

What HR1 Means for Medicaid— and Why Communication Can't Wait

More than 76 million Americans have health coverage through Medicaid/CHIP. Many of them will soon experience significant changes, with some losing coverage altogether. At the same time, many others will keep their Medicaid coverage without any changes.

State agencies and state and community organizations should act now to:

- Ensure people have the information they need to prepare for and meet new Medicaid requirements.
- Reassure people who will not experience any changes.

Our English and Spanish [Medicaid Changes: What Should You Know](#) flyer provides basic information you can share now.

That means communicating – even before all the details are available – to help states:

- **Protect eligible people from losing their Medicaid health coverage.**
People's awareness of Medicaid changes will vary. While Medicaid dominated headlines when the changes occurred, media has moved on to other issues. At the same time, people who do not get information from traditional media sources may not know about impending changes. It will take repeated outreach from diverse messengers to break through today's constant noise and help people understand the new things they will need to do to keep their Medicaid health coverage.
- **Reduce administrative work.**
Not everyone will need to meet work requirements. Proactively letting those individuals know that nothing will change for them can reduce burdens on call centers.
- **Build and reinforce trust.**
Being transparent about what is known, what remains uncertain, and when additional information will be available can help preserve credibility. That trust is essential: people are more likely to pay attention and follow through on next steps when they believe state agencies are providing accurate information and acting in their best interest. Learn more from our recent webinar, [Building Confidence Before It Matters Most: A Data-Driven Approach to Communication](#).

Start now by:

- **Building a team.**
Create a space for organizations to come together to make sure everyone has the same information about what will happen in your state, strategize how to share information, and create a feedback loop to understand what is happening on the ground. Meet regularly to coordinate and adapt plans as needed.

- **Clearly explaining who must act—and who must not.**

Use plain-language materials to distinguish between people who must meet new requirements (such as work reporting or biannual recertification) and those whose coverage will continue unchanged. This can include simple eligibility charts, FAQs, and short explainer videos.

- **Providing step-by-step guidance on how people can keep their coverage.**

Spell out exactly what beneficiaries need to do, when they must do it, and where to get help. Examples include recertification reminders, checklists describing required documents, and text messages directing people to complete required steps online or through local offices.

- **Working with trusted messengers and community partners.**

Equip community health workers, providers, navigators, and local organizations with ready-to-use materials and training. Providing these partners with clear materials and training helps ensure people receive consistent, accurate guidance.

- **Reaching people through multiple channels where they already get information.**

Use a mix of digital, media, and community outreach to ensure repeated exposure to key messages. Effective approaches include text message outreach, social media campaigns, radio announcements, and printed materials distributed through clinics, community events, and local organizations.

- **Creating opportunities for people to ask questions and get answers.**

Interactive formats such as tele-town halls, livestreamed events, and community meetings allow beneficiaries to hear directly from trusted experts and ask questions. Tele-town halls, for example, allow people without broadband access to get information easily.

- **Meeting rural and hard-to-reach communities where they are.**

Partner with community organizations and local leaders to share information at community events, through local radio, and via outreach workers who engage people directly in their communities, including rural areas and underserved populations.

- **Making information simple, accessible, and multilingual.**

Ensure websites, printed materials, and digital resources use clear language and are available in multiple languages so beneficiaries can easily understand eligibility rules, reporting requirements, and recertification steps.

- **Communicating early and regularly.**

Share what is known, what is still being finalized, and when people should expect additional information. Transparent communication helps beneficiaries prepare for changes and reinforces trust in state agencies during periods of policy transition.

Health care already causes fear and anxiety. Two-thirds of American adults are very or somewhat worried about affording health care, ranking higher than other household expenses ([KFF Health Tracking Poll, Jan. 2026](#)). State agencies can mitigate this fear for those who will not face change and give those who will the information they need to understand next steps.



As a resource to guide your thinking, our [playbook on Medicaid expansion](#) is available online.

Who will experience change?

The charts below illustrate who will and will not be impacted by changes in Medicaid requirements. This reflects federal policy, but state-specific options may shape how different groups are affected.























Population	Change/No Change
Children age 18 or younger	No Change
People with disabilities, receiving Supplemental Security Income or Social Security Disability Insurance	No Change
Adults age 65 or older	No Change
People who are pregnant or eligible for postpartum coverage (12 months after a pregnancy ends)	No Change
Former foster care children age 25 or younger	No Change
Parent or caregiver of a child under age 14	No Change
Parent or caregiver of people with disabilities	No Change
Veterans with a total disability	No Change
American Indian/Alaska Natives	No Change
People who are medically frail	No Change
People enrolled in a substance use disorder treatment program	No Change
Immigrants who are children under age 19	No Change
Immigrants who are pregnant (and 12 months postpartum)	No Change
People ages 19 to 64 who do not meet any of the criteria above	Change
Immigrants who are adults and not pregnant	Change

Changes to Access to Health Coverage – People ages 19 to 64 (Medicaid Expansion Population)

Population	Must Recertify Twice Per Year	Must Submit Documentation of Approved Activity Twice Per Year
People with disabilities, receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	No	No
People who are pregnant or eligible for postpartum coverage (12 months after a pregnancy ends)	No	No
Former foster care children age 25 or younger	No	No
Parent or caregiver of a child under age 14	No	No
Parent or caregiver of people with disabilities	No	No
Veterans with a total disability	No	No
American Indian/Alaska Natives	No	No
People who are medically frail	No	No
People enrolled in a substance use disorder treatment program	No	No
People ages 19 to 64 who do not meet any of the criteria above	Yes	Yes

Changes to Access to Health Coverage – Non-Citizens

Non-citizens face significant changes for both Medicaid, the ability to purchase health coverage on the ACA Marketplace ([healthcare.gov](https://www.healthcare.gov)), and access to Premium Tax Credits.

Population	Medicaid		Marketplace	
	No Longer Eligible (as of Oct. 1, 2026)	Still Eligible	Still Available with Premium Tax Credits (as of Jan. 1, 2027)	Still Available, But No Premium Tax Credits
Refugees	 <i>(But eligible immediately with no 5-year wait once they obtain LPR status)</i>			
People with Asylum Status	 <i>(But eligible immediately with no 5-year wait once they obtain LPR status)</i>			
Lawful Permanent Residents (LPR) (“green card”)		 <i>(After 5-year waiting period)</i>	 <i>(If income over 100% FPL)</i>	 <i>(If income under 100% FPL)</i>
People from Cuba or Haitian entrant status			 <i>(If income over 100% FPL)</i>	 <i>(If income under 100% FPL)</i>
All lawfully residing children up to age 19 and pregnant individuals. (except DACA holders)			N/A	N/A
People who have been trafficked or their family members	 <i>(But eligible immediately with no 5-year wait once they obtain LPR status)</i>			
Citizens of the Freely Associated States (Micronesia, Marshall Islands, or Palau) living in the U.S.			 <i>(If income under 100% FPL)</i>	 <i>(If income under 100% FPL)</i>
People from Afghanistan, Ukraine, Cuba, or Haiti allowed to enter and stay in the U.S. for at least one year under immigration parole				
A non-citizen member of federally recognized tribe				
An American Indian born in Canada				

About Us

[Neimand Collaborative](#) (N/Collaborative) is a strategic social impact firm that helps states and partners translate complex Medicaid policy changes into clear, coordinated communications that drive real-world outcomes. We have deep Medicaid and health expertise from leading [North Carolina's Medicaid expansion campaign](#), which enrolled more than 600,000 people in just over a year, to building and aligning coalitions of state agencies, providers, and community organizations to deliver consistent, trusted information at scale. Our approach integrates policy fluency, research into what motivates people, and hands-on campaign execution to equip partners with the tools, messages, and infrastructure needed to reach people where they are and support action.



Digital ads from the NCDHHS Medicaid Expansion Campaign.

To learn more about N/Collaborative, visit ncollaborative.com