

Balancing Ethics and State Mandates: Nurses' Role in Navigating Immigration Status Inquiries in Healthcare

Vanessa Wright, PhD, MSN, RN, Katy Fisher-Cunningham, PhD, RN, CNE, CHSE, Trista M. Anderson, PhD, RN Fran and Earl Ziegler College of Nursing, The University of Oklahoma Health Sciences



In recent years, new healthcare policies introduced by state governments have sparked discussions about their ethical implications for healthcare providers. Recently, both Texas (2024) and Florida (2023) introduced mandates requiring hospitals to ask patients about their immigration status (Associated Press, 2024; Salomon, 2023). These policies are reportedly intended to address healthcare costs associated with undocumented immigrants. However, they raise ethical concerns about the potential impact on patients who might forego necessary care out of fear of exposure and deportation (Salomon, 2023). Nurses, therefore, face a complex challenge: balancing state directives with their ethical responsibilities to uphold patient confidentiality and foster a safe, welcoming environment for all individuals seeking medical care.

The American Nurses Association (ANA) Code of Ethics (2015) obligates nurses to prioritize patient welfare. Provi-

sion 1 stresses the importance of respecting human dignity, urging nurses to treat all patients with equality, irrespective of immigration status. Provision 3 further emphasizes nurses' duty to protect patients' personal health information (PHI) and only disclose it when legally required or necessary for patient protection. The Health Insurance Portability and Accountability Act (HIPAA) classifies immigration status as PHI that should not be disclosed without patient consent or a valid exception, shielding it under the HIPAA Privacy Rule. Disclosure of this information could constitute a violation of HIPAA, thus placing nurses at legal risk under federal law. Similarly, Schweikart (2019) maintained in the American Medical Association (AMA) Journal of Ethics maintained that as protected health information PHI, a patient's immigration status is safeguarded by HIPAA and cannot be disclosed for purposes other than treatment, payment, or healthcare oper-

ations without the patient's consent.

In Texas and Florida, although patients are not obligated to answer questions about their immigration status, the mere inquiry could deter patients from seeking care, thereby infringing upon their access to health services. Patients who fear deportation may avoid seeking medical care altogether, leading to untreated conditions and worsening health outcomes. This fear, compounded by legal pressures, contradicts the ethical principle of "do no harm" and the nurse's role as a patient advocate. Furthermore, although disclosure is optional, the traditional patriarchal dynamics in healthcare settings may make patients feel compelled to respond, fearing that withholding information could impact their ability to receive care.

The ANA Code of Ethics (2015) emphasizes advocacy in Provision 5 and social justice in Provision 8, aligning with nurses' responsibility to protect vulnerable populations and support health equity. Protecting the confidentiality of immigration status allows nurses to honor these ethical commitments. Enforcing disclosure of immigration status risks further deterring marginalized individuals from accessing care, exacerbating health disparities, and undermining the ANA's commitment to equitable care.

In conclusion, what does this mean for Oklahoma? As neighboring states implement policies requiring hospitals to ask patients about their immigration status, Oklahoma may soon face similar pressures, challenging healthcare professionals to navigate complex ethical and legal landscapes. Nurses, guided

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to explore the comprehensive effects of mandated nurse-to-patient ratios beyond the state of California. Based on the literature reviewed, however, we support and recommend implementing mandated unit-specific nurse-to-patient ratios to improve patient outcomes, safety, and the working conditions for nurses. ■

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by the ANA Code of Ethics (2015), have a responsibility to safeguard the dignity and privacy of every patient, regardless of background. However, mandatory disclosure could discourage marginalized individuals from seeking medical attention, leading to untreated conditions and worsening health disparities. As these issues unfold, it is essential for Oklahoma’s nursing community and healthcare leaders to take a proactive stance, advocating for policies that prioritize both ethical patient care and the well-being of the state’s diverse population. ■

Author Note: We have no conflicts of interest to disclose. Co-authors’ bio and headshots are available upon request.

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