

The Honorable Thomas S. Zilly

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

NEIGHBORHOOD HOUSE and  
MARIIA MATSAI,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES and  
ROBERT F. KENNEDY, JR., in his  
official capacity as Secretary of Health  
and Human Services,

Defendants.

NO. 2:26-cv-03006-TSZ

AMICUS CURIAE BRIEF IN  
SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
RELIEF

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## I. INTRODUCTION

The Plaintiffs in this matter, Neighborhood House and Mariia Matsai, are likely to succeed on the merits of their claims that the Centers for Medicare and Medicaid Services' (CMS's) guidance concerning the implementation of Section 71109 of H.R. 1 is contrary to law. H.R. 1 did not amend, as CMS admits, anything in other provisions of federal law that say, categorically, that noncitizens who receive Supplemental Security Income benefits (SSI) are eligible for Medicaid. And Medicaid eligibility *means* that the federal government assists in the cost of providing medical services under a State Medicaid plan. Harmonization of Section 71109, the Medicaid Act, and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) requires that noncitizens who receive SSI benefits remain eligible for Medicaid services and that Washington State remains eligible for federal financial participation (FFP) for providing those services when done so within its Medicaid program. Washington State, as the administrator of the Medicaid program within its territory, has a vital interest in the outcome of Plaintiffs' Motion.

Further, because Washington State has an obligation to provide comparable medical services to all categorically needy Medicaid beneficiaries, which SSI recipients are, any preliminary injunction must be statewide in scope. Otherwise, Washington State would be put at significant risk of violating federal law by providing services to some, but not all, categorically needy beneficiaries. Washington State's Medicaid state plan operates at the state level, and so any preliminary injunction that affects it must be statewide.

## II. BACKGROUND

Washington State operates a Medicaid program that provides medical assistance to low-income beneficiaries. *See generally* Dkt. No. 8. The federal government sets broad requirements that Washington State must adhere to, and, in exchange, it receives FFP for a substantial portion of the cost of medical services provided to eligible Medicaid clients. *See* 42 U.S.C. § 1396b; *Nat. Fed. of Indep. Bus. v. Sebelius*, 567 U.S. 519, 581 (2012) ("Medicaid spending accounts for

1 over 20 percent of the average State’s total budget, with federal funds covering 50 to 83 percent  
 2 of those costs.”); *Alexander v. Choate*, 469 U.S. 287, 303 (1985) (“The [Medicaid] Act gives the  
 3 States substantial discretion to choose the proper mix of amount, scope, and duration limitations  
 4 on coverage”). Washington State’s Medicaid program provides medical assistance to over  
 5 1.9 million people. Dkt. No. 8, at 2.

6 Medicaid programs, including Washington State’s, must provide coverage to all  
 7 individuals who are “categorically needy.” 42 U.S.C. § 1396a(a)(10)(A)(i); *see* 42 C.F.R. § 436.3  
 8 (defining the term “categorically needy”). Aged, blind, and disabled individuals who receive SSI  
 9 are by definition “categorically needy” and must be eligible for the full scope of Medicaid  
 10 benefits available under a state’s Medicaid State Plan. 42 U.S.C. § 1396a(a)(10)(A)(i). Under  
 11 Section 1634 of the Social Security Act, the Social Security Administration (SSA) may enter  
 12 into agreements, called “1634 Agreements,” with states under which SSA determines “eligibility  
 13 for medical assistance in the case of aged, blind, or disabled individuals under such State’s  
 14 [Medicaid] plan.” 42 U.S.C. § 1383c(a). Federal regulations require “[a]utomatic enrollment” in  
 15 Medicaid for individuals who receive SSI and provide that eligibility for SSI payments  
 16 automatically confers Medicaid eligibility. 42 C.F.R. § 435.909(a); *see id.* § 435.541(a)(2).  
 17 Washington State has entered into a 1634 Agreement with SSA and relies upon the SSA to  
 18 determine Medicaid eligibility for all individuals receiving SSI benefits. *Medicaid State*  
 19 *Plan - Eligibility and Enrollment*, Wash. Health Care Auth., at 2,  
 20 [https://www.hca.wa.gov/assets/program/SP\\_Eligibility\\_and\\_Enrollment.pdf](https://www.hca.wa.gov/assets/program/SP_Eligibility_and_Enrollment.pdf) (last visited on  
 21 Sept. 15, 2026). Qualified noncitizens may be eligible for SSI benefits and SSA has determined  
 22 that qualified noncitizens were eligible for Medicaid benefits for Washington State for many  
 23 years. *See* 8 U.S.C. §§ 1611 (providing that qualified noncitizens are eligible for certain federal  
 24 public benefits), 1612(a)(2)(A) (providing that refugees, asylees, certain noncitizens who have  
 25 had their deportation withheld, Cuban or Haitian entrants, certain Amerasians, noncitizens who  
 26

1 were honorably discharged or are on active duty in the Armed Forces, and certain lawful  
2 permanent residents may receive federal public benefits including SSI).

3 One collection of services that Washington State’s Medicaid plan covers is long-term  
4 care. Long-term care consists of “services and supports are assistance for people with functional  
5 limitations and include nursing services, personal care, and other supports such as assistive  
6 devices and environmental modifications.” Dkt. No. 8, at 4. To be eligible for long-term care  
7 services, a Medicaid client must meet functional eligibility criteria, meaning that they need  
8 assistance performing everyday self-care tasks, such as eating, bathing, or taking medication.  
9 *See* Dkt. No. 8, at 5; *see also* Wash. Admin. Code §§ 388-106-0010 (defining terms), -0075  
10 (describing the assessment process). Because individuals who receive SSI are “aged, blind, and  
11 disabled” (*see* 42 U.S.C. § 1383c(a)), many of them are unable to perform everyday self-care  
12 tasks and so are eligible for long-term care. *See* Dkt. No. 8, at 6 (999 out of 1,258 SSI eligible  
13 noncitizens receive long-term care in Washington).

14 A separate Act, PRWORA, provides that certain qualified noncitizens, including  
15 refugees, asylees, certain noncitizens who have had their deportation withheld, Cuban or Haitian  
16 entrants, certain Amerasians, noncitizens who were honorably discharged or are on active duty  
17 in the Armed Forces, and certain lawful permanent residents, are eligible for SSI.  
18 8 U.S.C. § 1612(a)(2)(A). Under the Act, “[a]n alien who is receiving [SSI] benefits” must be  
19 eligible for Medicaid. *Id.* § 1612(b)(2)(F).

20 H.R. 1, also known as the “One Big Beautiful Bill,” added a new subsection to  
21 42 U.S.C. § 1396b(v)(5) providing that “in no event shall payment be made to a State . . . for  
22 medical assistance furnished to an individual unless such individual is” (a) a resident of a U.S.  
23 state or territory and (b) is a U.S. citizen, lawful permanent resident, Cuban or Haitian entrant,  
24 or an individual residing in the U.S. in accordance with a Compact of Free Association (COFA  
25 migrant). One Big Beautiful Bill Act, Pub. L. No. 119-21, § 71109, 139 Stat. 72, 297 (2025)  
26 (codified at 42 U.S.C. § 1396b(v)(5)) (H.R. 1, § 71109).

1 In April 2026, CMS issued a letter to state health officials regarding implementation of  
 2 H.R. 1. *RE: Implementation of Section 71109 “Alien Medicaid Eligibility” of the Working*  
 3 *Families Tax Cut Legislation (Public Law 119-21)*, Dep’t of Health & Human Servs., at 1  
 4 (Apr. 8, 2026), <https://www.medicaid.gov/federal-policy-guidance/downloads/sho26001.pdf>  
 5 (Implementation Letter). In its letter, CMS stated that FFP is no longer available for full  
 6 Medicaid benefits provided to qualified noncitizens unless they are also lawful permanent  
 7 residents, Cuban or Haitian entrants, or COFA migrants. *Id.* at 4. CMS reasoned that while H.R.  
 8 1 did not amend PRWORA, neither the text nor legislative history of H.R. 1 demonstrated clear  
 9 congressional intent to require that states provide full Medicaid benefits to qualified noncitizens  
 10 without receiving federal matching funds for that coverage.  
 11 *Id.* at 6-7. As a result, CMS explained, “CMS will not require states to provide state-only funded  
 12 health coverage to qualified noncitizens for whom FFP is not available for full Medicaid  
 13 benefits . . .” *Id.* at 7. CMS has also advised that states must redetermine noncitizens’ eligibility  
 14 for FFP before October 1, 2026. *Id.* at 9-10 (also providing that states must “first attempt to  
 15 identify all potentially affected beneficiaries (i.e., beneficiaries enrolled in and receiving  
 16 full Medicaid . . . benefits who are not U.S. citizens or U.S. nationals, and whose  
 17 immigration status or category is not [a lawful permanent resident], Cuban/Haitian entrant,  
 18 or COFA migrant . . .”).

19 The Washington State Legislature has not appropriated funds sufficient to provide all of  
 20 the SSI-receiving noncitizens who are receiving Medicaid benefits today with these services  
 21 after October 1, 2026, in the absence of FFP. Dkt. No. 8, at 7. Consequently, SSI receiving  
 22 noncitizens will lose their Medicaid benefits including their eligibility for Medicaid-provided  
 23 long-term care. “Without healthcare coverage, medically fragile clients and clients with chronic  
 24 health conditions in this population are likely to need emergency medical care, burdening the  
 25 state’s already strained safety-net healthcare system.” Dkt. No. 8, at 7.  
 26

### III. ARGUMENT

#### A. H.R. 1 Did Not Amend Provisions Regarding SSI Eligible Noncitizens

H.R. 1 did not explicitly amend the provisions of federal law that make noncitizens receiving SSI categorically eligible for Medicaid services. Because Medicaid eligibility is *synonymous* with a shared financial responsibility between the State and Federal governments for provision of that care, it cannot be that H.R. 1 bars the federal government from paying for a portion of the cost of medical services under State Medicaid programs for this population.

Section 71109 of H.R. 1 provides that beginning on October 1, 2026, “in no event shall payment be made to a State under [42 U.S.C. § 1396b] for medical assistance furnished to an individual unless such individual” is: (a) a resident of a U.S. state or territory and (b) is a U.S. citizen, lawful permanent resident, Cuban or Haitian entrant, or a COFA migrant. H.R. 1, § 71109. Under CMS’s interpretation, Section 71109 restricts all FFP for Medicaid benefits to noncitizens who are not lawful permanent residents, Cuban or Haitian entrants, or COFA migrants. Dkt. No. 4, at 7. CMS has instructed Washington State that SSI recipients who are refugees, asylees, individuals granted withholding of removal, Amerasian immigrants, certain abused spouses and children, Iraqi and Afghan special immigrants, human trafficking victims, and certain Afghan and Ukrainian parolees are no longer eligible for Medicaid. *Id.*

However, CMS’s interpretation and guidance conflict with both the Medicaid Act and PRWORA. Under PRWORA, certain qualified noncitizens, including refugees, asylees, specified noncitizens who have had their deportation withheld, Cuban or Haitian entrants, certain Amerasians, noncitizens who were honorably discharged or are on active duty in the Armed Forces, and certain lawful permanent residents, are eligible for 8 U.S.C. § 1612(a)(2)(A). PRWORA further provides that “[a]n alien who is receiving [SSI] benefits . . . shall be eligible for [Medicaid][.]” *Id.* § 1612(b)(2)(F). The Medicaid Act, too, requires that States receiving federal Medicaid funding make full Medicaid benefits available to aged, blind, and disabled individuals who receive SSI, because they are defined as “categorically needy,” and therefore

1 Medicaid eligible by definition. 42 U.S.C. § 1396a(a)(10)(A)(i); *see* 42 C.F.R. § 436.3 (defining  
 2 the term “categorically needy”). The Medicaid Act also provides that the medical assistance  
 3 a state provides for any categorically needy individual “shall not be less in amount, duration,  
 4 or scope” than the assistance provided to any other categorically needy individual.  
 5 42 U.S.C. § 1396a(a)(10)(B). Together, the Medicaid Act and PRWORA make clear that  
 6 noncitizen SSI recipients *remain* eligible for Medicaid and full FFP for Medicaid benefits.  
 7 CMS’s interpretation is antithetical and cannot be what Congress intended.

8 Indeed, there is no clearly expressed congressional intent to eliminate Medicaid  
 9 eligibility for noncitizen SSI recipients. *See Morton v. Mancari*, 417 U.S. 535, 551 (1974) (“The  
 10 courts are not at liberty to pick and choose among congressional enactments, and when two  
 11 statutes are capable of co-existence, it is the duty of the courts, absent a clearly expressed  
 12 congressional intention to the contrary, to regard each as effective.”). Neither Section 71109  
 13 nor any other provision in H.R. 1 expressly repeals either 8 U.S.C. § 1612(b)(2)(F) or  
 14 42 U.S.C. § 1396a(a)(10). As CMS rightly recognizes, PRWORA “still describes” Medicaid  
 15 coverage for noncitizen SSI recipients, beyond the classes of noncitizens described in Section  
 16 71109, and the Medicaid Act “still describes mandatory Medicaid coverage” for those same  
 17 individuals. Dkt. No. 4, Decl. of Susan Kas, Ex.. A, at 6-7. Far from signaling an intent to repeal  
 18 the PRWORA, Congress expressly, and favorably, referenced the Act—in providing that states  
 19 can receive FFP for medical assistance to COFA migrants. *See* H.R. 1, § 71109(a)(5)(B)(iv)  
 20 (referencing section 402(b)(2)(G) of PRWORA). This Court presumes that Congress was aware  
 21 of PRWORA and other provisions of the Medicaid Act in passing H.R. 1. *See United States v.*  
 22 *LeCoe*, 936 F.2d 398, 403 (9th Cir. 1991) (providing that Congress is presumed to know of  
 23 existing, relevant laws). As it did not expressly indicate otherwise, Congress plainly intended  
 24 that 8 U.S.C. § 1612(b)(2)(F) and 42 U.S.C. § 1396a(a)(10) remain intact and continue to  
 25 authorize both Medicaid eligibility and FFP for noncitizen SSI recipients.  
 26

1 The Defendants also cannot show that H.R. 1 impliedly repealed PRWORA. “An implied  
 2 repeal will only be found where provisions in two statutes are in irreconcilable conflict, or where  
 3 the later Act covers the whole subject of the earlier one and is clearly intended as a substitute.”  
 4 *Swinomish Indian Tribal Cmty. v. BNSF Ry. Co.*, 951 P.3d 1142, 1156 (9th Cir. 2020) (citations  
 5 and internal quote marks omitted). Neither is true here. First, H.R. 1 does not address the entire  
 6 subject of the expansive Medicaid Act and is clearly not a substitute for the Act. Second, H.R. 1  
 7 does not present an irreconcilable conflict. A better reading of the statute, and one that is  
 8 harmonious with other provisions of the Medicaid Act and PRWORA, is that Section 71109 has  
 9 no impact on either Medicaid eligibility or FFP for noncitizen SSI recipients. Instead, Section  
 10 71109 provides that noncitizens are generally ineligible for Medicaid benefits. Notably, H.R. 1  
 11 amends only 42 U.S.C. § 1396b(v). H.R. 1, § 71109. (“Notwithstanding the preceding  
 12 paragraphs of this *subsection* . . . .”). Subsection (v) reflects that noncitizens are generally  
 13 ineligible for Medicaid eligibility, subject to certain exceptions like medical assistance for  
 14 treatment of an emergency medical condition, medical assistance to pregnant women and  
 15 children who lawfully reside in the country and are otherwise eligible for assistance, and lawful  
 16 permanent residents, Cuban or Haitian entrants, or COFA migrants. 42 U.S.C. § 1396b(v)(1),  
 17 (2), (4), (5). But it did not change anything about specific provisions of Medicaid eligibility for  
 18 SSI recipients, including noncitizen SSI recipients. 8 U.S.C. § 1612(a); *see California Trout,*  
 19 *Inc. v. FERC*, 313 F.3d 1131, 1137 (9th Cir. 2002) (providing that a general statute having broad  
 20 application did not partially repeal by implication a “specific provision applying to a specific  
 21 situation.”). Congress’s amendment to subsection (v), which has broad application, did not  
 22 impliedly repeal the specific exceptions provided in PRWORA.

23 Moreover, to discern Congress’s intent, this Court must look to the Medicaid Act as a  
 24 whole. *See Robinson v. Shell Oil Co.*, 519 U.S. 337, 341 (1997) (“The plainness or ambiguity of  
 25 statutory language is determined by reference to the language itself, the specific context in which  
 26 that language is used, and the broader context of the statute as a whole.”). “The Medicaid Act is

1 a cooperative federal-state program designed to provide medical services to certain low-income  
 2 persons.” *Multicare Med. Ctr. v. Wash.*, 768 F. Supp. 1349, 1357 (W.D. Wash. 1991). While  
 3 Washington State’s participation is voluntary, the State must comply with federal laws and  
 4 regulations to receive FFP. *Id.*; see *Univ. of Wash. Med. Ctr. v. Sebelius*, 634 F.3d 1029, 1031  
 5 (9th Cir. 2011) (“[T]o receive [FFP] for the care of the indigent, a State must meet certain  
 6 requirements.”). In fact, “[t]he cornerstone of Medicaid is financial contribution by *both* the  
 7 Federal Government and the participating State.” *Harris v. McRae*, 448 U.S. 297, 308 (1980)  
 8 (emphasis added). If the State agrees to establish a state plan that satisfies the Medicaid Act’s  
 9 requirements, as the State of Washington has, “the Federal Government agrees to pay a specified  
 10 percentage of ‘the total amount expended . . . as medical assistance under the State plan . . . .’”  
 11 *Id.* at 308 (quoting 42 U.S.C. § 1396b(a)(1)(A)).

12 In other words, Medicaid eligibility is synonymous with FFP. The Medicaid program is  
 13 a “system of ‘cooperative federalism,’” *id.* (quoting *King v. Smith*, 392 U.S. 309, 316 (1968)),  
 14 in which Washington State has agreed to include mandatory categories of medical assistance in  
 15 exchange for federal funding. See *Univ. of Wash. Med. Ctr.*, 634 F.3d at 1031 (“Medicaid is a  
 16 federal grant program that encourages states to provide certain medical services.”). “*Nothing* in  
 17 [the Medicaid Act], as originally enacted, or in its legislative history, suggests that Congress  
 18 intended to require a participating State to assume the full costs of providing any health services  
 19 in its Medicaid plan[.]” *Harris*, 448 U.S. at 308 (emphasis added). Reading Section 71109 as  
 20 eliminating FFP when both the Medicaid Act and PRWORA mandate eligibility for noncitizen  
 21 SSI recipients, and therefore FFP, is contrary to Medicaid’s statutory scheme.

22 Congress’s obligations under the Spending Clause buttress this conclusion.  
 23 “[L]egislation enacted pursuant to the spending power is much in the nature of a contract: in  
 24 return for federal funds, the States agree to comply with federally imposed conditions.”  
 25 *Pennhurst State Sch. & Hosp. v. Halderman*, 451 U.S. 1, 17 (1981). This power is only exercised  
 26 with “legitimacy” if the conditions are set forth “unambiguously” because “if a State is unaware

1 of the conditions or is unable to ascertain what is expected of it” a State cannot knowingly agree  
 2 to accept Congress’s conditions. *See id.* Moreover, Congressional spending powers cannot cross  
 3 the line where “pressure turns into compulsion.” *Nat. Fed. of Indep. Bus. v. Sebelius*, 567 U.S.  
 4 519, 577 (2012). “Respecting this limitation is critical to ensuring that Spending Clause  
 5 legislation does not undermine the status of the States as independent sovereigns in our federal  
 6 system.” *Id.*

7 These principles inform the harmonization of H.R. 1 and PRWORA that this Court must  
 8 accomplish. As described above, Section 71109 of H.R. 1 deals explicitly only with FFP, not  
 9 Medicaid eligibility. And CMS’s guidance implementing the statute ignores Congress’s decision  
 10 *not* to amend anything about SSI recipients’ eligibility for Medicaid. Clearly, CMS’s  
 11 interpretation of the statute, which erases 8 U.S.C. § 1611 and § 1612(a)(2)(A), amounts to a  
 12 disfavored implied repeal.

13 But an attempt to harmonize in the other direction, retaining Medicaid eligibility but  
 14 interpreting H.R. 1 to deny FFP for SSI receiving noncitizens, runs headlong into Spending  
 15 Clause concerns. First, nowhere did Congress clearly instruct that a State must provide medical  
 16 assistance to this population in the absence of FFP. As CMS itself recognized, “[N]either the  
 17 text of section 71109 of [H.R. 1] nor its legislative history demonstrates a clear Congressional  
 18 intent to require that states provide full Medicaid benefits to qualified noncitizens without  
 19 receiving federal matching funds for that coverage.” Implementation Letter at 7 (Apr. 8, 2026),  
 20 <https://www.medicaid.gov/federal-policy-guidance/downloads/sho26001.pdf>. The central  
 21 bargain of Medicaid is that if a state follows federal directions, then  
 22 it receives FFP to cover a portion of the medical assistance the program provides.  
 23 *See* 42 U.S.C. § 1396b; *see also Harris*, 448 U.S. at 308. If Congress wanted to alter that  
 24 bargain only as to SSI receiving noncitizens, it would need to do so more clearly than H.R. 1’s  
 25 general prohibition on FFP for medical assistance provided to certain noncitizens without  
 26 any reference to PRWORA’s requirement that those receiving SSI be eligible.

1 *See Arlington Cent. Sch. Dist. Bd. of Educ. v. Murphy*, 548 U.S. 291, 300 (2006) (“clear notice”  
 2 is required before States can incur liability pursuant to Spending Clause legislation).

3 Any such requirement would also be unconstitutionally coercive. As the Supreme Court  
 4 has noted, a violation of any part of Medicaid’s requirements puts a State’s entire Medicaid  
 5 program at risk. *Nat. Fed. of Indep. Bus.*, 567 U.S. at 581 (“1396c of the Medicaid Act provides  
 6 that if a State’s Medicaid plan does not comply with the Act’s requirements, the Secretary of  
 7 Health and Human Services may declare that ‘further payments will not be made to the State.’”  
 8 (quoting 42 U.S.C. § 1396c(2))). And, here, attempting to harmonize H.R. 1 with PRWORA by  
 9 maintaining Medicaid eligibility for noncitizen SSI recipients, but withdrawing FFP for that  
 10 same population, could condition a State’s whole Medicaid program on providing medical  
 11 assistance with state-only funds. This is precisely the sort of change in the Medicaid program  
 12 that the Supreme Court has held would violate the Spending Clause. *See id.* (holding that  
 13 expanding Medicaid beneficiaries under the Affordable Care Act must be voluntary on the part  
 14 of the States under the Spending Clause).

15 Since H.R. 1 and PRWORA must be harmonized, and since H.R. 1 did not change  
 16 anything about a noncitizen SSI recipient’s eligibility for Medicaid, the Court should hold that  
 17 H.R. 1 does not prohibit FFP for medical assistance provided to noncitizens who are eligible for  
 18 SSI benefits.

## 19 **B. Statewide Relief Is Necessary**

20 If this Court grants a preliminary injunction to Plaintiffs in this action, the scope of any  
 21 relief should be statewide. Washington State has an obligation under federal law to provide  
 22 comparable Medicaid services to all Medicaid beneficiaries. 42 U.S.C. § 1396a(a)(10)(B);  
 23 *Arizona All. for Cmty. Health Ctrs. v. Arizona Health Care Cost Containment Sys.*, 47 F.4th 992,  
 24 1002 n.3 (9th Cir. 2022) (“the ‘comparability’ rule is only violated if some ‘recipients’ are  
 25 denied or given ‘services that are less in amount, duration, or scope than the medical assistance  
 26

made available to' other *recipients* for an improper reason" (quoting *Arc of California v. Douglas*, 757 F.3d 975, 985 (9th Cir. 2014)); *Davis v. Shah*, 821 F.3d 231, 255 (2d Cir. 2016) (discussing Medicaid comparability requirement); *Sobky v. Smoley*, 855 F.Supp. 1123, 1139 (E.D. Cal. 1994) ("42 U.S.C. § 1396a(a)(10)(B) creates an equality principle by which all categorically needy individuals must receive medical assistance which is no less than that provided to any other categorically or medically needy individual.").

The only way that Washington can maintain this obligation is by treating all noncitizens who are eligible for SSI the same. *See Lynch v. Rank*, 747 F.2d 528, 535-36 (9th Cir. 1984). Accordingly, any preliminary injunction should allow Washington to fulfill its obligations by extending to all SSI-eligible noncitizens in the State.

#### IV. CONCLUSION

Plaintiffs in this action are likely to succeed on the merits of their claims because H.R. 1, correctly interpreted, does not mean what CMS says it does. The Court should grant a preliminary injunction, and the scope of the injunction should be statewide so that Washington can comply with its obligations under federal law.

We certify that this memorandum contains 3,612 words in compliance with Local Civil Rules.

1 RESPECTFULLY SUBMITTED this 16th day of September, 2026.

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