

March 23, 2026

The Honorable Ronald Mariano
Speaker, House of Representatives
Massachusetts State House, Room 356
Boston, MA 02133

The Honorable Aaron Michlewitz
Chair, House Committee on Ways and Means
Massachusetts State House, Room 243
Boston, MA 02133

Dear Speaker Mariano and Chair Michlewitz,

We are grateful for your longstanding commitment to upholding and advancing Massachusetts as a national leader in health coverage and access. When every resident has access to comprehensive care, it benefits all of us by reducing uncompensated care costs and improving health. In collaboration with the Immigrant Health Access Coalition and other partners, we write to you on behalf of lawfully present immigrants who have already lost or will lose their health coverage as a result of federal health care cuts. **We respectfully ask that you continue this commitment to coverage and care by offering alternative coverage options to lawfully present immigrants in the FY2027 House Ways and Means budget.**

We know that the Commonwealth is facing difficult funding decisions and recognize the great care that you and other state leaders are taking to mitigate the harm of unprecedented federal cuts. We also understand that it will not be possible to avoid all the negative impacts of federal health care cuts. However, preserving coverage options for lawfully present immigrants maintains Massachusetts' long, proud history of investing in coverage for immigrants, and reflects the significant cultural, educational, and economic contribution that immigrant communities bring to the Commonwealth. As we celebrate the 20th anniversary of the passage of Chapter 58, this history feels especially relevant.

Tens of thousands of people in Massachusetts are already feeling the most immediate impacts of these federal cuts, which eliminated federal eligibility for ACA subsidies for lawfully present immigrants including refugees, asylees, visa and work permit holders, and victims of trafficking. Approximately 37,000 of these residents under 100% of the federal poverty level (FPL) already lost ConnectorCare coverage in January, and an estimated 25,000 to 30,000 residents between 100% and 400% FPL are expected to lose eligibility in January 2027. Without state action, the majority of these 67,000 people are expected to become uninsured. This will not only be devastating to the individuals and families who lose access to care, but it will also strain hospitals, health systems and community health centers by increasing uncompensated care and financial pressures on the Health Safety Net (HSN) program. The Massachusetts Taxpayers Foundation estimates that for every 50,000 newly uninsured people relying on the HSN, demand on the already financially strapped program increases by \$100 million.¹

¹ Howgate, D. (2025, September 10). *The Changing Landscape: Impacts of Federal Action on Massachusetts. Part 3: Impacts of federal reconciliation on the Massachusetts health care system.* Massachusetts Taxpayers Foundation.

The state could consider several options to mitigate some of the worst coverage impacts due to federal policy changes on lawfully present immigrants in Massachusetts. While the ideal scenario would be to maintain coverage for these individuals at 2025 levels with state-only funding, we recognize this is likely not possible given the fiscal constraints and the scale of the impending federal financing impacts. Estimates based on a broad analysis by Manatt Health, using limited publicly available data, suggest completely protecting coverage for these individuals would cost the state approximately \$380 million annually (though costs could be lower over time as this population is expected to decline).² Therefore, we suggest that state policymakers consider two less fiscally expensive coverage options that could be combined to maintain access to care for individuals losing coverage.

1. *Offer a ConnectorCare “buy-in” or limited benefit program:* The state could design ConnectorCare plans with higher monthly premiums or limited benefits. For example, the state could offer plans with monthly premiums of \$100 for people up to 200% FPL and \$235 for people between 200% to 400% FPL. Manatt Health’s broad analysis using limited publicly available data suggests this option could provide coverage to approximately 40% of the ConnectorCare members losing coverage (26,000 people) and cost approximately \$131 million a year, though we encourage relevant agencies to conduct their own analysis.³ This would provide an option for people to keep comprehensive coverage with low-cost sharing. The plan offerings could also be adjusted along a sliding scale with lower premiums and cost-sharing for lower incomes, and higher premiums or cost-sharing for higher incomes. Program and plan design would likely need to be deferred to the implementing agency within budget constraints.
2. *Extend the Children’s Medical Security Plan (CMSP) to adults:* CMSP was created to provide primary and preventive care to children who are not eligible for more comprehensive coverage. The program covers a limited set of services, but it could enable adults who would otherwise become uninsured to access a broader network of primary care providers and outpatient behavioral health clinics. This option could help people who cannot afford the ConnectorCare option to access basic care. Based on limited available budget and enrollment information, we estimate that this could cost approximately \$34 million if 60% of people losing coverage (40,000 people) choose this option rather than the ConnectorCare option.⁴ *Note:* Most people expected to enroll in CMSP would also likely be eligible for HSN for some care not covered by CMSP.

² This estimate assumes state funds are used to maintain historical coverage generosity levels with the member share of premiums equal to \$0 for populations with incomes below 100% FPL and member premiums set to 2026 contribution levels for populations above 100% FPL. Manatt Health assumed a modest reduction in enrollment relative to the end of the 2025 rate period given the disruption in prior ConnectorCare coverage options for certain LPR populations.

³ This estimate assumes state general funds are used to maintain historical coverage generosity levels with the member share of premiums equal to Plan Type 3A coverage for populations between 0-200% FPL and Plan Type 3C coverage for populations between 200.1-400% FPL. Manatt Health assumed a modest reduction in enrollment relative to the end of the 2025 rate period given the disruption in prior ConnectorCare coverage options for certain LPR populations effective December 31, 2025, as well as sensitivity to higher premium costs.

⁴ This estimate is derived by taking the current FY2027 budgeted spending (\$42.6M), dividing by the expected program enrollment for the same year (75,000) to establish a PMPY cost (\$568). That cost is then multiplied by 1.5 which is the ratio of adult to pediatric spending in Medicaid based on both BCBSMA and Kaiser data. Finally, the

There may be additional policy options to support those losing eligibility, including utilizing different coverage and benefit designs or leveraging the MassHealth fee-for-service or HSN infrastructure that are more cost-efficient due to low utilization rates in the population. We are open to considering all options that lessen coverage losses and look forward to working with the legislature to develop feasible solutions.

We believe the policies outlined above, and any additional ideas for consideration, would help maintain a certain level of access to care for some of the most vulnerable residents, while also relieving pressure on the HSN program. Every person covered through the ConnectorCare buy-in program is one more person who would not have to rely on the strained HSN program. Offering CMSP to people losing coverage would also help support the HSN by covering some primary and outpatient behavioral health care. Finally, at an estimated combined cost of \$165 million - less than half the cost of maintaining coverage at the 2025 levels - these proposals balance health care coverage and access needs with fiscal constraints. We therefore request that you consider including these policies or other options to protect health coverage in the FY2027 House Ways and Means Committee budget.

We appreciate your consideration of this important issue and look forward to working with you and your staff to preserve coverage for immigrants as the budget process moves forward.

Sincerely,

1199SEIU - United Healthcare Workers East
Agencia ALPHA
Authentic Caribbean Foundation
Behavioral Health Partners of MetroWest
Brazilian Women's Group
Brockton Workers Alliance
Central West Justice Center
Community Economic Development Center of
Southeastern Massachusetts
Everett Haitian Community Center (The EHCC)
Fenway Health
Greater Boston Interfaith Organization
Greater Boston Legal Services, on behalf of
clients
Greater Framingham Community Church

Haitian Community Partners Foundation
Health Care For All MA
Health Equity Compact
Health Law Advocates
IFSI-USA
Immigrants' Assistance Center, Inc.
La Colaborativa
La Comunidad, Inc
Massachusetts Dental Hygienists' Association
Massachusetts Law Reform Institute
Massachusetts League of Community Health
Centers
Massachusetts Medical Society
Massachusetts Senior Action Council
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adjusted PMPY (\$852) is then multiplied by the expected eligible LPI members (67,000 for all losing coverage 40,400 for those not enrolled in the ConnectorCare buy-in option).

Our Bodies Ourselves
Refuge & Relief Mission, Inc.
Rosie's Place
SEACMA
Somerville-Cambridge Elder Services
True Alliance Center
The Everett Haitian Community Center
Women Encouraging Empowerment, Inc.
YWCA Southeastern MA

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Cc:

Chair John Lawn
Members, House Committee on Ways and Means