

CHANGES TO MEDICAID FOR SOME NON-CITIZENS

Starting **October 1, 2026**, many groups of lawfully present immigrants will **no longer be eligible** for full Medicaid coverage.

This is happening because of a **new law** passed by the federal government, and the new rules will be different from what many immigrants have heard in the past.

If these changes apply to you, there are steps you can take now to continue getting the health care you need. This flyer shares information, advice, and links to people who can help.

WHO IS AFFECTED?

Groups of people affected by these changes include:

- **asylees,**
- **refugees,**
- **survivors of domestic violence and trafficking,**
- and other groups who previously were eligible for full Medicaid coverage.

Because of these new rules, many immigrants who now have Medicaid will be switched to Medicaid Emergency Services Only (ESO) status. ESO only pays for emergency care and dialysis. It does not pay for routine visits and preventive care, treatment for chronic conditions, most prescriptions, or non-emergency care.

Only the following people will stay eligible for full Medicaid coverage:

- U.S. citizens
- Lawful permanent residents, also called green card holders, who either have five or more years of lawful presence or who became permanent residents based on their refugee, asylee, or other humanitarian status
- Certain Cuban and Haitian immigrants
- Migrants legally residing in the U.S. under a Compact of Free Association with Micronesia, Palau, or the Marshall Islands

EXCEPTIONS

Asylees and refugees who have finished the process to become lawful permanent residents will not lose coverage. However, if someone is still in the process to get lawful permanent residency and remains in a refugee, asylee, or other humanitarian status, they will not be protected from losing coverage.

Pregnant people and children under age 21 who are lawfully living in Michigan can still get full coverage. If you are pregnant, report your pregnancy to MDHHS as soon as possible to keep your coverage.

For a more detailed list of programs affected by these changes, [click here](#).



WHAT SHOULD I DO IF I'M GOING TO LOSE MY FULL MEDICAID COVERAGE?

The most important step is to **start planning before coverage ends on October 1, 2026**.

Many people have options, but some of those options require you to act right away. Here are steps to take now:

1. Schedule important care before full Medicaid coverage ends on October 1, 2026

If possible, complete:

- Annual physicals
- Specialist visits
- Recommended and covered screenings, procedures, and lab tests

This can help lower the amount you pay for care after full Medicaid coverage ends.

2. Fill your prescriptions before full Medicaid coverage ends on October 1, 2026

- Ask providers to refill medications for the longest period allowed
- Ask providers about lower-cost alternatives
- Get copies of prescriptions
- Look into drug company patient assistance programs for expensive medicines, such as [RxAssist](#) and [NeedyMeds](#)
- Compare medicine prices and look for coupons and discount suppliers, such as [CostPlusDrugs](#) and [GoodRx](#)

3. Get copies of medical records

Having medical records can make it easier if you need to find a new doctor. Ask for:

- Medicine lists
- Recent lab results
- Imaging reports
- Specialist notes
- Procedure reports
- Recent hospital discharge summaries
- Vaccination records

4. Speak with your provider about payment options

Health care providers often work with patients who can't afford the full cost of care. You may be able to ask for a lower cost or set up a payment plan.

5. Explore other insurance options and ways to get care

If you lose Medicaid, you may be allowed to sign up for a new plan during a Special Enrollment Period. You may be able to find affordable coverage through the [health insurance marketplace](#), a job, or a spouse's job. For help finding and signing up for insurance, you can connect with a [local assister or agent](#).



If you cannot afford to continue getting care from your current provider, start looking for a new one right away. Finding a new provider and scheduling appointments may take time. **Do not wait until you lose coverage.**

Several places in Michigan offer free or low-cost health care:

Source	Description	Resource
FQHCs and Related Health Centers	Federally Qualified Health Centers (FQHCs) and similar centers provide many types of primary and preventative care services on a sliding scale — meaning residents with low incomes often pay low fees or no fees. FQHCs must provide care to everyone, no matter their insurance status, immigration status, or ability to pay.	Health Center Search
Community Mental Health Services	Community Mental Health Service Programs, also called CMHSPs, provide mental health and substance use disorder care on a sliding scale.	Map & List of Providers
Rural Health Clinics	Rural Health Clinics (RHCs) provide primary and preventative care in rural areas where there are not enough care providers. Most offer care on a sliding scale.	Michigan RHCs
Free and Charitable Clinics of Michigan	Free and Charitable Clinics of Michigan (FCCOM) is a network of more than 70 clinics offering free health care and dental care services.	FCCOM Clinic Directory
Neighborhood Wellness Centers	MDHHS Neighborhood Wellness Centers (NWCs) offer free health and wellness services. This may include screenings, help for substance use disorder, COVID and flu testing, and help from Community Health Workers for needs like food, housing, transportation, and others.	NWC Directory
MDHHS Free and Low Cost Care Connections	MDHHS has created a webpage with links to other free and reduced-cost health care services in Michigan, including behavioral health and substance use disorder services, dental care, prescription medicines, and sexual health and family planning.	Visit the website

Note: A judge recently said FQHCs, CMHSPs, and RHCs need to continue serving noncitizens, at least while a legal case is going on.

