

Born into Uncertainty: The Health and Social Costs of Ending Birthright Citizenship

POLICY BRIEF

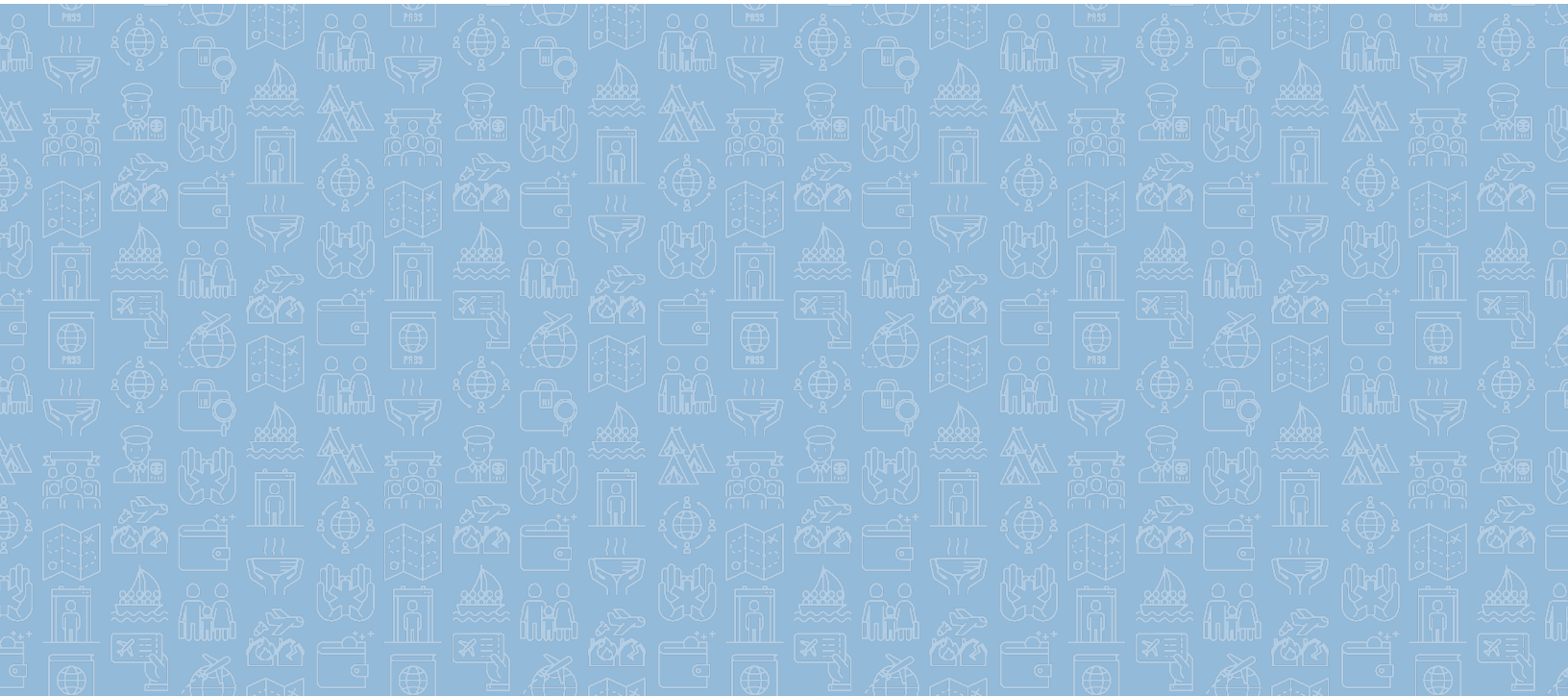
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DISCLAIMER

The views expressed herein are those of the authors and not necessarily those of the University of California, Los Angeles, as a whole. The authors alone are responsible for the content of this report.

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Key Terms



- **Citizens** include U.S.-born individuals and naturalized citizens.
- **Noncitizens** include Lawful Permanent Residents (LPRs or Green Card holders), refugees and asylees, individuals with valid temporary visas (e.g., work, student, or other temporary visas), and undocumented immigrants (those without official authorization to reside in the U.S.).
- The terms “**immigrants**” and “**foreign-born population**” are used interchangeably and include noncitizens and naturalized citizens.
- **Mixed-status families** include one or more members who are undocumented, and all other members are either naturalized or U.S.-born citizens, green card holders, or have valid visas.



Introduction

On January 20, 2025, President Trump issued an executive order to end birthright citizenship in the U.S.,¹ a constitutional right guaranteed by the 14th Amendment. The order would deny citizenship to children born in the U.S. to:

- An undocumented immigrant mother and a father who is not a U.S citizen or green card holder OR
- A mother with a temporary status, such as on a student, work, or tourist visa, and a father who is not a U.S. citizen or green card holder.²

The executive order has sparked widespread legal and political controversy: 22 states, the American Civil Liberties Union (ACLU), and advocacy groups have filed lawsuits.³ The order is currently blocked while under litigation.⁴

In countries without birthright citizenship (*jus soli*),⁵ children of immigrants can face limited access to rights and services in the host country, such as healthcare or education,⁶ social exclusion, and limited integration opportunities for the immigrant community.⁷ In some cases, this translates into statelessness if both parents are from a country that does not automatically grant citizenship to children abroad.

Although ending birthright citizenship is unlikely due to constitutional protections, the threat of such policies causes fear and uncertainty, leading to reduced healthcare utilization, worse birth outcomes, lower public safety net programs (e.g., enrollment in the Supplemental Nutrition Assistance Program or Medicaid), and economic instability.⁸ This chilling effect disproportionately affects Latino communities, including citizen members of mixed-status families.⁹

This policy brief discusses the health and social costs of ending birthright citizenship for millions of families in the U.S. due to anti-immigrant rhetoric and policy uncertainty.



Key Findings

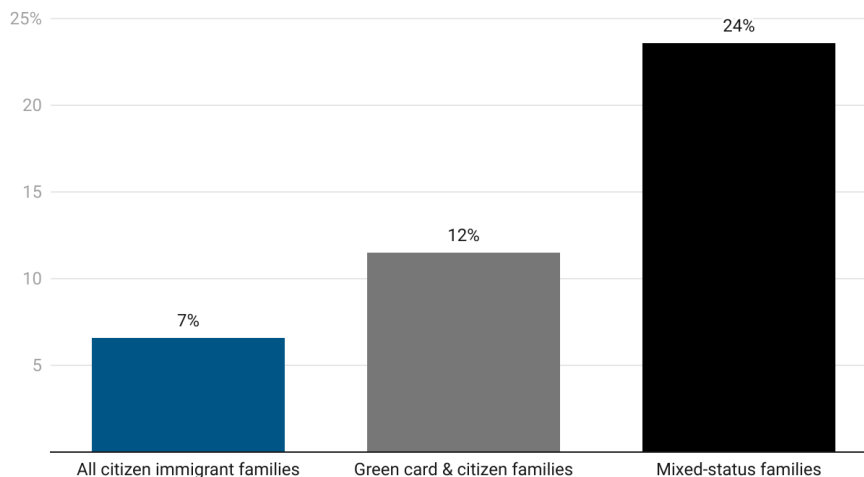
1 Key finding 1. Anti-immigrant policies discourage families from using essential services, worsening health outcomes.

Even when restrictive immigration policies are not implemented, their chilling effects ripple across immigrant communities.¹⁰ In 2023, despite the reversal of the 2019 Public Charge rule, close to 12% of adults in immigrant families avoided critical safety net programs like Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and housing assistance—fearing it could jeopardize their green card applications.¹¹

For instance, in New Mexico, recent reports indicate that families are avoiding childcare out of fear of raids.¹² In Florida and Texas, hospitals that receive Medicaid or Children’s Health Insurance Program (CHIP) funding are required to ask patients about their immigration status when seeking inpatient and emergency care.¹³ In Florida, this caused delays in seeking care and increased psychological distress due to safety concerns and fear of family separation. In California alone, over 130,000 Latino children potentially lost access to their usual source of healthcare because their caretaker avoided public health programs due to immigration concerns.¹⁴ As of January 21, 2025, hospitals are no longer protected areas from Immigration Customs and Enforcement (ICE) activities, further deterring immigrants from seeking care out of fear of encountering ICE.¹⁵

Figure 1 shows that the Public Charge chilling effect was especially pronounced in mixed-status families. In December 2023, the fear of jeopardizing their green card application continued to disproportionately affect mixed-status families, with 24% of adults avoiding public programs, compared to 12% in green card and citizen families and 7% in all-citizen immigrant families. This finding highlights how hostile immigration policies—whether enforced or not—jeopardize child health and overall well-being by causing families to avoid essential care and services.

Figure 1. Share of Adults 18 to 64 Who Avoided Public Programs due to Green Card Concerns by Family’s Immigration Status, December 2023



Created with Datawrapper

Source: Gonzalez et al., (2024) using the Well-Being and Basic Needs Survey, December 2023

Note: All citizen immigrant families are those in which all family members are either naturalized or U.S.-born citizens, Green card and citizen households have at least one member with a green card, and all other members are naturalized or U.S.-born citizens, in mixed-status families, one or more members are undocumented and all other members are either naturalized or U.S.-born citizens, green card holders or have a document permitting them to stay in the U.S. for a limited period of time.¹⁶

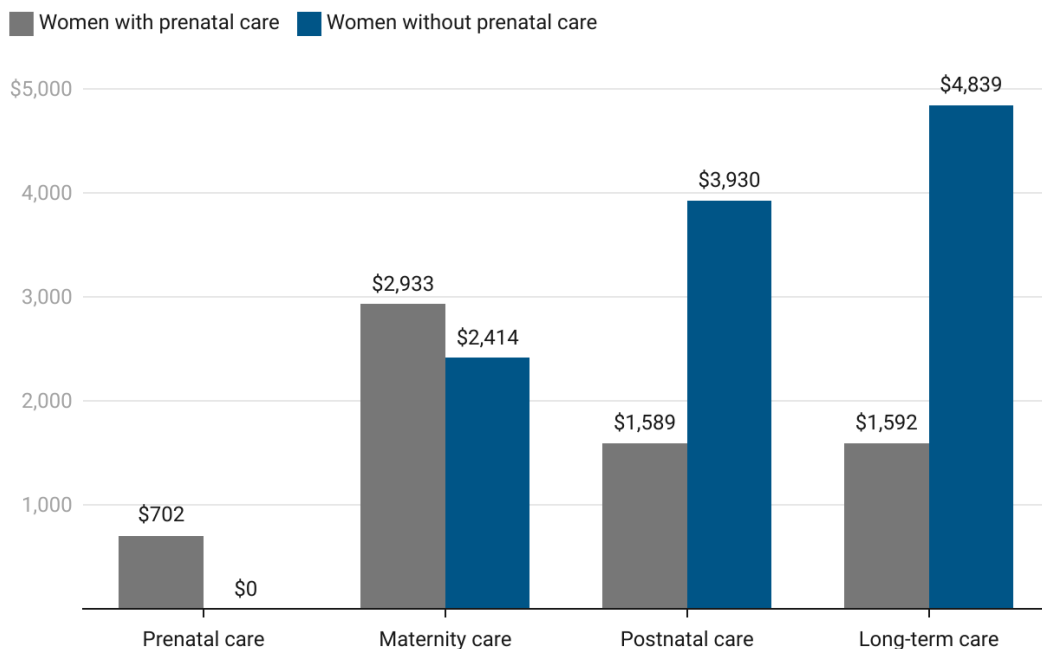


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Key finding 2. Restricting birthright citizenship will worsen barriers to prenatal care, driving up costs and harming infant health.

Hostile immigration policies contribute to delayed and inadequate prenatal care among immigrant Latina mothers.¹⁷ For example, infants born to citizen and immigrant Latina mothers after an immigration raid had a higher risk of low birth weight than those born to non-Latina white mothers.¹⁸ Figure 2 illustrates the financial and health consequences of inadequate prenatal care: newborns of undocumented mothers who did not receive prenatal care had twice the postnatal and long-term pediatric care costs compared to those with at least one prenatal visit. The estimated cost of caring for a newborn without prenatal care was about \$3,200 more than for one with prenatal care.¹⁹ Attending at least two prenatal appointments has been shown to help reduce stress,²⁰ a risk factor for preterm births, underscoring the urgent need to protect access to care for all mothers and infants.²¹

Figure 2. Cost of Care for Undocumented Women and Newborns With and Without Prenatal Care, 2000



Created with Datawrapper

Source: Lu, et al. (2000) using a retrospective cohort study of pregnancy outcomes among undocumented women in California.

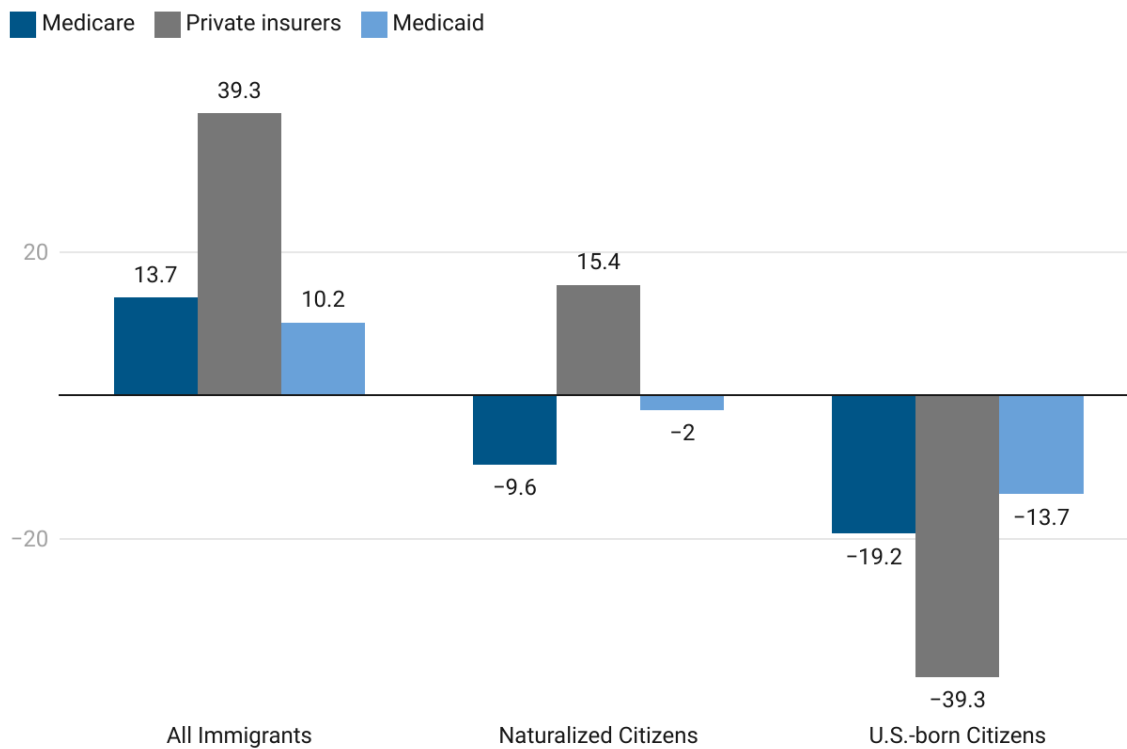


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Key finding 3. Immigrants contribute more to the U.S. health system than they receive in healthcare services.

Despite being less likely to have health insurance²² and facing restrictions to accessing federal programs like Medicaid, Medicare, and Social Security,²³ immigrants contribute more to the U.S. healthcare system than they use.²⁴ In 2017, immigrants generated a net surplus of \$63.2 billion in payments to Medicare, Medicaid, and private insurers,²⁵ offsetting the \$72.2 billion deficit created by U.S.-born citizens, whose healthcare costs exceeded their contributions (see Figure 3).²⁶ These findings challenge the misconception that immigrants burden the healthcare system and highlight their essential role in sustaining public programs for all U.S. residents.

Figure 3. Net Contributions to Healthcare by Immigrants and U.S.-born Citizens (in \$ billions), 2017



Created with Datawrapper

Source: Ommerborn et al., 2022 using 2017 data from the Medical Expenditure Panel Survey (MEPS) and the Current Population Survey (CPS) and 2014 to 2018 data from the American Community Survey.

Notes: The net contribution to healthcare is equal to the total taxes and premiums to healthcare paid by each group in \$ minus the total amount in \$ allocated to each group by Medicare, Private insurers, Medicaid, or Uncompensated care. The category of all immigrants includes those classified by Ommerborn et al (2022)²⁷ as documented or undocumented using place of birth; citizenship status; years in the U.S.; receipt of government benefits, such as Social Security, Medicare, or Medicaid; occupation requiring licensure; veteran status; employment by the federal government; and spouse’s citizenship or imputed documentation status.

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Key finding 4. Latino children would be disproportionately affected by changes to birthright citizenship.

In 2022, 75% of all children (0 to 17 years old) with noncitizen parents were Latino (4 million children) (Figure 4). While not all noncitizens would be affected by the birthright citizenship order, previous research²⁸ estimates that about 54% of noncitizen immigrants are undocumented or temporary visa holders. We project that approximately half of Latino children born to noncitizen parents would be affected if this executive order were in effect. This estimate assumes an even birth-rate between LPR and non-LPR noncitizen immigrants and an even distribution of LPR status by race and ethnicity.

Figure 4. Citizen Children (0-17 years) with Only Noncitizen Parents in the U.S. by Race and Ethnicity of the Children, 2022

All	5M	-
Latino	4M	75%
Asian or Pacific Islander	595K	12%
White	271K	6%
Black	218K	5%
Other or Multiracial	113K	2%

Created with Datawrapper

Sources: LPPI analysis of data from Urban Institute Children of Immigrants Data Tool, 2022 Estimates. Data are from the Integrated Public Use Microdata Series datasets drawn from the American Community Survey.

Notes: 2022 estimates are averaged across 2021 and 2022 survey data. In this figure, citizen children include children who were born in the U.S. and who obtained citizenship through naturalization. We estimate that the share of naturalized children represents less than 2% of all citizen children. Although they might not be directly affected/targeted by the policy, they are likely to be part of a mixed-status family and/or part of the immigrant community. Data for Latinos are of any race, and data for all other races and ethnicities are non-Latino population estimates: white non-Latino, Black non-Latino, and Asian non-Latino.

- In 2022, 1.06 million citizen children (0-3 years old) had only noncitizen parents.²⁹
- Latino children are the largest and fastest-growing child population. In 2022, **27% of all children nationwide were Latino** (18.8 million).³⁰

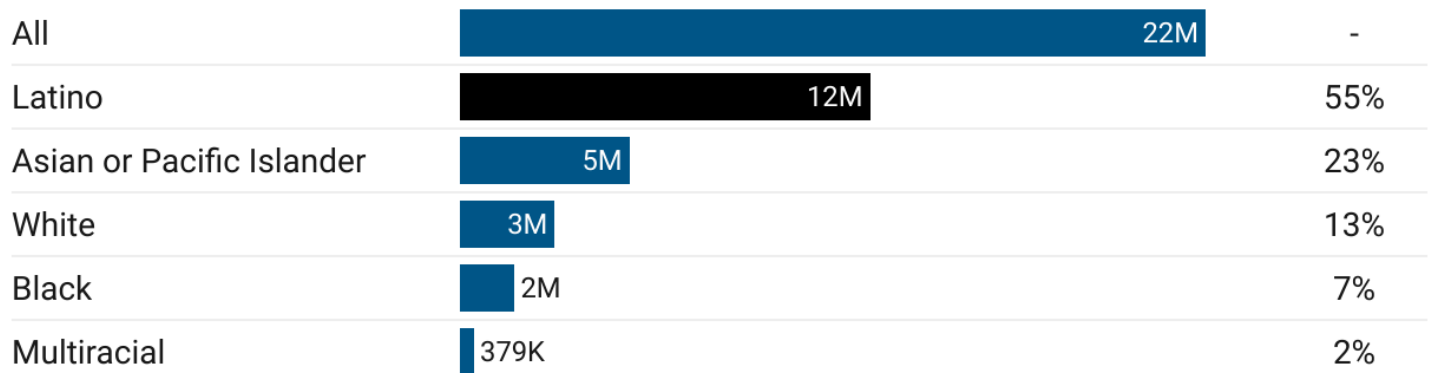


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Key finding 5. Latino noncitizens, particularly the undocumented and temporary visa holders, would be the most affected racial and ethnic group if birthright citizenship ends.

In 2022, the total noncitizen population was about 22 million individuals (Figure 5). Latinos made up the majority (55%, or 12 million), followed by Asian or Pacific Islanders (23%), and white individuals (13%). While LPRs are excluded from the executive order, they are still classified as noncitizens by the U.S. Census Bureau. In 2022, approximately 11.5 million LPRs made up 24% of all immigrants, and 46% of noncitizens.³¹ If enforced, the executive order ending birthright citizenship would directly impact undocumented individuals and temporary visa holders, especially prospective parents without green card status. Since U.S. citizens and LPRs are often a part of mixed-status families,³² they would be indirectly affected by the executive order. Over time, this policy would significantly expand the noncitizen population, deepening disparities and increasing legal vulnerabilities for Latino families.³³

Figure 5. Noncitizen Population in the U.S. by Race and Ethnicity, 2022



Created with Datawrapper

Sources: LPPI Analysis of data from the Latino Data Hub, which primarily draws its data from the 2022 pooled 5-year American Community Survey.

Notes: Data for noncitizens includes individuals residing in the U.S. who were not U.S. citizens at birth and were not naturalized U.S. citizens at the time of the survey. This population includes LPRs (green card holders), refugees and asylees, individuals with temporary status in the U.S. (e.g., student, work, or tourist visa), and undocumented immigrants (e.g., individuals residing in the country without authorization).

Conclusions

The executive order ending birthright citizenship threatens the health and well-being of entire communities, including U.S. citizens. These policies generate fear and mistrust of government services and deter families from seeking necessary healthcare. Even if overturned, the order's chilling effects will persist, worsening health outcomes, increasing healthcare costs, and heightening social and legal instability.

Policymakers and state governments must act swiftly to mitigate the harm by partnering with community-based organizations (CBOs) and trusted organizations to:

1. **Expand legal support:** Increase legal orientation to help families navigate evolving immigration policies and protect their rights.
2. **Combat misinformation:** Disseminate clear, accessible information on the importance of preventive and prenatal care, ensuring immigrant and mixed-status families understand their healthcare options.
3. **Safeguard healthcare access:** Strengthen protections that allow immigrant communities to seek essential healthcare services—especially prenatal and preventive services—without fear of immigration enforcement or retaliation.



Footnotes

¹ The White House, “Protecting the meaning and value of American Citizenship,” (January, 2025), [available online](#).

² Ibid.

³ Nate Raymond, “22 Democratic states sue over Trump’s birthright citizenship order,” Reuters, January 21, 2025, [available online](#); Mel Leonor Barclay, “‘My child will be stateless’: Pregnant women sue Trump administration over the end of birthright citizenship,” The 19th*, January 22, 2023, [available online](#).

⁴ Mike Catalini and Gene Johnson, “A federal judge temporarily blocks Trump’s executive order redefining birthright citizenship,” The Associated Press, January 23, 2025, [available online](#); Josh Gerstein, “Judge slams Trump while extending block on birthright citizenship order,” Politico, February 2, 2025, [available online](#).

⁵ American Immigration Council, “Birthright Citizenship,” accessed February 7, 2025, [available online](#).

⁶ Felfe, C., Rainer, H., & Saurer, J., “Why birthright citizenship matters for immigrant children: Short-and long-run impacts on educational integration,” *Journal of Labor Economics*, 38(1), (2020): 143-182, [available online](#).

⁷ Gathmann, C., & Garbers, J., “Citizenship and integration,” *Labour Economics*, 82, (2023): 102343, [available online](#).

⁸ Vernice, N. A., Pereira, N. M., Wang, A., Demetres, M., & Adams, L. V., “The adverse health effects of punitive immigrant policies in the United States: A systematic review,” *PloS one*, 15(12), (2020): e0244054, [available online](#).

⁹ Scott D Rhodes, Lilli Mann, Florence M Simán, Eunyong Song, Jorge Alonzo, Mario Downs, Emma Lawlor, Omar Martinez, Christina J Sun, Mary Claire O’Brien, Beth A Reboussin, Mark A Hall, “The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States,” *American Journal of Public Health*, 2015 Feb;105(2):329-37, [available online](#).

¹⁰ Nicholas A. Vernice, Nicola M. Pereira, Anson Wang, Michelle Demetres, Lisa V. Adams (2020). The adverse health effects of punitive immigrant policies in the United States: A systematic review. *PloS one*, 15(12), e0244054, [available online](#).

¹¹ Dulce Gonzalez, Hamutal Bernstein, Michael Karpman and Genevieve M. Kenney, “Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023”, (Urban Institute, 2023), [available online](#).

¹² Jackie Mader, “Parents pull kids from childcare as immigration fears hit US’s youngest”, *The Guardian*, February 7, 2025 [available online](#).

¹³ Senate Bill 1718: Immigration, The Florida State Senate, (May 11, 2023), [available online](#); The Associated Press, “Texas hospitals must now ask patients whether they’re in the US legally. Here’s how it works,” *CNN*, November 1, 2024, [available online](#).

¹⁴ Alma Guerrero, Lucía Félix-Beltrán, Rodrigo Domínguez-Villegas and Arturo Vargas-Bustamante, “Foregoing Healthcare in a Global Pandemic; The Chilling Effects of the Public Charge Rule on Health Access Among Children in California,” (Latino Policy and Politics Institute, 2021), [available online](#).

¹⁵ “Statement from a DHS Spokesperson on Directives Expanding Law Enforcement and Ending the Abuse of Humanitarian Parole,” (press release, January 21, 2025), [available online](#).

- ¹⁶ Dulce Gonzalez, Hamutal Bernstein, Michael Karpman and Genevieve M. Kenney, “Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023”, (Urban Institute, 2023), [available online](#).
- ¹⁷ Scott D Rhodes, Lilli Mann, Florence M Simán, Eunyong Song, Jorge Alonzo, Mario Downs, Emma Lawlor, Omar Martinez, Christina J Sun, Mary Claire O’Brien, Beth A Reboussin, Mark A Hall, “The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States,” American Journal of Public Health, 2015 Feb;105(2):329-37, [available online](#).
- ¹⁸ Nicole L Novak, Arline T Geronimus, Aresha M Martinez-Cardoso, “Change in birth outcomes among infants born to Latina mothers after a major immigration raid,” International Journal of Epidemiology Volume 46, Issue 3, June 2017, 839–849, [available online](#).
- ¹⁹ Michael C. Lu, YG Lin, NM Prietto, TJ Garite, “Elimination of public funding of prenatal care for undocumented immigrants in California: A cost/benefit analysis,” American Journal of Obstetrics and Gynecology, 2000 Jan;182(1 Pt 1):233-9, [available online](#).
- ²⁰ Sarah M Woods, Jennifer L Melville, Yuqing Guo, Ming-Yu Fan, Amelia Gavin, “Psychosocial Stress during Pregnancy,” American Journal of Obstetrics and Gynecology. 2010 Jan;202(1):61.e1-7, [available online](#).
- ²¹ N E Mahrer, CM Guardino, C Hobel, C Dunkel Schetter, “Maternal Stress Before Conception Is Associated with Shorter Gestation,” Annals of Behavioral Medicine, Volume 55, Issue 3, March 2021, Pages 242–252, [available online](#).
- ²² “Key Facts on Health Coverage of Immigrants,” KFF, January 15, 2025, [available online](#).
- ²³ “Tax Payments by Undocumented Immigrants,” Institute on Taxation and Economic Policy, July 30, 2024, [available online](#).
- ²⁴ Ibid.
- ²⁵ The uncompensated care category was excluded as it is not a health program, rather an overall measure of hospital care provided for which no payment was received from the patient or insurer.
- ²⁶ Mark J. Ommerborn, Lysie R. Ranker, Sharon Touw, David U Himmelstein, Jessica Himmelstein, Steve Wollhandler, “Assessment of Immigrants’ Premium and Tax Payments for Health Care and the Costs of Their Care,” JAMA Netw Open. 2022;5(11):e2241166, [available online](#).
- ²⁷ Ibid.
- ²⁸ Mohamad Moslimani and Jeffrey S. Passel, “What the data says about immigrants in the U.S.,” (Pew Research Center, September 2024), [available online](#).
- ²⁹ Urban Institute, “Children of Immigrants Data Tool”, accessed February 4, 2025, [available online](#).
- ³⁰ Ibid.
- ³¹ Mohamad Moslimani and Jeffrey S. Passel, “What the data says about immigrants in the U.S.,” (Pew Research Center, September 2024), [available online](#).
- ³² Dulce Gonzalez, Hamutal Bernstein, Michael Karpman and Genevieve M. Kenney, “Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023,” (Urban Institute, 2023), available online.
- ³³ Michael Fix, Jennifer Van Hook, “The Demographic Impacts of Repealing Birthright Citizenship,” Migration Policy Institute, September 2010, [available online](#).



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