Children's Hospital of Philadelphia PolicyLab

Why Children in Immigrant Families Are at Risk of Losing Access to Health Care—and What We Can Do About It

Health Equity

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Editor's Note: This post is part of our Blind Spots series, exploring how current and potential future policy changes will affect children, families, and communities, and what can be done to mitigate harm.

All children deserve access to high quality health care so they can play, learn, and grow into healthy adults. Unfortunately, many children in immigrant families are at risk of losing access to this care because of new federal Medicaid policy changes. These policies place children in immigrant families at high risk of experiencing Medicaid "churn"—losing and regaining coverage, often repeatedly—or of losing coverage all together.

Before additional coverage restrictions for immigrant families take effect in October 2026, and before the biggest changes related to Medicaid eligibility overall take effect in January 2027 for most states, current data is already showing stark declines in pediatric enrollment in Medicaid and the Children's Health Insurance Program (CHIP) since January 2025.

While the coming changes focus mainly on adults, and most children in immigrant families will remain eligible for Medicaid, many may not stay enrolled because of potential confusion, fear, and a high burden put on families to navigate different and changing eligibility criteria.

Policy decisions can support continuous coverage—or disrupt it further

Insurance churn and resulting gaps in access to health care are not new problems, nor are they specific to Medicaid or immigrant populations. But we know that churn worsens when policies make it harder for families to maintain coverage. On the flipside, policies that support continuous eligibility are associated with increased coverage, improved outcomes and fewer unmet health care needs.

When states enact cumbersome redetermination processes—such as frequent eligibility checks, complex documentation requirements, and short response windows—higher rates of churn among children may follow. Even brief lapses in coverage can disrupt care, delay treatment and destabilize families already navigating complex systems.

Coverage gaps for children can also increase as parents lose access to Medicaid. When parents lose their health insurance coverage, children are more likely to lose coverage as well—even if the children themselves remain eligible. This "unwelcome mat" effect reflects both administrative barriers and real fear: when systems feel risky or confusing, families disengage. While the coming Medicaid policy changes put many children and adults at risk of insurance churn, children in immigrant families are particularly vulnerable to these disruptions at this moment. Coverage is not determined in isolation; it is deeply tied to family context.

This issue is not new, but coming changes will exacerbate it

During the rollout of changes to the federal public charge rule during the first Trump administration, research documented a "chilling effect" in the uptake of public benefit programs and health care utilization across immigrant communities. Families withdrew from public programs like Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—not because they no longer qualified, but because they feared consequences to their immigration status. Researchers have found decreases in well-child visits among children of immigrant mothers following the policy change, suggesting that decreased access to Medicaid and fears about accessing Medicaid may have led families to delay or avoid accessing preventive care.

When children lose Medicaid coverage—even temporarily—the consequences are immediate and measurable. Analyses of national data found that as compared to children with continuous public insurance, children with gaps in their Medicaid coverage are:

- 2 times more likely to experience delays in needed care
- 5.5 times more likely to lack a usual source of care
- 3.6 times more likely to have unmet health care needs

These are not abstract statistics. They represent missed vaccinations, delayed developmental screenings, untreated asthma and unmanaged infections. They represent children arriving sicker, later and in more acute settings like emergency rooms. The research bears this out. Following the September 2018 public charge rule announcement, researchers documented increases in self-pay emergency department visits among a subset of immigrant patients in Los Angeles.

Addressing the risk of coverage loss requires a proactive response

Importantly, for most children in immigrant families, this is not a story about eligibility. The majority of these children will remain eligible for Medicaid under current law. The risk lies in access—whether families can

successfully navigate enrollment, renewal, and ongoing participation in an increasingly complex and, at times, intimidating system.

Advocates in Pennsylvania have compiled a comprehensive set of recommendations for state leaders on how they can support children and families and mitigate harm when implementing upcoming Medicaid changes. For immigrant families specifically, addressing the risk of coverage loss requires a proactive response at the state and local level and in community outreach. This includes:

- State tracking of children's Medicaid enrollment trends in real time, with data disaggregated by race and ethnicity to the extent possible, and transparent and timely data sharing with the public. Declines in enrollment—especially among populations known to remain eligible—should be treated as early warning signs of churn and acted upon.
- States and health system investment in targeted outreach and case management. Navigation of redetermination processes is critical following policy change. Clear communication in the language the family speaks, along with simplified processes to renew coverage, are essential.
- Partnerships with community-based organizations and community health workers. These trusted messengers are often best positioned to reach families, address fears, and provide culturally and linguistically appropriate guidance. In moments of uncertainty, trust is as important as policy.
- Individuals can follow updates from the Pennsylvania Department of Human Services, or from national groups such as the Protecting Immigrant Families coalition, and help to share this information with their networks.

We must remember what is at stake. Continuous coverage is not just an administrative goal—it is the foundation of pediatric care. We know what happens when coverage is disrupted and it is harmful, in the short and long-term. If we want to keep all children healthy, including children in immigrant families, and support them in getting the right care, at the right time, and in the right location, policymakers must prioritize preserving their access to health insurance coverage and preventing churn before it happens.

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