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Emergency Medical Assistance (EMA) covers emergency services for lawfully present noncitizens who are not eligible for regular Medical Assistance (MA) coverage with a federal match, and undocumented noncitizens. Coverage of emergency services for these individuals is required under federal law, and each state receives a federal Medicaid match for the cost of the services. In Minnesota, EMA is administered by the Department of Human Services (DHS).<sup>1</sup>

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## EMA Eligibility

To be eligible for EMA, an individual must have an MA basis of eligibility (which means the individual belongs to a group for which MA coverage is available) and must meet all MA eligibility requirements, such as income limits and state residency requirements, other than those related to immigration status. In Minnesota, the following groups of individuals are eligible for EMA:

- 1) Lawfully present noncitizens who do not qualify for MA with a federal match due to their immigration status. (Pregnant women and children under age 21 who are lawfully present qualify for MA coverage with a federal match regardless of their immigration status.)
- 2) Sponsored immigrants who are ineligible for MA because of the deeming of sponsor income and assets. (Pregnant women and children under age 21 are exempt from sponsor deeming.)
- 3) Noncitizens who are undocumented and noncitizens with Deferred Action for Childhood Arrivals (DACA) status. (Most pregnant women who are not lawfully present and who do not have other insurance qualify for regular MA coverage while pregnant, including labor and delivery and 60 days postpartum.)

## Services Covered Under EMA<sup>2</sup>

Federal law provides that emergency Medicaid must cover services necessary for the treatment of an “emergency medical condition,” which is defined at 42 U.S. Code 1396b(v) as “...a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate attention could reasonably be expected to result in—

- (A) placing the patient’s health in serious jeopardy,
- (B) serious impairment to bodily functions, or
- (C) serious dysfunction of any bodily organ or part.”

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<sup>1</sup> The content of this publication does not reflect federal enactment of Public Law 119-21, referred to as the One Big Beautiful Bill Act.

<sup>2</sup> Covered services for EMA are specified in [Minnesota Statutes, section 256B.06](#), subdivision 4, paragraphs (h) and (k).

In Minnesota, EMA covers three general categories of services. First, EMA covers care and services provided in an emergency department or inpatient hospital (following admission from an emergency department), or by an ambulance service, that are necessary to treat an emergency condition.

Second, EMA may cover services provided in a nursing facility or a home or community setting following discharge from an emergency department or inpatient hospital, if these services are part of a care plan approved by the DHS medical review agent; are medically necessary and required to prevent the individual's condition from quickly becoming an emergency medical condition (typically within 48 hours); and meet other criteria.

Third, EMA covers the following services, if approved as part of a care plan approved by the DHS medical review agent:

- 1) dialysis and services provided in a hospital or freestanding dialysis facility
- 2) surgery, chemotherapy, radiation, and other services necessary to treat cancer that is not in remission
- 3) kidney transplants and related care for persons who are currently receiving dialysis services

Individuals receiving EMA are exempt from managed care enrollment and receive services through fee-for-service.

## Limits on Services

In Minnesota, certain services are specifically excluded from coverage under EMA. These services include, but are not limited to: nonemergency services delivered in an emergency department or inpatient setting; transplants (other than certain kidney transplants); routine prenatal care; elective surgery; preventive health care and family planning services; rehabilitation services; physical, occupational, and speech therapy services; nonemergency transportation for routine or preventive care; dental services; vision services and eyeglasses; and substance use disorder treatment.<sup>3</sup>

Certain services, such as emergency dental services, personal care assistant and home care services, and outpatient prescription drugs, require authorization by DHS in addition to care plan approval in order to be covered under EMA.

## Financing EMA

Like other parts of the Medicaid program, coverage for emergency services for individuals who would be eligible for Medicaid except for immigration status is jointly financed by the federal and state governments. States receive a federal Medicaid match, referred to as the federal medical assistance percentage (FMAP), for the cost of emergency services. The match is based on an individual's Medicaid basis of eligibility. In other words, the FMAP for an individual covered under emergency Medicaid is the same as it would be if the individual were covered under regular Medicaid. The FMAP in Minnesota ranges from 50.68 percent to 90 percent of the cost of services for federal fiscal year 2026, depending on an individual's MA basis of eligibility.



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<sup>3</sup> See [Minnesota Statutes, section 256B.06](#), subdivision 4, paragraph (h), clause (2), for the full list of excluded services.