

MAY 2024



# DACA Recipients' Access to Health Care: 2024 Report

## Background

This fact sheet reports on findings from a 2023 [survey](#) of 560 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, among other issues. The research indicates that respondents face significant health disparities.

One-fifth (20%) of survey respondents indicated that they are not covered by any kind of health insurance or health care plan.

## Health Coverage + Barriers for DACA Recipients

Eighty percent of survey respondents reported having health insurance. With DACA recipients now nearly all in their prime years of employment, a significant portion of those with health insurance reported receiving it through their employer (**82%**). This rate may also represent the positive economic environment and low unemployment rate in the United States. The remaining respondents with health coverage reported having it through state or local governments (**9%**), purchasing it directly (**4%**) through a public insurance program (**3%**), or through another method (**2%**).

The proportion of DACA recipients insured through their employer is much higher than the general population, which is [closer to 50%](#). One-fifth (**20%**) of survey respondents indicated that they are not covered by any kind of health insurance or health care plan. That is nearly three times as much as the currently record-low rate for the general U.S. population (**7.7%** in 2023<sup>i</sup>). In this vulnerable position, a health issue that could otherwise be addressed with access to affordable health care coverage could quickly turn into both a medical and financial emergency.

When asked about the barriers they are facing to getting health insurance or coverage, respondents without insurance reported the following<sup>ii</sup>:



▶ **44%** were not aware of any affordable care or coverage options.



▶ **35%** believe they are ineligible due to immigration status.



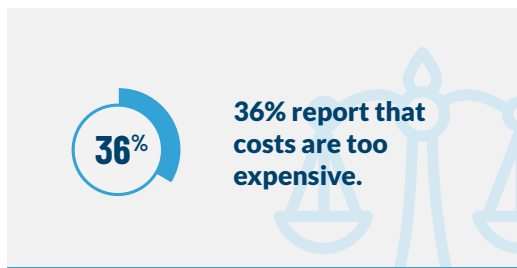
▶ **19%** have concerns that using services may affect the immigration status of the individual or their family.

- ▶ **10%** feel that applications and paperwork are too complicated.
- ▶ **7%** face logistical challenges, including transportation and time off.
- ▶ **7%** hold fear or distrust of interactions with government agencies.
- ▶ **3%** struggle with a lack of in-language or translation assistance.

Nearly all (**94%**) of respondents reported that without DACA, it would be more difficult to access critical services needed to keep themselves and their families healthy. This route to health insurance is one of the many ways that DACA helps make communities stronger.

## Access to Mental Health Care

Mental health is an important component of a person's overall health and well-being. Access to therapeutic and psychiatric services can be life-changing for the more than 1 in 5 U.S. adults who live with a mental, behavioral, or emotional disorder<sup>iii</sup>. Studies have shown that the uncertainty associated with the future of DACA is a source of trauma, leading to increased fear, sadness, and distrust among DACA recipients<sup>iv</sup>. However, mental health services remain out of reach for many survey respondents who reported the following barriers<sup>v</sup>:



- ▶ **19%** are unable to find a mental health care provider who meets their cultural or language needs.
- ▶ **19%** lack the time needed to access care.
- ▶ **17%** report having no health insurance.
- ▶ **12%** are unable to find a mental health care provider covered by their insurance.

## Facing Crushing Out-of-Pocket Medical Costs

Respondents reported facing devastating impacts to their health and well-being because of DACA-related barriers to health. More than one-fifth (**21%**) of respondents experienced worse mental and/or physical health conditions because of concerns related to their immigration status, and **12%** avoided seeking medical attention because they feared that doing so would impact their immigration status.

In a recent report examining the impacts of health care debt by the Kaiser Family Foundation, 61% of their survey respondents indicated that they have foregone or delayed medical care due to the cost, and nearly one quarter (**24%**) of adults reported some level of medical debt<sup>vi</sup>. A combination of crushing out-of-pocket medical costs and a lack of insurance options has led to DACA recipients reporting that they delay or forgo getting medical care altogether.

Almost half (**42%**) of respondents skipped dental tests or treatments and **36%** skipped recommended medical tests or treatments due to the cost of care. The cost of prescription medication is another barrier, with **17%** of respondents reporting that they either didn't fill a prescription, rationed their prescription by cutting pills in half, or skipped entire doses because of the cost of medication.

In order to afford potentially life-saving care, respondents have had to take on medical debt: **27%** of respondents reported that they took on debt to afford a medical procedure while **12%** reported taking on debt to afford their medication.

**42% of respondents skipped dental tests or treatments.**



**36% skipped recommended medical tests or treatments due to the cost of care.**



## Preferences for Receiving Information on Health Coverage

The survey asked respondents how they would prefer information about health insurance should they become eligible for expanded coverage options. Most indicated that they would want to receive information about the cost of coverage (**51%**), how to choose between health plans (**48%**), and any potential impacts on immigration status (**36%**). This information is critical for individuals to make the best decisions about their health care coverage.

In terms of preferred sources for receiving information on enrolling in coverage through the Affordable Care Act (ACA), nearly one-third of respondents indicated they would prefer information from an official government website (**32%**), followed by more accessible methods including informational videos (**27%**) and social media (**27%**).

## Policy Implications

On May 3, 2024, the U.S. Department of Health and Human Services (HHS) took a critical step forward by [announcing](#) it was finalizing the ACA Marketplace rule that would open access to ACA health plans to DACA recipients for the first time.

By amending regulations to remove an exclusion of DACA recipients from the definition of “lawfully present,” the rule expands access to ACA coverage through the Health Insurance Marketplace. While this is an important step in the right direction, there are additional barriers and challenges that need to be addressed.

Finalizing the ACA Marketplace rule is a critical step in creating pathways to health care options for the 20% of respondents without any coverage. Expanding access to ACA coverage would ensure that an individual's health care options are not entirely reliant upon maintaining a job. Yet many DACA recipients will likely be unaware of the new policy. In order to address the disparities and barriers highlighted in the research above, we urge President Biden and HHS to adopt a robust public outreach and enrollment program to ensure all newly eligible people can enroll.

As years of data have shown<sup>vii</sup>, DACA recipients will continue to have unmet health care needs unless the country prioritizes expanding access to health coverage and improving health care outcomes for all people – regardless of immigration status. As this year’s data show, this important community faced gaps in coverage, high medical bills and fear of seeking services. Policymakers and health care institutions should also use these data in efforts to address the systemic barriers that have led to the high uninsured rates and unmet medical costs.

## Recommendations

### We recommend the following additional actions to address the gaps illustrated by this research:

- ▶ HHS should work towards expanding access to Medicaid and the Children’s Health Insurance Program for children and pregnant DACA recipients.
- ▶ Congress should 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 providing additional options for residents, regardless of immigration status.
- ▶ HHS should 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.
- ▶ Health providers and systems should 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.
- ▶ HHS should do extensive outreach on the final ACA Marketplace rule for DACA recipients, including robust training for eligibility workers, enrollment workers, brokers and agents, a joint HHS and Department of Homeland Security campaign to inform DACA recipients of their new health coverage options, and funding for community organizations to conduct outreach.

## 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 of the networks of the partner organizations, text, email alerts, Instagram, and TikTok posts 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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## Endnotes

<sup>i</sup> Tsai, Brian. “U.S. Uninsured Rate Hits Record Low in First Quarter of 2023,” NCHS: A Blog of the National Center for Health Statistics, Center for Disease Control. August 3, 2023. <https://blogs.cdc.gov/nchs/2023/08/03/7434/>

<sup>ii</sup> Respondents were allowed to indicate multiple responses, thus the percentages will not sum to 100.

<sup>iii</sup> Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

<sup>iv</sup> Aranda, Elizabeth, Elizabeth Vaquera, Heide Castañeda, Girsea Martinez Rosas, “Undocumented Again? DACA Rescission, Emotions, and Incorporation Outcomes among Young Adults,” *Social Forces*, Volume 101, Issue 3, March 2023, Pages 1321–1342, <https://doi.org/10.1093/sf/soac056>

<sup>v</sup> Respondents were allowed to indicate multiple responses, thus the percentages will not sum to 100.

<sup>vi</sup> “Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills,” Kaiser Family Foundation. June 16, 2022. <https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>

<sup>vii</sup> See [NILC\\_DACA-Report\\_060122.pdf](#); [NILC\\_DACA-Report\\_2023.pdf](#)