Title

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Journal

LGBT health

ISSN

2325-8292

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Publication Date

2026-08-01

DOI

10.1177/23258292261476709

Immigration Policy Is Sexual and Gender Minority Health Policy: How Laws Shape Risk, Fear, and Care Avoidance

Running Head: Immigration Policy Is SGM Health Policy

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Word Counts:
Abstract: 95
Main Text: 1,543
Number of Tables: 1
Number of Figures: 0

Abstract

Immigration and sexual and gender minority (SGM) policies operate as interlocking systems that shape perceived risk, generate fear, and drive care avoidance among SGM immigrants in the United States. This Perspective argues that immigration policy functions as SGM health policy by structuring eligibility, surveillance, and perceived safety within health care systems. We describe how immigration enforcement, asylum restrictions, and SGM-targeted legislation produce psychological harm and suppress care-seeking, particularly among transgender immigrants and asylum seekers. Persistent data gaps obscure these harms. Recognizing these intersecting legal regimes is essential for advancing equity, clinical safety, and public health.

Keywords: Health equity, immigration policy, SGM immigrants, structural stigma, transgender health

Introduction

An estimated 1.2 million sexual and gender minority (SGM) immigrant adults are navigating the intersection of anti-immigrant and anti-SGM persecution in the United States.[1] Emerging evidence shows that SGM immigrants experience disparities in insurance coverage, health care access, and health care utilization due to immigration-related barriers, discrimination, and limited access to affirming services.[2,3] Studies of SGM migrant populations further document reduced use of formal care and reliance on informal services due to lack of insurance coverage and barriers to culturally competent care.[2,3] Federal and state policies shape both eligibility for insurance coverage and whether seeking care feels safe. Immigration policy and health policy have historically been closely intertwined. For example, immigration status, which is shaped by federal and state immigration policies, has both direct and indirect effects on health insurance coverage, access to care, and health outcomes.[1,4,5] Co-occurring policies—including immigration enforcement practices, asylum restrictions,[6] and SGM-targeted legislation[7]—generate persistent perceived risk and psychological harm that affect people regardless of legal status or formal eligibility. These effects vary across SGM subgroups, with transgender immigrants and asylum seekers facing the most acute risks due to heightened scrutiny, legal vulnerability, and barriers to affirming care.[6]

Across these domains, policy operates not only through eligibility restrictions, but by producing perceived risk—manifesting as fear of surveillance, deportation, and discrimination. This perceived risk reshapes how individuals engage with health systems and is a primary driver of care avoidance. These risks are not merely additive; SGM status introduces distinct vulnerabilities related to stigma, discrimination, and restricted

access to affirming care, amplifying the restrictive effects of immigration policy.[6,8] This Perspective argues that immigration policy functions as SGM health policy by shaping eligibility, surveillance, and perceived safety within health systems.

Evaluating policies affecting SGM immigrants requires attention to intersecting systems of oppression. For clinicians, researchers, and advocates, immigration policy functions as a structural determinant of health and health care access, shaping care avoidance, psychological distress, and access to affirming services. Table 1 summarizes key public policies and policy actions that shape health risks, care avoidance, and psychological harm among SGM immigrants.[4,5,9–13]

Table 1. Public Policies and Policy Actions Impacting the Health of Sexual and Gender Minority Immigrants

Policy Domain	**Mechanism (Pathway of Harm)**	**Downstream Health Impact**
Public charge determinations[5,9]	Perceived risk of surveillance or future inadmissibility discourages benefit use regardless of eligibility.	Avoidance of Medicaid, primary and preventative care, and nutrition programs.

Asylum processing restrictions[10]	Prolonged instability, violence exposure, and detention under unsafe conditions.	Trauma, anxiety, depression, infectious disease risk.
Interior immigration enforcement[4]	Heightened fear of detection in public/institutional spaces.	Delayed care, disengagement from preventive services.
State-level restrictions on gender-affirming care [11]	Legal constraints reduce availability and perceived safety of care; policy signals elevate anticipatory stress.	Compounded barriers and psychological distress for transgender immigrants.
Federal executive orders (2025–2026)[12]	Redefinitions of "sex," restrictions on gender-affirming care, and rollback of anti-discrimination protections increase perceived risk, uncertainty, and perceived institutional hostility.	Anticipatory stress, avoidance of care, heightened vulnerability for transgender immigrants.

One Big Beautiful Bill Act changes in Medicaid eligibility[13]	Narrowed eligibility pathways and benefit exclusions signal institutional precarity and increase confusion about immigrants' rights to coverage.	Elevated uninsured rates, forgone care, worsening chronic conditions.

Current Immigration Policy Landscape

SGM immigrants are subject to a wide array of policies and practices levied against immigrants—or those perceived as immigrants—that undermine health and access to care in the United States. These include narrowing Medicaid eligibility to naturalized citizens or lawful permanent residents,[14] retaliation against states that use state funds to cover undocumented immigrants,[15] public charge determinations used to deny legal status,[9] federal requests to share state Medicaid data with the Department of Homeland Security,[16] and the lifting of restrictions on conducting immigration enforcement actions in health care facilities.[17] Together, these policies shape eligibility, surveillance, and perceived safety within health care systems.

From a health systems perspective, immigration policy creates confusion and fear long before people reach a clinic.[5] Immigration-related perceived risks suppress enrollment in safety-net programs and deter necessary health care across immigrant populations, including those with lawful status.[11,12] These policies operate through a common pathway: increasing perceived exposure to surveillance and sanction, they alter how individuals assess interacting with health systems. Thus, avoidance reflects not lack

of need, but a rational response to perceived danger. Recent population-level data underscore the pervasiveness of these dynamics. In a 2025 KFF/New York Times survey, 40% of immigrant adults—and 77% of likely undocumented immigrants—reported experiencing negative health effects associated with immigration policies, including increased stress and anxiety, as well as worsening chronic conditions.[18] These findings show that policy-driven risk is already shaping health experiences and care-seeking at scale.[18]

Public charge provides another example. In late 2025, the Department of Homeland Security signaled a return to broader discretion in public charge determinations, potentially re-including non-cash benefits such as Medicaid and CHIP.[9] As a result, confusion and risk extend beyond those directly subject to determinations, depressing enrollment and care use among immigrant families, including U.S.-citizen children.[5] Through heightened uncertainty about surveillance, deportation, and discrimination, immigration policy further amplifies vulnerabilities for SGM people.

Current SGM Policy Landscape

In conjunction with anti-immigrant policies, SGM immigrants must also contend with the expanding field of laws and policies targeting SGM communities. Hundreds of anti-SGM bills continue to advance across state legislatures; the ACLU's 2026 policy tracker shows ongoing surges in restrictions on gender-affirming care, identification accuracy, public accommodations, and education.[7] Federal actions include executive orders defining "sex" as an immutable biological classification rather than a category inclusive of gender identity,[19] reshaping eligibility for protections, coverage, and gender-affirming care within federally regulated programs and contributing to uncertainty and

perceived institutional hostility. Additional actions include refusal to protect patients and workers against sexual orientation and gender identity discrimination,[12] defunding public health and research programs that prioritize SGM communities,[20] and compelling health care systems to terminate gender-affirming care services under threat of withdrawing Medicare funding.[21]

These proposed and enacted policies manufacture threat environments that make routine care unsafe, especially for transgender patients. SGM adults have described contemporary policy environments as psychologically harmful through chronic worry, hypervigilance, social isolation, and hopelessness—effects felt most acutely by transgender, racially marginalized, economically insecure, and rural participants.[22,23] The reported experiences of immigrants and SGM communities highlight how policy harms do not require direct enforcement. The threat changes how people move through the world. Advocacy organizations have long documented these harms and called for expanded legal protections and access to affirming care for both immigrant and SGM communities. This Perspective builds on these efforts by situating these dynamics within a unified health policy framework, emphasizing how intersecting legal regimes function as structural determinants of health.

Oppression as Health Policy

Intersectionality demands that we consider the policy impacts on SGM immigrants as the work of interlocking systems rather than merely the additive effects of anti-immigrant and anti-SGM policies.[8] The case of asylum policy serves as a prime example.[6] Migrants fleeing criminalization or state-sanctioned violence related to sexual orientation or gender identity have sought asylum in the United States. Yet heightened

evidentiary burdens, inconsistent recognition of sexual- and gender-identity-based persecution, and prolonged processing times extend exposure to violence, instability, and detention.[6]

Detention conditions—including isolation, lack of affirming care, and elevated risk of assault—exacerbate trauma and mental health symptoms. These harms are documented in legal records. For example, in *Molina Trejo v. Hyde*, a habeas petition describing conditions in U.S. immigration detention, a transgender detainee reported denial of medically necessary medications and inadequate access to care.[24] Transgender immigrants exemplify these intersectional harms, as SGM status compounds immigration-related exclusion by introducing additional barriers to care, heightened risk of discrimination, and reduced access to affirming services.[11] As noted, a transgender asylum seeker or other immigrant with pending or uncertain status may avoid seeking care for fear that interacting with health systems could expose immigration vulnerabilities or result in denial of gender-affirming treatment. Such experiences illustrate how policy environments produce tangible harm that reinforces fear and avoidance.[25] In this context, foregoing care reflects a rational response to overlapping risks rather than a lack of need.[8]

Data Gaps and Policy Blind Spots

These harms are further obscured by limitations in available data.[6] Inconsistent collection of sexual orientation and gender identity and immigration data limits the ability to identify and address disparities affecting SGM immigrants. These gaps obscure the extent of policy-driven fear and care avoidance, leaving health systems and policymakers without the information needed to assess risk or respond effectively. This absence is not

neutral: when populations are not measured, their experiences of harm are less visible in policy decision-making.

Implications

For SGM immigrants, intersecting legal environments heighten risk, constrain access, and shape perceived safety within health care settings. Even when services are available, fear suppresses care-seeking.[5] These dynamics translate policy environments into real-world health harm.

Health systems should reinforce confidentiality (e.g., by minimizing collection of immigration-related data and clearly communicating privacy protections), limit cooperation with law enforcement through institutional data-sharing policies, and partner with medical–legal organizations to counter misinformation and support patient rights.[5,17] Clinicians and institutions play a critical role in mitigating policy-driven fear by establishing clear protections and affirming access to care. These interventions can reduce avoidance and rebuild trust.

Policymakers should remove immigration-based eligibility criteria for Medicaid and other safety net policies,[14] and ensure all communities have access to needed health care, regardless of immigration or SOGI status. They should also restore standardized, voluntary SOGI and immigration measures in surveys, strengthen SGM-based asylum protections,[6] and end unlawful surveillance and persecution of immigrant and SGM communities. These steps confront the policies that marginalize SGM immigrants most acutely — and in doing so, advance health justice for everyone who depends on a system that is fair, safe, and accessible. These recommendations align with longstanding efforts by immigrant and SGM advocacy organizations—including the National Immigration

Law Center, the American Civil Liberties Union, and the Williams Institute—which have called for expanded access to care, limits on immigration enforcement in health settings, and stronger protections for SGM populations.[5–7,17]

Conclusion

Immigration policy and SGM policy operate as mutually reinforcing systems that shape health risk, care avoidance, and psychological well-being among SGM immigrants. Even in the absence of direct enforcement, policy environments signal danger, constrain access, and alter health-seeking behavior. Recognizing immigration policy as SGM health policy is essential for advancing health equity and protecting the well-being of communities navigating overlapping systems of exclusion.

Acknowledgements

Not applicable.

Authors' Contributions

B.T.C.: Conceptualization, writing – original draft, writing – review and editing; visualization. K.H.N.: Conceptualization, writing – review and editing. M.J.K.: Conceptualization, writing – review and editing.

Ethical Considerations

Ethical approval was not required.

Consent to Participate

Not applicable.

Consent to Publish

Not applicable.

Declaration of Conflicting Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding Statement

The authors received no financial support for the research, authorship, and/or publication of this article.

Data Availability

No data were used in this article.

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the University of California, Boston University, or any of their affiliates.

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