



U.S. MIGRATION METRICS

Revocation of the DHS's Sensitive Locations Policy and its Impact on Health Care Access

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Main Takeaways

- On January 20, 2025, the Department of Homeland Security (DHS) rescinded prior guidance limiting immigration enforcement actions in or near “protected areas,” commonly known as the Sensitive Locations Policy.
- The Sensitive Locations Policy was originally created to ensure that noncitizens could access healthcare, schools, religious services, and community activities without fear of immigration enforcement.
- Although the policy had significant limitations, its rescission has contributed to fear among immigrant communities and concerns among healthcare providers about reduced access to medical care.
- Senator Richard Blumenthal introduced the Protecting Sensitive Location Act on February 6, 2025, which seeks to codify protections for sensitive locations into law.

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Background on the Sensitive Locations Policy

[The Sensitive Locations Policy](#) was first enacted in 2011 as a directive discouraging Immigration and Customs Enforcement (ICE) actions at or near locations such as schools, hospitals, places of worship, and public ceremonies or demonstrations. The policy’s goal was to assure noncitizens that they could engage in socially beneficial activities, including obtaining medical treatment and attending school, without fear of immigration enforcement. In 2013, [similar guidance](#) was issued regarding Customs and Border Protection (CBP) enforcement actions. In 2021, the [Biden administration expanded the list](#) of protected areas to include all healthcare facilities, places where children gather, disaster and emergency response sites, and courthouses. On January 20, 2025, the Acting Secretary of DHS issued a [memo](#) rescinding this guidance. The rescission aligned with the administration’s broader goal of expanding immigration enforcement.

Limitations of the Original Policy

The Sensitive Locations Policy had several important shortcomings. The policy did not clearly define areas “near” sensitive locations where immigration enforcement was prohibited. For example, uncertainty remained about whether nearby public parking lots or surrounding areas were protected. The policy also had exceptions that permitted immigration enforcement actions in certain situations, including potentially inside healthcare facilities such as hospital waiting rooms. These exceptions still created chilling effects for patients and families. Additionally, the policy functioned only as agency guidance rather than codified law, meaning it was not legally enforceable. The directives also lacked enforcement mechanisms, such as a private right of action, for individuals harmed by policy violations. Despite these limitations, the policy provided a sense of security for healthcare providers, patients, and their families.

Impact on Health Care Access

Since the rescission of the policy, [healthcare professionals have expressed concern](#) about the presence of ICE agents within medical facilities. Nancy Hagan, president of National Nurses United, stated that “once patients hear that a hospital is no longer a safe place for them to go, they are afraid to come to the hospital.” One patient’s family stated that ICE agents’ presence “created a hostile environment for other patients and hospital staff.” Media reports have described masked ICE agents entering facilities in plainclothes, armed, and without warrants or identification. These reports have contributed to an atmosphere of fear and intimidation that compels people to delay care for serious medical conditions. There have been reports of increased missed healthcare appointments and school absences in some immigrant communities following the rescission of the policy. However, it remains unclear whether the policy change has resulted in more immigration enforcement actions occurring within protected areas.

Legislative Response

On February 6, 2025, the [Protecting Sensitive Locations Act](#), which seeks to codify the Sensitive Locations Policy into federal law, was introduced in the House and Senate. As of this writing, the legislation had remained under review by the Senate Committee on the Judiciary for more than one year.