



## Health Care for Noncitizens

### Can I get help with health care if I'm not a US citizen?

Minnesota has 3 health care programs for low-income people. If you are a noncitizen, you might be able to get help from one of these programs, BUT it depends on your **income**, your **immigration status**, and the **date** you got your immigration status.

The programs are:

1. Medical Assistance (MA)
2. MinnesotaCare (MNCare)
3. Emergency Medical Assistance (EMA)

### 1. Medical Assistance (MA)

The first MN health care program is MA. MA covers most necessary medical services. To be able to get MA, you have to be **low income** and meet **immigration criteria**.

#### Can I get MA?

You have to have low income to get MA. Income guidelines vary depending on your age and if you have children, are disabled, or are pregnant. Only people who are elderly (65 or older) or “disabled” (certified by the state or Social Security) have asset limits for MA.

In addition to income and asset limitations, noncitizens usually have to also be “**qualified**” noncitizens under federal law. At least until **October 1, 2026**, when the rules change. (See below).



You are a “**qualified**” noncitizen if you:

- Have a **green card**. (Meaning you are a legal permanent resident or have LPR status).
- Have been granted **asylum**.
- Were **paroled** into the U.S. for at least a year, and your parole is not expired.
- Have **withholding** or **cancellation of removal**.
- Have a **T-visa** as a victim of severe trafficking.
- Have **battered immigrant** status.
- Are a **refugee** or **treated as if you are a refugee**. This means you are:
  - An “Amerasian” immigrant whose father was a US citizen in Southeast Asia during the Vietnam War years.
  - A Cuban or Haitian entrant
  - An Afghan or Iraqi Special Immigrant
  - An evacuee from Afghanistan by the US military between 7/31/21 and 9/30/22 (until your parole ends)

- The immediate relative of an evacuee from Afghanistan described above who was paroled after 9/30/22
- Paroled from Ukraine between 2/24/22 and 9/30/23
- A citizen of the “Compacts of Free Association.” This means you are from Palau, Micronesia, or the Marshall Islands.

**Starting October 1, 2026**, eligibility for MA for noncitizens will change. Under the new definition, **only 3 types of “Qualified” noncitizens will be eligible for MA:**

1. Noncitizens with a green card. (This means you are a legal, permanent resident or LPR.)
2. Noncitizens who are “Cuban or Haitian entrants.”
3. Noncitizens who are citizens of the “Compact of Free Association,” or COFA. (This means you are from Palau, Micronesia, or the Marshall Islands.)

## 5-Year Waiting Period

Until 10/1/2026, even if you are a “qualified” noncitizen, **you may have to wait 5 years** (from the date you became “qualified”) to get MA. You do **NOT** have to wait 5 years if you:

- Are a refugee
- Were granted asylum
- Were granted withholding of removal
- Are a U.S. veteran or on active duty with the U.S. armed forces
- Are the spouse or minor child of a veteran or of someone on active duty with the U.S. armed forces.
- Are from Palau, Micronesia, or the Marshall Islands.
- Are from Ukraine and granted humanitarian parole or the immediate relative of someone granted humanitarian parole between 2/4/22 and 9/29/23
- Are an evacuee from Afghanistan by the US military between 7/31/21 and 9/30/22 or the immediate relative of an evacuee who was paroled after 9/30/22



**After 10/1/26**, there will only be 3 categories of noncitizens eligible for MA. The 5-year waiting period won’t apply to you if you are from Palau, Micronesia or the Marshall Islands. Also, the 5-year waiting period won’t apply if you have a green card **and** are in one of the categories listed immediately above. For example: if you have a green card based on a diversity visa or on being a “battered immigrant,” you still have to wait 5 years from the date you got your status to get MA. But if you have a green card based on refugee status, you won’t have to wait.)

## What if I have a Sponsor?

Most people who come to the U.S. have a relative in the U.S. sponsor them. A relative sponsor is a family member who is a citizen or LPR. The sponsor agrees to be responsible for you in the U.S. Sponsors have promised the USCIS that if you become poor, they will support you. If your relative didn’t have enough money alone to sponsor you, the relative probably got someone to be your “cosponsor.”

If you came to the U.S. after December 19, 1997, through a relative petition, the government can count the income and assets of your sponsor and your sponsor's spouse as if they were your income and assets. If more than one person sponsored you, the cosponsor's income and assets also count as your income and assets. Sponsor income and assets count until you become a U.S. citizen, your sponsor dies or permanently leaves the U.S., or you have worked 10 years at work where FICA taxes are deducted from your pay. You may also get credit for work done by your spouse or by your parent(s) when you were a minor.

Counting your sponsor's income and assets may put you over the income or asset limits for the MA program. There is a special state policy where the state won't count your sponsor's income and assets for 12 months if you are a victim of domestic abuse. You must show a strong connection between the abuse and your need for health care. If your income – without adding in your sponsor's income- is below federal poverty guidelines, you may be able to get MA.

**Note:** Sponsor income **IS NOT COUNTED** for **pregnant people** or **children**. This includes the 12-month post-partum period for pregnant people.

## There are 2 Special MA Programs:

- **MA through Center for Victims of Torture**

Minnesota has a special state-funded MA program. It is only for people getting services from the Center for Victims of Torture (CVT) or a similar program. Find CVT's website at [www.cvt.org](http://www.cvt.org).

If you are getting care and services from CVT or a similar program, you should qualify for this special MA program. You don't have to be a "qualified" noncitizen. You don't have to be in an MA category. You don't even have to have a low income or assets! If you are getting MA because you are getting services from CVT, your MA can cover health care that you get from other providers outside of CVT.

- **MA for Pregnant People and Children – Children's Health Insurance Program (CHIP)**

**Until October 1, 2026**, children who are in the U.S. **legally** are eligible for MA. This includes children who have Temporary Protected Status (TPS), who have applied for but don't yet have asylum, etc. They don't necessarily have to be "qualified" noncitizens. Funding for MA for children who are not "qualified" comes from CHIP.

**Until October 1, 2026, if you are pregnant**, you can get MA during your **entire pregnancy** and **for 12 months** after you give birth. You don't have to have a certain immigration status to qualify. You can even get MA if you are undocumented. Your MA benefits are paid by CHIP.



**BUT – Starting October 1, 2026**, eligibility for CHIP for noncitizens is expected to change for children and pregnant noncitizens. Under the new definition, you can get CHIP as a noncitizen **only** if you:

1. Have a green card. (This means you are a legal, permanent resident, with “LPR” status.)
2. Are a “Cuban or Haitian entrant.”
3. Are a citizen of the “Compact of Free Association” or COFA. (This means you are from Palau, Micronesia, or the Marshall Islands.)

**BUT pregnant noncitizens should still be eligible for full prenatal care** from CHIP, and for labor and delivery coverage from **Emergency MA (EMA)**.

See our fact sheet [\*Medical Assistance and Pregnancy\*](#).

**Also note that** children are, and should continue to be, eligible for **MinnesotaCare** whether or not they have legal status.

## **2. MinnesotaCare (MNCare)**

The second MN health care program is MinnesotaCare (MNCare). You may be able to get MNCare if you aren’t eligible for MA because your income is too high. You have to pay a premium in MNCare. MNCare has sliding fees so you pay based on your income. You can also get MNCare if you are in your 5-year waiting period for MA or if you are not a “qualified” noncitizen. You can also get MNCare **after 10/1/26** if you lose your MA because you are not in one of the 3 eligible categories. Unlike MA, MNCare does not offer home health care services, non-emergency medical transportation, or mental health case management.



### **Can I get MNCare?**

You can get MNCare if you:

- live in Minnesota (are a MN resident),
- meet the income limits,
- don’t have access to other insurance you can afford, like from your job, and
- are considered “lawfully residing” on a permanent basis in MN. (BUT you **don’t** have to have a green card.)

**NOTE:** Children **don’t** have to have any specific immigration status to get MNCare. **All children may be eligible**, even if they don’t have legal status. BUT adults without legal status **are no longer eligible for MNCare**.

## Does MNCare have rules about sponsor income and waiting periods?

No. Unlike MA, MNCare does **not** count income from sponsors. Also, there is **no** 5-year waiting period to get MNCare.

### 3. Emergency Medical Assistance (EMA)

EMA is the third MN health care program. You can get EMA with **limited, or no, immigration status**. But EMA has limited services.

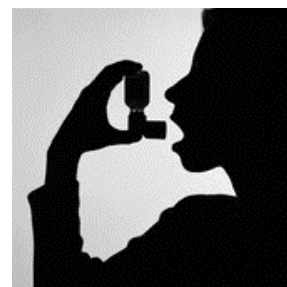
#### What does EMA pay for?

EMA pays for **emergency medical services**. It also pays for labor and delivery if you are pregnant. To get EMA, you have to have a really serious medical condition or medical problem. The condition or problem has to be so serious that if you don't get medical treatment, your health or body parts will be at risk.

If you have a medical emergency, EMA should pay for your care. The care is usually delivered in an emergency room or ambulance. EMA can also pay for your care if you are a patient in a hospital, or if you were recently discharged from the hospital and need follow-up care.

You can get EMA for heart or breathing problems **if**, without medical treatment, you are likely to end up in crisis within 2 days.

Usually, EMA **does not pay** for medical care for conditions that are ongoing or "chronic." EMA **does not pay** for home health services, mental health care, or other medical services for health problems considered "non-emergency."



But EMA pays for medical care **for some chronic conditions**, like **cancer** and **kidney disease**. EMA can pay for kidney dialysis, kidney transplants, and services related to a kidney transplant. EMA **does not pay** for transplants of other organs.

You may also be able to get EMA if you:

- are getting Elderly Waiver Services,
- are staying in a nursing or psychiatric care facility, or
- were discharged from a hospital or ER and will have a medical emergency in the next 48 hours if you don't get services.

For more information on EMA, see our fact sheet [Emergency Medical Assistance](#).

**Fact Sheets are legal information NOT legal advice. See a lawyer for advice.**

*Don't use this fact sheet if it is more than 1 year old. Ask us for updates, a fact sheet list, or alternate formats.*

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