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 — one that threatens not only immigrant families, but the **children, communities, and care systems we all depend on.**

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 across all immigration statuses — 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.

Mental Health Burden of Immigration Stress

Immigration-related stress generates measurable harm to mental health, particularly for children in their first years of life. Approximately **26% of recent immigrants report depressive symptoms**. Research shows increase in cardiovascular risk, anxiety, PTSD, and depression tied to enforcement fear even when controlling for other socioeconomic stressors.

~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 UNDER CURRENT LAW

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% Experience 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	THE SOLUTIONS
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.	▸ **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.
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.	▸ **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.
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.	▸ **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.
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.	▸ **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.
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.	▸ 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 United States. Sources cited linked here: latinohealthadvocacy.org/policy-priorities.