

Medicaid Cuts for Immigrants Deepen Chicago's Health Care Crisis

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Illinois is proud to position itself as a national leader in expanding health coverage for immigrant residents. Programs such as Health Benefits for Immigrant Adults provided thousands of low-income, tax-paying noncitizens with access to preventive care and chronic disease management, including for diabetes and hypertension.

Recent Medicaid funding pressures and state-level rollbacks signal a troubling shift. As coverage narrows, thousands of immigrant adults are losing access to primary and specialty care. The consequences will not be abstract. They will be devastatingly clinical.

Across Chicago, older adults manage diabetes, hypertension, heart disease and untreated depression. When insurance coverage disappears, chronic illness does not. Instead, preventive visits are delayed, medications are rationed and manageable conditions escalate into emergency department visits with worsening prognoses. Cutting Medicaid funding for immigrants does not eliminate costs. It redistributes them.

A blood pressure medication that costs a few dollars a month becomes a stroke requiring intensive hospitalization and rehabilitation. Missed cancer screenings become late-stage diagnoses requiring chemotherapy and radiation. Safety-net hospitals, particularly on Chicago's South and West Sides,

absorb rising uncompensated care while already operating on narrow margins. What appears as short-term budget relief from the state often reemerges as higher emergency spending, strained hospital systems and increased costs for patients and hospitals.

Insurance coverage alone is not enough. Even when immigrants qualify for insurance, barriers persist: language, limited specialty referrals, transportation obstacles, and fear shaped by shifting immigration rhetoric and enforcement policies. When eligibility rules change or programs are rolled back, uncertainty spreads quickly through communities. Families withdraw from care not because they do not need it, but because they are unsure whether seeking it is safe or affordable.

Health policy does not operate in isolation. In the current national climate, marked by heightened scrutiny of immigrant communities and debates over public spending, coverage decisions send a broader message about belonging. Instability in health insurance deepens mistrust, widens disparities and undermines years of community-based outreach.

If Illinois is serious about fiscal responsibility and public health, there are better options than retrenchment. First, stabilize and protect preventive coverage for low-income immigrant adults,

recognizing that primary care reduces downstream emergency expenditures. Second, invest in community-based care coordination and culturally responsive services to ensure that insurance translates into actual access. Third, strengthen partnerships with safety-net hospitals and community clinics to protect specialty care pathways, particularly for chronic disease management and women's health. These are not ideological positions. They are economically sound strategies.

Immigrant families are embedded in Chicago's workforce, neighborhoods and small businesses. Many are essential workers and caregivers who contribute to the city's economic resilience. Health care access is not a peripheral benefit; it is foundational infrastructure.

As lawmakers confront budget constraints, they face a defining choice: pursue short-term savings that will produce long-term instability, or protect access to care as an investment in the city's collective health. The evidence is clear. Preventive care saves money. Stability reduces emergency spending. Trust strengthens systems. The real question is whether Illinois will act accordingly.

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