

HCP MANAGEMENT CONFERENCE & EXHIBITION

Confidence in Care: Resilience, Readiness, and Results

WELCOME

Title

Shifting Policies, Shifting Ground: Navigating Immigration Policy Changes Affecting the Home Care Workforce

SPEAKERS

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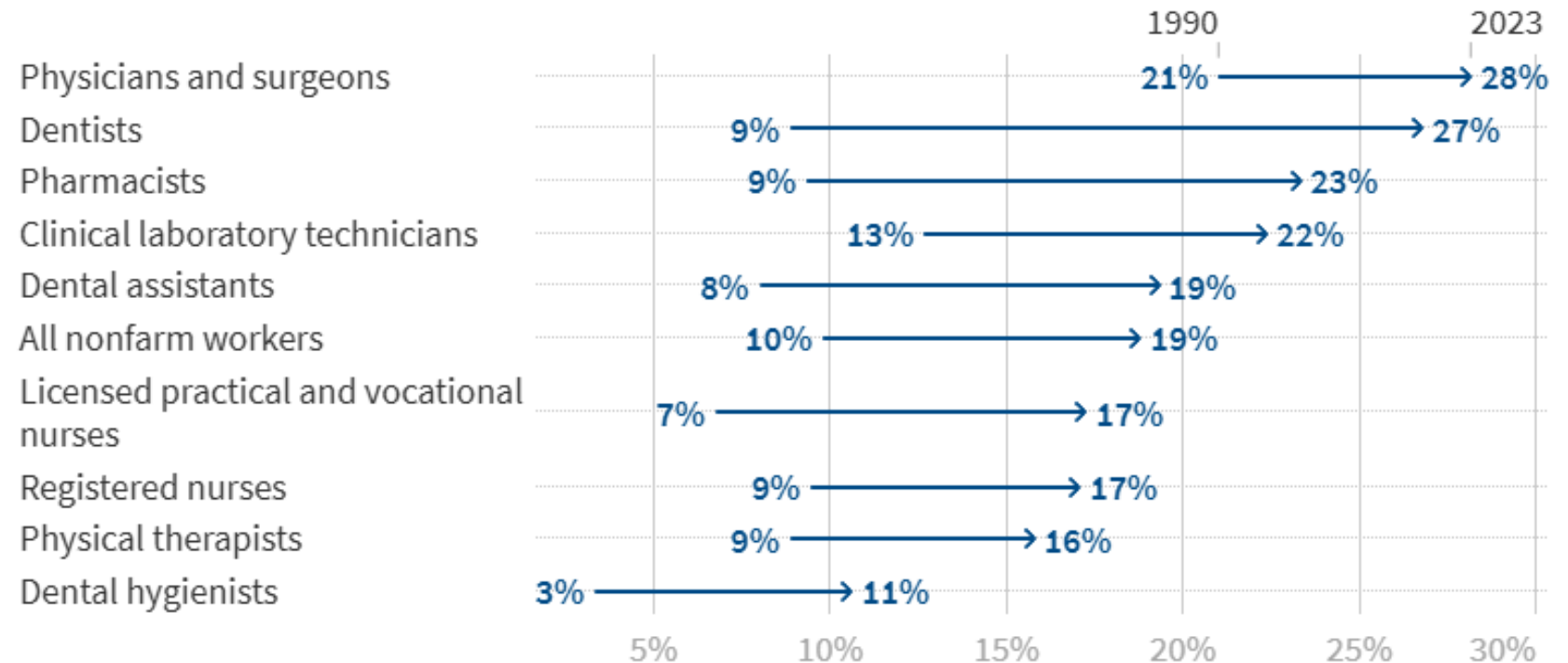
The intersection of recent federal healthcare and immigration policy changes will have a significant impact on:

- **recipients of government-funded healthcare services,**
- **non-U.S. citizens legally residing in New York, and**
- **legal immigrants who comprise New York's healthcare workforce**

NATIONAL HEALTHCARE WORKFORCE

Across the health care spectrum, a growing proportion of workers were born abroad.

Percentage of workers born outside the United States:



Source: [U.S. Census Bureau via IPUMS](#)

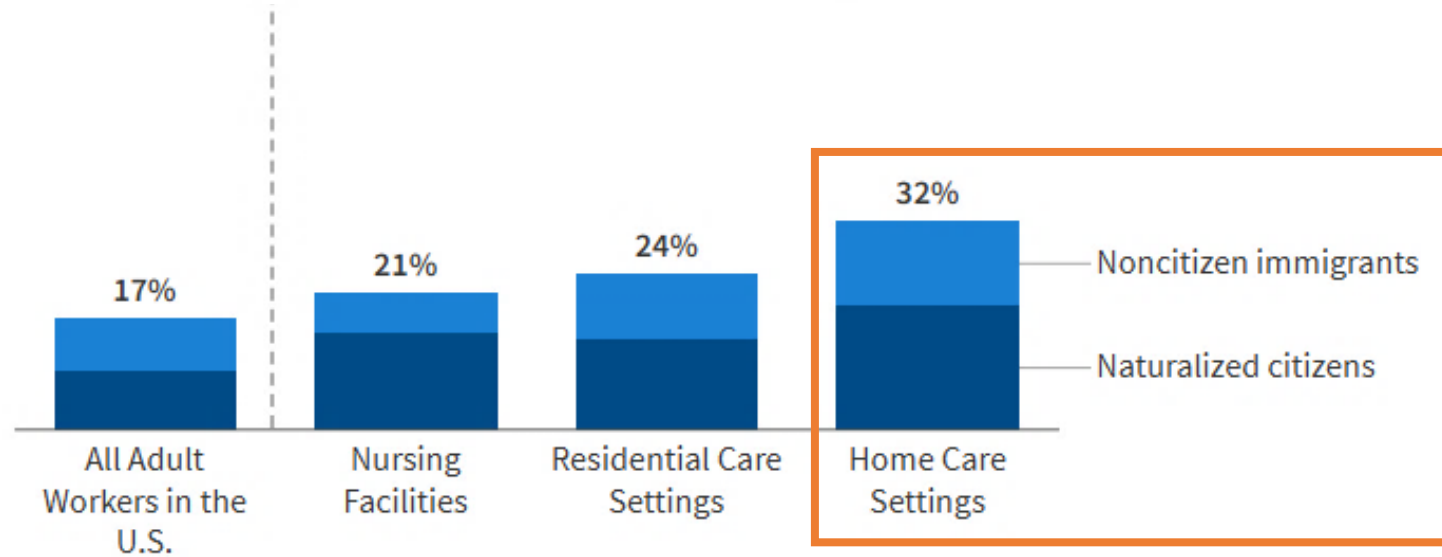
Credit: Phillip Reese for KFF Health News • [Embed](#) • [Download image](#)

- National healthcare job growth has been most pronounced in the home health sector, rising by nearly 300,000 jobs from August 2019 to August 2025, to [1.82 million](#) workers

NATIONAL HOMECARE WORKFORCE

Nearly One-Third of Direct Long-Term Care Workers In Home Care Settings Are Immigrants

Share of direct care workers providing LTC services who are immigrants, by setting and citizenship status



Note: All adult workers include all individuals 18 and older who earned at least \$1,000 during the year. Direct care workers are a subset of all long-term care workers. Nursing facilities are residential settings that provide round-the-clock nursing and personal care to residents who need short-term or long-term care. Residential care facilities include a variety of settings such as assisted living facilities, continuing care retirement communities, and group homes. Home care settings include home health and nonresidential services for older adults and younger adults with disabilities.

Source: KFF analysis of American Community Survey, 2023 • [Get the data](#) • [Download PNG](#)

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NEW YORK'S HOMECARE WORKFORCE

Percentage of Immigrants in NYS's Healthcare Workforce, ACS Data

	Healthcare Workers	Healthcare Practitioners and Technical Occupations			Healthcare Support Occupations			
		All Health-Care Practitioners and Technical Occupations	Physicians and Surgeons	Registered Nurses (RNs)	All Health-Care Support	Home Health Aides	Personal Care Aides	Nursing Assistants
NYS (2023)	34.9%	26.9%	32.1%	30.5%	51.5%	73.2%	41.9%	44.2%
NYC (2022)	57%	43%	44%	50%	67%	73%		65%

^[i] [Custom Table](#) - Dataset: ACS 1-Year Estimates Public Use Microdata Sample (2023); Columns = Nativity; Rows = Selected Geography NY and OCCP; Cell Value = Count; Weight = PUMS person weight; Vintage = 2023. United States Census Bureau.

^[ii] Chiropractors, Dentists, Dietitians and nutritionists, Optometrists, Pharmacists, Emergency medicine physicians, Radiologists, Other physicians, Surgeons, Physician assistants, Podiatrists, Audiologists, Occupational therapists, Physical therapists, Radiation therapists, Recreational therapists, Respiratory therapists, Speech-language pathologists, Exercise physiologists, Therapists all other, Veterinarians, Registered nurses, Nurse anesthetists, Nurse midwives, Nurse practitioners, Acupuncturists, Healthcare diagnosing or treating practitioners all other, Clinical laboratory technologists and technicians, Dental hygienists, Cardiovascular technologists and technicians, Diagnostic medical sonographers, Radiologic technologists and technicians, Magnetic resonance imaging technologists, Nuclear medicine technologists and medical dosimetrists, Emergency medical technicians, Paramedics, Pharmacy technicians, Psychiatric technicians, Surgical technologists, Veterinary technologists and technicians, Dietetic technicians and ophthalmic medical technicians, Licensed practical and licensed vocational nurses, Medical records specialists, Opticians, dispensing, Miscellaneous health technologists and technicians, Other healthcare practitioners and technical occupations, [2023 Code Lists](#), United States Census Bureau.

^[iii] Home health aides, Personal care aides, Nursing assistants, Orderlies and psychiatric aides, Occupational therapy assistants and aides, Physical therapist assistants and aides, Massage therapists, Dental assistants, Medical assistants, Medical transcriptionists, Pharmacy aides, Veterinary assistants and laboratory animal caretakers, Phlebotomists, Other healthcare support workers, [2023 Code Lists](#), United States Census Bureau.

^[iv] 2022 CMS American Community Survey data from [Essential But Ignored: Low-Earning Immigrant Healthcare Workers and their Role in the Health of New York City](#), Center for Migration Studies, January 31, 2025.

WHAT HAS HAPPENED RELATED TO HEALTH POLICY?

Passage of [H.R.1 - One Big Beautiful Bill Act](#) on July 4, 2025, that reduces national Medicaid spending by approximately \$910 billion over 10 years through:

- Work requirements for the Medicaid expansion population
- Limitations on states' provider taxes
- Restricting state-directed payments (DPT) to hospitals and other providers
- Increasing barriers to enrolling and renewing Medicaid and Essential Plan coverage, including revised definitions of “qualified immigrants”
- And many additional provisions ...

[Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package](#), KFF, July 23, 2025.

HEALTH POLICY IMPACTS ON NEW YORK

- With the revised definition of “qualified immigrant” in Medicaid, Child Health Plus, and Medicare, refugees, asylees, parolees, and persons in temporary protected status are no longer eligible for coverage; pregnant women and children are exempt
- Limits on funding for distressed hospitals through limits on DPT funding
- Loss of 2nd year of Managed Care Organization tax (loss of enhanced provider rates that were to be funded with MCO tax revenue)
- Loss of NY’s Essential Plan coverage for approximately 750,000 legally present immigrants
- Anticipated loss of Medicaid coverage for approximately 1.5 million NYers related to work requirements and other enrollment barriers
- In NYC, more than half of home health aides and personal care aides have Medicaid coverage, which may now be at risk, depending on their non-citizen status

Eligibility for Lawfully Present Immigrants Under the 2025 Tax and Budget Law

Medicaid and CHIP	Subsidized ACA Marketplaces	Medicare
Groups Maintaining Eligibility		
LPRs (green card holders)		
Cuban/Haitian entrants		
People residing in the U.S. under COFA		
Lawfully residing children and pregnant adults in states that offer coverage		
Groups Losing Eligibility		
Refugees and asylees		
Paroled into the U.S. for at least one year		
Granted withholding of deportation/removal		
Survivors of domestic violence with a pending or approved application for lawful status under the Violence Against Women Act		
Survivors of trafficking with a pending or approved T visa		
Members of a federally recognized Indian tribe or American Indian born in Canada		
Conditional entrants granted before 1980		
People with Temporary Protected Status		
People granted Deferred Action Status or Deferred Enforcement Departure		
People with work visas and other temporary, valid visas		
Applicants for adjustment to LPR status with approved visa petitions		
Certain applicants for asylum		
Applicants for withholding of removal		
Special immigrant juveniles		
People who were granted humanitarian parole in the U.S.		
U visa holders and applicants		
Applicants for certain statuses and anyone else who has been granted employment authorization		
All other lawfully present immigrants		Other lawfully present immigrants who meet work and age or disability requirements

WHAT HAS HAPPENED RELATED TO IMMIGRATION POLICY?

Narrowing of immigrant rights and more aggressive enforcement approach:

- Loss of eligibility for federally-funded health insurance and social services for legally present non-citizens
- Early revocation of temporary protected status (TPS) designations resulting in deportations
- Revoking “protected area” determinations related to enforcement activities for places such as healthcare facilities, schools, places of worship, or social service sites
- Arresting individuals when they present at immigration courts for required hearings
- Revoking and adding barriers to visas, (e.g., J-1 and H1B visas used by international healthcare workforce)

IMMIGRATION POLICY IMPACTS ON NEW YORK

- Chilling effect on immigration – reduced pool of healthcare workers
- Current workforce at risk of losing their health insurance if they are in one of the newly ineligible non-citizen categories
- Current workforce (or their family members) at risk for deportation if they fall into one of the previously protected non-citizen categories
- **Bottom Line: reduced homecare workforce** (in an already strained delivery system)

IMMIGRATION IMPACTS IN THE HOME CARE INDUSTRY

The home care sector relies on immigrant talent so recent immigration policy shifts in the home care industry materially affect employers and employees.

Agenda:

- H-1B visa updates, CHNV parole termination, and TPS extensions.
- Focuses on compliance duties, reverification timelines, and anti-discrimination standards.
- Actionable steps for HR and management in home care agencies.

HIRING AND VERIFICATION: FORM I-9 AND AUDITS

Employers must ensure lawful hiring and documentation under strict federal verification rules.

- Use the current Form I-9 (edition 08/01/2023 or later) and complete within three business days of hire.
- Remote verification is allowed for qualified E-Verify employers following DHS's July 2023 rule.
- ICE has increased I-9 audits nationwide, targeting healthcare and staffing sectors.
- Maintain consistent training and internal audits to prevent errors and discriminatory practices.

VERIFICATION AND ANTI-DISCRIMINATION REQUIREMENTS

New York's strong worker protections require employers to pair federal verification with fair employment practices.

- E-Verify is voluntary in New York but subject to strict non-discrimination rules
- NYC Human Rights Law prohibits using immigration status to harass or threaten employees.
- Employers may not request specific documents or additional proof based on nationality.
- Maintain clear internal policies to ensure uniform treatment during reverification.

KNOW YOUR RIGHTS: ICE RAIDS AND WORKPLACE ENFORCEMENT

Both employers and employees in the home care industry must understand their rights and responsibilities if Immigration and Customs Enforcement (ICE) visits the workplace. Knowing how to respond lawfully protects the agency, employees, and clients.

- **Remain calm and professional at all times.** Request to see the agents' warrant and identify whether it is a judicial warrant signed by a judge or an administrative warrant issued by ICE. Only a judicial warrant authorizes entry into non-public areas.
- **Restrict access to public spaces** unless agents present a valid judicial warrant or receive permission from management. Direct all inquiries to the designated compliance officer or legal counsel.
- **Protect employee records and sensitive information.** Do not share personnel files, I-9 forms, or payroll records without legal review and confirmation of the warrant's scope.

KNOW YOUR RIGHTS: ICE RAIDS AND WORKPLACE ENFORCEMENT

- **Avoid retaliatory actions.** Employers must not discipline or terminate workers based on perceived immigration status or participation in an ICE investigation.
- **Contact legal counsel immediately** to guide the agency's response and preserve documentation of the encounter.
- **Train staff regularly on workplace rights.** Supervisors should understand the lawful limits of ICE authority, and employees should be reminded that they have the right to remain silent and to request an attorney before signing any papers.

CHNV PAROLE PROGRAM TERMINATION AND IMPLICATIONS

The CHNV (Cuba, Haiti, Nicaragua, Venezuela) parole program ended in 2025, affecting work authorization for many home care employees.

- DHS announced the program's termination on March 25, 2025; parole ended for most beneficiaries on April 24, 2025.
- A temporary injunction issued on April 14, 2025, was lifted by the Supreme Court on May 30, 2025.
- DHS resumed termination notices by June 12, 2025, confirming EAD expirations unless separately extended.
- Employers must track C11 EAD expiration dates and reverify employment authorization neutrally and timely.

TPS (HAITI): TERMINATION HALTED BY COURT ORDER

Although DHS moved to terminate Haiti's TPS designation, the courts extended protection and work authorization through 2026.

Agenda:

- DHS termination notice issued July 1, 2025; court injunction entered July 15, 2025, blocking early termination.
- Haitian TPS beneficiaries retain work authorization through February 3, 2026, pending appeal.
- Employers must accept valid EADs and automatic extensions, consistent with USCIS July 28, 2025 guidance.
- Retain relevant USCIS notices in I-9 files and avoid premature reverification or termination.

TPS (VENEZUELA): PARTIAL TERMINATION AND AUTOMATIC EXTENSION

Venezuelan TPS designations in 2025 have mixed court outcomes, creating overlapping timelines for work authorization.

- Some Venezuelan TPS holders retain valid EADs through late 2025 or 2026 due to automatic extensions.
- Federal rulings in mid-2025 allowed partial termination but preserved coverage for pending renewal applicants.
- Employers should check each employee's current EAD (A12 or C19) and apply USCIS automatic extension charts before reverifying.
- All decisions must be based on documentation validity, not nationality or assumptions.

H1-B VISA REFORM

In 2025, USCIS and DHS implemented major H-1B program reforms, including a new \$100,000 employer payment aimed at deterring abuse and funding integrity enforcement.

- **Effective Date:** The rule took effect January 17, 2025, under DHS’s “Modernizing the H-1B Program” final regulation.
- **Employer Payment:** Employers sponsoring H-1B workers now pay a \$100,000 compliance fee per initial petition, in addition to standard USCIS filing fees.
- **Action for Employers:**
 - Review budgets and staffing plans to absorb higher sponsorship costs.
 - Focus on specialty roles (e.g., nursing administration, IT, compliance).
 - Document wage levels and specialty duties to meet DOL and USCIS scrutiny.

BEST PRACTICES MOVING FORWARD

Employers in the home care sector must stay alert to immigration policy changes, which directly impact their workforce stability and compliance exposure.

- Track evolving DHS and court actions for CHNV and TPS programs.
- Reverify EADs using only USCIS official notices and valid documentation.
- Train HR staff on updated I-9 procedures and anti-discrimination rules.
- Develop contingency staffing and budget plans for visa and authorization costs.

Thank You!

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Session Survey

