IMMIGRATION POLICY AND HIV:
PROTECTING ACCESS TO CARE AND PUBLIC HEALTH

NMAC
Ending the HIV Epidemic

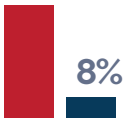
Immigration policy plays a critical role in shaping access to HIV prevention, treatment, and care in the United States.

People living with HIV (PLWH) as well as vulnerable populations, including immigrants, rely on consistent access to healthcare, medication, and supportive services to achieve and maintain viral suppression.

As a result, immigration-related policy decisions often determine whether individuals can access life-saving HIV services, which have direct implications for both individual health outcomes and broader public health efforts to end the HIV epidemic.

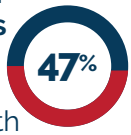
> By the Numbers

50%: Number of undocumented immigrants that were uninsured, compared to 8% of U.S.-born individuals in 2023



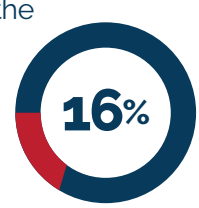
5 years: The waiting period many lawfully present immigrants face before becoming eligible for Medicaid

47%: Number of immigrants that report experiencing negative health impacts due to immigration-related worries since January 2025



65% Report concern that immigration enforcement activities in or around health care facilities may discourage some people from seeking needed medical care, according to a Kaiser Family Foundation national survey of U.S. adults

Approximately **16% of PLWH** in the United States are foreign-born



Hispanic/Latino individuals accounted for 31% of new HIV diagnoses in the United States in 2022, despite representing about **19% of the population**

In the Southeastern United States, **Latino individuals are more likely to be diagnosed at a later stage of HIV infection** than the national average **(76% vs. 58%)**

> Why This Matters for HIV

Coverage gaps, eligibility restrictions, and other structural barriers tied to immigration status can delay testing, interrupt treatment, and make it more difficult for individuals to remain engaged in care. As a result, PLWH may experience delays in accessing antiretroviral therapy (ART), lower rates of viral suppression, and poorer health outcomes, which often have broader public health implications.

For example, when individuals are unable to access or remain in care, it not only undermines efforts to reduce HIV transmission; it also contributes to its rise. BOX

Therefore, ensuring timely access to HIV services is critical not only for individual health, but for the overall goal of strengthening our public health infrastructure.

CONTINUED > 1

> How Immigration Policy Affects Access to Care

Immigration policy shapes access to health coverage and services in multiple ways. Many immigrants, including those with legal status, face eligibility restrictions for public programs such as Medicaid, which can include a five-year waiting period for enrollment. In addition, restrictions for immigrants in other social safety net programs such as the Affordable Care Act (ACA) and Medicare continue to limit access to care and leave this population without the healthcare resources needed to limit transmission.

In addition to eligibility barriers, administrative complexity and variation across states can make it difficult for individuals to navigate available services. For example, language access and documentation requirements demonstrate how the difference in state-level policies contribute to uneven access to care across the country.

Also, concerns about immigration-related consequences can also impact whether individuals seek care, even when they may be eligible. Research shows that fear of enforcement and uncertainty around immigration policies can discourage individuals and families from enrolling in coverage or accessing healthcare services, leading to delays in testing, diagnosis, and treatment.

> Policy Priorities

Federal policymakers can play a key role in ensuring more equitable access to care through the following actions:

Protect Access to Care

- Ensure access to HIV prevention, testing, and treatment services, regardless of immigration status.
- Maintain and strengthen funding for the Ryan White HIV/AIDS Program to support individuals who may not qualify for other coverage options.
- Preserve access to preventive services, including PrEP, without cost-sharing.

Reduce Barriers to Coverage and Care

- Address eligibility restrictions that limit access to Medicaid and other programs.
- Clarify federal policies to ensure individuals can seek care without fear of immigration-related consequences.
- Support language access and culturally competent care to improve navigation of health care systems.

CONTINUED > 2

Strengthen the Public Health Response

- Provide increased funding for community-based organizations serving immigrant communities affected by HIV.
- Invest in outreach, enrollment, and retention efforts to ensure individuals remain engaged in care.
- Ensure federal agencies have the capacity to respond to emerging barriers affecting access to HIV services.

Immigration policy IS health policy and barriers to care driven by immigration status continue to limit access to life-saving HIV services and weaken the nation's public health response. Addressing the health barriers that immigrants are currently facing is a critical step in increasing the overall strength of the nation's public health infrastructure.

Sources:

1. KFF, Key Facts on Health Coverage of Immigrants, January 15, 2025, https://www.kff.org/racial-equity-and-health-policy/key-facts-on-health-coverage-of-immigrants/

2. KFF, KFF Health Tracking Poll: The Public's View of Immigration Enforcement Activities in Health Care Settings, April 1, 2026, https://www.kff.org/public-opinion/kff-health-tracking-poll-the-publics-view-of-immigration-enforcement-activities-in-health-care-settings/

3. KFF, Health Care Experiences of Immigrant Parents and Their Children in the Second Trump Term, March 2, 2026, https://www.kff.org/immigrant-health/health-and-health-care-experiences-of-immigrant-parents-and-their-children-during-the-second-trump-term/

4. NIH, The Epidemiology of HIV Among People Born Outside the United States, August 17, 2020, https://pmc.ncbi.nlm.nih.gov/articles/PMC7485059/

5. CDC, Fast Facts: HIV and Hispanic/Latino People, October 21, 2024, https://www.cdc.gov/hiv/data-research/facts-stats/hispanic-latino-people.html

6. NIH, Late Entry to HIV Care Among Latinos Compared With Non-Latinos in a Southeastern US Cohort, September 1, 2011, https://pmc.ncbi.nlm.nih.gov/articles/PMC3156142/

7. Statista, Latinos Diagnosed With HIV More Often in the U.S., July 25, 2024, https://www.statista.com/chart/32714/rate-of-new-hiv-diagnoses-among-different-races-ethnicities-in-the-united-states/

8. NIH, A Systematic Review of HIV/AIDS Survival and Delayed Diagnosis Among Hispanics in the United States, February 1, 2013, https://pmc.ncbi.nlm.nih.gov/articles/PMC3329255/#S14

9. National Immigration Law Center, Health Care Coverage, July 28, 2025, https://www.nilc.org/resources/healthcoveragemaps/

CONTACT: For inquiries about NMAC's Policy Education and Community Mobilization efforts, please contact:
Cecelia Thomas, Chief Policy and Advocacy Officer | cthomas@nmac.org | 202-774-8356 | www.nmac.org