

Congressional Republicans have begun crafting a budget “reconciliation” bill with major consequences for the health of millions of families. The reconciliation bill poses additional risks for the country’s immigrant families and their health and wellbeing, the economy, and state and local budgets. See below for an overview of the proposals and what you can do.

This document describes the provisions of the House-passed reconciliation package. It will be updated **in red** as the Senate committees release their proposals.

Nutrition

House Agriculture Committee

Limits eligibility for SNAP for many lawfully present immigrants

Current Policy: Current policy limits eligibility for the Supplemental Nutrition Assistance Program SNAP to “[qualified immigrants](#)” as defined under PRWORA. Adults who are qualified immigrants are generally subject to a five year waiting period before they can access SNAP, but the five year bar does not apply to children, refugees and certain other humanitarian immigrants.

Proposed Change: This bill would limit eligibility for the Supplemental Nutrition Assistance Program (SNAP) to only citizens, LPRs/people with green cards, Cubans admitted under a family reunification parole program, and people present in the U.S. in accordance with a Compact of Free Association (citizens of Micronesia, the Marshall Islands, and Palau, often referred to as “COFA migrants”). The five-year bar for adults would remain. All other immigrants, including humanitarian immigrants, would be ineligible for SNAP.

Note: The 6/11/25 proposal released by the Senate Agriculture Committee includes this provision in its entirety.

Taxes

Ways and Means Committee

Changes policy so that a child’s parent(s) must have a Social Security Number (SSN) in order to get the Child Tax Credit

Current policy: Children who have SSNs may receive the CTC even if one or both of their parents use an Individual Taxpayer Identification Number (ITIN) to file taxes.

Proposed change: This bill would require that the SSN of the taxpayer, the taxpayer’s spouse (if married filing jointly), and the qualifying child appear on the return. Married individuals must file a joint return in order to receive the Child Tax Credit (CTC). In other words, if either of a child’s parents file without a SSN, the child will be ineligible for the CTC. This bill would:

- Impact an expected [4.5 million children](#) who may lose eligibility for the CTC
- Make permanent the 2017 provision denying the CTC to about 1 million children who themselves have Individual Taxpayer Identification Numbers (ITINs)
- Harm even more children if the Trump administration succeeds in their efforts to take away work authorization from people with temporary protected status (TPS) and Cuba, Haiti, Nicaragua or Venezuela (CHNV) parolees

Note: Section 70104 of the Senate Finance 6/18 proposal modifies the CTC provisions. The provision in the House bill denies the CTC to children if any parent lacks a Social Security Number. This version allows the CTC if at least one parent has an SSN, an improvement to a persistently harmful provision. Based on experience with the COVID stimulus payments, 2-2.5 million children would still lose CTC eligibility.

Healthcare

Ways and Means Committee

Ends access to Marketplace Premium Tax Credits for many lawfully present immigrants.

Current policy: Immigrants who are “lawfully present” are eligible for ACA coverage and are also eligible for an Advanced Premium Tax Credit (“APTC”) that provides subsidies that make marketplace coverage more affordable. See a list of lawfully present immigrants [here](#). In general, immigrants who are undocumented are not considered lawfully present and are ineligible to enroll in these marketplaces, even at full cost.

Proposed change: The only immigrants who would remain eligible for PTCs are lawful permanent residents/green card holders, COFA migrants, and Cubans admitted under a family reunification parole program. All other immigrants would be ineligible for premium tax credits that make marketplace coverage more affordable. Nonimmigrant visa holders, people admitted as refugees, people who fled persecution in their home countries and were granted asylum, people who were granted humanitarian parole into the US, survivors of trafficking, domestic violence or other serious crimes, people granted Temporary Protected Status; and people granted deferred action, deferred enforced departure or withholding of removal would all become ineligible for premium tax credits.

Terminates Marketplace Coverage For People who are Lawfully Present Earning Below 100% of Federal Poverty Level (FPL)

Current policy: The ACA generally excluded people earning less than 100% of the federal poverty level (FPL) from marketplace coverage, assuming that they would be able to receive

Medicaid. However, because many low income, lawfully present immigrants were ineligible for Medicaid coverage, and would have been excluded from any coverage options, the ACA created a special exception to the income thresholds for marketplace eligibility. The current law allows lawfully present immigrants earning under 100% of federal poverty level to receive subsidized marketplace coverage.

Proposed change: The bill eliminates the provision allowing lawfully present immigrants who are ineligible for Medicaid due to their status and who earn less than 100% of FPL to enroll in ACA coverage. This means that low-income immigrants would not be eligible for the ACA or Medicaid, denying them any pathway to affordable health coverage.

Limits eligibility for Medicare to citizens, LPRs/green card holders, Compacts of Free Association (COFA) migrants, and certain Cubans.

Current policy: There are two pathways for noncitizens to access Medicare Part A:

- People who are lawfully present and have worked at least 40 quarters (10 years) in jobs where they or their spouses paid Medicare payroll taxes can qualify for *premium-free* Medicare.
- People who are lawful permanent residents, and have resided in the US continuously for at least five years, but do not have 40 quarters of work, can “buy into” Medicare.

Proposed change: This proposal ends Medicare eligibility for many previously eligible lawfully present immigrants who were able to receive Medicare if they had adequate work experience. The only categories of immigrants remaining eligible for Medicare would be: Lawful permanent residents (green card holders); Cubans who enter under a family reunification program; and COFA migrants. This bill would make the following groups of immigrants ineligible for Medicare, even if they would otherwise qualify:

- People granted Temporary Protected Status or Deferred Enforced Departure
- Refugees, asylees, people granted withholding of removal
- Trafficking survivors
- Survivors of domestic violence who have filed a self-petition under the Violence Against Women Act (or who have an approved I-130 visa petition filed by a spouse/parent)
- Cuban/Haitian entrants under the Refugee Education Assistance Act of 1980 (with the exception of a subset of Cuban nationals)
- People granted humanitarian parole into the U.S.
- Non-immigrants, including survivors of serious crimes, and people on work visas
- People granted deferred action
- Spouses and children of U.S. citizens with an approved visa petition and pending application to adjust to lawful permanent residence
- Applicants for asylum, withholding of removal or relief under the Convention Against Torture who have been granted work authorization or if under 14 years old have had an application pending for at least 180 days.

This proposal would harm lawfully present people with long-term work history, but no pathway to a green card/citizenship – such as Salvadorians and Nicaraguans who may have had temporary protected status (TPS) for decades, as well as asylees, refugees, survivors of trafficking and domestic violence and others who face barriers and delays getting a green card. These individuals, including many who have worked and paid more than 40 work quarters (~10 years) worth of Medicare taxes would no longer be eligible for Medicare.

Energy and Commerce Committee

NEW: The 6/16 Senate Finance proposal Section 71110 Eliminates Medicaid and CHIP eligibility for many types of legal immigrants. This includes: refugees, asylees, parolees, certain abused spouses and children; certain victims of trafficking. People who are undocumented are already ineligible for Medicaid and CHIP. The only immigrants who would be eligible for Medicaid would be Lawful Permanent Residents (after a 5-year or longer waiting period); certain Cuban immigrants; individuals living in the United States under a Compact of Free Association (CoFA), and lawfully residing children and pregnant people in states that opt to provide coverage for them.

NEW: The 6/16 Senate Finance proposal Section 71112 Lowers FMAP for “Emergency only” Services for immigrants in the Medicaid Expansion category. This provision would lower the FMAP rate for emergency services provided to low-income adults who are ineligible for full scope Medicaid because of their immigration status. Under the Senate bill, rather than the higher FMAP rate for this expansion group, states would receive the same rate as for the traditional Medicaid groups. This shifts costs to the states for providing services that federal law requires them to provide.

Reduces federal Medicaid matching funds for the expansion population in states that provide health coverage for certain immigrants.

Current Policy: States have flexibility to provide health coverage to immigrants. Federal matching funds are available to cover “qualified” immigrants, though many are subject to a five year waiting period. States can use their own funds to cover people regardless of their immigration status. They can also provide Medicaid and/or CHIP coverage to lawfully residing children and pregnant people without a waiting period, with federal matching funds. States can make these choices and can continue to receive a 90 percent FMAP for Medicaid expansion without any penalty.

Proposed Change: The bill that passed the House of Representatives early in the morning of May 22 included a Manager’s amendment. The amendment was drafted quickly and is not totally clear, but threatens the vast majority of states that provide coverage to even a small group of certain immigrants. It would penalize affected states by reducing the matching rate for the Affordable Care Act’s Medicaid expansion from 90 to 80 percent.

If the House-passed bill took effect today, it could penalize 38 states and DC that have both taken up the Medicaid expansion and provide Medicaid coverage, after a 5 year waiting period, to immigrants *who have been paroled into the U.S. for a period expected to last at least one year* (this includes people, like Afghans, who were granted humanitarian parole by Congress). Such immigrants are “qualified immigrants” in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) definition, but not on the list of qualified immigrants that PRWORA *requires states to cover*.

- It would affect 38 states and Washington, DC: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia.
- It would not affect 12 states: Alabama, Florida, Georgia, Kansas, North Dakota*, Mississippi, South Carolina, South Dakota*, Tennessee, Texas, Wisconsin, and Wyoming. (*has expanded Medicaid but generally does not cover people who have been granted parole)

The bill would also penalize 14 states and Washington, DC that offer comprehensive* public or subsidized private health coverage regardless of immigration status, to children, young adults, and/or other adults: California, Colorado, Connecticut, Illinois, Maine, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, Utah, Vermont, Washington, and Washington, DC. It also penalizes states that offer comprehensive public or subsidized private health coverage to certain *lawfully residing* adults who are not pregnant, including Hawaii, Maryland, and Virginia.

The bill also includes language that seems intended to protect the 39 states and Washington, DC that have opted to provide coverage for lawfully residing pregnant people and/or children. However, the language is unclear, and might only protect states that provide this coverage through *Medicaid* rather than a separate CHIP program. The following 17 states rely on *CHIP* to fund coverage for lawfully residing children and/or pregnant adults: Arkansas, Colorado, Connecticut, Delaware, Iowa, Louisiana, Massachusetts, Montana, Nevada, New Jersey, New York, Oregon, Pennsylvania, Utah, Virginia, Washington and West Virginia. (See details in [KFF and Georgetown Center for Children and Families Survey](#), Appendix Table 4).

NOTE: The 6/16 Senate Finance proposal (Section 71111) modestly alters the FMAP penalty. The Senate bill reduces the Medicaid expansion FMAP to 80 percent for any state that provides financial assistance to purchase health coverage from a state general fund to an immigrant who is not: a qualified immigrant, or a lawfully residing child or pregnant person in states that opt to cover coverage for them in Medicaid or CHIP. This is a modest improvement to the House version which penalized states that opted to provide coverage for lawfully pregnant kids/pregnant people under CHIP, or that covered persons granted humanitarian parole into the U.S.

States would no longer be required to provide Medicaid or Children’s Health Insurance Program (CHIP) coverage if verification of immigration or U.S. citizenship status is delayed

Current policy: A state Medicaid agency *must* provide a 90-day “reasonable opportunity period” to people who have made a declaration of U.S. citizenship or an eligible immigration status, if the agency cannot verify their information in real time. During this period, a state must continue to complete verification of the individual’s U.S. citizenship or immigration status. States currently receive federal matching funds for Medicaid services provided to individuals during the 90-day period, regardless of whether their eligibility is ultimately verified. However, if a state determines that an applicant is ineligible for coverage due to immigration status or if an applicant does not provide requested documentation or correct discrepancies during any point in this period, coverage must be terminated within 30 days.

Proposed change: Under this proposal, states could opt out of the current 90-day grace period of coverage that applicants receive while their state verifies their immigration status, leading to delays in people getting access to coverage. In other words, states would no longer have to provide Medicaid while U.S. citizenship or immigration status is verified. If a state chooses to continue to provide Medicaid while verification takes place, it cannot access federal matching funds.

Ends ACA coverage for people with Deferred Action for Childhood Arrivals (DACA)

Current policy: U.S.citizens and immigrants who are “lawfully present” are eligible for private health coverage in the marketplace and premium tax credits to make it more affordable.

Proposed change: This proposal would end marketplace coverage and premium tax credit eligibility for people with DACA in all states in plan years beginning on or after January 1, 2026.

Education

Ways and Means Committee

Current policy: The American Opportunity Tax Credit (AOTC) and the Lifetime Learning Credit can be claimed with an ITIN.

Proposed change: The bill would require a social security number in order to claim the American Opportunity Tax Credit (AOTC) or the Lifetime Learning Credit, which are both tax credits that offset qualified higher education costs. Under the proposal, both the taxpayer and their spouse, if married, would be required to have a SSN, as would the student for whom the credit is claimed, if someone else.

Education and Workforce Committee

Current policy: In addition to U.S. citizens, many lawfully present non-citizens are eligible for federal student aid for higher education. This includes LPRs, but also refugees, people granted asylum, and certain other categories. They must provide evidence that they are in the US for other than a temporary purpose with the intention of becoming a U.S. citizen or permanent resident. Students without documentation, including DACA recipients, are not eligible for federal student aid

Proposed change: The only immigrants who would be eligible for student financial aid would be LPRs; Cubans who enter under a family reunification program; and COFA migrants.

Note: The 6/11/25 proposal released by the Senate HELP Committee includes this provision but modifies it to change to 7/1/2026 the effective date (instead of 7/1/2025).

What You Can Do

Our time for action is now, and we need everyone to make noise. Here's what you can do:

1. Use PIF's [Talking Points](#).
2. Call your members of congress, using the Capitol Hill switchboard (202) 224-3121 to get connected to their offices.
3. Call their district office directly.