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ACCESS DENIED: THE PUBLIC HEALTH COSTS OF RESTRICTING IMMIGRANT BENEFITS

AMIENATA FATAJO | AUGUST 2026

EXECUTIVE SUMMARY

This brief explores which groups are most impacted by public benefit restrictions, how benefit restrictions influence behavior, and why reduced access to food and health care creates both short- and long-term health inequities. Immigrants are one of the major groups who are impacted by those restrictions. Fear of deportation and administrative burdens, as well as eligibility restrictions, limit access to food and health care. These restrictions shape behavior, cause people to avoid essential services for which they are eligible and ultimately worsen public health outcomes and inequities across communities.

INTRODUCTION

In 2025 H.R.1 was signed into law, which restricted immigrant access to benefits. It also stripped Medicaid funding, by changing the cost shift for states, and added work requirements. It also reduced access to Supplemental Nutrition Assistance Program (SNAP) by adding stricter work reporting requirements, and for Affordable Care Act (ACA) health care coverage, specifically by not extending premium subsidies.

These basic needs programs impact an estimated 1.4 million lawfully present immigrants,[1] deepening nearly 30 years of exclusion rooted in the 1996 welfare reform law.[2] These policy changes, coupled with an increasingly hostile environment[3] that discourages individuals from seeking assistance, create significant barriers to access public benefits and essential services. This can be defined as the chilling effect, where people are refraining from engaging with these support options for fear of potential negative consequences such as prosecution due to immigration status. As a result, the overall well-being of immigrant families and mixed-status households is impacted.

SOCIO-ECOLOGICAL FRAMEWORK

FROM WELFARE REFORM TO H.R.1: A HISTORY OF EXCLUSION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) significantly restricted immigrant eligibility for federal public benefits, including for some lawfully present immigrants. Under PRWORA, many Lawful Permanent Residents (LPRs)/green card holders must undergo a five-year waiting period for them to be able to access specific public benefit programs. The programs included in the five-year waiting period under PRWORA included:[4]

- Medicaid[5]
- Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps
- Children's Health Insurance Program
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)

Beyond the five-year bar for green card holders, other lawfully present immigrants were completely barred from benefits, like those with Temporary Protected Status (TPS) and other deferred action including Deferred Action for Childhood Arrivals (DACA)recipients. Although these restrictions directly target immigrant adults, their effects extend to U.S.-born children in mixed-status families, as parental fear has a chilling effect on willingness to apply for or access programs on behalf of their children. This, in turn, limits immigrant families' access to programs that would otherwise support the household and give a better standard of living.

More recently, H.R.1 further narrowed eligibility for immigrant families by limiting who can qualify for Medicaid, Medicare, SNAP, the Child Tax Credit, and ACA tax credits. This includes people who have lived in the United States for years, paid taxes, and contributed to their communities, such as:

- Refugees and asylees
- People granted withholding of removal
- Children and Youth with Special Immigrant Juvenile Status
- Trafficking and domestic violence survivors
- People granted humanitarian parole, including Afghans who aided U.S. military operations or people fleeing violence in Ukraine
- People granted TPS and recipients of DACA

Additionally the Trump Administration has taken various actions to increase barriers to public benefits and exacerbate the chilling effect, including: attempting to: expand the federal public benefits lawfully present immigrants are ineligible for; issuing a public charge rule to limit green card applicants access to benefits; data sharing between agencies and immigration enforcement; and rescinding the sensitive locations policy which previously limited immigration enforcement in places like hospitals, schools, and child care facilities.

RESTRICTING BENEFITS, EXPANDING HEALTH RISKS

Using the social-ecological framework, it is clear how multiple factors, including environmental, social, and structural conditions, influence an individual's health behaviours. The socio-ecological model framework[6] explains how individual behaviours are shaped by various levels of interconnectedness, ranging from personal dynamics and characterization to broader societal and policy landscapes. This model teaches us that immigrant access to public benefits and resources that bolster their well-being depends on not just individual decisions, but their socio-political environment as well.

The socio-ecological framework in public health is used to examine how individual, familial, organizational, and societal factors interact to influence health outcomes and guide interventions. In this context, it helps us understand how the policy environment and community-level influences shape overall health behaviors and decisions, such as whether individuals seek assistance, access health care, purchase groceries, or enroll their children in early childhood programs. There are also individual levels of influence, which are shaped by personal characteristics, beliefs, and value systems; and an interpersonal level, which reflects relationships with family members and others within one's immediate social circle.

For instance, consider the hypothetical situation of a single mom who is a refugee and has two young kids. She is influenced by warnings from friends and family to avoid applying for benefits or going to medical appointments out of fear of immigration officials being present, or that using benefits would compromise her ability to get a green card. Because of these fears, she might be less likely to even use non-governmental resources that could help her. Additionally, the recission of the sensitive locations policy, which is used to limit immigration enforcement in areas important to community well-being like food pantries, schools, and health centers, is another reason why she would avoid these centers. She may also worry about whether she can find childcare if she needs to take time off for an appointment or worry that going to a hospital could expose her to immigration enforcement or raise concerns about what would happen to her children if she were detained.

The larger context of these restrictions in terms of access to public benefits is that they would create behavioral changes in people, causing what has been described as a chilling effect. The chilling effect is defined as when people stop doing something they are legally allowed to do because they are afraid of possible negative consequences such as detainment or other forms of persecution.[7] As a result, parents are foregoing essential services, staying at home, avoiding court hearings, and not applying for public benefits.

FROM MISSED APPOINTMENTS TO WORSENING HEALTH CONDITIONS

Avoidance behavior can look like delayed care, a lack of preventive care, reduced participation in nutrition programs that would help families afford groceries, and U.S. citizens who are eligible for benefits no longer seeking them out due to fear or confusion.

Exclusionary policies and the current anti-immigrant landscape can have long-term public health implications for childhood health care as well, as parents skip appointments out of fear. This, in turn,

could lead to lower birthweights[8] and higher early-term birth rates.[9] For children, this could lead to less access to vaccines, lower rates of developmental screenings, and limited access to early intervention services.

When some children are unable to receive comprehensive health care, all children suffer. For example, lower vaccination among children results in higher instances of measles and other communicable diseases. Any reduction in herd immunity results in a decline in well-being for all children overall.

WHY IMMIGRANT BENEFIT RESTRICTIONS AFFECT EVERYONE

Limiting access to essential services has negative implications for both individuals but also economic health. If immigrants don't seek treatment for health issues, their odds of having an acute emergency, or becoming disabled or chronically ill due to illness increase, resulting in higher costs to our emergency health care system and a reduced ability to work, which affects the overall economy.[10] For programs like SNAP, reduced access means a reduction in economic development in local communities, as fewer stores receive money from SNAP dollars.

Evidence also indicates that reductions in SNAP benefits under H.R.1 could lead to a substantial rise in preventable hospitalizations[11] among U.S. adults with low incomes. This can lead to worse health outcomes altogether, and subsequently a sicker population; this, in turn, would increase strain on the health system, which is already under pressure due to recent Medicaid cuts and cost-shift changes. Rural hospitals are especially at risk of not being able to adjust to these pressures.

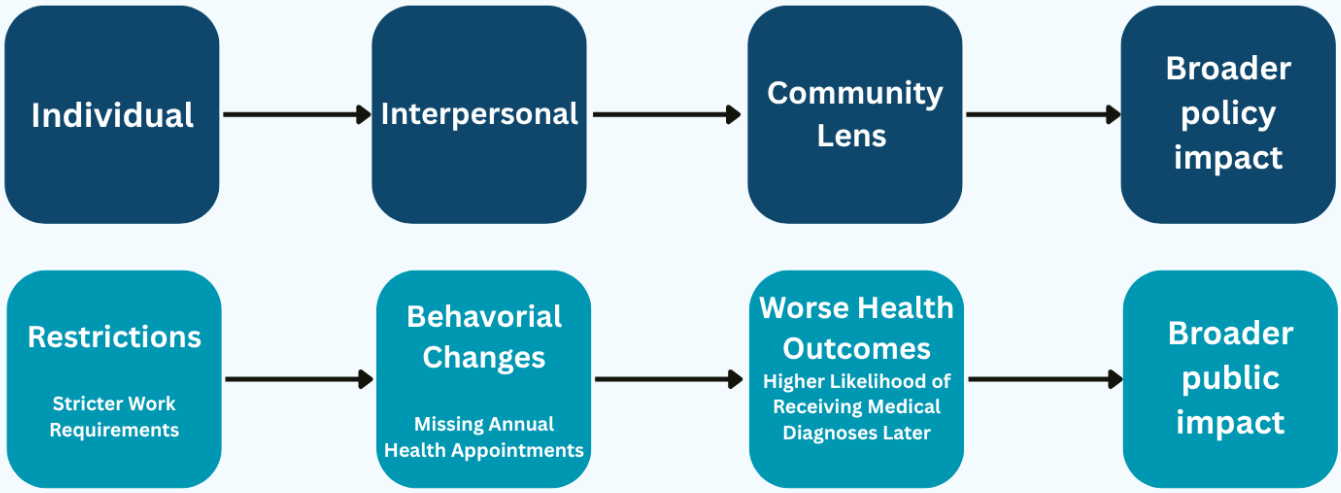
ADDRESSING INEQUITIES THROUGH A PUBLIC HEALTH LENS

Reduced access to food and health care creates long-term inequities. The decisions made to seek out public benefits are not made in a vacuum but instead are the culmination of the external societal and political landscape that shapes individual choices. The fear of being deported, confusion over the consequences of benefit use, restrictions on who is eligible, and administrative burden, among other barriers, ultimately limit access to food and health care. These restrictions shape behavior and ultimately worsen public health outcomes and inequities across both immigrant and nonimmigrant communities.

All of which makes addressing these inequities vitally important. One proposed solution is the LIFT the Bar Act, which seeks to remedy the restrictions and limitations H.R.1 places on immigrants' access to public benefits. This proposed policy change could improve health outcomes, reduce food insecurity, and strengthen public systems by ensuring immigrant families can access essential services without delay.

Health Behavior Framing

In this example, we examine work requirements for people seeking public benefits and the cascading implications of those decisions.



UNDERSTANDING THE POLICY CONTEXT: WHAT IS THE LIFT THE BAR ACT?

The LIFT the BAR Act (Lifting Immigrant Families Through Benefits Access Restoration) aims to restore access to federal programs for lawfully present immigrants who have been excluded due to PRWORA[12] and subsequent legislation like H.R.1. The act seeks to eliminate the five-year waiting period for programs such as Medicaid, the Children's Health Insurance Program (CHIP), SNAP, Temporary Assistance for Needy Families (TANF), and Supplemental Security Income. The bill restores access by eliminating the five-year bar for LPRs/green card holders and grants complete access to other lawfully present immigrants who are entirely barred from federal public benefits.

Earlier access to health coverage can support the provision of preventive care, management of chronic conditions, and improve maternal and child health.[13] Access to nutrition assistance can reduce food insecurity and support child development, school readiness, and household stability.[14] These outcomes are not isolated; they are connected to and dependent on the health, food, income/cash transfer, employment, and education systems, which all support family well-being.

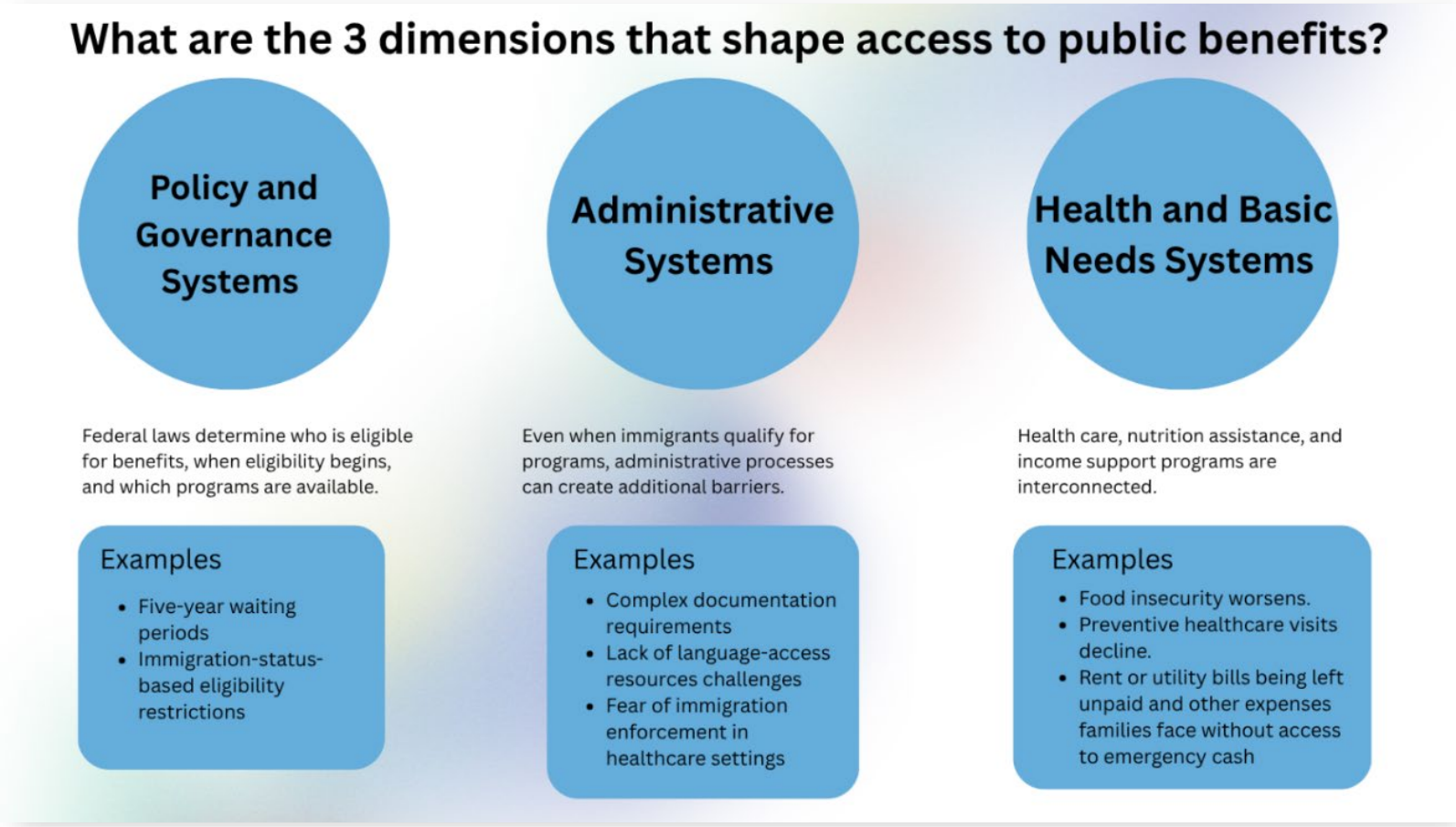
WHAT HAPPENS WHEN ACCESS EXPANDS? THE HEALTH IMPLICATIONS OF THE LIFT THE BAR ACT

The LIFT the BAR Act can be understood through a systems-based lens[15] because it focuses on the eligibility rules that determine who can access federal health, nutrition, and income support programs. It is important for advocates and policymakers to use systems-based lenses to further identify factors that shape one's well-being within the socio-ecological spheres of influence. This lens also highlights the broader public systems' implications for health and well-being. In this context, the term "public system" refers to the interconnected institutions and processes that create the landscape in which people are seeking care.

When families are excluded from preventive care and nutrition support, their needs do not disappear. Instead, those needs are often met in more costly or crisis-oriented parts of the system, such as emergency health care, food pantries, or shelters. Expanding access to benefits can therefore be analysed not only as an immigrant health issue, but also as a question of how public systems invest into support mechanisms: whether they should intervene early through prevention and stabilization and potentially later through crisis response.

HOW ELIGIBILITY RESTRICTIONS IMPACT ACCESS TO PUBLIC BENEFITS

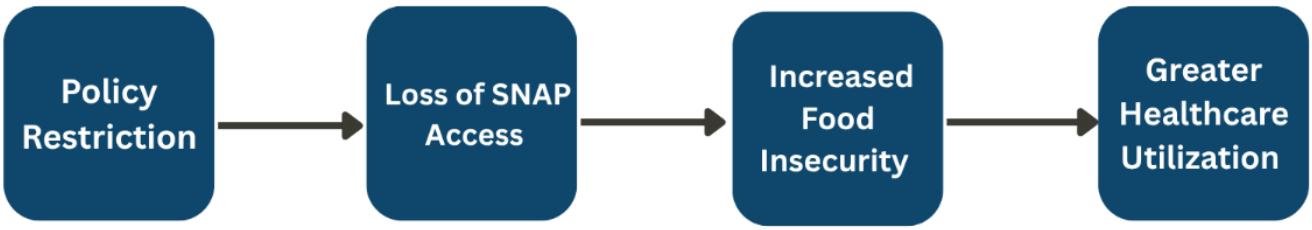
Within the systems-based framework, there are three dimensions that shape access overall: **Policy and Governance Systems, Administrative Systems, and Health and Basic Needs Systems.**[16]



- People don't just have a hard time accessing benefits; policies have been designed to create unequal access. These barriers are further exacerbated by fear of accessing basic needs systems, especially among immigrant families.[17]
- Denying immigrants access to health and basic needs programs harms everyone, including the 16.7 million[18] Americans who live in mixed–immigration status families.[19]
- The impact on families can look like increases in uncompensated health care costs for hospitals[20]—when people are scared to access medical care until their health becomes precarious, that makes it more likely that they will ultimately need more expensive emergency care. And that, in turn, leads to increased costs for hospitals, which could result in closures that impact entire communities.

The LIFT the BAR Act addresses several of these structural barriers. If enacted, the legislation would expand eligibility for several groups of lawfully present immigrants, including lawful permanent residents, Deferred Action for Childhood Arrivals (DACA) recipients, and certain humanitarian-status holders. The most recent version of the Lift the Bar Act also reverses H.R.1 exclusions. Researchers[21] and policy organizations have noted that restrictions on preventive support have implications that extend beyond individual households, affecting healthcare utilization patterns, emergency service demand, and community health outcomes.

Policymakers have previously adopted targeted approaches that reduce eligibility restrictions for certain immigrant populations. For example, the Children's Health Insurance Program Reauthorization Act of 2009[22] gave states the option to provide Medicaid and CHIP coverage to lawfully residing children and pregnant people without requiring them to complete the federal five-year waiting period. Many states chose to adopt this option,[23] creating an example of how eligibility rules can be modified to restore access to preventive care for specific populations.



HEALTH IMPLICATIONS AND SYSTEM EQUITY IMPLICATIONS

Examining the Public Health and Equity Implications[24,25]

Public Health Impacts	System Benefits / Equity Implications
• Earlier access to care → better health outcomes • Reduced emergency care reliance • Improved maternal and child health • Increased food security	• Lower long-term health care costs • Stronger public health infrastructure • Reduced burden on emergency service

- Earlier access to health care can support routine screenings,[26] chronic disease management, prenatal care, and preventive services. Earlier interventions are associated with improved health outcomes and reduced reliance on costly emergency services.
- Similarly, nutrition assistance programs can reduce[27] food insecurity, which is associated with improved educational outcomes,[28] child development, and overall health.
- Importantly, these outcomes do not occur in isolation. Public benefit programs often function together, meaning that access to one support may influence the effectiveness of another. Health coverage, nutrition assistance, and income support collectively contribute to household stability.

The relationships shown in the chart suggest that access to public benefits influence multiple outcomes simultaneously.

WHAT POLICYMAKERS CAN LEARN FROM THE LIFT THE BAR FRAMEWORK

The systems-based framework offers an opportunity to examine how eligibility policies shape immigrants' access to health and economic supports across multiple public systems. From a public health perspective, the proposal illustrates a broader policy question: should public systems prioritize prompt access to preventive supports, or rely more heavily on downstream crisis-response systems once needs become more severe? This question is not unique to the LIFT the BAR Act. Rather than focusing solely on individual participation in public programs such as manually opting in and signing up, this perspective highlights how policy design influences broader outcomes across healthcare, nutrition, family well-being, and community health systems.

By focusing on eligibility rules, the framework highlights how policy design can influence access to health care, nutrition assistance, and income supports long before individuals interact with providers or service agencies. It also underscores the importance of considering how policies affect mixed-status families, administrative complexity, and equity in access to social determinants of health. For policymakers, the proposal serves as a useful case study in how changes to eligibility structures may have implications not only for program participation, but also for community health, system efficiency, and long-term well-being.

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