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Introduction

Access to healthcare services that are fair, equitable, and non-discriminatory is a fundamental human right that is enshrined in international law. This right is explicitly recognized under various human rights instruments, including the International Covenant on Economic, Social, and Cultural Rights (ICESCR), which mandates that states ensure healthcare services are available, accessible, and of good quality to all individuals, without discrimination. However, in the United States, immigrants, refugees, and their families encounter significant, systemic, and structural barriers to obtaining adequate healthcare. These barriers include, but are not limited to, restrictive immigration policies, legal constraints, exorbitant healthcare costs, and language and cultural differences that hinder effective communication between healthcare providers and immigrant populations. This report examines the current state of healthcare and medical services for immigrants in the United States.

1. Health Care Utilization: Research indicates that immigrants often utilize fewer health care services compared to U.S.-born citizens. This lower usage is attributed to factors such as limited access, cultural barriers, and lack of insurance coverage.
2. As of 2023, half (50%) of likely undocumented immigrant adults and one in five (18%) lawfully present immigrant adults reported being uninsured compared to less than one in ten naturalized citizens (6%) and U.S.-born citizen (8%) adults.
3. Research shows that immigrants, including lawfully present and undocumented immigrants, use less health care than U.S.-born citizens.
4. Despite high rates of employment, noncitizen immigrants have limited access to employer-sponsored coverage.
5. Noncitizen immigrants are more likely to be uninsured than citizens because they have more limited access to private coverage due to working in jobs that are less likely to provide health benefits. They also face eligibility restrictions for federally funded coverage options, including Medicaid, the Children's Health Insurance Program (CHIP), Affordable Care Act (ACA) Marketplace coverage, and Medicare.¹
6. Only about 8% of Californians have no form of health insurance, but a disproportionate share are immigrants; they make up 27% of the state but 48% of the uninsured. Fewer than 4% of children are uninsured; some of these children may be in families with limited coverage options

1. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>

due to barriers like immigration status. Almost two-thirds of uninsured individuals (65% of adults and 63% of children) live with at least one family member who is an immigrant. Low-income immigrants without green cards—many of whom are undocumented—are less likely to have public health insurance or access to employer insurance compared to immigrants with US citizenship or green cards.²

7. Between September 2018 and August 2019, more than 700 migrants were infected with mumps after being exposed to the disease in detention centers, and even with the arrival of flu season in late 2019, Customs and Border Protection refused to administer free vaccines to migrants.³
8. In 2023, Half of likely undocumented immigrant adults and nearly one in five (18%) lawfully present immigrant adults report being uninsured compared with less than one in ten citizens. Coverage rates also vary by income, with a quarter (24%) of lower-income immigrant adults reporting being uninsured, compared with 5% of immigrant adults with household incomes of at least \$90,000. ⁴
9. Among immigrant adults who have received care in the U.S., one in four (25%) reports being treated unfairly by a health care provider because of their insurance status or ability to pay (16%); accent or ability to speak English (15%); and/or their race, ethnicity, or skin color (13%). Black immigrant adults are more than twice as likely as White immigrant adults to report being mistreated for at least one of these reasons (38% vs. 18%), and the share is also higher among Hispanic immigrant adults (28%). Black, Asian, and Hispanic immigrant adults are all more likely than their White counterparts to say they have been treated differently by a health care provider because of their race, ethnicity, or skin color as well as due to their accent or ability to speak English, with one in four (25%) of Black immigrants saying they were mistreated based on their race, ethnicity, or skin color.
10. About three in ten (29%) immigrant adults who have sought care in the U.S. report experiencing at least one of the several difficulties obtaining respectful and culturally competent care that was asked about on the survey. These difficulties include a provider not taking the time to listen or ignoring concerns (17%); a provider not explaining things in a way they could understand (15%); being treated with disrespect by front office staff (12%); and, among those with LEP who completed the survey

2. California Health Interview Survey 2019 adult file.

3. <https://americanoversight.org/investigation/conditions-in-migrant-detention-centers/>

4. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/>

in a non-English language, interpretation services not available or provided promptly (17%). The shares reporting any of these difficulties are higher among Black (34%), Hispanic (33%), uninsured (39%), and likely undocumented (34%) immigrant adults and those with lower household incomes compared with their White, insured, citizen, and higher income counterparts.⁵

11. Recent policy changes have affected immigrants' access to healthcare. For instance, the rescission of policies that previously restricted Immigration and Customs Enforcement (ICE) arrests in sensitive locations like hospitals has created an environment of fear, potentially deterring immigrants from seeking necessary medical care.
12. Immigrants who lack permanent legal status have limited access to healthcare in the United States and are largely ineligible for programs such as Medicare, Medicaid, and the Children's Health Insurance Program.
13. In Texas, they are only eligible for emergency Medicaid if they meet other eligibility criteria, such as residency requirements, according to Texas Health and Human Services.⁶

5. https://www.kff.org/report-section/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants-report/#endnote_link_598534-2

6. <https://www.houstonchronicle.com/news/houston-texas/immigration/article/immigration-health-care-guide-houston-20208960.php>

Recommendation:

It is expected that the United States government, within the framework of the Universal Periodic Review (UPR), will act on the recommendations provided by the international community in this regard.

1. Abolition of immigration status-based restrictions in public health insurance programs such as Medicaid and the Affordable Care Act (ACA).
2. Strengthening anti-discrimination laws: Ensuring fear-free access to healthcare services, including prohibiting hospitals from cooperating with immigration enforcement agencies.
3. Increasing funding for community-based clinics that provide free or low-cost services to immigrant communities.
4. Training healthcare personnel on immigrant rights and providing appropriate language services.
5. Incorporating immigrants into emergency public health programs, such as responses to infectious diseases.
6. Expansion of Insurance Coverage for Immigrants: It is recommended that the United States establish programs to provide healthcare insurance for immigrants.
7. Abolition or reform of the 'Public Charge' rule: To reduce immigrants' fear of losing their residency status, policies such as the 'Public Charge' rule must be repealed or reformed.
8. Increased mental health resources for immigrants: Special programs should be established to support the mental health of immigrants, particularly for vulnerable groups such as refugees and undocumented immigrants.
9. Cultural and Linguistic Training for Healthcare Providers: It is essential to provide cultural and linguistic training for healthcare providers to ensure that immigrants receive practical, unbiased, and culturally competent care.
10. Specialized healthcare centers for immigrants: Establishing healthcare centers that provide tailored services for immigrants would address their unique health needs and reduce legal or cultural concerns that may prevent them from seeking care.