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DACA Recipients' Access to Health Care: 2023 Report

Background

This fact sheet reports on findings from a 2022 [survey](#) of 817 DACA recipients administered by Tom K. Wong of the University of California, San Diego, United We Dream, the National Immigration Law Center, and the Center for American Progress. In this survey, the authors asked a comprehensive set of questions about DACA recipients' access to health care and services. This is the second year the National Immigration Law Center (NILC) has published a fact sheet focused on health access for DACA recipients in order to shed light on the disparities they face.

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Health Coverage + Barriers for DACA Recipients

[Deferred Action for Childhood Arrivals](#) (DACA) has been in existence for over a decade. Under DACA, people who came to the U.S. as children and meet other requirements may receive renewable grants of relief from deportation and work authorization. Currently, [nearly 600,000](#) people are DACA recipients. However, despite relief that DACA provides, recipients face numerous health disparities.

Year after year, DACA recipients continue to report significant challenges and barriers to health insurance coverage needed to thrive. While DACA opened up opportunities for some recipients to receive coverage, more than a quarter of survey respondents (**27%**) indicated that they are not covered by any kind of health insurance or other health care plan. While this is a lower rate of uninsurance than reported in the previous years' survey (**34%**), the drop reflects [overall trends](#) and shows that DACA recipients are still nearly three times as likely to be uninsured than the general population in the U.S.

When asked about the kinds of barriers preventing their access to health insurance or health care coverage,



► **57%** of respondents believe they are ineligible due to their immigration status



► **51%** are not aware of any affordable care or coverage options available to them



► **21%** are concerned that using health care services could negatively affect their own or their family's immigration status

Of those that are covered through insurance or an alternative plan, **80%** of respondents indicate that they are covered through an employer or union, directly tying their health and coverage options to their employment. With a majority of respondents in this precarious situation where losing their job means potentially losing their health care coverage, the need for stability is even greater. Additionally, the vast majority of respondents (**86%**) believe that if they were to lose DACA, it would become even more difficult to access services to keep themselves or their families healthy.

For more context on the potential health coverage impacts if DACA were to end, refer to [NILCs blog post](#).

Fear of Out-of-Pocket Medical Costs

The fear and anxiety around crushing medical debt, which is [more common](#) among uninsured populations, poses one major barrier to accessing the care DACA recipients need. Nearly three-quarters of respondents (**71%**) reported being unable to pay medical bills or expenses in the past. Astronomical out-of-pocket medical costs and a lack of insurance options due to immigration status for many has led to DACA recipients reporting that they delay or forgo getting medical care altogether.

Was there any time when you delayed getting medical care because of your immigration status?



Were you or anyone in your family ever unable to pay any medical bills or expenses?



Access to Mental Health Care

Therapeutic and psychiatric services can be life-changing for people struggling with behavioral and emotional disorders as well as serious mental illnesses. Feelings of depression, anxiety, and fear related to the future of their status have been found to run high among DACA recipients. The stress associated with navigating the world with [in a recent study](#). Furthermore, findings show that the precarious nature of DACA has contributed to an erosion of trust in the “government, in future, and even in oneself, influencing emotional well-being and incorporation.”

DACA recipients face significant barriers to accessing mental health care. Nearly half (**48%**) of respondents who indicated that they have mental or behavioral health issues say that they are not receiving counseling, therapy, or psychiatric services from a mental health professional.



▶ Costs are too expensive (**56%**)



▶ Lack of time to access care (**47%**)



▶ Inability to find a mental health care provider who meets their cultural or language needs (**34%**)

New Proposed DACA Health Care Regulations

When DACA was established, the Department of Health and Human Services [made a determination](#) that DACA recipients would not be considered lawfully present for purposes of eligibility for Affordable Care Act coverage and subsidies, as well as limited Medicaid and Children's Health Insurance Program (CHIP) coverage in [certain states](#). As a result, hundreds of thousands of people have been denied eligibility for these programs for more than a decade, leading to the high uninsured rates reported here.

However, on April 26, 2023, the Biden administration officially proposed lifting these restrictions. The [proposed rule](#) from the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS) would lift ACA restrictions and expand Medicaid eligibility for DACA recipients in certain [states](#) that have opted to cover lawfully present children and pregnant people. This proposed rule would start to address the disparities identified in this survey.

This proposed rule marks a significant step forward for the hundreds of thousands of DACA recipients in the United States, but the dust has not settled yet. Without permanent protections in place, the health and safety of DACA recipients is still in jeopardy. We still need a permanent solution that protects the health and safety of all immigrants, including DACA recipients and immigrant youth.

Additional Policy Recommendations

A swift finalization of the proposed DACA health care rule is critical to reducing health disparities in this population. However, it is only a first step. DACA recipients, and all immigrants without permanent status or subject to eligibility restrictions, deserve certainty about their health and their status in the United States.

[We call upon President Biden and Congress to:](#)

- ▶ Pass the Dream Act of 2023, which would create a pathway to citizenship and permanent protections for DACA recipients and immigrant youth.
- ▶ Pass legislation, such as the LIFT the BAR and HEAL for Immigrant Families Acts, repealing restrictions on immigrants' eligibility for federal health insurance programs, and build on state successes in filling some of the coverage gaps.
- ▶ Develop a robust outreach and enrollment support strategy for DACA recipients once the proposed removal of eligibility restrictions is finalized.
- ▶ Implement cultural competency training and workforce improvements for health care providers and insurers to meet the unique needs of DACA recipients and their families, and foster the development of medical professionals of color.
- ▶ Expand grants and partnerships with community-based organizations in relationship with DACA recipients and other immigrant communities to help improve access to coverage and care, including education on the intersection of immigration status and health care access.

Methodology

The questionnaire was administered to an online panel of DACA recipients recruited by the partner organizations. Several steps were taken to account for the known sources of bias that result from such online panels. To prevent ballot stuffing—one person submitting multiple responses—the authors did not offer an incentive to respondents for taking the questionnaire and used a state-of-the-art online survey platform that does not allow one IP address to submit multiple responses. To prevent spoiled ballots—meaning people responding who are not undocumented—the authors used a unique validation test for undocumented status. Multiple questions were asked about each respondent’s migratory and DACA application history. These questions were asked at different parts of the questionnaire. When repeated, the questions were posed using different wording. If there was agreement in the answers such that there was consistency regarding the respondent’s migratory history, the respondent was kept in the resulting pool of respondents. If not, the respondent was excluded. In order to recruit respondents outside the networks of the partner organizations, Facebook ads were also used. Because there is no phone book of undocumented immigrants, and given the nature of online opt-in surveys, it is not possible to construct a valid margin of error.

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