-138% FPL will be covered by Healthier Oregon. Lawfully present immigrants who earn between 138%-200% FPL will be covered by OHP Bridge.

	etc.). Currently, people with Deferred Action for Childhood Arrivals (DACA) status and people without documentation do not qualify for OHP Bridge.[xxvii]		
Washington	Apple Health Expansion (Medicaid-like program) expands state slots for lawfully present immigrants with income up to 138% FPL.[xxx] In January 2026, 5,000 new spaces opened in addition to those who were already enrolled at the end of 2025. An additional 1,191 spaces were added for long-term care services.[xxxi] As of today, 8,400 people in total are enrolled in Apple Health Expansion.[xxxii] Washington continues to offer state-funded premium subsidies, known as Cascade Care Savings, to residents with income under 250% FPL, regardless of immigration status.[xxxiii] Those who do not qualify for Apple Health Expansion can receive state premium subsidies through Cascade Care Savings.[xxxiv]	Washington appropriated $54 million in FY 2026 and $59 million in FY 2027 in state general funds to support Apple Health Expansion in the 2026 Supplemental Operating Budget.[xxxv] Washington also appropriated $10 million in the 2026 Supplemental Operating Budget for premium assistance for individuals ineligible for federal premium tax credits.[xxxvi] To maintain the amount of state premium assistance for individuals losing federal APTCs, Washington will reduce the amount of state premium assistance available for consumers who maintained federal APTCs.[xxxvii]	- Jan 2026: Lawfully present immigrants earning less than 100% FPL who lost coverage due to federal APTC cuts were covered by either Apple Health Expansion (subject to enrollment cap) or by Cascade Care Savings. - Oct 2026: Qualified lawfully present immigrants presently enrolled in federal Medicaid will be eligible for Cascade Care Savings. - Jan 2027: Lawfully present immigrants earning 138-250% FPL who will lose federal APTCs will be covered by Cascade Care Savings.

[i] California Department of Health Care Services, *Immigration Status and Changes to Medi-Cal Eligibility*, https://www.dhcs.ca.gov/immigration-status-and-changes-to-medi-cal-eligibility/.
[ii] Id.
[iii]Anna Chau, California Governor Releases May Revise to 2026–2027 State Budget, Source on Health Care (May 22, 2026), https://sourceonhealthcare.org/california-governor-releases-may-revise-to-2026-2027-state-budget/; Governor's 2026–27 May Revision Proposes Major Cuts to Medi-Cal, Cal. Acad. of Fam. Physicians, https://www.familydocs.org/news-governors-2026-27-may-revision-proposes-major-cute-to-medi-cal/
[iv] https://doi.colorado.gov/sites/doi/files/documents/Amended%20Regulation%204-2-83.pdf (Effective 1/1/2026, "Eligible enrollee" means, for the purpose of this regulation, a Qualified Individual enrolled in a Colorado Option Silver Plan on the PBC [Public Benefit Corporation] whose household income is from 0-150% of the Federal Poverty Level.)
[v] *Mitigating Marketplace Coverage Losses: Defensive, Marketplace-based State Policies for Low-Income, Lawfully Present Immigrants in 2026*, Community Catalyst, March 20, 2026 (hereinafter, "Community Catalyst Report"); see also https://connectforhealthco.com/get-started/omnisalud/ (Only currently enrolled OmniSalud customers who are receiving SilverEnhanced Savings in 2025 are eligible to enter the lottery.)
[vi] Colorado Division of Insurance, *Health Insurance Affordability Enterprise (HIAE) Community Forum Presentation* (June 4, 2026), https://doi.colorado.gov/types-of-insurance/health-insurance/health-insurance-initiatives/health-insurance-affordability.
[vii] Connect for Health Colorado, *Connect for Health Colorado Celebrates Senate Bill 26-178 Becoming Law* (June 2, 2026), https://connectforhealthco.com/senate-bill-26-178-becoming-law/.
[viii] *S.B. 26-178*, Colorado General Assembly, https://leg.colorado.gov/bills/sb26-178.
[ix] Colorado Legislative Council Staff, *Fiscal Note for House Bill 25B-1006, Improve Affordable Private Health Insurance* (October 3, 2025), https://content.leg.colorado.gov/sites/default/files/documents/2025B/bills/fn/2025b_hb25b-1006_f1.pdf; *S.B. 26-178*, Colorado General Assembly, https://leg.colorado.gov/bills/sb26-178.
[x] *S.B. 26-178*, Colorado General Assembly, https://leg.colorado.gov/bills/sb26-178.
[xi] Minnesota Department of Human Services, *MinnesotaCare*, https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare.jsp (See "Eligibility" tab and the definition of "lawfully present".)
[xii] Minnesota Department of Human Services, *MinnesotaCare*, https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare.jsp (See "Program Information" tab.).
[xiii] https://api.realfile.rtsclients.com/PublicFiles/6c91aefc960e463485b3474662fd7fd2/3527710a-f9f6-4e8f-9cd7-d9ea1010b653/Addendum%202_%20MAP%20P%26P%20Puente%20Health.pdf "To qualify for the Program, consumers must: 1) Be eligible to purchase a Qualified Health Plan (QHP) on the Marketplace; 2) Be a lawfully present non-citizen who has been determined ineligible for the federal PTC under Section 71302 of Public Law 119-21; and 3) Have a household income at or below 100% of the FPL."
[xiv] Community Catalyst Report.
[xv] Office of the Governor Michelle Lujan Grisham, *Governor Signs Medical Malpractice Reform, Other Health Care Bills into Law* (Mar. 6, 2026), https://www.governor.state.nm.us/2026/03/06/governor-signs-medical-malpractice-reform-other-health-care-bills-into-law/.
[xvi] Id.
[xvii] H.B. 4, 57th Leg., 2d Sess. (N.M. 2026) (enacted), https://www.nmlegis.gov/Sessions/26%20Regular/final/HB0004.pdf.
[xviii] Email to Aina Maeda, Health Law Advocates, from Michael Matson, Policy Analyst, Community Catalyst, June 10, 2026.
[xix] 18 CRR-NY 360-3.2(j); https://nyhealthaccess.org/entry/25/
[xx] New York State of Health, *Impact of H.R.1 Legislation on Essential Plan* 1 (Apr. 2026), https://info.nystateofhealth.ny.gov/sites/default/files/Impact%20of%20HR1%20Legislation%20on%20Essential%20Plan%20April%202026.pdf; *Federal*

Approval to Preserve Health Coverage, N.Y. State Dep't of Health (Mar. 23, 2026), https://www.health.ny.gov/press/releases/2026/2026-03-23_federal_approval_to_preserve_health_coverage.htm; New York State Division of the Budget, *FY 2027 Executive Budget Briefing Book* (2026), https://www.budget.ny.gov/pubs/archive/fy27/ex/book/briefingbook.pdf (See pages 65 – 68).

[xxi] New York State of Health, *Impact of H.R.1 Legislation on Essential Plan* 1 (Apr. 2026), https://info.nystateofhealth.ny.gov/sites/default/files/Impact%20of%20HR1%20Legislation%20on%20Essential%20Plan%20April%202026.pdf.

[xxii] Community Catalyst Report.

[xxiii] Oregon Health Authority, *Healthier Oregon*, State of Oregon, https://www.oregon.gov/oha/OHP/pages/healthier-oregon.aspx; Francia Bautista Sanchez, *More Coverage, Lower Costs: The Facts Behind Healthier Oregon*, Oregon Health News Blog (Nov. 2024), https://oregonhealthnews.oregon.gov/more-coverage-lower-costs-the-facts-behind-healthier-oregon/.

[xxiv] Emails to Aina Maeda, Health Law Advocates, from Beth Englander, State Support Unit Attorney, Oregon Law Center, June 10-11, 2026.

[xxv] Oregon Health Authority, *Monitoring Federal Changes and Any Impacts on Oregon*, https://www.oregon.gov/oha/hsd/ohp/pages/federal-changes.aspx

[xxvi] Oregon Health Authority, *Oregon Health Plan (OHP) Bridge: Frequently Asked Questions* (May 3, 2024), https://www.oregon.gov/oha/HSD/OHP/Tools/Bridge-FAQ-EN.pdf.

[xxvii] Id.

[xxviii] Oregon Legislative Information System, *Committee Meeting Document 290024 (2025 Regular Session)*, https://olis.oregonlegislature.gov/liz/2025R1/Downloads/CommitteeMeetingDocument/290024; Oregon Health Authority, *Budget Presentation / Legislative Budget Summary, 2025–27 Biennium*, https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-1308700.pdf.

[xxix] Oregon Legislative Information System, *Committee Meeting Document 290024 (2025 Regular Session)*, https://olis.oregonlegislature.gov/liz/2025R1/Downloads/CommitteeMeetingDocument/290024; Oregon Health Authority, *Budget Presentation / Legislative Budget Summary, 2025–27 Biennium*, https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-1308700.pdf.

[xxx] Washington State Health Care Authority, *Apple Health Expansion*, https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/apple-health-expansion (last visited June 1, 2026); Washington State Health Care Authority, *Citizenship and Immigration Status Guide* (Jan. 2025), https://www.hca.wa.gov/assets/free-or-low-cost/citizenship_alien_status_guide.pdf; Washington State Health Care Authority, *Apple Health Expansion*, https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid/apple-health-expansion; Washington State Health Care Authority, *H.R. 1 Impacts*, https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid/hr-1-impacts

[xxxi] Emails to Aina Maeda, Health Law Advocates, from LeeChe Leong, Senior Policy Advocate, Northwest Health Law Advocates, June 2-11, 2026.

[xxxii] Id.

[xxxiii] Community Catalyst Report.

[xxxiv] https://www.hca.wa.gov/assets/free-or-low-cost/hr1-impacts-webinar-series-2.pdf.

[xxxv] ESSB 5998, 69th Leg., Reg. Sess. § 211(52)(a) (Wash. 2026) (enacted).

[xxxvi] ESSB 5998, 69th Leg., Reg. Sess. § 213(4)(a) (Wash. 2026) (enacted).

[xxxvii] Community Catalyst Report.