



ABPD Guidance on Required Questioning of Immigration Status in Healthcare

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The Association of Bioethics Program Directors (ABPD) represents the leadership of nearly 100 academic bioethics programs at medical centers and universities across North America.

The effective delivery of healthcare requires that the community perceive healthcare institutions as safe and welcoming venues that can be trusted regardless of one's social circumstances. The health of the community depends on patients presenting in a timely fashion for needed care. When trust in these institutions and professionals is undermined by extrinsic considerations, the mission of healthcare institutions is jeopardized and their identity becomes compromised and distorted.

A new law in Florida introduces such an extrinsic corrosive element into the healthcare environment by requiring hospitals to inquire about the citizenship status of patients ([CS/CS/SB 1718](#)). We therefore call on the bioethics and healthcare communities to devise methods and strategies to mitigate the anticipated harms and wrongs that will be caused by this requirement.

This law requires that hospitals ask every patient about their immigration status and report the data they collect from the responses to the state. While it does not make delivery of care contingent on immigration status or require that patients answer the question, asking patients about their immigration status will predictably stoke fears that seeking care might lead to deportation or jeopardize one's opportunity for citizenship.(1,2) Such fears can cause some patients to delay or avoid seeking care, sometimes with disastrous consequences.(3) This is especially the case when a governor and legislature that are openly hostile to people who have immigrated to the US are requesting the disclosure.(4) Moreover, hospitals can track this information through less invasive means. Thus, the measure will neither help acquire useful information nor guide resource allocation.

When individuals are asked about their immigration status in a healthcare environment, various unfortunate inferences are likely. For instance, people who have immigrated with an authorized status may fear that they will be penalized for utilizing services when they apply for citizenship. Those without documentation will fear being reported to immigration authorities and potential deportation. This will inevitably result in some patients delaying care until treatment must be delivered emergently. Such care will be far more costly and result in worse outcomes than had they felt the institution was trustworthy and presented earlier. Moreover, recent experience has vividly demonstrated the value of trust, and the pernicious effects of distrust, in health care professionals in a public health emergency.

The special role of health-care facilities in our society has been recognized by their designation as a "sensitive location" by [Immigration and Customs Enforcement](#) (ICE) and recently reiterated under the rubric of "protected area" by the [Department of Homeland Security](#). It makes little sense to protect the mission of healthcare facilities by curtailing the routine enforcement activities of immigration officials only to then "deputize" healthcare professionals to carry out their work. Such a requirement threatens

to attach a legacy of suspicion to the healthcare facilities and professionals themselves even as the extrinsic threat posed by immigration officials is removed. It is this potential undermining of the identity of healthcare facilities and professionals as welcoming, caring, and trustworthy societal institutions that is especially ethically alarming and must be resisted.

As ethicists, we therefore support the creative investigation and use of actions to prevent this required question from undermining the trust of patients in the healthcare facility and mitigating the threat it poses to patient care. For instance, hospitals should consider whether declining to ask the question is a viable option. As asking a patient's immigration status is a potential affront to professional norms and identity, not asking the question may be a valid instance of conscientious objection, possibly safeguarded by another Florida law ([CS/SB 1580](#)).

Intensive public education campaigns should also be implemented to reduce fears and misunderstanding related to the requirement. For instance, local health systems and their ethics and mission leaders should make substantial efforts to inform their communities of this required question and to make clear that (a) no patient is required to respond, (b) any response that is given is not individually reported, and (c) that no repercussions should result from answering or declining to answer.

Perhaps most promising is for hospitals to partner with community organizations in implementing their "decline to answer" campaigns. As our concerns center on the bonds of trust between the hospital and community, partnering with the community to respond to this problem may be especially efficacious. These campaigns should aim at educating the public and producing community solidarity by recommending that all patients, including US citizens, decline to answer. If it becomes widely known that declining to answer is the community norm, doing so will likely become less fearsome for patients who have immigrated.

In summary, the ABPD recommends that bioethicists, healthcare professionals, and healthcare facilities work together to ameliorate the effects of requiring hospitals to ask the citizenship status of patients at the time of registration. We also believe bioethicists and healthcare professionals must help to educate the public and elected representatives regarding the effects of such legislation and the violation of professional integrity that it perpetrates.

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Supported by at least 2/3rds majority vote of ABPD membership

References

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