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DACA Recipients' Access to Health Care: 2025 Report

Background

This fact sheet reports on findings from a 2024 survey of 433 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 continue to face significant health disparities. This is the fourth iteration of this report.

92% of respondents say that without DACA, it will be harder to access services to keep themselves and their families healthy.

Deferred Action for Childhood Arrivals (DACA) is a program that was introduced in 2012 by President Obama. President Biden issued an updated rule ten years later to strengthen the program. It allows certain immigrants who grew up in the U.S. from childhood to seek temporary protection from deportation and to have the ability to work. For over a decade, DACA has been life changing for more than 835,000 young people.ⁱ However, constant attacks have forced DACA recipients to live in uncertainty as the legality of the program lies in the crosshairs of an anti-immigrant agenda.

In recent years, DACA has faced legal challenges.ⁱⁱ As of publication in June 2025, current DACA recipients – across the U.S. - can still renew their DACA while the most recent case in Texas awaits a decision on remand from the Fifth Circuit Court of Appeals. While The Fifth Circuit found on January 17, 2025 that major parts of the Biden Administration's DACA rule were unlawful, it limited the impact of its ruling in key ways, confining the ruling to future grants of work authorization for DACA recipients in Texas only, and keeping the stay pending appeal in place. This means current DACA recipients across the U.S. can still renew their DACA, and at least outside of Texas, their work authorization, which would make it easier to access employer-sponsored health insurance. DACA recipients have been uniquely barred from accessing health coverage outside of employer-sponsored insurance. The Affordable Care Act (ACA) allows lawfully present immigrants to enroll in private health insurance on the marketplaces and receive financial assistance in the form of premium tax credits. However, soon after DACA was established, the Department of Health and Human Services excluded DACA recipients, unlike other recipients of deferred action, from the regulatory definition of deferred action. DACA recipients are also categorically excluded from Medicaid eligibility.

In the spring of 2024, the Biden administration finalized a new regulation removing that exclusion and allowed DACA recipients to enroll in ACA coverage starting in November 2024. Soon after, several state attorneys general filed a lawsuit resulting in an injunction issued in December 2024 stopping DACA recipients from enrolling in coverage in 19 states.ⁱⁱⁱ Notwithstanding an appeal, the injunction remains in place although DACA recipients outside those 19 states were

eligible to enroll November 2024-January 2025 and may currently be enrolled in ACA coverage. These events occurred concurrently with the collection of data in this survey, meaning some respondents may have different perceptions about their ability to access health coverage. The case is currently paused, however, a new final rule from the Centers for Medicare & Medicaid Services (CMS) ends marketplace eligibility for DACA recipients, beginning August 25, 2025.^{iv}

Health Coverage + Barriers for DACA Recipients Responding to the Survey

Eighty one percent of respondents indicated that they are covered by some kind of health insurance or health care plan. Of those covered, the vast majority (**87%**) report that they obtained their coverage through an employer, union, or professional association, significantly higher than the overall rate of people with employer-based insurance (**70.7%**).^v

Other methods of obtaining coverage include through a state or local government or community program (**7%**), a public health insurance program, or government subsidized private insurance (**2%**), purchased directly (**2%**), or through another method (**2%**). In some states, such as California and New York, DACA recipients are eligible for state-funded health care.

The rate of uninsured respondents (**19%**) is nearly 2.5 times that of the full picture of adults in the United States (**8%**).^{vi}

When asked about the biggest barriers to getting health insurance or other health care coverage, survey participants answered as follows:



- ▶ **50%** Not aware of any affordable care or coverage available to me



- ▶ **41%** Ineligible due to immigration status



- ▶ **22%** Concerned that using services may affect their own or their family's immigration status

Chilled from Care: Fees and Fear

Despite the fact that DACA recipients – like many immigrants – pay their taxes, they are regularly denied access to the life-saving federal programs their tax dollars support, either by policy or by a chilling effect.^{vii}

One third of respondents experienced worsened mental or physical health related to concerns over their immigration status, and many respondents reported skipping critical care. Whether they were chilled away from getting care or were otherwise barred from access, **16% of respondents reported** that their health conditions worsened because they were unable to access care.

DACA recipients are in an exceptionally precarious position, as their access to care not only relies on maintaining their employment, but on the DACA program remaining in effect. Over 90% of respondents said that without DACA, it would be harder to access services to keep themselves and their families healthy. **Thirty percent** report that if they were to lose DACA, their current treatment for health or medical conditions would be negatively impacted.

According to data from 2024, there are more than **250,000 children** with DACA recipient parents, meaning their pediatric care is also left vulnerable to policy changes.^{viii}

The Crushing Costs of Medical Debt

When asked about access to health care beyond insurance, many expressed concerns around the price of care:

- ▶ **45%** of respondents skipped a recommended dental test or treatment because of the cost.
- ▶ **43%** skipped a recommended medical test or treatment because of the cost.
- ▶ **16%** didn't fill a prescription, cut pills in half, or skipped their doses because of the cost.

For those who did receive care for their needs, they are now facing the reality of crushing medical debt.

28% of respondents reported taking on debt to cover the costs of a medical procedure.



Nearly **10%** of respondents reported taking on debt to cover the costs of their prescriptions.



A recent study from KFF reveals the devastating impact of medical debt. Their survey respondents reported significant negative impacts on their day-to-day lives, including drying up their savings, changing their housing situation, and skipping payments on other bills. Their reporting shows that the medical debt that disproportionately plagues DACA recipients leads individuals to feel trapped, unable to provide a quality life for themselves or their families.^{ix}

Policy Implications

This is a perilous time for DACA recipients' access to health care. At the time of publication, policymakers are proposing rolling back ACA coverage for DACA recipients. A final rule from the Centers for Medicare & Medicaid Services ends eligibility for DACA recipients to access health coverage in the ACA marketplaces, as of August 25, 2025. The federal budget bill passed into law permanently bars DACA recipients and many other categories of lawfully present immigrants from receiving ACA premium tax credits, as well as eliminating eligibility for Medicaid and Medicare.^x These policies deeply harm the health of immigrant youth who have now lived, been educated, and worked in the U.S. for decades, essentially knowing no other home.

Recommendations

All people should have the opportunity to achieve their full human potential – regardless of their race, gender, immigration, or economic status. That includes full access to health care. Actions that deprive certain community members of access to health care or coverage for care are cruel and harmful to all of our communities. CMS must reverse its final rule, which NILC formally opposed, and Congress must work to repeal health care restrictions for immigrants.^{xi} Congress must also finally pass the Dream and Promise Act, which would provide the certainty and stability that DACA recipients need to truly achieve healthy lives.

Methodology

The questionnaire was administered to an online panel of DACA recipients recruited by the partner organizations. The partner organizations offered all survey respondents a chance to win a \$50 Target gift card. The partner organizations also offered an alternate method of entry for those who wanted to enter for a chance to win but did not wish to take the survey. Participants were provided with rules regarding entry for a chance to win the gift card.^{xii} 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 used a state-of-the-art online survey platform that does not allow one IP address to submit multiple responses. To prevent spoiled survey submissions—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. To recruit respondents outside 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.

This fact sheet was authored by Isobel Mohyeddin. The primary survey and report, available [here](#), was authored by Tom K. Wong, Ignacia Rodriguez Kmec, Diana Pliego, Karen Fierro Ruiz, Silva Mathema, Ben Greenho, and Rosa Barrientos-Ferrer.

Endnotes

- ⁱ Department of Homeland Security, U.S. Citizenship and Immigration Services. [Immigration and Citizenship Data](#). June 30, 2025; Department of Homeland Security, U.S. Citizenship and Immigration Services, Office of Performance and Quality. [Deferred Action for Childhood Arrivals \(DACA\) Quarterly Report \(Fiscal Year 2025, Quarter 2\)](#). June 30, 2025
- ⁱⁱ National Immigration Law Center. [Frequently Asked Questions: Latest DACA Developments](#). March 21, 2025.
- ⁱⁱⁱ National Immigration Law Center. [Kansas v. United States](#). January 7, 2025.
- ^{iv} Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS). [Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability](#), 90 Fed. Reg. 27074 (2025) (to be codified at 45 C.F.R pts. 147, 155, and 156). [2025-11606.pdf](#)
- ^v Emma Curchin and John Schmitt. A Complicated Maze: [How Workers Navigate the US Health Care System](#). Center for Economic and Policy Research. May 13, 2025.
- ^{vi} Shameek Rakshit, Matthew McGough, Lynne Cotter, and Gary Claxton. [How does cost affect access to healthcare?](#) KFF. April 7, 2025.
- ^{vii} See, Leah Zallman, Steffie Woolhandler, David Himmelstein, David Bor, and Danny McCormick. “Immigrants contributed an estimated \$115.2 billion more to the Medicare Trust Fund than they took out in 2002-09,” *Health Affairs (Project Hope)*, Issue 36 Volume 6, 1153-1160. 2013. [doi:10.1377/hlthaff.2012.1223](#); Leah Zallman, Fernando A Wilson, James P Stimpson, et al. “Undocumented immigrants prolong the life of Medicare’s trust fund,” *Journal of General Internal Medicine*. Issue 31 Volume 1, 122-127. 2015. [doi:10.1007/s11606-015-3418-z](#).
- ^{viii} Laurence Benenson. [Fact Sheet: Deferred Action for Childhood Arrivals \(DACA\)](#). The Immigration Forum. May 21, 2024.
- ^{ix} Lunna Lopes, Audrey Kearney, Alex Montero, et al. [Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills](#). KFF. June 16, 2022.
- ^x Heidi Altman, Tanya Broder, and Ben D’Avanzo. [The Anti-Immigrant Policies in Trump’s Final “Big Beautiful Bill,” Explained](#). National Immigration Law Center. August 13, 2025.
- ^{xi} National Immigration Law Center. [Public Comment on the Centers for Medicare & Medicaid Services’ Integrity Rule](#). April 15, 2025.
- ^{xii} Center for American Progress, [DACA Survey Sweepstakes Official Rules](#); Center for American Progress, [Updated DACA Survey Sweepstakes Official Rules](#).