

POLITICS

Trump administration cuts undocumented immigrants' access to range of federally funded programs

The policy restricts access to community health centers, Head Start, and more



Pat Greenhouse/ The Boston Globe Staff

By **Isabella Cueto** July 11, 2025

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WASHINGTON — The Trump administration on Thursday announced it would further curtail undocumented immigrants' access to federally funded programs, including health care clinics, early childhood education, and nutritional support. The decision reverses a federal practice that has been in place for decades, and is likely to cause widespread fear among immigrant communities once it goes into effect on July 14, advocates say.

Advocates say the administration's move will cut access to basic health care provided by federally funded clinics and result in worse outcomes — not just among undocumented people, but potentially for their children, who are often legal citizens by birth. The sweeping policy change could also affect immigrants who are authorized to be in the country, such as asylees, refugees, and children covered by the Deferred Action for Childhood Arrivals policy, or DACA. People with work or student visas, temporary protected status, or employment authorization may also be subject to the new rules.

“It's a cruel and extreme measure that they seem to be moving towards,” said Stan Dorn, director of health policy at UnidosUS, a nonpartisan Hispanic civil rights and advocacy group. “The direction is very worrisome.”

In its announcement, HHS said cutting off services to undocumented people would redirect hundreds of millions of dollars annually toward U.S. citizens and qualified immigrants. However, transitioning operating procedures for all programs to align with the new policy could cost up to \$175 million, according to preliminary agency estimates.

“For too long, the government has diverted hardworking Americans' tax dollars to incentivize illegal immigration,” health secretary Robert F. Kennedy Jr. said in the press release. “Today's action changes that—it restores integrity to federal social programs, enforces the rule of law, and protects vital resources for the American people.”

Thursday's move was among the clearest examples yet of Kennedy making sweeping decisions from the helm of HHS without public input — an approach that started in February, when he pared back the agency's public participation process, angering some lawmakers, government watchdogs, and patient groups.

Undocumented people tend to use less health care overall, and have lower health care costs on average — in part because they tend to be younger and healthier. They are mostly ineligible for federal programs such as Medicare and Medicaid, and have been for decades.

However, the federal government (including lawmakers from both parties) have allowed immigrants to access public benefits like school meals — which will continue under the new rules — and community health centers, regardless of their status. Previous administrations considered such resources to be a community benefit, and therefore different from individual benefits, like food stamps, Medicaid, and unemployment or disability payments.

The administration's new reading of the law changes that, interpreting the term "federal public benefit" to include a wide variety of programs, including block grants awarded to states to administer mental health services, housing supports, and nutrition resources. Nonprofit organizations are not affected by the new rules (they won't be required to check immigration status), but a range of other service providers might be.

Perhaps most concerning to advocates, the Health Center Program that helps keep 15,000 community clinics running is one of the services being restricted for undocumented immigrants. That could mean health centers are unable to serve those patients, or won't get paid for the services. Treatment of communicable disease symptoms may be exempt from the rule, according to the HHS document.

"A health clinic might be able to assert that everything they do is inextricably related to testing and treatment of communicable disease symptoms," said Tanya Broder, senior counsel on health and economic justice policy at the National Immigration Law Center.

Still, many other types of care could be cut off. Among the programs affected are: mental health and substance use programs run by the Substance Abuse and Mental Health Services Administration or funded through block grants, community behavioral health clinics, homelessness assistance programs, and Title X family planning programs.

This change, and the confusion it breeds, will almost certainly spook some immigrants from seeking out preventive and primary care. Even people who qualify for programs might avoid them. During the first Trump administration, researchers found that a surge of anti-immigrant sentiment and misinformation, along with policy changes, caused a drop in “well child” visits, delayed prenatal care, decreased primary care usage, and increased overall fear of going to the doctor among undocumented and immigrant families.

HHS’ decision seems to undermine Kennedy’s pledge to improve the nation’s health, said Stephanie Ettinger de Cuba, lead author on the study about well child visits, and executive director of the nonpartisan research group Children’s HealthWatch.

“The rollout doesn’t match the goals and is actually creating more unhealthy people,” she said.

Cutting off access to affordable preventive care can result in more costly visits to emergency departments — which are required by law to treat patients regardless of coverage or immigration status. This also works against the bipartisan goal of slashing health care costs, experts told STAT.

At worst, public health advocates worry local clinics will close, including in rural areas that are home to many migrants but that lack meaningful health infrastructure as is.

“I don’t think it’s fully thought out,” said Gabriel Benavidez, an epidemiologist and assistant professor at Baylor University’s Department of Public Health.

It may play well politically, but in practice, the policy stands to harm communities that rely on migrant labor, he said.

“That’s going to have an impact, too, on local and state economies. A lot of these families, especially in rural areas, are coming to work.”

Clinics could face new paperwork burdens to check patients' immigration status, or they might falter simply from the financial strain of losing patients or repayment. Charity care might cover some of that, and privately funded clinics would be less impacted by the change, but the possible ripple effects are already troubling people on the ground.

They are confused about how programs are expected to implement the new policy, and whether (or how aggressively) the administration will enforce it. HHS did not respond to STAT's question about whether it will enforce the new rule.

Over a dozen states provide health coverage to undocumented children and some adults, including pregnant people. However, with major Medicaid cuts on the way — and mounting budget pressures from other funding sources getting slashed — advocates worry states will be overwhelmed.

“Some of these programs may get cut or scaled back, and so again, it all adds to the spiral of less care available for everyone,” de Cuba said.

HHS' new definition also bars undocumented families from Head Start, the low-cost early education program that serves impoverished children across the U.S. A spokesperson for the department said programs will determine eligibility based on the immigration status of the child, not the parents.

While the change will take effect on Monday, much still remains in question. It's not clear, for example, if federally qualified health centers are included in the new guidelines. HHS did not respond to STAT's question about this.

“Providers of critical services shouldn't guess,” Broder said. “They shouldn't impose restrictions based on assumptions about what will happen in the future.”

HHS is expected to release additional information soon, and said it might reclassify more programs as citizen-only federal benefits.

The crackdown also marks a new attempt by the Trump administration to encroach on local and state-administered programs, said Ava Ayers, associate professor of law at Albany Law School.

“It used to be regarded as a matter of central Republican Party principle that states should be given leeway and freedom and sovereignty to make policy their own way. This is really an attack on state independence,” she said.

Blue-state attorneys general could have legal standing to challenge the administration’s reading of the law in question, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Ayers said. However, with limited financial resources to go against the federal government, states and local groups might instead choose to comply and avoid a costly court battle.

The HHS document is a nonbinding interpretation, which basically announces that the agency is changing its stance on the 1996 law and will operate accordingly moving forward. Officials cited “the invasion at the Southern Border” as their reason for skipping a traditional notice-and-comment period before posting the formal notice. Illegal border crossings are at historic lows, according to U.S. [Customs and Border Protection data](#).

HHS will accept public comments on the notice for 30 days, but they will not be used to shape the policy.

“This is a dramatic departure from the policies that have been in effect for almost 30 years, and it deserves time for notice and comment, and for people to weigh in and consider all of the harm for individuals, communities, providers, and others before it goes forward,” Broder said.

Correction: A previous version of this story included an incomplete surname for Stephanie Ettinger de Cuba.

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