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## Bird's Eye View: Issues Impacting Older Immigrants in 2025 Part 2

Webinar Transcript

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Presenters:

**Ben D'Avanzo**

Senior Strategist, Health Advocacy,  
National Immigration Law Center

**Tiffany Huyenh-Cho**

Director, California Medicare  
and Medicaid Advocacy,  
Justice in Aging

**Sahar Takshi**

Senior Attorney,  
Justice in Aging

Denny Chan:

Hi, everyone, and welcome to today's webinar. Today's webinar is entitled Bird's Eye View: Issues Impacting Older Immigrants in 2025 Part 2. This is a follow-up to a webinar that we did just a couple of months ago, so if you joined us for [that webinar](#), welcome back. If you are new, we'll make sure to get that link to you all, and make sure that you have a chance to review it because a lot of the things we're talking about today actually build on some of that content that we talked about just a couple of months ago. Welcome, regardless. Today's webinar is brought to you by Justice in Aging, as well as the National Immigration Law Center, and I have the honor of moderating and being the moderator for today's webinar.

Some webinar logistics before we get started with the content. All attendees are on mute. You should feel free to use the Q & A function for substantive questions. If you have any technical concerns, if you have any problems getting onto the webinar, feel free to send an email to our [trainings@justiceinaging.org](mailto:trainings@justiceinaging.org) inbox. Someone is monitoring that, and can get back to you and get you some help. This training, as well as all of our other trainings are available at our resource library because that is often one of the most frequently asked questions, and then to enable closed captioning, you can do so by selecting CC on the Zoom control panel.

Justice In Aging is a national legal advocacy organization. We are dedicated to using the power of law to fight senior poverty for all older adults, and we've done so since 1972. You will hear more about our friends at the National Immigration Law Center and the work that they do, but they are the leading advocacy organization in the United States dedicated to advancing and defending the rights and opportunities of low-income immigrants and their loved ones. At Justice in Aging, we have a commitment to justice, and we believe that in order to advance justice in aging as a concept, we have to ensure that everyone has access to what they need as they age without discrimination,

and regardless of their personal or social identities. So we push for policies that will ensure all of us have those basic needs met, and are able to do so by accessing the services and programs that we all need.

You can sign up for this webinar, as well as all other webinars and materials by going to our [justiceinaging.org](http://justiceinaging.org) website and clicking up signing up, signup, excuse me, or to send an email to [info@justiceinaging.org](mailto:info@justiceinaging.org). A quick introduction and agenda. We're going to be talking about a couple of big topics today, including who are older immigrants as a quick refresh, some updates on some of the topics that we talked about last time, as well as some new content around public charge, and with a timely opportunity to comment this week, and an update on language access. So without further ado, I'm going to transition now and pass things over to my colleague, Sahar.

Sahar Takshi:

Thank you, Denny. Hello, everyone. I want to begin with a quick refresher about who older immigrants are. Next slide, please. So national estimates show that there are about 8.5 million immigrants who are aged 65 or older in the US, and that's quite significant, that makes up over 14% of our total older adult population. The older immigrant population is very diverse, both in terms of their background, the languages they speak, but also in their immigration experience. Some may be legal permanent residents or Green Card holders, while others are refugees, asylees, they hold visas, or have some other pathway. While an increasing number of older immigrants are coming to the US in older age, the majority of older immigrants have actually been living in the US for, sometimes decades, and are integral parts of their communities.

Older immigrants are also key to multi-generational households as they can provide childcare, allowing the working age adults in the home to pursue jobs and income. Unfortunately, however, immigrants experience many inequities, and this is very true for older immigrants. On average, older immigrants experience poverty at higher rates than non-immigrant older adults, and as we'll discuss later, there are many barriers to them accessing the social safety net programs that would help lift them out of poverty. Recently, the Trump administration's cruel anti-immigration policies have an impact on older adults as well, and often in unique ways. So that is our introduction to who older immigrants are. Next slide, please.

Next, I want to talk about this year's PRWORA notices. Next slide. So what do we mean when we say PRWORA? PRWORA is the Personal Responsibility and Work Opportunity Act, which is a longstanding federal statute that governs our nation's welfare system, and one of the things it does is place restrictions on immigrants' ability to access public benefits. Under PRWORA, some types of immigrants, including those with temporary protected status, with work visas or student visas, and a few other categories, which the statute calls non-qualified immigrants, are not eligible to access certain types of public benefits. However, for years the PRWORA regulations have been clear. Some of our nation's public benefits are available to everyone, regardless of whether they're an unqualified

immigrant or not. This year, however, in response to the Trump administration's anti-immigration executive orders, six federal agencies proposed new rules that would take away immigrants' ability to access many of these previously available benefits, and they would also require state and local agencies to implement immigration verification requirements when they provide these benefits to the public. Next slide, please.

So these notices propose to take away access to, and require verification for things like federally qualified health centers, some shelters, many mental health and behavioral health services, including those that are aimed to people in crisis, as well as other federal funds that help to maintain things like our local nutrition programs, like Meals on Wheels or Congregate Meals. I do want to note that the Older Americans Act funded services were not on the list of enumerated benefits that would be impacted by the new PRWORA notices. However, the agencies left open the possibility for them to expand the list in the future. As I mentioned, these notices require state and local agencies, and possibly nonprofits who receive certain federal funding, to implement immigration verification procedures. These verification procedures might involve something like presenting forms of ID, filling out forms, and generally waiting longer to receive services while the person's status is being verified.

This is something we're particularly concerned about because suddenly putting in new immigration checks would not only strain the impacted programs, which are often under-resourced, but it would also make it harder for all older adults, regardless of their immigration status, to get access to these programs. Next slide, please. So what's happening now? There is some good news. In response to these PRWORA notices, 22 states filed a lawsuit against the federal agencies this summer, arguing that the action that the notices were unconstitutional and violate the Administrative Procedures Act among other things. As a result of the lawsuit, there is currently a preliminary injunction in place, meaning the agencies cannot implement the PRWORA notices in the 22 states that sued while the litigation is pending. We're expecting a decision on this case sometime next spring, and possibly an appeal after that.

I do want to note, however, that the states that were not party to the lawsuit, in those states the government can start implementing the new immigration verification requirements. In fact, we are already seeing some states proactively complying with these notices, and even passing their own laws that require a very similar thing. With that, I'm going to hand it over to my colleague, Tiffany, to talk about Medicare and Temporary Protected Status.

Tiffany Huyenh-Cho: All right. Thanks, Sahar. So next, I will touch on the intersection of Medicare coverage and a subset of older immigrants, specifically those living in the US under temporary protected status or TPS, and some of the systemic issues that have come up in the past few months for this population. Next slide, please. So first, some background on temporary protected status or TPS. As of March 2025, there are about 1.2 million people that are here living in the US under

TPS. TPS is a humanitarian legal status that is granted to nationals of certain countries who cannot return home because of ongoing civil war, environmental disaster, or other extraordinary circumstances. The federal government determines which countries qualify as TPS. So people residing here under TPS do have temporary residency. They are authorized to work in the US and are protected from deportation. TPS can be granted for a specific duration, a specific period of months, and that can range from 6 to 18 months.

The TPS status of a country can be extended once it nears its expiration since TPS is only granted for a specific period of months. Once TPS is extended for a country, holders still must re-register when their country's TPS is extended. Prior to H.R.1, the Federal Budget Reconciliation Bill that was passed this summer, TPS was a qualifying status for Medicare eligibility, so many older immigrants here under TPS are enrolled in Medicare today. But once TPS protection ends, once that status is terminated, a TPS holder will revert back to his or hers previous immigration status. So if someone does not have a different qualifying status for Medicare coverage, it can disrupt Medicare and Social Security benefits such as retirement. Next slide, please. So what's happening now are a few issues with respect to TPS holders enrolled in Medicare, and we're highlighting these so advocates are aware, and contact us if you are seeing these issues.

So first, when a country's TPS designation is extended, TPS holders of that country must re-register, but currently there is a backlog in processing those applications. For some countries, it's taking six to nine months, and even beyond that for other countries. For example, the federal government's website says it's taking eight months for El Salvador applicants, and what this means is that during this backlog, TPS holders are in limbo. The normal process is to get a receipt or some sort of confirmation to ensure ongoing benefits while the reregistration is being processed. This is not happening because of the backlog or is taking much longer than before. We are hearing reports from across the US of people who cannot use Medicare coverage because their TPS application has not processed. Understandably, this is causing disruption to access to Medicare coverage for many older immigrants.

The second issue that we are hearing of is when a country's TPS status expires and is not extended. That means TPS is ending for specific countries. There has been several countries recently whose TPS was not extended, like Haiti or Ethiopia. And if a country's status is not extended, there is a 60-day period before termination is effective. The termination of TPS means that TPS holders for that country may have limited options, so we encourage folks to reach out to immigration attorneys who can counsel TPS holders whose status is ending. If a TPS holder does not have another qualifying immigration status for Medicare, they are ineligible for Medicare benefits. It could also disrupt eligibility for Social Security benefits like retirement if they do not have another qualifying immigration status. So advocates should be aware of this possibility and counsel folks to be on the lookout for notices from either Medicare or Social Security.

It's also important to note that benefits should not end before that 60-day period is effective. So TPS holders do retain eligibility until that effective end date, which runs 60 days after the Department of Homeland Security publicizes notice in the federal register.

Next slide, please. So with TPS status ending for several countries, advocates should counsel impacted clients to be on the lookout for notices, and especially pay attention to notice dates. Benefits should not end prematurely, and if they are, appeal timely with Social Security or Medicare. If their TPS status is ending, TPS holders are still entitled to the full range of benefits until that effective end date. As we covered in our last webinar, TPS holders are not eligible to newly enroll in Medicare after July 2025 under H.R.1. So despite that restriction, we are hearing that people are enrolling in Medicare despite this fact, and enrollment into Medicare despite being ineligible may cause other issues that are difficult to navigate in the future.

So if you are seeing any of these issues, please contact us. We're investigating and trying to determine what systemic advocacy can be done, and individual steps that folks can take in these situations. It's extremely helpful to have examples and copy of notices to help with that advocacy. So with that, I will turn it over to Ben.

Ben D'Avanzo:

Hi, everybody. Next slide, hopefully. Okay. So my name is Ben D'Avanzo, I'm a senior strategist with the National Immigration Law Center. As Denny noted, we are a national advocacy organization, we focus on low-income immigrants. I work on our health and economic policies, particularly at the federal level, and so I have, for a number of years, worked on many of these issues impacting immigrants and their access to health and other sort of programs. I'm going to be talking about public charge and language access, although first I just want to provide just a little bit of context that we, at NILC, feel it's really important to provide and talk about as we talk about these issues, because immigrants right now are experiencing nothing less than terrorism from the federal government. I don't use that word lightly, but it is very much the intention of those in the White House and Homeland Security to make immigrants feel scared, worried about leaving their houses, about bringing their children to school.

So when we talk and think about accessing basic health services, being able to refill their prescriptions, being able to get meals, to be at home and not go hungry, it is pretty horrible. It is regular that we get updates and hear from people on the ground. Many of you are probably experiencing this in your own communities, where immigrants are just terrified of leaving their homes because of what is happening with the ICE raids, because of what is happening with detention centers with horrific conditions, where children and pregnant immigrants, and older immigrants are being kept and not provided adequate medical care. Not to mention, of course, maybe some of the most horrific stories coming out of El Salvador, where many immigrants were taken without any proof or any trial and tortured. So when we talk about access to these

programs and use of services and eligibility, we really recommend that folks keep in mind that immigrants are experiencing a totality of fear across many different areas, and much of this is being caused by \$150 billion that the Trump administration received over the summer as part of the H.R.1 reconciliation legislation.

That same bill that deprived refugees and asylum recipients of Medicaid, and SNAP, and ACA eligibility, the same bill that cut Medicaid and applied work requirements across the country that made it harder to get SNAP. Not many people know outside of the immigration world, but that bill provided just untold amounts of money, more money than any police department in the country has ever even thought about to ICE enforcement, and to customs of border protection for detention facilities and for raids. I'm a little bit of a doom and gloom person right now in these comments, but it is very much good to know that, that context, because we expect things to get worse because they are only starting to spend that money, and they are only starting to hire less and less qualified ICE, and CBP, and other immigration enforcement agents who are not going to be trained in civil rights procedures. We, frankly, expect more raids in more cities before this all gets better. I do expect, I will say, I think it'll get better, particularly if we fight for it.

I also will note there have not been raids at healthcare centers, but we have seen it at sensitive locations where that were previously off limits, like churches and schools, and so we would not be surprised down the road if there was something like a nursing home or a health provider center, and really recommend that trainings in staff preparedness keep on going. So I wanted to provide that just overall context because it's easy to get into the weeds about policy, but for an immigrant's life, and for a person making decisions about what's best for themselves and their families, if they don't think about this in policy it is all wrapped up together, and it is important to think about people as whole humans. Next slide. All right, so I'm going to start with language access.

So language access is something that has been established in law since the Civil Rights Act of 1964, which forbid recipients of federal funding from discriminating against someone due to their national origin. Recipients of federal funding is a very broad group. It means if you receive any grants, any contracts, if you are a subcontractor or subgrantee, if you are a hospital receiving Medicare or Medicaid funds, those are all considered recipients of federal funding, certainly Older Americans Act funding. Whether that funding comes through the state or through the locality, you're considered a subrecipient and have to abide by these language access requirements that were really established throughout the mid-20th century through regulations, and through court rulings saying that you need to avoid discriminating against someone's national origin, that means providing them meaningful access to your programs if that person has limited English proficiency.

I'll use that term LEP. It is not a fully appreciated term. It is a deficit focused term, not everyone prefers it, but it is the one that tends to get used in legal and policy terminology. Of course, we know older immigrants and older adults are much more likely to be LEP. Of course, language access is not just a immigrant issue, there are people who are multi-generational Spanish speakers, there are people who speak ASL, there are people who are, especially older members of tribes who had their languages stripped when they were children, but in their older days, especially when they are suffering from cognitive health issues, may actually revert and prefer to speak in tribal languages. So we really emphasize that language access is not just an immigrant issue. Next slide.

So despite this longstanding civil rights requirement, the Trump administration has really acted in very unprecedented ways to roll back language access. I say that noting that the first Trump administration was neutral to good on language access. They actually did some good things during the pandemic, and language access had become, over the years, a bipartisan issue. We had been working with Republican members of Congress, who particularly given presumptions around voting patterns for Latinos and for AAPI voters, were growing more and more interested in language access. Now though, we have a nativist white supremacist administration, and language access suddenly is being wiped off the table. So despite the 1964 Civil Rights Act requirement for recipients of federal funding, there was unfortunately no law that requires federal agencies themselves to provide information in multiple languages.

There was an executive order under the Clinton administration that extended those civil rights requirements to all agencies, but because that was an executive order it had always been kind of weak, despite something that we relied on and worked on very, very heavily over the years. So the Trump administration repealed that executive order in creating its own executive order declaring English as the national language. Now, I really want to emphasize the White House can declare English as the national language as much as they can declare that apple pie is the pie of the United States. So it doesn't mean you can't eat apple pie or someone has to eat apple pie more or less. The declaration of English as a national language has no statutory effect because they have no statutory authority. Congress has introduced and debated laws declaring English as the national language for decades. In fact, it's become less and less popular in Congress if you look at the co-sponsors over time.

So if someone says, "Well, English is the national language, you can't speak other languages," that's nonsense. There's nothing to be said there. That being said, the Trump administration can, because of those weak requirements on federal agencies rolled back what agencies are doing in terms of language access. So over the summer, because of this Trump executive order, the Department of Justice rolled back all of its language access guidance. It deleted websites, including the very helpful [lep.gov](http://lep.gov), and ended many, many years of really, really helpful information about how to best serve the 25 plus million people in the US who have limited English proficiency. I'll also note though that

the executive order does give some flexibility. It allows agency heads to make decisions based on their own needs to fulfill their missions. There's nothing of that executive order that actually says that agencies have to stop providing information in other languages, and it's really led to a variety of approaches from different federal agencies. Next slide.

So here's what's true in language access now. Most importantly, for programs that receive funding through health programs, and especially from Federal Department of Health and Human Services, there is the requirement under the Affordable Care Act that healthcare or civil rights be protected. That's Section 1557, and that includes and prevents discrimination on the basis of sex, and the basis of race, and on the basis of national origin. So there continue to be very strong regulations in effect under Section 1557, providing an interpreter at no cost, prohibiting children from being used as an interpreter, being provided the most important information in their language in written form. There's a variety of steps. Prohibiting the use of machine translation and AI without someone reviewing it. We have resources. I think Justice In Aging has resources on what's in 1557 regulations. We don't know if and when HHS is going to try and change those. They did roll back some of the language access protections in the first Trump administration. Justice In Aging actually sued over that, and so we will see, we have not heard rumors.

It's hard to tell, with the current leadership in HHS, exactly where their priorities are when it comes to civil rights, but we will be watching very closely. But other agencies, IRS, Housing and Urban Development, and Homeland Security have rolled back and did contracts in information and other languages, and we are tracking that very closely. That being all said, section title ... the requirements under the Civil Rights Act are still very much in effect, even if the Trump administration is trying to roll back these protections, and roll back enforcement. If someone doesn't provide information to someone who's limited English proficient, and they received federal funding, they are subject to enforcement action, if not under this administration, by future administration or by states. There are a number of states that have really good language access laws, and localities as well. Migration Policy Institute has some good resources on state and local language access laws.

So we really emphasize that despite the actions of the Trump administration, it is very risky and likely illegal to reduce or roll back language access, whether that's access to an interpreter or information in other languages if you are a recipient of federal funding. Next slide. So like I said, this law still applies, Title VI of the Civil Rights Act, and so this executive order and memos can not overrule existing law. We have resources on our website, and National Health Law Program does it as well, really making this clear that if you experience this, if you experience a hospital trying to deny client, for example, an interpreter, or making them pay for it and say, "Well, English is the national language," or, "The White House said it," hopefully those resources will be helpful to you.

All right, I'm going to move to the next topic. Public charge. So I'm going to go back to what I said at the beginning thinking about public charge, which is a complex area of immigration law, and really thinking through what immigrants are facing right now, their fears, and the fact that this additional confusion and uncertainty, and fear that is being promulgated under a proposed rule is potentially yet another burden that is being added onto, and being exacerbated by the existing problems. Next slide. So public charge is part of the Immigration Nationality Act, so that means it is not public benefits law. It's not part of, for example, Medicaid and Medicare, or Food Nutrition Act for SNAP, it is immigration law, and it allows someone to be denied entry to the US, or a Green Card if using a number of factors, they might be a public charge. Public charge has long been determined to be someone who's going to be predominantly reliant on the government for their subsistence.

The kind of two situations it really applies to is if you are outside of the US and you're trying to apply for entry for a visa or a Green Card, it applies to you then, and that's governed actually by the Department of State, which has its own process and problems. They are directing consulate officials to basically play the role of doctor, and assess if someone might have a heart attack, or might need diabetes treatment, and if they're going to be able to pay for it, but the Department of State has its own separate process. What we're talking about today though is people who are applying for a Green Card from within the US. So this is someone who is already in the US, maybe they're here on a visa, maybe they were here without status, or originally with status and have lost it, but in general, people in those situations are the type of people who would face a public charge test when they apply for a Green Card, not citizenship. There's no public charge test for citizenship and they're exemptions.

So if you have arrived in the US and you're applying for a Green Card through the process as a asylum recipient, or as a refugee, or through a trafficking, a T visa, a survivor's visa, or through a few other kind of more humanitarian immigrant pathways, those do not apply to you if you are going through ... the public charge does not apply to you if you're going through that process, and that is part of law and cannot be changed. Next slide. So right now, immigration officers have to review a person's totality of circumstances, so that includes someone's education, income, health, and potential use of benefits. Under the 2022 final rule that was finalized under the Biden administration, and you all, I'm sure, submitted comments, we certainly did, I know Justice In Aging did, the only current benefits today, despite the fact that there's a proposal to do differently, are use of federal cash assistance programs like TANF and SSI, and long-term institutionalization under Medicaid.

So someone, and I'll say community-based care does not count, but nursing home care, someone who is in a nursing home, for example, or a long-term care facility, and is not expected to leave. If people in those circumstances apply for a Green Card, those would be negative factors in their determination. Other than that, use of any other benefit, prospectively or in the past, is not considered in a

determination today. Next slide. However, the Homeland Security Department has issued a new proposed rule, did that just under a month ago, and it eliminates that 2022 rule, and doesn't replace it with anything. This is a difference from what happened in 2019. 2019, the Trump administration finalized a rule that included new benefits in the public charge determination, specifically SNAP, all Medicaid and housing programs, and state cash assistance programs. It had a number of other things around the kind of immigration factors that are considered. This doesn't do that. This says there are no rules.

This says immigration officers can do what they see fit, and of course we know it's not going to be on an individual's decision for what they see fit, it's going to be on this administration's determination to make immigration, if you are not a European or otherwise white wealthy immigrant, to the US as hard as possible. So among the deletions, it includes the deletion of which programs are being used. It includes a deletion that the family member's use of benefits is not counted. It deletes clarification that if you use benefits as a refugee, then that's not going to be counted. It basically says that any future or past potential use of benefits in any length of time could be counted. They say they're basically going to issue some kind of informal guidance. They're basically trying to play coy and be like, "Well, we're going to tell people what to do. We're just not going to do it in regulation." They are trying to go around the fact that the last time they did this their regulation was struck down in court.

So they're actually trying to do something more radical, both in the contents, but also in the process because they're trying to have it both ways. Next slide. So the Homeland Security Notice of Proposed Rulemaking, that's NPRM, basically says any benefits. So we often get the question, "Could X, Y, Z benefit be considered?" The answer is yes. Because there are no limits on what type of federal program could be counted, we can't rule anything out, and that includes Older Americans Act or a variety of programs that help older immigrants, and do not have the same level of restrictions as say Medicaid or SNAP. The lack of guidance means that basically immigration agents have the potential, and likely be pressured to make arbitrary and discriminatory decisions, so that immigrants who are going to apply for Green Cards soon or down the road will have no way of knowing what potential actions they may take, and whether those will be considered negatively in a public charge test.

So this is going to lead to chaos and confusion because immigration lawyers, us as policy experts, service providers are not going to be able to provide clarity as we did both in 2019 and in 2022. For many, many years, starting in 1999 and before, we're able to say, "Only these benefits come. We're not going to be able to do that, and that's just going to create a massive chilling effect. All of this is deeply contradictory to longstanding practices, law, and congressional intent. Next slide. So we have resources, and I don't think you'd be able to click on these, but hopefully they will be shared in follow up, and we could also share anything else or had some QR codes, but in general, we really encourage people to comment on this proposed rule. The deadline is Friday. There is a template

comment available from the Protecting Immigrant Families campaign if you just go to their website, [pifcoalition.org](http://pifcoalition.org), you'll be able to find it in the public charge toolkit.

There's a service provider template, and we really encourage, especially those of you who work with immigrant communities, are from immigrant communities to, in the next couple of days, submit a comment and say, "Hey, we've provided people with advice and information on saying it's safe to use Medicaid, saying it's safe to use SNAP," and that is basically being thrown in the trash. Between that and the chilling effect and uncertainty, there is going to be a lot of harm to both our programs economically, to our communities, and to the goals of the people we're trying to help. So we strongly encourage you to help us make a very clear record that this proposed, I would say not even a proposed regulation, this proposed absence of regulation is bad. So we deeply appreciate your all's partnership on this and all things.

Immigrants right now, as I said, are in fear and in crisis. Immigrant-serving organizations are spending their time just trying to help people who are locked up, and children who are being torn away from their parents or grandparents. So those of you who are general service providers who are providing services across a variety of circumstances, we are relying on you and your world to make up for the fact that immigrant rights groups right now are deeply ... they're in it. So I will appreciate you all having the opportunity, and happy to answer questions.

Denny Chan:

All right. Thank you, Ben, and big thank you to you all at NILC for hopping on and joining us for today's webinar. I know that we have about 600 people on today, and we wanted to make sure there was plenty of time for Q&A, so as you all continue to digest the information that all the presenters told us, feel free to continue typing questions into the chat. We will take as many as we can today live, and then we will follow up with folks if we run out of time and aren't able to get to your question. Ben, I want to go back to you first and ask you a little bit, some follow-up about the public charge. I'm calling it a non-rule because they're not really proposing to do anything, an actual rule. So you told us that the comment period closes on Friday, why is it really important that people are commenting? If we think the administration's going to do this anyway, why is it important that people submit comments by Friday? And what would you recommend that people include in their comments to be the most effective as possible?

Ben D'Avanzo:

So even though we would expect, right, this administration has not shown itself willing to abide by what it's supposed to do with public comments, which is listen and respond and factor in comments, we know that having a lot of really high quality comments, and we really emphasize quality by just submitting something that's the same as the template is hopeful, makes them have to slow down and read, and potentially makes it so that this rule is finalized later, and as late as much as possible. But in general, we saw during the last Trump rule that

there were lawsuits pretty quickly after it was filed, and the comments that were used in the regulation are really important for those lawsuits. So this time we want to make sure there is a very strong record that demonstrates what the public thinks, and can be both the basis for any other actions down the road, as well as in a future administration show, "Well, actually it turns out a lot of comments suppose this, and so therefore we're going to withdraw this rule or restore the previous one because of the comment history on it."

So there's a number of reasons why it's really important for, especially people who can speak directly to numbers, to dollars and cents, to stories of impacted people are very, very helpful, and we really encourage you all because the comments can be a little bit delayed, sometimes they don't even get posted publicly at all, to share them. Either share them with Justice In Aging who can pass them on to us, and to Protect Immigrant Families, or the template has a way of sharing with Protecting Immigrant Families so that we are aware of everything you said that can be used down the road.

Denny Chan:

Yeah, I think that's a really important point here. Ben mentioned the litigation under the first Trump rule, and multiple courts struck that rule down as finding that the actions of the administration under 1.0 violated the law. So here, similarly it's just as important to build a strong record that then can be used in court to fight this rule. Okay, so I know the questions are going to keep coming in. Thank you all for continuing to type them in. I'm going to put Ben off the spot a little bit, and actually shift and move back to an earlier topic that Sahar presented on, which was about those PRWORA notices, and we'll make sure ... there was one question about the 22 states that are involved in litigation, we'll make sure you get that list.

But for purposes, I know, Sahar, you had mentioned possibly the impact on Meals on Wheels programs, and wanted to give you a chance to walk through both how potentially Meals on Wheels programs were impacted, and how they might not be impacted, because we also know that OAA services were not explicitly included in the current memos, in the current notices that were issued. So yeah, if you can walk us through that kind of complicated distinction.

Sahar Takshi:

Yeah, of course. So for the purposes of the PRWORA notices, the ones that came out in 2025, there were six federal agencies that put them out. The most relevant for, I think, the folks on this call are going to be the ones that come from Health and Human Services, and that notice enumerated, I think, 13 different sources of federal funding that would now be subject to immigration verification requirements. As a reminder, if a state is party to the lawsuit, if it's one of those 22 states that's party to the lawsuit, they won't currently be impacted, but other states would be. So out of those 13 programs, those 13 sources of federal funding, if a Meals on Wheels program receives some of that funding, for example, if a Meals on Wheels program receives community services block grant funding, which is one of the 13 sources of funding that was enumerated, they might then be subject to those requirements.

My understanding is that a lot of Meals on Wheels programs receive OAA funds, Older Americans Act funding, and I want to reiterate that as of right now, Older Americans Act is not part of the PRWORA notices. So it has not been a source of funding that's been identified as requiring additional immigration verification requirements as of right now. So it will depend a little bit on a case-by-case basis of what particular sources of funding the Meals on Wheels program is getting. I know many of them receive multiple sources. So it just depends on whether one or more of those sources of funding was part of the list of PRWORA impacted programs. So if there's a specific question I'm happy to ... about your state or about your local program, I'm happy to talk offline about it and work through that with you.

Denny Chan:

Thank you, Sahar. Yeah, this really, I think, gets to some of the confusion that you highlighted, and that's been part of the litigation that the states have brought, is that it is particularly confusing for a program like Meals on Wheels that is funded through multiple funding sources. If you're naming some but haven't named others, how much does that then apply, and what can providers expect in terms of what is expected of them because of their federal funding? So thank you for clarifying that kind of confusing part.

I'm going to switch now to some issues that Tiffany brought up around Medicare and temporary protected status. So Tiffany, there's a question here really asking you to walk through that timeline again. Applicants have 60 days after the notice is published or the date of termination of their country's TPS designation. I know this is a timely question because new countries are being identified in real time. So yeah, can you walk us through that timeline again, just so that we're clear?

Tiffany Huyenh-Cho:

Of course. So if the government decides not to extend a country's TPS status when it's nearing its pre-designated expiration date, they must give notice first by publishing the decision in the federal register. The termination of that country's TPS status is effective 60 days after that decision is put in the federal register. The date of termination is 60 days after that notice is given, and so for that reason, we do stress reviewing notices carefully, just to make sure that benefits are not ending prematurely before that effective date of termination. Folks are still entitled to benefits, and have that TPS status until the termination date. We know the end of TPS status does leave people in very difficult and heartbreaking situations if they do not have another qualifying status. Healthcare for immigrants without legal status is limited in many states, and it pains me to say that it leaves people with very few options for affordable healthcare, which is just very heartbreaking with, as Denny said, a lot of country's status is ending very quickly.

Denny Chan:

I'm going to ask you to hang on just for a second question, but want to highlight this point that if people are seeing issues with Medicare coverage and temporary protected status, folks with TPS, please contact us. There is a link in the slide deck that you all are getting. You can also email us at

[info@justiceinaging.org](mailto:info@justiceinaging.org) and it'll get righted ... routed, excuse me, to the right person. Part of what we're trying to figure out here is people who are losing coverage before they should because of those situations that Tiffany outlined where people are stuck in limbo. Then sometimes people, as a result of the country losing their status, won't have any coverage, but those are different situations. So we're trying to really piece out what's happening here for folks who should still have some access, and unfortunately are having issues. So if you are seeing those kinds of cases with the older immigrants that you're working with, please reach out to us because the more information that we get about what folks are seeing, the better we are able to piece together some systemic advocacy.

There was another question here that was really about if a person is determined that they've lost TPS status coverage, what other forms of coverage might possibly be available? What's our best advice and thinking if they have now lost coverage to Medicare because of the link to TPS? What would we encourage advocates working with folks in that situation to try to explore? Specifically, this person was asking about access to FQHC services.

Tiffany Huyenh-Cho: Well, I could start a little bit. I see Ben was typing an answer, so please jump in, Ben. I can say that, again, another reason to contact us is many states have expanded Medicaid benefits for immigrants regardless of status, like in California, New York as well for certain older immigrants. It's helpful because TPS is not a qualifying status for Medicaid federally, but states are using state funds in some of those instances to cover immigrants, like in California, for example. So there may be some states where people whose TPS status is ending can get coverage through their state-funded programs. There is always emergency services that are available to immigrants, and then in some circumstances, with the federally qualified healthcare centers, although there has been some recent movement about FQHCs, and whether or not TPS is a status to get coverage. But I wanted to let Ben jump in because I see that he wanted to answer earlier.

Ben D'Avanzo: Yeah. So federal law requires that FQHCs treat all people within their service areas. So we believe that FQHCs should not be denying people because of their immigration status, even if HHS was to try and move forward and block health center funding to only qualified immigrants. Nonprofits, which is the vast majority of FQHCs are not required under law to verify someone's immigration status under that 1996 law. So for a variety of circumstances and reasons, we believe they're down the road, FQHC should not be denying people because of their immigration status. There have been reports of that happening, and those health centers have been dealt with. So if you hear of a FQHC that is creating new requirements and denying people based on immigration status, please let us know. We work very closely, and actually have a cohort of health centers that we help coordinate with some of the national health center groups and state PCAs around immigrants and healthcare, and they are very much preparing for

what it'll look like when many immigrants lose their access to healthcare for a variety of reasons.

But that is an option, although, of course, not nearly providing the level of care beyond primary care that you would be able to access through Medicare and Medicaid, particularly for treatment of ongoing conditions and the like. Also note, emergency room access remains open to anyone regardless of their immigration status. People cannot be denied emergency care, which varies based on the state, and it's good to be familiar with your state's emergency Medicaid policies, and what type of treatment can be covered under emergency Medicaid, which provide reimbursement to hospitals for treating people for emergency conditions. So for example, access to dialysis could be, in some states, considered emergency care. It is care that is required to stabilize someone and prevent them from dying. So there are limited healthcare options available to people who are ineligible for Medicare and Medicaid. In addition, of course, as Tiffany said, there are a variety of programs depending on the state you're in to help people who are disqualified from federal coverage due to their immigration status.

Denny Chan:

Ben, thank you for that. I'm going to ask you to stay on for a little bit as we circle back to public charge, but I also want to highlight we've been going through the nuts and bolts around eligibility, and what happens when these changes take effect. Part of what happens in real life, and to piggyback on what Ben established as part of the context in which this webinar is happening, is that people just stop using services. That was a very documented point under the first Trump administration, particularly with respect to the public charge rule, and it's happening, and we know it's happening now.

So we encourage you all, if you have stories of people who are not using services, regardless of whether they're eligible, just because they are hearing all these different changes and are scared, please tell us, please make sure that as you're submitting your public charge comments to include them, because that is a really important part of this story to be uplifting. So Ben, with respect to the public charge comment opportunity, there's a question here about whether comments can be submitted anonymously. People are afraid, rightfully so, around retaliation. So what's our best advice to folks in that situation?

Ben D'Avanzo:

Yeah, we do. We have gotten that question and it's a very reasonable one. Unfortunately, our kind of recommendation in that situation is we think that it is unlikely that a comment submitted anonymously will be accounted for in the process. A potential workaround, and what some organizations are doing are collecting comments and stories from people potentially using their first name, and then submitting it on their behalf. So an organization, for example, could collect stories from a couple of clients, use their first name, or first and last initial, Jamal F in Boston or something like that, and submit the story that way, and then it would be on behalf of the organization. That'd probably be a good way of doing it to protect people who are worried about sharing their story and

retaliation. I'll say we have not heard of exact retaliation for someone submitting a comment, but there are very clear instances of retaliation due to people's social media and political opinions, particularly around certain international issues, and so caution is not unwarranted.

Denny Chan: As a follow-up on the public charge notice of proposed rulemaking, a question here about whether the public charge analysis or that test kicks in when someone is renewing their Green Card. Could you walk through those situations where this comes up, what about at Green Card renewal?

Ben D'Avanzo: Yeah, public charge does not come up during Green Card renewal, only when someone is applying for a Green Card for the first time. There are exceptions if you travel outside of the US, particularly for a long period of time, that might provide opportunities to get public charge questions asked of you as you are attempting to reenter the country. But generally, for someone who is inside the US, renewing a Green Card once they have it, they are set in terms of a public charge.

Denny Chan: Great. So I know we are winding down in terms of time. We have about three minutes left. I think, I'm going through the questions that we have yet to answer, and it looks like we've answered most of the ones we'll be able to get to today. I will note for the person who asked about numbers of lawfully present immigrants denied Medicare by H.R.1, we've done some analysis, we can follow up with you offline with the best that we have. We don't quite have exactly because we were also interested in this question. We don't quite have it exactly, but we can give you sort of a best proxy ballpark number, and so we'll follow up with you individually.

I want to give a big thank you as I move to this last slide. You'll have the contact information for all of our presenters who did a fabulous job today. Again, a big thank you to our friends at the National Immigration Law Center for joining us. I'm sure there'll be more to come in the new year, more policy developments, so you can look forward to follow-up webinars on this topic, and we will reach out and follow up with those of you who we weren't able to answer live. Thank you so much for joining us today, and I'm wishing everyone a happy and safe, and peaceful holiday. Thank you so much.