National Latina Institute for Reproductive Justice

Medicaid: A Lifeline for Latines and Immigrants

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National Latina Institute for Reproductive Justice

Introduction

Established in 1965, Medicaid is the nation's largest public health insurance program that has provided affordable, lifesaving health insurance to adults and children with limited financial resources for almost 60 years. Over 71 million people[1] in the United States (U.S.) rely on Medicaid to provide a wide range of essential health care coverage, including maternal health care, family planning, prescription drugs, home-and-community-based services, comprehensive coverage for children, and treatments for chronic conditions.

As a cooperative program between federal and state governments, Medicaid has undergone several changes, including most significantly when the Affordable Care Act (ACA) was introduced and allowed states to extend Medicaid coverage to nearly all adults up to 138% of the Federal Poverty Level (FPL). This is known as Medicaid expansion, and as of April 2025, 41 states, including New York, Virginia, and the District of Columbia, have adopted Medicaid expansion.[2]

Latines and Medicaid

Latines[3] remain one of the highest uninsured populations in the U.S. Nearly 18% of Hispanic people in the U.S. are uninsured, and Hispanic people make up 41% of the total number of uninsured people in the country.[4] This is part of why Medicaid coverage is so essential, and Latines are disproportionately likely to be enrolled in the Medicaid program. In 2023, nearly one in three Latines depended on Medicaid.[5]

Across Latina Institute's field bases, Medicaid provides health coverage to 3.9 million Floridians, 5.5 million New Yorkers, 4.8 million Texans, and 1.4 million Virginians.[6] In all these states, a significant portion of residents who go to community health centers have Medicaid.[7] The program is particularly important for residents of color: it insures between 25–50% of both Black and Latine residents in congressional districts across Virginia and New York[8] and more than two million Latine children benefit from Medicaid or SNAP in Texas.[9] Texas' Medicaid program also serves as a lifeline for our communities in the Rio Grande Valley, where it pays for care and services at local clinics and hospitals.[10]

> ***"I am the proud mom of a deaf, autistic, epileptic daughter... My daughter's caregivers are paid for by Medicaid. These wonderful young women are my daughter's LIFE LINE! Without Medicaid my daughter might not be here."***
>
> **— Maryland Resident (MD-02)**

Medicaid covers a wide range of essential health services, but it is especially critical for pregnant people. Medicaid is the largest payer of reproductive health care services, covering more than 16 million women of reproductive age,[11] nearly half of all births in the U.S.,[12] and 59% of all births to Latina mothers.[13] Nearly half of all people giving birth in New York and Texas rely on Medicaid for health coverage, and in Florida and Virginia, 42% and 35% of all births in each state are covered by Medicaid.[14] Latine people in these states and beyond rely on Medicaid to cover their full spectrum of reproductive health care needs, including contraception, family planning, STI testing and

Medicaid provides health coverage to

3.9 MILLION Floridians	**4.8 MILLION** Texans	**1.4 MILLION** Virginians	**5.5 MILLION** New Yorkers

treatment, and pregnancy-related care, including prenatal services, childbirth, and postpartum care.[15]

The U.S. continues to have the highest maternal mortality rate of any high-income nation, and research shows that states that have adopted Medicaid expansion, like New York and Virginia, are associated with better maternal mortality rates for Latine mothers.[16] However, in states like Florida and Texas that have *not* adopted Medicaid expansion and are home to 9% and 19% of the total U.S. Hispanic population,[17] many Latines are denied access to this essential health care coverage.

Immigrants and Medicaid

Immigrants' access to Medicaid is limited, with several structural barriers. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) established an eligibility framework for benefits that defined many immigrant communities as "not qualified" for Medicaid and other federal benefit programs. This definition includes undocumented immigrants, as well as immigrants with either Temporary Protected Status (TPS) or Deferred Action for Childhood Arrivals (DACA). Falling under the definition of "qualified" alone is not sufficient to immediately access Medicaid and other federal benefit programs. Even "qualified" immigrants must wait 5 years before they can access these programs.[18]

While immigrants without legal status are not currently eligible for federal Medicaid benefits, as of 2025, 14 states and the District of Columbia (D.C.) have used their own state funds to expand coverage to children in the U.S. regardless of immigration status, and seven of those states and D.C. have expanded coverage to some adults regardless of legal status.[19] Additionally, hospitals are obligated to provide emergency care to all individuals, regardless of status. If an immigrant who is ineligible for Medicaid needs emergency care, hospitals can get reimbursed with federal dollars through Emergency Medicaid, which still accounts for less than 1% of total Medicaid spending.[20]

Existing Barriers to Medicaid for Latines and Immigrants

Medicaid, including Medicaid expansion, is critical for Latines' and immigrants' health and wellbeing. Our communities face multiple compounding barriers to accessing quality, affordable health care, and are understandably mistrustful of the health care system due to the U.S.' long history of reproductive coercion,[21] racism, and discrimination. Latines, including immigrants and others who are dominant in other languages besides English, often refrain from seeking care or asking for help when they face language barriers.[22] Heightened immigration enforcement activity also creates fear, confusion, and reluctance to access insurance coverage and health care services.[23] This diminished trust in the health care system and difficulty finding linguistically and culturally competent care make it even more essential that Latines and immigrants find providers they can trust that can meet their needs.

In June 2025, the Supreme Court of the United States (the Supreme Court) eroded Medicaid beneficiaries' right to see any qualified provider of their choice in the *Medina v. Planned Parenthood of South Atlantic* (PPSAT) decision. The Supreme Court ruled that Medicaid beneficiaries cannot sue states for restricting access to providers like Planned Parenthood, despite Section 1396a(a)(23)(A) of the Medicaid Act, which ensures that Medicaid beneficiaries can see any qualified provider of their choice. By allowing states to block Medicaid beneficiaries from getting care at Planned Parenthood, the Supreme Court has pushed access to linguistically

> ***"My health is conditioned by diabetes and everything that is triggered by that condition. Thanks to Medicaid, I can stay in control. If Medicaid were to disappear, it would be very difficult for me."***
>
> **— Texas Resident (TX-15)**

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> ***My family and I have all depended on Medicaid, especially for sexual and reproductive health services... I am better able to control my future and live my life because of the autonomy I have with Medicaid services."***
>
> **— California Resident (CA-28)**

and culturally responsive providers further out of reach for many communities. The Supreme Court's decision disproportionately impacts the Latine community, as more than half a million Latines choose Planned Parenthood for cancer screenings, STI testing, contraception, and other sexual and reproductive health care services.[24] In practice, this cruel decision not only strips Medicaid beneficiaries of their right to see a provider of their choice, but it also opens the door for states to terminate any other provider from the state's Medicaid program for any reason, regardless of their quality.

Access to health care during reproductive age is especially critical for Latines to have the freedom to make their own decisions about their bodies, their sexuality, and their families. Since Latines are more likely to hold low-wage jobs that do not provide health benefits,[25] Medicaid is vital to helping those with low incomes access these critical reproductive health services and continues to serve as an important lifeline for Latine communities. Even for those who do have Medicaid, however, barriers to accessing comprehensive sexual and reproductive health care still exist for Latines. Among Latines that do have Medicaid coverage, a disproportionate number are enrolled in plans with limited benefits.[26] Moreover, the Hyde Amendment is a racist, discriminatory policy that has barred federal funding for abortion care with limited exceptions for nearly 50 years and acts as a de facto abortion ban for many people enrolled in Medicaid, Medicare, and CHIP.[27] Nonetheless, even with these existing barriers, the Medicaid program remains one very important tool Latines rely on to stay healthy, make decisions about whether and when to become parents, and raise their families with dignity and safety.

Imminent Risks to Medicaid Coverage for Latines and Immigrants

In July 2025, Congress passed the One Big Beautiful Bill Act of 2025 (OBBBA)[28] that will lead to the largest cuts to Medicaid in U.S. history. According to the Congressional Budget Office, OBBBA could lead to 10 million people losing health insurance coverage.[29] The number of total residents without health insurance is expected to increase dramatically across Latina Institute's field bases. Estimates project an increase of 1.5 million uninsured residents in Florida, 1.4 million in Texas, 860,000 in New York, and 349,000 in Virginia.[30] These cuts will bring about devastating health care losses for millions of people with low incomes, particularly underserved Latine and immigrant communities, worsening sexual and reproductive injustice across the country.

OBBBA specifically targets Medicaid expansion states for higher cuts, so our communities in states like New York and Virginia that have adopted Medicaid expansion will likely feel the effects most acutely. Medicaid expansion saves lives, so it is especially concerning to see expansion states and populations targeted for cuts. Virginia is estimated to lose more than 17% of its total Medicaid funding, and over 260,000 Virginians and 800,000 New Yorkers are estimated to lose Medicaid coverage due to

Projected Increases in Uninsured Residents

1.5 MILLION Floridians	**1.4 MILLION** Texans	**349,000** Virginians	**860,000** New Yorkers

the bill.[31] These steep cuts to states' Medicaid expansion programs will force states to choose whose coverage and benefits to eliminate, exacerbating our maternal mortality crisis and imposing a life-and-death impact on Latine and immigrant communities.

Linguistic and cultural barriers, combined with heightened fear driven by anti-immigrant policies, already lead Latines[32] and immigrants[33] to use fewer health care services than other demographic groups. Our communities cannot afford to withstand further coverage and service losses on top of existing unacceptable health care barriers, and these new cuts and restrictions will only exacerbate harmful health disparities. Some of the most harmful attacks on Medicaid in the legislation include:

Adding new work requirements for the Medicaid expansion population. OBBBA is more accurately described as a job loss penalty that creates bureaucratic red tape and only saves money for the federal budget by causing hundreds of thousands of eligible people to lose coverage.[34] Work requirements do not increase employment and disproportionately harm parents, caregivers, people with disabilities, and workers in inconsistent jobs[35] who are unable to navigate the burdensome paperwork. This will disproportionately impact Medicaid expansion states like New York and Virginia.

"Defunding" Planned Parenthood. For many people with Medicaid in rural or underserved areas, Planned Parenthood clinics are their sole source of health care. Even when other options are available, Latines and immigrants often prefer to use family planning clinics like Planned Parenthood not just for reproductive health care, but for essential primary care as well. If Planned Parenthood is "defunded," nearly 200 health centers could be forced to close[36] and this critical source of trusted, quality health care that our communities rely on will be stripped away.

Eliminating Medicaid eligibility for many lawfully present immigrants. Undocumented immigrants are already ineligible for Medicaid and CHIP, but many lawfully present immigrants are currently able to enroll in Medicaid, including refugees, asylees, and certain victims of trafficking. After October 1, 2026, the only lawfully present immigrants who will be eligible for Medicaid will be Lawful Permanent Residents (after the five-year waiting period), certain Cubans and Haitians, and COFA migrants, as well as lawfully residing children and pregnant people in states that opt to provide coverage for them.[37]

> ***"I'm worried my children will lose their Medicaid because I won't be able to afford health insurance. God willing, they won't take away Medicaid because it would affect many vulnerable adults and children."***
>
> **— New York Resident (NY-14)**

Increasing Medicaid eligibility verification requirements. OBBBA requires states and providers to perform more frequent and more onerous eligibility checks for people enrolled in Medicaid expansion. Rather than once per year, these checks must now be performed every six months. Like work requirements, this policy creates unnecessary added paperwork that is costly and forces people to lose coverage simply due to burdensome red tape.

Shortening retroactive Medicaid and CHIP coverage. OBBBA shortens the period in which new Medicaid enrollees can receive reimbursement for past medical expenses. It is particularly harmful for people experiencing childbirth, who may be delayed in applying for Medicaid following such a significant life event and therefore miss the window to have their large hospital bills covered.

Cutting reimbursement for Emergency Medicaid. States with Medicaid expansion will receive a lower federal Medicaid matching rate (FMAP) for emergency services provided to low-income adults who are ineligible for Medicaid because of their immigration status. This policy will cut hospital reimbursements and/or shift costs to states.

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Recommendations

U.S. CONGRESS

Medicaid strengthens our communities and deserves more investment, not less. Congress must pass legislation and ensure funding that supports Medicaid and advances the universal right to access comprehensive and essential health care, including sexual and reproductive health care, for all people.

- Endorse the **Protecting Healthcare and Lowering Costs Act** (H.R.4849/S.2556) This vital legislation would save health coverage for 10 million Americans by repealing the health care cuts enacted by OBBBA.
- Endorse the **Restoring Essential Healthcare Act** (H.R.4796/S.2524). This legislation would repeal the "defund" provision of the reconciliation bill that intentionally targets Planned Parenthood and similar family planning providers. These trusted providers provide essential and lifesaving sexual and reproductive health care, including pregnancy testing, contraception counseling, cancer screening and treatment and maternal health care.
- Endorse the **Health Equity and Access Under the Law (HEAL) for Immigrant Families Act** (H.R.4104/S.2149). This historic legislation restores and expands health care coverage for lawful permanent residents (LPRs) and people with temporary protected status, including DACA beneficiaries, by lifting arbitrary and discriminatory bars on federal benefit programs such as Medicaid and the Affordable Care Act marketplaces.
- Endorse the **Lifting Immigrant Families Through Benefits Access Restoration (LIFT the BAR) Act**, (introduction forthcoming), which would remove the 5-year waiting period that LPRs currently face for federal benefit programs including Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF).
- Endorse the **Equal Access to Abortion Coverage in Health Insurance (EACH) Act** (H.R.4611/S.2377), which would eliminate the Hyde Amendment's racist, discriminatory ban on federal funding for abortion care in Medicaid, Medicare, and CHIP.

CIVIL SOCIETY
(organizations, advocates, individuals)

Civil society organizations, health care advocates, and individuals play essential roles in making sure national, state, and local governments direct their Medicaid programs in ways that best serve Medicaid beneficiaries and communities. At a time when Medicaid is facing serious, imminent risks, it is more important than ever to get involved and advocate for protecting and strengthening the Medicaid program.

- Engage in administrative advocacy, including tracking rules and regulations that impact Medicaid from the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS); submitting public comments on federal regulation; and submitting meeting requests with the Office of Information and Regulatory Affairs (OIRA) at Office of Management and Budget (OMB) to discuss specific regulations. For an in-depth guide of how to accomplish effective administrative advocacy, see this Toolkit developed by the Center on Budget and Policy Priorities.[38]
- Track and engage in state special legislative sessions to assess how states plan to address budget shortfalls and begin implementing OBBBA's Medicaid policy changes.
- Partner with national, state, and local organizations, community organizers, and state Medicaid agencies to perform outreach and education with the public. Help people with Medicaid coverage understand what changes are happening, when those changes will take place, and what actions they can take.
- The Social Security Act requires all states to have a Medical Care Advisory Committee (MCAC) to advise the state Medicaid agency about health and medical care services. Advocates and Medicaid beneficiaries can join these committees to help shape and inform their state's Medicaid policies.

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ENDNOTES

1 Centers for Medicare & Medicaid Services. (2025). May 2025 Medicaid & CHIP enrollment data highlights. U.S. Department of Health and Human Services. https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights

2 KFF. (2025, August 26). *Status of state Medicaid expansion decisions*. https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions

3 Conscious of the importance of gender and racial equality, Latina Institute uses the term "Latine" to represent the diversity of our community and to include persons who do not conform to traditional gender identities. We also recognize that people of all gender identities may become pregnant and may need or choose to end a pregnancy. Due to the limitations of data collection, we use "Latina(s)," "Hispanic," or "women" in this brief where research only shows findings for those specific populations.

4 Tolbert, J., Cervantes, S., Bell, C., & Damico, A. (2024, December 18). *Key facts about the uninsured population*. KFF. https://www.kff.org/uninsured/key-facts-about-the-uninsured-population

5 KFF. (2023). *Medicaid coverage rates for people ages 0-64 by race/ethnicity*. https://www.kff.org/medicaid/state-indicator/people-0-64-medicaid-rate-by-raceethnicity

6 KFF. (2023). *Health insurance coverage of the total population*. https://www.kff.org/other/state-indicator/total-population/

7 KFF. (2023). *Community health center patients by payer source*. https://www.kff.org/other/state-indicator/chc-patients-by-payer-source

8 Perez, R. (2025, April 8). *Proposed Medicaid cuts threaten all Americans, but Latinos and other historically marginalized groups are especially vulnerable*. UnidosUS Blog. https://unidosus.org/blog/2025/04/08/proposed-medicaid-cuts-threaten-all-americans-but-latinos-and-other-historically-marginalized-groups-are-especially-vulnerable

9 UnidosUS. (2025). *Children under attack: How congressional assaults on health and food programs are endangering the youngest Americans*. https://unidosus.org/wp-content/uploads/2025/05/unidosus_childrenunderattack-1.pdf

10 Anderson, B., Waddell, L., Malcarney, M., & Marshall, M. (2025). *Medicaid matters to Texas' 15th congressional district (TX-15)* [Fact sheet]. Families USA. https://familiesusa.org/wp-content/uploads/2025/05/TX-15-District_Medicaid_Fact-Sheet.pdf

11 Tripoli, S., & Camaliche, A. (2025). *Medicaid expansion reduces maternal mortality: Medicaid cuts would be deadly for mothers and babies*. Families USA. https://familiesusa.org/wp-content/uploads/2025/05/Medicaid-Maternal-Mortality-Analysis-2.pdf

12 Centers for Medicare & Medicaid Services. (2024). *2024 Medicaid & CHIP beneficiaries at a glance: Maternal health*. U.S. Department of Health and Human Services. https://www.medicaid.gov/medicaid/benefits/downloads/2024-maternal-health-at-a-glance.pdf

13 Solomon, J. (2021, July 26). *Closing the coverage gap would improve Black maternal health*. Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health

14 KFF. (2023). *Births financed by Medicaid by metropolitan status*. https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid

15 Gomez, I., Ranji, U., Salganicoff, A., & Frederiksen, B. (2022, February 17). *Medicaid coverage for women*. KFF. https://www.kff.org/womens-health-policy/issue-brief/medicaid-coverage-for-women

16 Eliason, E.L. (2020). Adoption of Medicaid expansion is associated with lower maternal mortality. *Women's Health Issues*, 30(3), 147–152. https://www.whijournal.com/article/S1049-3867(20)30005-0/fulltext

17 Moslimani, M., & Noe-Bustamante, L. (2023, August 16). *Facts on Latinos in the U.S.* [Fact sheet]. Pew Research Center. https://www.pewresearch.org/race-and-ethnicity/fact-sheet/latinos-in-the-us-fact-sheet

18 D'Avanzo, B. (2025, February 10). *Existing restrictions on immigrants' eligibility for federal assistance leave little left to cut*. National Immigration Law Center. https://www.nilc.org/articles/existing-restrictions-on-immigrants-eligibility-for-federal-assistance-leave-little-left-to-cut

19 KFF. (2025, January 15). *Key facts on health coverage of immigrants* [Fact sheet]. https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants

20 Artiga, S., Pillai, D., Tolbert, J., & Pillai, A. (2025, February 19). *5 key facts about immigrants and Medicaid*. KFF. https://www.kff.org/racial-equity-and-health-policy/issue-brief/5-key-facts-about-immigrants-and-medicaid

21 Godecker, A. L., Thomson, E., & Bumpass, L. L. (2001). Union status, marital history and female contraceptive sterilization in the United States. *Family Planning Perspectives*, 33(1), 35-41+49. https://www.jstor.org/stable/2673740

22 Luque, J. S., Soulen, G., Davila, C. B., & Cartmell, K. (2018). Access to health care for uninsured Latina immigrants in South Carolina. *BMC Health Services Research*, 18(310). https://doi.org/10.1186/s12913-018-3138-2

23 Friedman, A. S., & Venkataramani, A. S. (2021). Chilling effects: US immigration enforcement and health care seeking among Hispanic adults. *Health Affairs*, 40(7), 1056-1065. https://doi.org/10.1377/hlthaff.2020.02356

24 Planned Parenthood. (2024). *The irreplaceable role of Planned Parenthood health centers* [Fact sheet]. https://www.plannedparenthood.org/uploads/filer_public/44/fd/44fdb4f0-33c2-4993-8087-3e862183c1de/2024-irreplaceable-role-factsheet.pdf

25 National Partnership for Women & Families. (2019) *Latinas experience pervasive disparities in access to health insurance* [Fact sheet]. https://nationalpartnership.org/wp-content/uploads/2023/02/latinas-health-insurance-coverage.pdf

26 Assistant Secretary for Planning and Evaluation. (2024, June 7). *Health insurance coverage and access to care among Latino Americans: Recent trends and key challenges*. U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/documents/819559944370d2e8a24dc5bc38da6c7b/aspe-coverage-access-latinos-ib.pdf

27 Salganicoff, A., Sobel, L., Gomez, I., & Ramaswamy, A. (2024, March 14). *The Hyde Amendment and coverage for abortion services under Medicaid in the post-Roe era*. KFF. https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services-under-medicaid-in-the-post-roe-era

28 H.R.1 - 119th Congress (2025-2026): One Big Beautiful Bill Act. (2025, July 4). https://www.congress.gov/bill/119th-congress/house-bill/1/text/eas

29 Congressional Budget Office. (2025, July 21). *Estimated budgetary effects of Public Law 119-21, to provide for reconciliation pursuant to Title II of H. Con. Res. 14, relative to CBO's January 2025 baseline*. https://www.cbo.gov/publication/61570

30 Murphy, N., Andara, K., & Gee, E. (2025, September 5). *The One Big Beautiful Bill Act will increase the number of Americans without health coverage in every state and congressional district*. Center for American Progress. https://www.americanprogress.org/article/the-one-big-beautiful-bill-act-will-increase-the-number-of-americans-without-health-coverage-in-every-state-and-congressional-district

31 Manatt Health. (2025, July 1). *Senate-passed H.R. 1: Updated estimates on impact to state Medicaid coverage and expenditures, hospital expenditures, including impacts by congressional district*. https://shvs.org/resource/senate-passed-h-r-1-updated-estimates-on-impact-to-state-medicaid-coverage-and-expenditures-hospital-expenditures-including-impacts-by-congressional-district

32 Andalo, P., & Rubio, I. (2025, March 17). *Checking the facts on Medicaid use by Latinos*. KFF Health News. https://kffhealthnews.org/news/article/medicaid-latinos-immigrants-fact-check-misinformation-social-media-work/

33 Kolker, A. F., & Heisler, E. J. (2024, November 14). *Noncitizens' access to health care*. Congressional Research Service. https://www.congress.gov/crs-product/R47351

34 Murphy, N., & Ducas, A. (2025, May 9). *The collateral damage of Medicaid work requirements*. Center for American Progress. https://www.americanprogress.org/article/the-collateral-damage-of-medicaid-work-requirements

35 Taverna, E., & Reusch, C. (2025, February 11). *The truth about Medicaid work requirements: Costly, ineffective, and harmful*. Community Catalyst. https://communitycatalyst.org/posts/the-truth-about-medicaid-work-requirements-costly-ineffective-and-harmful

36 Planned Parenthood Action Fund. (2025, May 22). *Planned Parenthood Action Fund statement on House Republicans' vote to "defund" Planned Parenthood* [Press release]. https://www.plannedparenthoodaction.org/pressroom/planned-parenthood-action-fund-statement-on-house-republicans-vote-to-defund-planned-parenthood

37 Protecting Immigrant Families. (n.d.) *Provisions on immigrants' access to public benefits in the final reconciliation package* [Fact sheet]. https://docs.google.com/document/d/1HqIRPLQCFhVLuDwhBOSKjpr1RjfE3gDIPtVzcNNJ4xk/edit?emci=8553fcd3-de5c-f011-8f7c-6045bda9d96b&emdi=2841c9e5-e45c-f011-8f7c-6045bda9d96b&ceid=18462078&tab=t.0

38 Wagner, J., Erzouki, F., Stewart, M., Bolen, E., Llobrera, J., Dicicco, E., Neuberger, Z., Shrivastava, A., Moore, T., & Cahill, R. (2025, June 30). *Toolkit: Using administrative advocacy to improve access to Medicaid, SNAP, TANF, and WIC*. Center on Budget and Policy Priorities. https://www.cbpp.org/research/food-assistance/using-administrative-advocacy-to-improve-access-to-medicaid-snap-tanf-and

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