



# Unauthorized Immigrants' Access to COVID-19 Vaccines

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COVID-19 vaccines have been widely viewed as a means of reducing the spread of COVID-19 and facilitating a return to work and school. In general, for COVID-19 vaccines to effectively reduce [disease transmission](#), a large percentage of the population must be vaccinated. This includes anyone who resides in the United States regardless of their authorization to do so. This Insight covers the distribution of COVID-19 vaccine to unauthorized immigrants (sometimes referred to as *undocumented*) in the United States—a population that may [face barriers](#) to vaccine access.

## The Unauthorized Immigrant Population

Of the 44.8 million foreign-born individuals residing in the United States in 2018, about one-quarter ([10.5 million](#)) were estimated to be unauthorized immigrants. While unauthorized immigrants are excluded from many types of federal benefits, [8 U.S.C. 1611\(b\)\(1\)\(C\)](#) makes an explicit exception “for immunizations with respect to immunizable diseases.”

## Vaccine Funding and Costs

[Nearly half \(45%\)](#) of the nonelderly (i.e., under the age of 65) unauthorized population in the United States did not have health insurance in 2017. Lack of insurance generally may be a barrier to accessing health services. However, [COVID-19 vaccines are being provided for free](#) because the vaccine was acquired by the federal government through [federal purchasing](#). Providers are not permitted to charge for the vaccine itself and thus may not deny the vaccine based on inability to pay. They may charge an individual’s public or private insurance plan for [administration, storage, and other costs](#). For those without coverage, they may charge the [Uninsured Fund](#) for these ancillary costs. (They are prohibited from charging an individual *out-of-pocket* for any costs.) The [Frequently Asked Questions](#) about the Uninsured Fund states that providers are not required to confirm immigration status prior to submitting a claim. In addition, [some states](#) have extended coverage for vaccines to otherwise eligible unauthorized immigrants under emergency Medicaid, or through a [temporary](#) Medicaid disaster relief state plan amendment in the case of the Commonwealth of the Northern Mariana Islands.

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## Prioritization

The [Advisory Committee on Immunization Practices](#) (ACIP) has made recommendations for how initial vaccine supply should be prioritized, adopted as Centers for Disease Control and Prevention (CDC) recommendations. States/localities are setting priority groups for their programs and have made their own determinations balancing considerations such as risk of infection, equity, and speed of the vaccination program. The [federal government has stated](#) that unauthorized immigrants should have access to the vaccine. Portions of the unauthorized immigrant population are likely to be included in groups that are receiving early priority based on [their age](#), having certain [underlying medical conditions](#), or based on being an [essential worker](#). An estimated [5.5 million](#) unauthorized immigrants are employed in “essential critical infrastructure” categories during the COVID-19 response, as defined by the [Department of Homeland Security \(DHS\)](#). Notably, some of these individuals may have employment authorization (e.g., certain [Temporary Protected Status](#) or [Deferred Action for Childhood Arrivals](#) recipients).

## Vaccine Barriers

Though the federal government has made vaccines free of charge and stated that unauthorized immigrants should have access to vaccines, several barriers may still affect unauthorized immigrants’ decisions to seek vaccination.

### *Immigration Enforcement Fears*

The unauthorized immigrant population may be hesitant to receive the vaccine because of fears about immigration enforcement, such as being arrested at the vaccination sites. However, Immigration and Customs Enforcement (ICE) has a long-standing policy of not taking enforcement actions (e.g., arrests, interviews, and searches) at certain “[sensitive locations](#),” which include medical treatment and health care facilities. Further, the [Biden Administration](#) affirmed that vaccination sites are included within the scope of sensitive locations. As such, immigration enforcement should not occur at vaccine sites “[except in the most extraordinary of circumstances](#).”

In addition, immigration enforcement fears are prevalent among the unauthorized population because vaccine providers often require individuals to register and some may require [government issued identification](#), which unauthorized immigrants [may not have](#) or may be fearful to present. Further, some personally identifiable information is being collected (e.g., name, ID) to [track vaccine recipients and monitor coverage across the population](#). Some individuals fear these data will be shared with ICE. However, [according to the CDC](#), vaccine data may not be used “for any civil or criminal prosecution or enforcement, including, but not limited to, immigration enforcement.”

### *The Chilling Effect of the Public Charge*

Under the DHS public charge rule, noncitizens can be denied admission or adjustment to lawful permanent resident status based on past or potential future use of public benefits (for more information, see CRS In Focus IF11467, *Immigration: Public Charge*). This appears to have had a [chilling effect](#) on immigrants’ use of public benefits, including health care services. Observers are concerned that fear and misinformation surrounding the public charge rule could deter unauthorized immigrants from seeking the COVID-19 vaccine. [U.S. Citizenship and Immigration Services announced](#) that it will not consider any “testing, treatment, nor preventative care (including vaccines)” for COVID-19 as part of the public charge inadmissibility determination.

## ***Sociodemographic Factors***

Unauthorized immigrants may face other barriers to getting the vaccine because of their [socioeconomic status](#), where they [reside](#), or limited [English proficiency](#). The Consolidated Appropriations Act, 2021 (P.L. 116-260), included [funds](#) for the [CDC to target](#) “high-risk and underserved populations, including racial and ethnic minority populations and rural communities” as part of its vaccination efforts. Such efforts may also include immigrant communities because they may be high risk or lack access to care. In addition, [vaccine information is being made available](#) in a number of languages to facilitate access.

## **Issues for Congress**

The federal government, among others, is undertaking efforts to lessen the barriers unauthorized immigrants may face when seeking a vaccine. Congress may consider bills that aim to reduce these barriers and to monitor whether efforts are sufficient. Vaccines are being distributed at the state and local levels, so oversight could examine differences by jurisdiction in uptake and [data collected](#) that may provide information on vaccine coverage by subgroups. As mentioned, the Uninsured Fund is being used to pay for vaccine administration costs for the uninsured. The amount allocated for uninsured vaccines has not been specified, and [more than two-thirds](#) of the amounts appropriated to the Provider Relief Fund have been allocated. As such, fund availability may be another issue for Congress to monitor.

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