

Commentary calls for equal access to health care for DACA recipients and all immigrants

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Recent uncertainties regarding the legal status of the Deferred Action for Childhood Arrivals (DACA) program underscore the urgency for policymakers to reassess long-standing restrictions on government-

sponsored health care subsidies for all immigrants, according to a new analysis by researchers at Weill Cornell Medicine, Cornell Law School, and Harvard Medical School.

The paper, published in *The Lancet Regional Health—Americas*, was co-authored by Dr. Gunisha Kaur, an associate professor of anesthesiology at Weill Cornell Medicine and medical director of the Weill Cornell Center for Human Rights; Stephen Yale-Loehr, a professor of immigration law practice at Cornell Law School; and Jin K. Park, a [medical student](#) at the Harvard School of Medicine and the first DACA recipient awarded a Rhodes Scholarship.

"The erratic enforcement of the DACA program since its inception has led many immigrants and their families to disengage completely from the [health care system](#) to avoid risking deportation," said Dr. Kaur, who is also a founding director of the Weill Cornell Medicine Human Rights Impact Lab.

"The back and forth is confusing—even to many [health care providers](#)—and causes a lot of fear and stress in patients. As a result, many avoid care until they have no choice but to seek expensive emergency care for big health problems rather than less-costly preventative care for small problems."

The DACA program began in 2012 through executive action by then-President Barack Obama to serve as a temporary measure for providing work authorization and deportation deferral to children of undocumented immigrants. While access to health care was not the program's primary goal, work authorization provided many beneficiaries with access to employer-sponsored health insurance and state insurance in some states.

The DACA program currently has about [600,000 participants](#), down

from more than 700,000 at its peak.

The authors considered a significant body of research that has demonstrated the positive impact of the DACA program on recipients, their families, and the U.S. economy, including better physical and mental health outcomes and lower overall costs to the health care system compared with no health care access. They also noted that access to individual care is essential for maintaining public health, as demonstrated recently throughout the COVID-19 pandemic.

In their analysis, the authors also reviewed the DACA program's unstable legal status over time. President Donald Trump attempted to terminate it in 2017, but a U.S. Supreme Court decision prevented that from happening in 2020. However, in 2021, a [federal judge](#) in Texas concluded that the program was unlawful and barred new applications. A federal appeals court upheld that ruling in 2022, but remanded the case to the federal trial court for further proceedings.

Most recently, President Biden [announced](#) his intention to expand health care insurance coverage for DACA recipients, allowing them access through the Affordable Care Act or Medicaid, and called on the Texas judge to stop short of termination.

"The legal wrangling is far from over," said Professor Yale-Loehr. If the Texas federal judge rules against DACA and the Biden administration appeals, the status of the DACA program may not be decided until well into 2024 or later."

"DACA has transformed my life and the lives of thousands of other undocumented immigrants," said Park. "Although the fate of DACA is far from settled, it's important to remember that in our system of government, there are many reforms that can be made at the federal, state, and local levels on behalf of immigrant and public health."

More information: Jin K. Park et al, DACA, public health, and immigrant restrictions on healthcare in the United States, *The Lancet Regional Health—Americas* (2023). [DOI: 10.1016/j.lana.2023.100493](https://doi.org/10.1016/j.lana.2023.100493)

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