



Issue Brief

Covering the Uninsured: A National Scan of State-Based Coverage for Immigrants

About 50 million immigrants live in the United States. Half of them are not US citizens. Many states are trying to decide whether and how they should offer health coverage to immigrants with unsatisfactory immigration status (UIS). This group includes people who are undocumented and some who are here legally but do not have full rights, called green card holders or lawfully present immigrants. The analysis was conducted prior to the passage of the One Big Beautiful Bill Act, or H.R. 1, and may not entirely reflect changes in federal law. This paper is intended to provide policymakers, advocates, and other stakeholders with a snapshot of the options that have been available to states up until May 2025 and how states have responded. As federal policy under H.R. 1 is implemented, state approaches to covering this population will likely shift.

People with UIS do not have many choices for health coverage. Most undocumented immigrants cannot access federal programs like Medicaid and the Children's Health Insurance Program (CHIP). Some immigrants who are here legally must meet certain requirements and often must wait five years before they can get benefits. In 2023, 50% of undocumented adults and 18% of lawfully present immigrant adults did not have health insurance. By comparison, only about 6% of naturalized citizens and 8% of US-born adults were uninsured.

Even with these federal rules, states can take steps to help more people get coverage. Some of these steps include:

- ▶ Letting lawfully present children and pregnant people skip the five-year waiting period
- ▶ Offering prenatal and pregnancy care through a special CHIP program, From Conception to End of Pregnancy, no matter a person's immigration status
- ▶ Using CHIP Health Services Initiatives to extend postpartum coverage

Beyond federal options, some states pay for their own coverage programs for immigrants with UIS. These often mirror Medicaid and CHIP or provide access via state marketplaces or basic health plans. To date:

- ▶ 14 states and Washington, DC, offer state-funded coverage for UIS populations, though coverage varies by population group and other factors.
- ▶ All participating 14 states and DC cover children, while only eight states and DC cover adults.
- ▶ Three states have capped enrollment, often reaching capacity within days. Others, without caps, have faced unexpectedly high enrollment and costs, prompting at least one to scale back its program.

California, which has the nation's largest immigrant population, has implemented all three federal flexibilities and, in 2024, became the first state to offer health coverage to all residents with low incomes regardless of immigration status through Medi-Cal using state only funds. Due to state budget pressures, however, California will be freezing new enrollment for full-scope Medi-Cal coverage for undocumented people age 19 and older starting January 1, 2026, and full-scope dental benefits, starting July 1, 2026, will no



- Source: Author's analysis, Aurrera Health Group, 2025.

Figure 1 maps how states are addressing coverage for the UIS population, including those adopting federal flexibilities or offering state-funded coverage.

The United States has a large and diverse immigrant population. In 2023, there were approximately 47.8 million immigrants living in the US, representing just



over 14% of the population.² Roughly half are naturalized citizens and half are noncitizens, including those lawfully present in the country and those who are undocumented or who lack legal immigration status (Figure 2).

Immigration status impacts immigrants' ability to access public benefits, including health coverage. In general, undocumented immigrants who lack legal status may not access federal benefits. Lawfully present noncitizens may be eligible for certain federal benefits, including Medicaid and CHIP, but must meet "qualified status" in accordance with federal law.³ Most people who meet qualified status must also wait five years before they can access benefits (known as

the "five-year bar"). Notably, these requirements do not apply to Medicare Part A or health benefits offered through Affordable Care Act (ACA) marketplaces — both programs extend eligibility to a more expansive category of lawfully present immigrants. Appendix B provides information on qualified immigration statuses for Medicaid and CHIP and applicability of the five-year waiting period by qualified status. Appendix B does not incorporate provisions of H.R. 1, which significantly limits eligibility categories for noncitizen enrollment in Medicaid/CHIP.

Although access to federally funded benefits is significantly restricted for immigrants, states may exercise certain federal flexibilities or use their own resources to provide coverage for immigrants with UIS, including undocumented immigrants and certain lawfully present immigrants. In 2024, California, which has the largest immigrant population in the nation, became the first state to expand health coverage to all residents regardless of immigration status, although enrollment freezes and premiums are slated to be implemented for this population in 2026 and 2027, respectively.⁴

To understand how other states across the country provide health coverage to the UIS population, the authors conducted a national scan, including research and analysis of federal flexibilities in the Medicaid and CHIP programs, ACA marketplace options, and state-funded coverage. This issue brief summarizes state uptake of federal flexibilities and use of state-only funds to extend health coverage to certain populations and outlines limitations states apply to coverage for the UIS population, such as enrollment caps.

State Options to Expand Health Coverage for People with Unsatisfactory Immigration Status

People with UIS have limited health coverage options. As of 2023, half of undocumented immigrant adults

Permanently Residing in the United States Under Color of Law

While not a federally recognized immigration status, some states, including California, classify certain noncitizen immigrants as Permanently Residing in the United States Under Color of Law (PRUCOL) to assess eligibility for public benefits based on their presence in the US with the knowledge and permission of immigration authorities. People classified as PRUCOL include those who have filed an application for lawful permanent resident status or those granted a stay of deportation for a specified period, among others.* People classified as PRUCOL may or may not meet qualified status to access federally funded Medicaid and CHIP, and those not eligible for federal benefits may qualify for state-funded coverage. In California, state guidance outlines 16 distinct categories of PRUCOL eligibility and provides clarification on benefits and on requirements for demonstrating eligibility.†

* "Medi-Cal in California: Addressing Community Concerns About Public Charge" (PDF), Immigrant Legal Resource Center, November 2020.

† Frank Martucci (chief, Medi-Cal Eligibility Branch, California Department of Health Services) to all county welfare directors, "PRUCOL Policy and Procedures" (PDF), Letter 89-84, October 4, 1989; "Statement of Citizenship, Alienage, and Immigration Status" (PDF), Form MC-13, California Department of Health Care Services (DHCS), December 2009; and Yingjia Huang (asst. deputy director, Health Care and Benefits, DHCS) to all county welfare directors et al., "Full Scope Medi-Cal Expansion for Persons 26 Through 49 Years of Age" (PDF), Letter 23-08, April 12, 2023.

and 18% of lawfully present immigrant adults reported being uninsured, in contrast to only 6% of naturalized citizens and 8% of US-born citizen adults.⁵ In California, which has expanded coverage for people with UIS, the uninsured rates for undocumented and lawfully present immigrants under age 65 were 27% and 7%, respectively, in 2024.⁶ Federally funded programs, including Medicaid and CHIP and ACA marketplaces, are the primary sources of health coverage for noncitizen immigrants but generally exclude those with UIS. Other sources of coverage include employer-sponsored benefits, refugee medical assistance, and free or low-cost services provided through certain county programs or safety-net providers such as community health centers. To increase coverage for the UIS population, many states, including California, have adopted optional flexibilities to expand federally funded coverage for certain populations, and some have used state-only funds to reach a broader population.

Medicaid and CHIP

Access to federally funded Medicaid and CHIP services for noncitizen immigrants depends on their immigration status and program eligibility criteria (e.g., income limits). While all immigrants, regardless of immigration status, may receive limited Medicaid and CHIP coverage for the treatment of emergency medical conditions, people must have a qualified status, per federal requirements, to be eligible for full benefits. Additionally, most people who meet qualified status for Medicaid and CHIP are subject to a five-year waiting period before they become eligible for benefits.⁷ This waiting period begins when the person receives their qualifying immigration status, not when they first arrive in the US. Certain groups, including refugees and asylees, are exempt from the five-year waiting period and may be eligible for coverage immediately. Appendix B details qualified immigration statuses for Medicaid and CHIP and applicability of the five-year waiting period.

Flexibilities to Expand Coverage to UIS Population

States have several options to expand federally funded Medicaid and CHIP coverage to those with UIS:

- ▶ **Waive the five-year waiting period for children and pregnant people.** The Immigrant Children's Health Improvement Act within the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 allows states to waive the five-year waiting period for Medicaid and CHIP for lawfully present children and pregnant people.⁸ As of January 2025, 37 states and Washington, DC, adopted the option for children, and 31 states and DC adopted the option for pregnant people.⁹ California has adopted both options.
- ▶ **Provide CHIP From Conception to End of Pregnancy (FCEP) coverage.** The CHIP FCEP option, codified by CHIPRA of 2009, enables states to provide prenatal and pregnancy-related care from conception through the end of pregnancy regardless of immigration status. As of January 2025, 24 states and DC have adopted the FCEP option.¹⁰ Some states that have adopted CHIP FCEP align eligibility with their upper income limits for pregnant people with Medicaid or CHIP coverage, while others, like California, cover people at higher income limits.¹¹ California's Medi-Cal Access Program (MCAP) provides FCEP coverage to those with incomes up to 322% of the federal poverty level.¹² After a child is born, states may only cover postpartum care under FCEP if it is part of a bundled payment for prenatal care and labor and delivery benefits.¹³ The scope of postpartum services offered by states that utilize the bundled payment option varies, with some states covering limited postpartum visits and others covering more comprehensive services during the postpartum period.¹⁴ All states are required to provide 12 months of continuous Medicaid and CHIP eligibility for newborns, regardless of parents' immigration status, as long as the child was born to a person enrolled in Medicaid or CHIP at the time of birth, including those covered under FCEP

or emergency Medicaid.¹⁵ Under California's MCAP program, newborns remain eligible for coverage for up to two years unless the child becomes eligible for other coverage or the parents' income no longer qualifies on the infant's first birthday.¹⁶

- **Use CHIP Health Services Initiatives (HSIs) to extend postpartum coverage.** CHIP HSIs, established as part of the CHIP program in 1997, are another option to extend postpartum coverage. Under the CHIP HSI option, after covering CHIP program administrative costs, states can use remaining funds for an HSI project.¹⁷ As of January 2025, nine states, including California, have CHIP HSI programs to provide postpartum coverage for the UIS population.

Appendix C provides, as of May 2025, an overview of state uptake of options to extend Medicaid and CHIP coverage to the UIS population through waiver of the five-year waiting period, CHIP FCEP, and CHIP HSIs for postpartum care.

California Uptake of Medicaid and CHIP Options to Expand Coverage

California has taken advantage of all available options to expand federally funded Medicaid and CHIP coverage for immigrants, including these:

- Waiving the five-year waiting period for lawfully present pregnant people and children, effective April 2009
- Implementing the CHIP FCEP option for people regardless of immigration status, with coverage for people with incomes up to 322% of the federal poverty level (FPL), effective July 2004
- Implementing a CHIP HSI to provide coverage during the 12-month postpartum period for people covered under FCEP, with benefits identical to those provided to pregnant people who qualify for Medi-Cal, effective July 2020*

* Amy Lutzky (deputy director, US Center for Medicaid and CHIP Services) to Jacey Cooper (chief deputy director, Health Care Programs, California Department of Health Care Services), "SPA-21-0032-Approval" (PDF), CHIP state plan approval letter, September 14, 2021.

ACA Marketplace

To access coverage through ACA marketplaces, non-citizen immigrants must be "lawfully present." The definition of lawfully present includes those who meet qualified status requirements to access Medicaid and CHIP benefits as well as several other categories of noncitizen immigrants who have permission to live and work in the US.¹⁸ Lawfully present immigrants may purchase coverage through ACA marketplaces and access federal subsidies if financially eligible. There is also no waiting period to access coverage. Immigrants not lawfully present in the US may not purchase coverage through ACA marketplaces, regardless of whether the coverage is federally subsidized.

Marketplace Coverage for DACA Recipients

A federal rule effective November 2024 deemed Deferred Action for Childhood Arrivals (DACA) recipients as lawfully present for the purposes of enrollment in marketplace or Basic Health Plan (BHP) coverage. However, a lawsuit filed by 19 states against the federal government has meant that DACA recipients in those states remain ineligible. The US Centers for Medicare and Medicaid Services recently issued a proposed rule that would reverse previous rulemaking by excluding DACA recipients from the definition of lawfully present for the purposes of accessing marketplace and BHP coverage.*

* Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability, 90 Fed. Reg. 52 (March 19, 2025).

In recent years, several states have taken steps to expand marketplace and Basic Health Plan (BHP) coverage, or similar/look-alike programs, to the UIS population, including Deferred Action for Childhood Arrivals (DACA) recipients, using Section 1332 waivers.¹⁹ Section 1332 waiver authority has allowed states to expand the pool of people who may purchase coverage through ACA marketplaces and, in some cases, use their own resources to provide subsidies for the UIS population.

State-Funded Coverage

As of 2025, 14 states and DC have state-funded health coverage options for immigrants with UIS that do not qualify for federally funded programs, including Medicaid, CHIP, and marketplace coverage. State-funded coverage programs vary, but generally fall under two main categories:

- ▶ **Medicaid “look-alike” coverage.** State-funded coverage similar (or in some cases, identical) to the state’s Medicaid and CHIP health coverage.
- ▶ **State marketplace or BHP coverage.** State-funded coverage through a state marketplace or BHP, or look-alike state-run programs.

The majority of states that provide state-funded coverage set eligibility criteria and offer benefits that mirror their Medicaid/CHIP program or marketplace/BHP coverage. At least two states (Illinois and Massachusetts) limit certain benefits or require cost sharing for certain populations and services, such as inpatient hospitalization. State variation is most notable with regard to the populations they cover and mechanisms they use to limit coverage:

- ▶ **Covered populations.** Of the 14 states and DC that provide state-funded coverage for the UIS population, all provide coverage for children, eight states and DC provide coverage for adults, two states (Illinois and New York) provide distinct coverage programs for seniors over age 65, and seven states provide distinct coverage programs for pregnant people up to 12 months postpartum.
- ▶ **Enrollment caps.** As of 2025, three states (Colorado, Utah, and Washington) have enrollment caps for their state-funded coverage programs. Enrollment caps are typically based on established funding limits and are set annually. Annual caps limit the number of people who can enroll in a plan year, often through time-limited open enrollment periods. Enrollment caps are often reached within days or weeks of the start of open enrollment and range from 2,000 people in Utah to 12,000

California State-Funded Coverage for the UIS Population

Through a series of legislative and budgetary actions over the past decade, California used state-only funds to expand Medi-Cal coverage to immigrants with UIS who would otherwise be eligible based on their income, but were excluded from Medi-Cal or CHIP due to their immigration status under federal regulations. This included mainly undocumented people, but also a more limited number of adults classified as PRUCOL, and lawfully present immigrants in the five-year waiting period:

- ▶ **2016:** California began offering state-funded Medi-Cal coverage for children under age 19.
- ▶ **2019:** Coverage expanded to young adults age 19 to 25.
- ▶ **2023:** Coverage further expanded to adults over age 50.
- ▶ **2024:** Coverage expanded to all eligible adults age 26 to 49, making California the first state in the nation to do so.
- ▶ **2026:** Enrollment freeze on new enrollments for undocumented adults age 19 and older.
- ▶ **2027:** Implementation of a \$30 premium for people with UIS age 19 to 59.

California’s coverage offers full-scope Medicaid/CHIP look-alike benefits, with comparable eligibility to traditional Medicaid, and no annual enrollment or funding caps, except as specified in upcoming changes in 2026 and 2027 as stated above.

and 13,000 people in Colorado and Washington, respectively. While data are limited, estimates of uninsured undocumented immigrants in these states suggest that the caps limit enrollment to a fraction of the potentially-eligible population; for example, Washington had an estimated population of approximately 90,000 uninsured undocumented immigrants in 2021.²⁰ Several states that have expanded coverage to the UIS population without enrollment caps have experienced higher than anticipated enrollment levels and costs, and at

least one state has taken steps to scale back programs. In 2023, Illinois froze new enrollment in its Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors programs and announced in 2025 that due to budgetary constraints its HBIA program will end on July 1, 2025. Similar actions were taken by California in 2025, due to budget constraints. Beginning in 2026, California will implement an enrollment freeze for people with undocumented status and in July 2027, a \$30 premium for Californians with UIS status.²¹

Appendix A provides a detailed overview of state-funded coverage for the UIS population, including covered populations and descriptions of coverage and associated limitations.

About the Authors

Willa Murphy, Catherine Gekas Steeby, Kate Johnson, and Lucy Pagel are consultants at Aurrera Health Group, a mission-driven national health policy and communications firm based in Sacramento.

About the Foundation

The [California Health Care Foundation](#) (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

Endnotes

1. [2025–26 Enacted Budget Summary](#), Health and Human Services, California Department of Finance, Enacted June 27, 2025.
2. Shabnam Shenasi Azari et al., [The Foreign-Born Population in the United States: 2022](#) (PDF), US Census Bureau, April 2024.
3. [The Personal Responsibility and Work Opportunity Reconciliation Act of 1996](#) (PDF), Pub. L. No. 104-193 (1996).
4. [2025–26 Enacted Budget Summary](#).
5. [Key Facts on Health Coverage of Immigrants](#), KFF, January 15, 2025.
6. Alexis Manzanilla and Laurel Lucia, “[Expanding Covered California for All by Ending Immigration Status-Based Exclusions](#),” UC Berkeley Labor Center, April 3, 2024; and “[Coverage for All](#),” California Department of Health Care Services (DHCS), accessed May 7, 2025.
7. [Five-Year Limited Eligibility of Qualified Aliens for Federal Means-Tested Public Benefit](#), 8 U.S.C. § 1613 (2023).
8. Cindy Mann (deputy administrator, US Centers for Medicare & Medicaid Services [CMS], and director, US Center for Medicaid and CHIP Services) to all state Medicaid directors, “[Medicaid and CHIP Coverage of ‘Lawfully Residing’ Children and Pregnant Women](#)” (PDF), State Health Official Letter 10-006, July 1, 2010.
9. “[Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women](#) (January 2025)” KFF.
10. “[CHIP Eligibility & Enrollment](#),” CMS, accessed May 5, 2025; and “[Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level](#)” (January 2025), KFF.
11. “Income Eligibility Limits as Percent of FPL,” KFF.
12. “[Welcome to the Medi-Cal Access Program](#),” DHCS, accessed May 5, 2025.
13. Dennis G. Smith (director, US Center for Medicaid and State Operations) to all state health officials, Re: [Prenatal care available under SCHIP](#) (PDF), State Health Official Letter 02-004, November 12, 2002.
14. Patricia Boozang et al., “[Supporting Health Equity and Affordable Health Coverage for Immigrant Populations: CHIP Coverage Option for Pregnant Immigrants and their Children](#)” (PDF), State Health & Value Strategies, January 2022; and Rachel Fabi et al., “[Public Coverage of Postpartum Services for Immigrants](#),” *JAMA Health Forum* 6, no. 4 (2025): e250702.
15. [Social Security Act of 1935](#), Pub. L. No. 74-271.49 Stat. 620 (1935); and Jackie Garner (acting director, US Center for Medicaid and State Operations) to all state Medicaid directors, Re: [Children’s Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#) (PDF), State Health Official Letter 09-006, May 11, 2009.
16. “Welcome to the Medi-Cal Access Program,” DHCS.
17. “[CHIP Health Services Initiatives: What They Are and How States Use Them](#),” Medicaid and CHIP Payment and Access Commission, July 2019.
18. “[Immigrant Eligibility for Marketplace and Medicaid and CHIP Coverage](#)” (PDF), CMS, August 2024.
19. A Basic Health Program (BHP) is an optional health benefits program that states may establish to provide affordable coverage for low-income residents who would otherwise be eligible to purchase coverage through the marketplace. Currently only two states — Minnesota and Oregon — operate BHPs; New York operates a BHP look-alike program through a 1332 waiver.
20. Wei Yen, “[Washington’s Non-Citizen Immigrant Population Continued to Experience Disparities in Health Coverage](#),” Research Brief 112, Washington Office of Financial Management, August 2023.
21. [2025–26 Enacted Budget Summary](#).

Appendix A. State-Funded Coverage of the UIS Population

STATE	COVERAGE TYPE	COVERED POPULATIONS				DESCRIPTION AND COVERAGE LIMITATIONS
		SENIORS	ADULTS	CHILDREN	PREGNANT PEOPLE	
California	Medicaid look-alike	X	X	X	X	Medicaid/CHIP look-alike coverage (Coverage for All) for all people regardless of immigration status. ^a Income eligibility criteria mirror the state's Medicaid/CHIP program.
Colorado	Medicaid look-alike			X	X	Medicaid/CHIP look-alike coverage (Cover All Coloradans) for children under age 19 and pregnant people (through 12 months postpartum), regardless of immigration status. ^b Income eligibility criteria mirror the state's Medicaid/CHIP program.
	State marketplace (1332 waiver)			N/A*		People who are undocumented and DACA recipients may purchase marketplace look-alike coverage (OmniSalud). ^c State-funded premium subsidies (SilverEnhanced Savings) are provided for OmniSalud-eligible people with incomes below 150% FPL. The SilverEnhanced Savings program has a funding limit and associated annual cap on enrollment, which is 12,000 people in 2025. ^d The program reached its enrollment cap within the first month of open enrollment for the 2025 plan year.
Connecticut	Medicaid look-alike			X [†]	X	Medicaid/CHIP look-alike coverage (HUSKY) for children 15 and under and pregnant people (through 12 months postpartum), regardless of immigration status. Children enrolled before age 16 maintain continuous enrollment through age 18. ^e Income eligibility criteria mirror the state's Medicaid/CHIP program.
District of Columbia	Medicaid look-alike	X	X	X	X	Medicaid/CHIP look-alike (Immigrant Children's Program) coverage for children age 20 and under, regardless of immigration status. ^f Medicaid look-alike (DC Health Care Alliance) coverage for adults over age 21, regardless of immigration status. ^g Income eligibility criteria mirror the state's Medicaid/CHIP program.

STATE	COVERAGE TYPE	COVERED POPULATIONS				DESCRIPTION AND COVERAGE LIMITATIONS
		SENIORS	ADULTS	CHILDREN	PREGNANT PEOPLE	
Illinois	Medicaid look-alike	X [†]	X [†]	X		<p>Medicaid/CHIP look-alike coverage (All Kids) for children under age 19 regardless of immigration status. Income eligibility criteria mirror the state's Medicaid/CHIP program.^h</p> <p>Limited Medicaid look-alike coverage (Health Benefits for Immigrant Seniors) for seniors age 65 and over regardless of immigration status. Members may have copayments or cost sharing on some covered nonemergency services, including nonemergency inpatient hospitalization. New enrollment in the program was paused in 2023.</p> <p>Limited Medicaid look-alike coverage (Health Benefits for Immigrant Adults) for adults age 42–64 regardless of immigration status.ⁱ In 2023, new enrollment in the program was paused, and the program ended July 1, 2025.^j</p>
Maine	Medicaid look-alike			X		<p>Medicaid/CHIP look-alike coverage (MaineCare) for children under 21 regardless of immigration status. Income eligibility criteria mirror the state's Medicaid/CHIP program.^k</p>
Massachusetts	Medicaid look-alike		X [†]	X [†]	X	<p>Medicaid/CHIP look-alike coverage (MassHealth Standard) for pregnant people (through 12 months postpartum) whose income is at or below 200% FPL regardless of immigration status.^l Coverage during pregnancy for people who are PRUCOL is federally authorized and funded under federal law.</p> <p>Medicaid look-alike coverage (MassHealth Family Assistance) for people who are PRUCOL; those with income between 150% to 300% FPL are charged a premium.^m</p> <p>Limited coverage (Children's Medical Security Plan) for children under age 19 who do not qualify for Medicaid regardless of immigration status. Covers a limited set of services, excluding emergency room services, ambulance or other medical transportation, inpatient hospital care, and cosmetic or orthodontic dentistry. There is no income eligibility limit; however, those with incomes over 300% FPL could be subject to premiums.ⁿ</p>
Minnesota	Basic Health Program*	X	X	X	X	<p>BHP coverage (MinnesotaCare) for low-income residents available regardless of immigration status, if otherwise eligible.^o Coverage for undocumented people is state-funded on a fee-for-service basis.^p</p>
New Jersey	Medicaid look-alike			X		<p>Medicaid/CHIP look-alike coverage (NJ FamilyCare) for children under age 19, regardless of immigration status.^q</p> <p>Income eligibility criteria mirror the state's Medicaid/CHIP program.</p>

STATE	COVERAGE TYPE	COVERED POPULATIONS				DESCRIPTION AND COVERAGE LIMITATIONS
		SENIORS	ADULTS	CHILDREN	PREGNANT PEOPLE	
New York	Medicaid look-alike	X [†]		X	X	Medicaid/CHIP look-alike coverage (Child Health Plus) for children under age 19, regardless of immigration status. [†] Medicaid/CHIP look-alike coverage for pregnant people (through 12 months postpartum), regardless of immigration status. Medicaid look-alike coverage for people over 65 up to 138% FPL, with certain immigration statuses. [§]
	Basic Health Program look-alike/1332 waiver*	X [†]	X [†]	X [†]	X [†]	BHP look-alike (NYS Essential Plan) provides coverage for eligible people up to 250% FPL, including lawfully present immigrants without a five-year waiting period, and DACA recipients. [†]
Oregon	Medicaid look-alike	X	X	X	X	Medicaid/CHIP look-alike coverage (Healthier Oregon / Oregon Health Plan) for all state residents regardless of immigration status. ^u Income eligibility criteria mirror the state's Medicaid/CHIP program.
Rhode Island	Medicaid look-alike			X	X	Medicaid/CHIP look-alike coverage (Rlte Track) for children under age 19 regardless of immigration status. ^v Medicaid/CHIP look-alike coverage (Rlte Start) for pregnant people (through 12 months postpartum), regardless of immigration status. ^w Income eligibility criteria mirror the state's Medicaid/CHIP program. ^x
Utah	Medicaid look-alike			X [‡]		Medicaid/CHIP look-alike coverage (State CHIP) for children under age 19 up to 200% FPL, regardless of immigration status. ^y Annual enrollment is capped and is limited to approximately 2,000 people for 2025. ^z
Vermont	Medicaid look-alike			X	X	Medicaid/CHIP look-alike coverage for children under age 19 and pregnant people (through 12 months postpartum), regardless of immigration status. ^{aa}

STATE	COVERAGE TYPE	COVERED POPULATIONS				DESCRIPTION AND COVERAGE LIMITATIONS
		SENIORS	ADULTS	CHILDREN	PREGNANT PEOPLE	
Washington	Medicaid look-alike	X [†]	X [†]	X	X	<p>Medicaid/CHIP look-alike coverage for children age 19 and under and pregnant people (through 12 months postpartum), regardless of immigration status.^{bb}</p> <p>Medicaid look-alike (Apple Health Expansion) coverage for adults age 19 and older, with income up to 138% FPL, who are not eligible for Medicaid due to immigration status. However, Apple Health Expansion excludes qualified immigrants who have not met the five-year waiting period. This program is subject to an enrollment cap based on budget appropriations. The enrollment cap was 13,000 people in 2024.^{cc}</p> <p>Long-term services and supports for people needing care outside of a hospital who are not eligible for Medicaid due to immigration status. The program has an enrollment cap based on budget appropriations.^{dd}</p>
	State marketplace / 1332 waiver			N/A*		People can purchase coverage through the state's public option (Cascade Care) on the state marketplace and receive subsidies if eligible, regardless of immigration status. ^{ee}

* Eligibility for coverage through state marketplace or look-alike programs is typically based solely on income eligibility, rather than specific populations.

† With limitations.

‡ Enrollment capped/paused.

Notes: *CHIP* is Children's Health Insurance Program; *DACA* is Deferred Action for Childhood Arrivals; *FPL* is federal poverty level; *PRUCOL* is Permanent Residents Under Color of Law; *BHP* is Basic Health Plan. Information outlined in the table is based on publicly available information and may not include all state-funded health coverage programs for noncitizens in each state. Beginning in 2026, Maryland will expand access to unsubsidized health coverage on the state's marketplace to people with UIS, through a 1332 waiver.^{ff}

a ["Ages 26 through 49 Adult Full Scope Medi-Cal Expansion,"](#) California Department of Health Care Services (DHCS), accessed May 5, 2025.

b [H.B. 22-1289](#) (PDF), 2022 Leg., Reg. Sess. (Colo. 2022); and ["Cover All Coloradans: Health Benefits for Children and Pregnant Persons,"](#) Colorado Department of Health Care Policy & Financing, accessed May 5, 2025.

c US Centers for Medicare & Medicaid Services (CMS), ["Colorado: State Innovation Waiver,"](#) press release, June 23, 2022.

d Kim Bimestefer (executive director, Colorado Department of Health Care Policy & Financing) et al., ["Joint Budget Committee Hearing: Health Care Policy & Financing"](#) (PDF), Joint Budget Committee Hearing (in person), January 6, 2025.

e [H.B. 6616](#) (PDF), 2023 Leg., Reg. Sess. (Conn. 2023).

f ["Immigrant Children's Program,"](#) District of Columbia Department of Health Care Finance (DHCF), accessed May 5, 2025.

g ["Health Care Alliance,"](#) DHCF, accessed May 5, 2025.

h ["About All Kids,"](#) Illinois Department of Healthcare and Family Services (HFS), accessed May 5, 2025.

i ["Health Benefits For Immigrant Adults and Seniors: Frequently Asked Questions,"](#) HFS, accessed May 5, 2025.

j ["Health Benefits For Immigrant Adults,"](#) HFS, accessed May 5, 2025.

k [2025 MaineCare Eligibility Guidelines](#) (PDF), Maine Department of Health and Human Services.

l ["MassHealth Information for Noncitizens,"](#) MassHealth, last updated March 11, 2025.

m ["MassHealth Information,"](#) MassHealth.

- n [Understanding Eligibility of MassHealth and Other Health Benefits](#) (PDF), Health Care For All Massachusetts; and Heather Rossi (deputy chief operating officer, Eligibility Policy and Implementation, Office of Medicaid) to MassHealth eligibility operations staff, [“Change in Children’s Medical Security Plan \(CMSP\) Copay and Premium Policy”](#) (PDF), Eligibility Operations Memo 24-10, December 2024.
- o John Connolly (assistant commissioner, Health Care Administration, Minnesota Department of Human Services) to county directors et al., [“DHS Expands MinnesotaCare Eligibility to Include Undocumented Individuals”](#) (PDF), Bulletin 24-21-10, November 7, 2024.
- p Connolly, “DHS Expands.”
- q [“Immigrant Information,”](#) NJ Family Care, accessed May 5, 2025.
- r [“Eligibility and Cost,”](#) New York State Department of Health, last revised February 2025.
- s [“New Health Insurance Option for Undocumented Immigrants Age 65 and Older”](#) (PDF), NY State of Health, December 2023.
- t NY State of Health, [“Governor Hochul Announces Federal Approval to Expand Access to High-Quality, Affordable Health Insurance,”](#) press release, March 4, 2024.
- u [H.B. No. 3352](#), 81st Leg., Reg. Sess. (Or. 2021).
- v [42 R.I. Gen. Laws § 12.3-15](#) (2022).
- w [H.B. 7123 Sub A as Amended](#) (PDF), 2022 Leg., Reg. Sess. (R.I. 2022).
- x [210 R.I. Code R. 30-00-01](#) (2024).
- y [S.B. 217](#), 2023 Leg., Reg. Sess. (Utah 2023).
- z [“State CHIP,”](#) Utah Department of Health and Human Services, accessed May 5, 2025.
- aa [Act 48](#) (PDF), 2021 Leg., Reg. Sess. (Vt. 2021).
- bb [“Pregnant Individuals,”](#) Washington State Health Care Authority (HCA), accessed May 5, 2025; and [“Children,”](#) HCA, accessed May 5, 2025.
- cc HCA, [“Apple Health Expansion Enrollment Cap,”](#) press release, July 3, 2024.
- dd [“State-Funded Long-Term Care for Noncitizens,”](#) HCA, June 3, 2024.
- ee Laura Buddenbaum, [“State-Funded Affordable Health Coverage for Non-Citizen Populations,”](#) State Health & Value Strategies, June 14, 2024.
- ff [“Expanding Health Coverage for Immigrants in 2024: Maryland Health Connection’s Commitment,”](#) Maryland Health Benefit Exchange, accessed May 5, 2025.

Appendix B. Qualified Statuses for Medicaid and CHIP

Note changes from H.R. 1 (effective October 2026), which will significantly decrease the categories of noncitizens who can receive Medicaid/CHIP (and other federal public benefits). Per [NASHP](#), Section 71109 of the OBBBA restricts eligibility for qualified aliens to Lawful Permanent Residents, certain Cuban/Haitian entrants, and Compact of Free Associations residents. This change impacts asylees, refugees, humanitarian parolees, and other categories who will no longer be eligible after October 2026. The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) stipulates that lawfully present noncitizens must meet a “qualified status” to be eligible for certain federal benefits, including Medicaid and the Children’s Health Insurance Program. The following table outlines qualified statuses for Medicaid and the Children’s Health Insurance Program based on PRWORA requirements, including whether a five-year waiting period applies before people can access benefits.

QUALIFIED STATUS	DESCRIPTION	FIVE-YEAR WAITING PERIOD APPLICABLE?
Lawful permanent residents (green card holders)	A resident of the US for at least five calendar years from the date of entry or a person with 40 qualifying quarters of work.	Yes
Asylees and refugees	A refugee admitted to the US under Section 207 or an asylee under Section 208 of the Immigration and Nationality Act (INA).	No
Cuban/Haitian entrants	A noncitizen from Cuba or Haiti admitted under Section 501(e) of the Refugee Education Assistance Act of 1980.	No
Paroled into the US for at least one year	A person paroled under INA § 212(d)(5); must meet five-year residency or 40 quarters requirement.	Yes
Conditional entrant granted before 1980	A refugee who entered the US before April 1, 1980, and was granted conditional entry.	No
Battered noncitizens, spouses, children, or parents	A person subjected to battery or extreme cruelty; must meet five-year residency or 40 quarters requirement.	Yes
Victims of Trafficking and Violence Protection	Victims of trafficking and their spouse, child, sibling, or parent or people with a pending application for a victim of trafficking visa as defined by the Victims of Trafficking and Violence Protection Act of 2000.	No
Granted withholding of deportation	A person for whom deportation was withheld under INA § 243(h).	No

QUALIFIED STATUS	DESCRIPTION	FIVE-YEAR WAITING PERIOD APPLICABLE?
Member of a federally recognized Indian tribe or American Indian born in Canada	Certain American Indian tribe members born in Canada or outside the United States or members of an Indian tribe.	No
Compact of Free Association migrants	Citizens of the Marshall Islands, Micronesia, and Palau living in one of the US states or territories.	No
Iraqi and Afghan special immigrants	Granted special immigrant visas (SIV).	No
Amerasian immigrants	Covered under Foreign Operations Act of 1988, people fathered by a US citizen and born in Vietnam after January 1, 1962, and before January 1, 1976, may be admitted to the US as immigrants. Spouses, children, and parents or guardians may accompany the Amerasian.	No
Certain Afghan parolees ^a	As per Public Law 117-43, Afghans with a SIV or parolees.	No
Certain Ukrainian parolees ^b	As per Public Law 117-128. Ukrainian nationals who enter the US as parolees on or between February 24, 2022, and September 30, 2023.	No
Noncitizen veterans and family members	A noncitizen with past or current military involvement, defined as a noncitizen veteran on active duty, other than active duty for training, with any of the United States Armed Forces units or who has been honorably discharged and who has fulfilled minimum active-duty service requirements. Minimum active duty is defined as at least 24 months or the period for which the person was called to active duty. The spouse or unmarried dependent child of a noncitizen veteran as described in this paragraph is also eligible.	No

^a [Health Coverage Options for Afghan Evacuees](#) (PDF), US Centers for Medicare & Medicaid Services (CMS), November 1, 2021.

^b [Health Coverage Options for Certain Ukrainian Nationals](#) (PDF), CMS, July 13, 2022.

Appendix C. State Uptake of Options to Extend Federally Funded Medicaid and CHIP Coverage to UIS Population

COVERAGE OPTIONS		STATES	TOTAL
Remove five-year waiting period ^a	Pregnant people	AR, CA, CO, CT, DE, DC, GA, HI, KY, ME, MD, MA, MI, MN, NE, NV, NH, NJ, NM, NY, NC, ND, OH, PA, RI, SC, VT, VA, WA, WV, WI, WY	32
	Children	AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IA, KY, LA, ME, MD, MA, MI, MN, MT, NE, NV, NH, NJ, NM, NY, NC, OH, OR, PA, RI, SC, TX, UT, VT, VA, WA, WV, WI	38
From conception to end of pregnancy ^b		AL, AR, CA, CO, CT, DC, IL, LA, ME, MD, MA, MI, MN, MO, NE, NY, OK, OR, RI, SD, TN, TX, VA, WA, WI	25
CHIP HSI postpartum coverage (regardless of immigration status) ^c		AL, CA, IL, ME, MD, MN, OR, RI, VA	9

a [“Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women”](#) (January 2025), KFF.

b [“Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level”](#) (January 2025), KFF.

c [“CHIP State Plan Amendments,”](#) US Centers for Medicare & Medicaid Services, accessed April 15, 2025. See specific state plan amendments here for [Alabama](#) (PDF), [California](#) (PDF), [Illinois](#) (PDF), [Maine](#) (PDF), [Maryland](#) (PDF), [Minnesota](#) (PDF), [Oregon](#) (PDF), [Rhode Island](#) (PDF), and [Virginia](#) (PDF).