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Running Out of Options:

Immigrant Health Equity after H.R. 1 and the Public Charge Rule Change

November 2026

Starting at Square One

Two recent and significant policy changes at the federal level will greatly limit the ability for people coming to or already legally present in the United States to access quality and affordable health care. This explainer will provide an overview of the following recent federal policy changes related to immigrant health and "public charge":

- The passage of the 'Big Beautiful Bill Act', or H.R. 1 in July 2025 will end health care coverage for an estimated 1.4 million immigrants who are here legally. This went into effect on October 1, 2026.
- Rescinding the 'public charge inadmissibility' rule from 2022 will allow immigration officers much wider discretion in denying applications for legal residency in the U.S. This means more applications for legal migrants to the U.S. will be denied. This went into effect for applications starting on or after September 18, 2026.

Discourse on the topic of immigration in the United States has been at the forefront of public discussion for decades. Much of this rhetoric is inaccurate and often harmful, but nonetheless it is now making its way into federal immigration policy. A significant target of these policy changes includes how people legally residing in the U.S. can access affordable and quality health care and other safety net programs. An additional focus has been on limiting eligibility for critical programs like Medicaid and changing the standards by which someone can be considered 'inadmissible' to the United States, namely by deeming them overly reliant on public resources.

Quick Glossary of Terms

Refugee: a person who is unable or unwilling to return to his or her home country because of "persecution or a well-founded fear of persecution" due to race, membership in a particular social group, political opinion, religion, or national origin.[1]

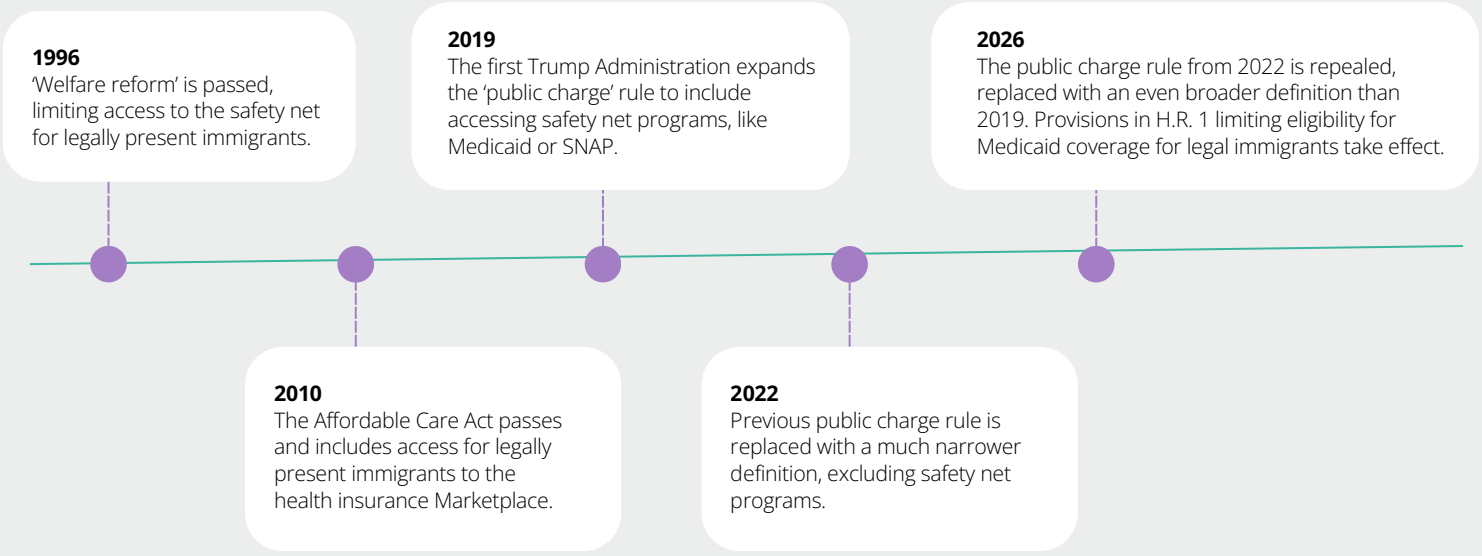
- An asylee is a person already in the U.S. who has been granted refugee protected status. These are the official definitions in U.S. immigration law.

Immigrant: A person who permanently relocates to a foreign country. Migrants are people who move from place to place seeking work or better living conditions. These are general definitions, not officially defined in U.S. immigration law.

A Brief Timeline of Health Access and the Public Charge Rule for Legal Immigrants in the U.S.

Legally present immigrants in the U.S. had their health coverage and access options limited significantly with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, commonly known as 'welfare reform'. Legally present immigrants became ineligible for nutrition assistance but were allowed to apply for Medicaid after being in the U.S. legally for five years. Refugees, asylees, and some other 'qualified aliens' are exempted from the waiting period for Medicaid, with refugees being granted access upon arrival and asylees when their asylum status is confirmed.[2] In 2010, when the Affordable Care Act (ACA) – also known as Obamacare – was passed, legal immigrants were given a chance to get access to health care by making them eligible for tax credits to buy health care on the health insurance marketplace created by the law.[3] However, with the passage of H.R. 1 in 2025, many designations of legally present immigrants lost their eligibility for Medicaid or ACA Marketplace tax credits as their eligibility was reversed by that law.

Regarding the public charge rule, it was not until 2019 that the rule was expanded to include utilizing Medicaid and nutrition assistance – called the Supplemental Nutrition Assistance Program (SNAP) as factors in denying an application for permanent residency.[4]



Despite the 2019 rule being revoked in 2022, the current administration issued a new, even more expanded and vague rule in 2026 in comparison to what was announced seven years prior. Details of these significant policy changes follow.

[1]Throughout this document, we will use the term 'legally present immigrants' as a broad phrase to define anyone who has a legal status as a permanent or temporary immigrant, refugee or asylee, and other categories.

H.R. 1 Abandons Previously Covered Immigrants

Since the passage of welfare reform in 1996, all immigrants had to wait for five years before being able to enroll in Medicaid, even if they met all other eligibility requirements. With the passage of H.R. 1, this changed significantly as groups who previously could receive coverage after the waiting period are now locked out permanently effective October 1st, 2026. Additionally, refugees are no longer able to apply upon arrival and must wait until their status is adjusted to a legal permanent resident (LPR). This will further strain safety net providers, including Federally Qualified Health Centers (FQHCs), which are required to provide care regardless of ability to pay and rely on Medicaid for payments based on patient visits.

Estimates by the non-partisan Congressional Budget Office show that at least 1.4 million people will lose health care coverage through 2034.[5] The table below, although not exhaustive, illustrates how some people with legal status may keep or lose their coverage.

Impacts of H.R. 1 on Immigrant Communities in Kansas and Missouri

Kansas: According to estimates by the Kansas Department of Health and Environment (KDHE), more than 3,300 Kansans will be directly impacted by these changes. That number includes nearly 2,000 children and at least 76 pregnant or post-partum mothers.[6]

Missouri: As of publication, there are no available or comparable estimates for Missouri.

Who Keeps and Who Loses Coverage due to H.R. 1*

	Medicaid and Children's Health Insurance Program (CHIP)	Affordable Care Act (ACA) Marketplace Tax Credits	Medicare
Legal Permanent Residents (LPRs or Green Card Holders)			
Cuban and Haitian Entrants			
People from COFA** residing in the U.S.			
Refugees and Asylees			
People granted a temporary stay in the U.S. for at least one year			

Survivors of domestic violence with a pending or approved application for lawful status			
Survivors of human traffickig with a pending or approved T Visa			
People in the U.S. due to displacement from violent conflict or natural disasters	No change - not eligible prior to H.R. 1		
People who are part of the Deffered Action for Childhood Arrivals (DACA) program, known as, 'Dreamers'	No change - not eligible prior to H.R. 1		No change - not eligible prior to H.R. 1

*There are other lawfully present immigrant groups who have maintained or lost coverage in these program areas as a result of H.R. 1 and more details can be found in the KFF article, '1.4 Million Lawfully Present Immigrants are Expected to Lose Health Coverage due to the 2025 Tax and Budget Law', from which this table is adapted.

**Compacts of Free Association (COFA) includes the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Public Charge Rule Repeal Creates Confusion and Chilling Effect

In addition to the loss of coverage for many legally present immigrants as a result of H.R. 1, another significant change in immigration proceedings will cause many people – including children – to avoid seeking support from safety net programs for which they are eligible. While the 'public charge' consideration dates to the Immigration Act of 1882, the major changes covered in this brief began in 2019. A new rule was issued by the first Trump Administration which specified that if an applicant received any public assistance (such as SNAP, Medicaid, or CHIP) for more than 12 months within any 36-month period they could be considered a 'public charge' and have their application denied.[7]

Immediately after being finalized, the rule was challenged in court. Once the Biden Administration assumed office, the rule was repealed in early 2021. A new rule was defined and made final in 2022 that specified only state or federal case assistance and long-term institutionalization paid by government programs can be considered by immigration officers in determining if someone was a public charge or not.

Public Charge 101

Under U.S. immigration law, an applicant for legal resident status (e.g., a green card or a visa) can have their application denied on several grounds of 'inadmissibility'. These range from criminal history to security-related. One consideration is the potential for an applicant to become a 'public charge'.

Having an application denied on grounds of being a public charge simply means the government deems the applicant to be very likely to be dependent on the government for financial support.

How Does the Public Charge Rule Work Now?

Put simply, the 2022 rule has been repealed starting September 18, 2026. Not just that, it has been made more open to individual immigration officer discretion from the 2019 rule change. Fortunately, refugees and asylees are not subject to this rule change. Here is a brief breakdown:

How Immigration Officers determine if an applicant is a public charge.[8]	**2022 Rule**	**Starting September 18, 2026**
Programs taken into consideration	• Federal or state direct cash assistance • Long-term institutionalization paid by government programs	• Rule is vague and can be almost any type of public benefit, like SNAP, Women, Infants, and Children (WIC), Medicaid, CHIP, housing assistance, and others
Who does the rule apply to?	• Only the applicant	• Immigration officers can now consider a dependent's use of these programs
Timeframe to consider use of programs?	• Only if currently receiving the two benefits defined above	• Can look at the two previously defined benefits in 2022 rule, and any benefits used after September 18, 2026, effective date.

[8]This table is adapted from the Protecting Immigrant Families resource 'What Changed with Public Charge? July 2026'. It is an essential resource available in nine languages. https://pifcoalition.org/resources/library/what-changed-with-public-charge/

How Will the Changes to Public Charge Impact Immigrant Community Health Nationally and in Kansas and Missouri?

With the rule having recently been finalized and implemented, it is difficult to know the full and immediate impact. It is likely that many people will not enroll or re-enroll in key programs they are eligible for – such as Medicaid or CHIP – because of the **chilling effect**.

An example of how the 'Chilling Effect' can play out:

The chilling effect results from fear of being targeted by immigration enforcement by association. For example, when a parent in a household is a non-citizen, but their child is a citizen and therefore eligible for CHIP, the parent who is a non-citizen may not enroll the child in CHIP out of worry that it may lead to the parent being arrested by immigration authorities.

Despite these policies being enacted only recently, some general estimates of similar previous changes indicate declines somewhere in the 10%-30% range. At that level, somewhere between **1.4 million and 4.1 million Medicaid and CHIP enrollees** may choose not to enroll/re-enroll in these programs.[9]

The impacts of losing coverage or nutrition support through SNAP or WIC are significant and harmful. People covered through Medicaid typically have more financial stability, as well as improved health outcomes for covered mothers and children.[10] Similarly, nutrition support – especially through WIC – helps mothers give birth to healthier children and even helps support better diets for their parents, among other benefits.[11] Another important impact is the reversal of recent gains made to improve equitable population health outcomes. Medicaid, for example, covers more Latino, Black, and other people of color than relative to the general population.[12]

The public charge rule change puts at risk the health and economic stability of millions of people who are eligible. There is little doubt this administrative change will worsen outcomes for people in a time when costs are rising, and families are struggling to meet their basic needs.

Community Resources

These changes are happening quickly, and they are targeted at specific communities across the country and in the Kansas City region. Many organizations are already compiling quick communications to reach communities and ensure that they know what is coming. Allies and advocates can help by sharing these resources with their networks:

Changes in H.R. 1 impacting lawfully present immigrants

- El Centro, Inc. has put together a short video in Spanish that provides a brief overview of the changes, as well as contact information for support. It is available on their Facebook and Instagram.
- Della Lamb Community Services has also created detailed videos in seven different languages that explain, in depth, the changes coming as a result of the passage of H.R. 1.
- Communities Concerned for Immigrants and Refugees (CCIR) has created and compiled a Healthcare Resources page to help people navigate these changes.

Changes in the Public Charge Rule

- Protecting Immigrant Families has been a leading resource on the changes to the public charge rule since it was first announced. They published two resources to help people understand the rule change.
  - A brief one-page overview shows what has changed and is available in nine languages.
  - A rich, in-depth Public Charge Regulation toolkit provides research, media outreach, and other resources for action and advocacy on this topic.
- The National Immigration Law Center created a Frequently Asked Questions document, with links to other legal support and information included within.

Where Do We Go From Here?

1. **Take meaningful action to communicate these changes to the most impacted communities.**
Conducting outreach in multiple venues and languages is vitally important. Connecting with immigrant advocacy organizations in our region can provide anyone who wishes to take more action several ways to help. Communities Concerned for Immigrants and Refugees (CCIR) has a Resources page to help people learn more.

2. **Ensure that unintentional harm is avoided.**
With the current anti-immigrant climate of the United States, it is important for advocates and allied organizations to strike a balance between helping people most affected and not exposing them to further harm. At least 52 people have died in the custody of Immigration and Customs Enforcement in the past 18 months. People seeking to meet their health needs may be especially vulnerable if they have a chronic condition or cannot access medications due to being taken into custody.

3. **Continue advocacy against anti-immigrant policies at the state and federal level.**
While these policy changes are significant and detrimental to immigrants in the United States, advocates should not waver from their purpose in preventing harm. Advocates should focus efforts to undo these changes, in addition to the other harmful changes already made to Medicaid and other safety net programs.

4. **Help create a more welcoming community and region for newcomers.**
Organizations like Welcoming America are developing a network of nonprofit and government members to transform communities into more welcoming places for all residents, including immigrants. In the Kansas City area, Welcoming KC offers opportunities to learn and engage, including annual Welcoming Week activities.

Top Priority

Advocate for Kansas and Missouri to adopt coverage for legally present children and pregnant women. Both Kansas and Missouri have opted not to expand coverage to these groups on Medicaid without the 5-year waiting period, usually paid out of state general revenue funds. H.R. 1 does not prohibit states from doing this, and 38 have expanded it for children and 32 have for pregnant women.[13] This is a specific and tangible change that advocates can ask for that would have a meaningful impact on legally present families.

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