

OLHA POLICY BRIEF • IMMIGRANT HEALTH

IMMIGRANT HEALTH in the U.S.*A Bipartisan Policy Agenda for the 119th Congress*

Immigration policy functions as a powerful and empirically documented social determinant of health — shaping who can seek care, who avoids it out of fear, and who bears the compounding burden of enforcement-related stress. H.R. 1's historic coverage cuts and **intensifying immigration enforcement** have created a cascading health crisis.

Legal Barriers to Coverage

Federal eligibility rules create multiple tiers of immigrant access to Medicaid, CHIP, and ACA marketplace subsidies. Today, **one in four U.S. children** lives with at least one immigrant foreign-born parent. Restricting access to health coverage and care for immigrants could have significant implications for the health and well-being of these children, the vast majority of whom are citizens. Many **legal permanent residents (LPRs)** who pay federal, state, and local taxes are barred from Medicaid, SNAP, and other safety net programs that they help fund — for **five full years** under the 1996 federal welfare law's "5-year bar." Furthermore, undocumented individuals are barred from federal coverage despite their U.S. workforce and tax contributions.

Fear-Based Deterrence from Healthcare

Fear of deportation suppresses healthcare utilization— including U.S. citizens in mixed-status households. Nearly **30% of Latino youth changed daily routines due to enforcement fears**, including avoiding doctors, skipping vaccinations, and forgoing preventive care. Immigration-related stress generates measurable harm to mental health, particularly for children in their first years of life.

~40%LATINO IMMIGRANTS FEAR SEEKING CARE
COULD EXPOSE THEIR IMMIGRATION STATUS**1 in 4**U.S. CHILDREN HAS AT LEAST ONE
IMMIGRANT PARENT — MOST ARE CITIZENS**5 YRS**LEGAL PERMANENT RESIDENTS WAIT
BEFORE MEDICAID ELIGIBILITY**THE HEALTH IMPACT***Where current policy creates measurable harm***COVERAGE GAP****5-Year Ban**

LPRs who pay taxes and work in essential jobs are locked out of Medicaid, SNAP, and SSI for five years.

FEAR DETERRENCE**Chilling Effect**

Nearly 30% of Latino youth changed daily routines due to enforcement fears.

MENTAL HEALTH**26% Report Depression**

Fear of deportation drives clinical anxiety and PTSD — even among U.S. citizens in mixed-status families.

H.R. 1 CUTS**51,000 Preventable Deaths**

Scientists project 51,000+ preventable deaths annually from Medicaid cuts. 1M+ people already lost care. These harms fall hardest on immigrant and mixed-status families.

FAMILY IMPACT**Children at Risk**

Family separation produces PTSD, anxiety, and school failure in children. Deportation of a parent is associated with lasting mental health harm for U.S. citizen kids.

DETENTION HEALTH**Medical Neglect**

Detainees face medical neglect, denied prescriptions, and inhumane conditions. Children in custody suffer lasting developmental harm.

POLICY PRIORITIES

Bipartisan solutions for the 119th Congress

THE PROBLEM

COVERAGE ACCESS

- The 1996 "5-year bar" excludes LPRs from Medicaid, SNAP, SSI, and CHIP for five years — regardless of income, employment, or tax contributions.
- H.R. 1 (2025) stripped Medicaid and ACA subsidies from refugees, asylees, and humanitarian immigrants until they obtain LPR status.
- Undocumented individuals are excluded from federal programs despite working, paying taxes, and being essential to key industries.

HEALTHCARE SAFE ZONES & DATA PRIVACY

- Elimination of 'protected areas' policies allows ICE/CBP to operate at or near hospitals, clinics, and pharmacies — deterring care-seeking across all immigration statuses.
- Federal agencies (CMS, IRS, USDA, HUD) have shared or agreed to share patient health enrollment and utilization data with DHS for immigration enforcement.

MENTAL HEALTH SUPPORTS

- ~26% of recent immigrants report depressive symptoms; low health literacy compounds poor outcomes.
- Fear of deportation independently drives clinical-range anxiety, PTSD, and depression — including among U.S. citizens in mixed-status households.
- Bilingual mental health providers are in critical shortage; costs and lack of coverage create additional barriers.

CULTURALLY COMPETENT WORKFORCE

- Critical shortage of bilingual health care providers in communities with large immigrant populations.
- Community Health Workers (CHWs)— the most trusted navigators in immigrant communities — are not reimbursable under Medicaid in most states.

ICE DETENTION CENTERS

- The number of deaths of people in detention during 2025 exceeded the highest seen in over two decades, and deaths in 2026 are on track to exceed that number.

THE SOLUTIONS

- ▶ **Repeal** the 5-year bar — restore Medicaid eligibility for all qualified lawful immigrants from day one of residency.
- ▶ **Reverse** H.R. 1's coverage cuts: restore Medicaid, CHIP, SNAP, and ACA subsidies to refugees, asylees, and humanitarian immigrants.
- ▶ **Expand** state Medicaid via Section 1115 waivers to all low-income residents regardless of status.
- ▶ **Restore** ACA premium tax credits to all qualified immigrants, including ITIN filers.

- ▶ **Reinstate** and codify protected areas policies limiting enforcement at or near health care facilities.
- ▶ **Pass** legislation permanently prohibiting health agencies from sharing patient data with immigration enforcement authorities.

- ▶ **Fund** community-based, culturally tailored mental health programs addressing immigration-related trauma and family separation.
- ▶ **Subsidize** therapy costs and expand CHW-led mental health navigation in immigrant communities.
- ▶ **Support** legislation for mental health services for children and families impacted by ICE raids.

- ▶ **Expand** bilingual provider recruitment through scholarships, loan repayment, and pipeline programs across health professions, including pathways for International Medical Graduates to serve rural and underserved communities.
- ▶ **Authorize** Medicaid and Medicare reimbursement for CHWs.

- ▶ **Federal oversight and enforcement** of compliance with health and safety standards in detention centers, including appropriate health care staffing and access to 24/7 emergency care.

The Organization for Latino Health Advocacy (OLHA) is a nonpartisan 501(c)(3) nonprofit dedicated to advancing health equity for medically underserved communities across the U.S. Sources cited linked here: <https://latinohealthadvocacy.org/policy-priorities-1>.