

Medicaid Under the New Budget:  
 What’s Changing and Who’s Affected

	What Changed	What It Means for You
MEDICAID	<b>Cuts \$1 Trillion in federal Medicaid spending by limiting utilization.</b>	Massive loss in coverage, care, and provider funding.
	Medicaid limited to legal permanent residents (LPR’s) of 5+ yrs, Cuban-Haitian entrants, COFA migrants, and certain children/pregnant people	DACA recipients and many other immigrants lose eligibility. <i>Effective Oct 1, 2026</i>
	<b>Medicare ends for many lawfully present immigrants.</b>	Only LPRs, Cuban-Haitian entrants, and COFA migrants remain eligible. <i>Effective Within 18 months</i>
	Federal reimbursement rate lowered for emergency Medicaid services provided to undocumented immigrants and others who are ineligible for full Medicaid due to their immigration status.	States bear higher costs for rendering emergency services to immigrants <i>Effective Oct 1, 2026</i>
	Mandatory 6-month Medicaid eligibility redeterminations.	Higher loss of continuous coverage, especially for low-income adults, especially through bureaucratic hurdles for reapplication. <i>Begins Dec 31, 2026</i>
	Retroactive Medicaid coverage is restricted. Limits retroactive coverage to one month prior to application for coverage for expansion enrollees and two months prior to application for coverage for traditional enrollees.	Potential for high and unexpected medical bills. <i>Effective January 1, 2027</i>
	<b>80-hour/month</b> work requirement for able-bodied adults without dependents (ABAWDs) up to age 65 (previously 55) and eliminates exemptions from work requirements for parents with children over age 6.	Risk of mass disenrollment, especially for those with unstable jobs or barriers to documentation. <i>Effective December 31, 2026</i>
	<b>Copays up to \$35</b> if the household income is at or above 100%–138% of the Federal Poverty Level (FPL).	Financial barrier to accessing care for low-income enrollees. <i>Effective FY2027</i>