



## Planned Parenthood Advocates of Ohio

Chair Hall, Vice Chair Ferguson, Ranking Member Humphrey, and members of the Ohio House Government Oversight Committee.

My name is Danielle Firsich, and I am the Director of Public Policy for Planned Parenthood Advocates of Ohio and Planned Parenthood of Greater Ohio. I am here today to testify in strong opposition to House Bill 42. Due to the sweeping implications of this bill, limited time for testimony, and our status as a statewide healthcare provider and advocacy group, I will be limiting my comments to HB42's applicability to the Ohio Department of Medicaid. I would like to note, however, that we remain opposed to the bill and its impact on state agencies in its entirety.

HB42 requires that the Ohio Department of Medicaid submit a report to the Governor by January 31 of each year that includes the following information:

- The number of qualified aliens enrolled in the Medicaid program;
- The number of qualified aliens who applied for benefits under the Medicaid program in the previous calendar year;
- The number of individuals not lawfully present in the United States who received alien emergency medical assistance in the previous calendar year.

This bill is attempting to solve a problem that doesn't exist—there are already numerous enforced federal regulations regarding public benefits for undocumented immigrants. Legislation like HB42 largely functions to create a chilling effect in immigrant communities that are already fearful of aggressive immigration enforcement, resulting in low enrollment and reduced participation in life-saving programs--even for those who legally qualify. How, when, and for what purposes this data will be used or potentially weaponized against statewide immigrant populations is of particular concern, as this bill also requires that the Governor submit the report to the General Assembly by March 31 of each year.

Requirements already exist for the collection of citizenship data for those applying for Medicaid:

- States must verify citizenship and immigration status with the Social Security Administration (SSA) and DHS to determine eligibility for Medicaid coverage at the initial application.
- Applicants who are U.S. citizens must provide documentation of citizenship, or states must verify the applicant’s Social Security number with the SSA.
- Applicants cannot self-attest to having an eligible immigration status without documentation for the state.
- Current federal rules prohibit states from requiring applicants to disclose the immigration status of non-applicants, and the SAVE system cannot be used for non-criminal immigration enforcement.”<sup>1</sup>

Bills like HB42 encourage already proliferating confusion about federal funds being distributed to undocumented individuals. Per the Kaiser Family Foundation, “public confusion about immigrants’ eligibility for federal programs persists, with slightly less than half of adults either unsure or incorrectly believing undocumented immigrants are eligible for health insurance programs paid for the federal government.”<sup>2</sup> The fact is that only citizens and certain lawfully present immigrants — such as green card holders and refugees — can qualify for programs such as Medicaid, CHIP, the ACA Marketplaces, or Medicare. As for funds dispensed via federal emergency care regulations like the Emergency Medical Treatment and Active Labor Act (EMTALA), “less than 1% of total Medicaid spending goes to emergency care for noncitizen immigrants,” and “spending on Emergency Medicaid was \$3.8 billion in FY 2023,” equaling 0.4% of total Medicaid spending that year.”<sup>3</sup>

In June 2025, HHS’s Centers for Medicare and Medicaid Services (CMS) started sharing the personal data of Medicaid recipients with ICE.<sup>4</sup> This prompted 20 state attorneys general to take legal action, arguing that “the sharing of Medicaid data with DHS was in violation of HIPAA and threatened to undermine the Medicaid program.”<sup>5</sup> A federal judge then blocked this HHS directive and noted that “ICE has had a well-publicized policy against using Medicaid data for its enforcement activities, and the CMS has a long-standing policy of not sharing patients’ personal data for reasons other than those related to its healthcare programs.”<sup>5</sup> The requirement within this bill that ODM share the information of undocumented individuals who accessed Emergency Medicaid assistance goes directly against this guidance.

The federal budget bill passed in July 2025 “includes [new] restrictions on coverage for certain immigrants, including stripping eligibility from refugees and asylum-seekers.”<sup>6</sup> HB42 unnecessarily doubles down on the myth of undocumented immigrants accessing Medicaid benefits, despite recent increased restrictions on Medicaid eligibility for undocumented immigrants. In August 2025, CMS launched another oversight initiative regarding the

Children's Health Insurance Program (CHIP), clarifying that "states are responsible for verifying the citizenship or immigration status of identified individuals, including adjusting coverage or enforcing non-citizen eligibility rules."<sup>7</sup> CMS now sends states monthly enrollment reports, and requires that they verify the citizenship or immigration status of those who could not be verified via the federal database. So, this guidance already exists at the federal level for this program, negating the need for additional state-level verification.

Laws like HB42 increase the already present barriers for lawfully present immigrants to access critical social safety net programs:

Many families face barriers to enrolling eligible lawfully present immigrants and citizen children in assistance programs due to fear, confusion about eligibility policies, difficulty navigating the enrollment process, and language access challenges. Restrictive immigration policies, including increases in enforcement actions, will likely increase fears of enrolling in coverage and accessing health care. In fact, in 2023, immigrants said they avoided applying for food, housing, or health care assistance in the past year because they didn't want to draw attention to their immigration status or the status of someone in their family.<sup>8</sup>

This state has numerous critical challenges to tackle at this time, and there are legislative priorities worth our time and effort that do not include participating in efforts to fearmonger or scapegoat immigrant communities--documented or otherwise. Immigrant populations have nothing to do with the fact that members of this legislative body were willing to sacrifice access to critical healthcare for over 750,000 Ohio citizens covered by Medicaid. Immigrant populations are not the reason that Ohioans are struggling with the basic cost of living as they see their healthcare benefits, critical social service programs, and education systems defunded at previously unseen levels. And they are most particularly not responsible for the rampant corruption, fraud, and criminality present amongst our federal and statewide elected officials.

I strongly urge this committee to vote no on House Bill 42.

Thank you for your time and attention, and I will now take any questions you may have.

<sup>1</sup> [https://www.kff.org/immigrant-health/how-states-verify-citizenship-and-immigration-status-in-medicaid/#:~:text=Applicants%20who%20are%20U.S.%20citizens,Medicaid%20coverage%20\(Figure%201\).](https://www.kff.org/immigrant-health/how-states-verify-citizenship-and-immigration-status-in-medicaid/#:~:text=Applicants%20who%20are%20U.S.%20citizens,Medicaid%20coverage%20(Figure%201).)

<sup>2</sup> <https://www.kff.org/medicaid/kff-health-tracking-poll-public-views-on-potential-changes-to-medicaid/>

<sup>3</sup> <https://www.kff.org/quick-take/less-than-1-of-total-medicaid-spending-goes-to-emergency-care-for-noncitizen-immigrants/>

<sup>4</sup> <https://www.kff.org/racial-equity-and-health-policy/state-health-coverage-for-immigrants-and-implications-for-health-coverage-and-care/#:~:text=As%20of%20April,and%20pregnant%20women.>

<sup>5</sup> <https://www.hipaajournal.com/federal-judge-blocks-hhs-sharing-medicaid-data-ice/#:~:text=A%20federal%20judge%20has%20ordered,Security%20for%20immigration%20enforcement%20purposes.>

<sup>6</sup> <https://utahnewsdispatch.com/2025/08/23/feds-direct-states-to-check-immigration-status-of-their-medicaid-enrollees/>

<sup>7</sup> <https://www.cms.gov/newsroom/press-releases/cms-launches-nationwide-push-remove-ineligible-medicaid-enrollees-uphold-citizenship-requirements>

<sup>8</sup> <https://www.kff.org/racial-equity-and-health-policy/5-key-facts-about-immigrants-and-medicaid/#:~:text=Immigrants%20Under%20Age%2065%20Are%20Less%20Likely%20to%20Be%20Covered%20by%20Medicaid%20Than%20U.S.%20Born%20Citizens>