

SECURE & SOVEREIGN NATION

GOVERNING BLIND:

The Fiscal and Operational Impact of
Immigration on Texas Public Systems

WRITTEN BY **Selene Rodriguez**

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KEY POINTS

- **Texas operates at the intersection** of federal immigration policy and the day-to-day realities of sustaining its public systems, bearing substantial costs driven by national mandates. This is very evident in education and healthcare.
- **Unpaid healthcare costs are passed** along to Texas taxpayers through higher insurance rates, public hospital funding, and other publicly funded health programs.
- **Due to the obligations established** under *Plyler v. Doe*, the strain on public schools has accumulated over time as student populations have grown and diversified.
- **Because no state agency tracks** student immigration status, no government entity currently measures the full scope of how many undocumented students are enrolled in Texas public schools, meaning policymakers cannot accurately assess the scale of the challenge they are managing, let alone design targeted solutions.
- **Texas cannot effectively manage** the impacts on public education, healthcare, and emergency services without a clearer understanding of the populations interacting with those systems. Better data collection will not solve every challenge, but it will allow policymakers and local institutions to move from reactive decision-making to informed planning.

EXECUTIVE SUMMARY

Texas operates at the intersection of federal immigration policy and the day-to-day realities of sustaining its public systems, bearing substantial costs driven by national mandates. Nowhere is this more evident than within education and healthcare. This paper examines two critical areas where those pressures are most pronounced: the legal obligation to provide public education under *Plyler v. Doe*, and the growing burden of uncompensated care within the state's healthcare system. This research shows that while Texas is required to deliver services driven by federal mandates, it lacks the standardized data necessary to fully quantify the associated fiscal and operational impacts.

Due to *Plyler v. Doe*, states are required to provide K-12 education regardless of immigration status, but there is no mechanism for states to track or isolate the costs tied to that mandate. As a result, Texas school systems face real and increasing demands—particularly in areas such as bilingual education, staffing, and infrastructure—without a precise accounting framework to measure those impacts.

A similar dynamic exists in healthcare. Texas hospitals, especially in high-growth and border regions, absorb significant levels of uncompensated care, driven in part by populations lacking access to traditional coverage. Federal restrictions on eligibility for public healthcare programs contribute to increased reliance on emergency services, shifting costs to providers, taxpayers, and insured patients. Yet here again, the absence of consistent, statewide data limits the states' ability to distinguish between contributing factors, evaluate where system strain is encumbered, and plan accordingly.

Across both domains, the central challenge is not simply cost, but measurement. Current data collection practices are fragmented, inconsistent, and often reliant on indirect indicators. This

limits policymakers' ability to move beyond assumptions and toward evidence-based decision-making. To address this gap, this paper proposes the development of a standardized, statewide data-collection framework focused on the impacts of education and healthcare. Such a framework would enable Texas to produce defensible fiscal estimates, improve transparency, and better align policy responses with operational realities. By prioritizing accurate measurement, Texas can strengthen its ability to manage public resources, meet its legal obligations, and inform future policy debates with clarity and precision.

INTRODUCTION

Sharing 1,254 miles of international border with Mexico, Texas sits on the front lines of immigration policy. But the responsibility for managing its consequences does not end in Washington, D.C.; it is carried out daily in classrooms, hospitals, and local institutions across the state. While federal law establishes the framework, Texas is responsible for maintaining the systems that absorb the impact, without clear visibility into the full scope of the burden.

The true number of illegally present foreign nationals in the United States and specifically in Texas is unknown. There are many estimates, including the Migration Policy Institute's estimate of 13.7 million nationwide as of 2023 ([Migration Policy Institute, 2025](#)), with particularly large populations concentrated in California and Texas. Similarly, Pew Research Center estimates 14 million illegally present foreign nationals as of 2023 ([Pew Research Center, 2025](#)).

As of January 2025, the Center for Immigration Studies released a report estimating that there are 15.4 million illegal aliens in the U.S., and that at least 15.8% of the total U.S. population is foreign-born ([Camarota & Zeigler, 2025](#)). While these estimates vary, many were produced prior to one of the largest sustained migration surges in modern U.S. history. As a result, even widely cited figures may struggle to fully capture the scale and speed of recent immigration flows into the United States.

From 2021–2024, during the Biden Administration, there were more than 10.1 million encounters by U.S. Customs and Border Protection (CBP) nationwide ([CBP, 2026](#)). For many months during this timeframe, CBP recorded over 100,000 encounters per month. Yet the challenge facing Texas is not only the presence of this population, but the inability to measure its impact with precision. Without standardized, reliable data, policymakers are left to respond to visible strain without a complete understanding of the scope, cost, or long-term implications.

HEALTHCARE

Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), illegal aliens are ineligible for federal health coverage programs like Medicaid and Medicare ([U.S. Department of Health and Human Services, 1996](#)). PRWORA created the term “qualified alien” to describe certain status-holders who are eligible to receive public benefits. This list includes refugees, Cuban-Haitian entrants, Lawful Permanent Residents (LPR), battered aliens, etc. (8 U.S.C. §1641(b)). In recent years, the Trump Administration has pursued a series of executive actions aimed at restricting access to federal public benefits for illegal aliens and tightening eligibility standards more broadly. However, several of these actions have faced legal challenges in federal court, reflecting the continued instability and debate surrounding immigration-related healthcare policy.

This does not mean that illegal aliens cannot access healthcare services, as these may be provided under EMTALA, emergency Medicaid, or indigent care, or charity care. Federal law under EMTALA requires Medicare-participating hospitals to treat anyone with a medical emergency, regardless of immigration or insurance status ([U.S. Centers for Medicare & Medicaid Services, 2025](#)). Nonprofit hospitals are required by federal and state law to provide uncompensated care to low-income populations as part of their charity care requirements. Each provider sets the standards for their charity care programs. This is different from indigent care administered by County Indigent Health Care Programs, which covers individuals who are ineligible for Medicaid and have

incomes below 21% of the federal poverty level (FPL) ([Texas Health and Human Services, n.d.](#)). Indigent care may be eligible for reimbursement through the State Assistance Fund once a county's qualifying expenditures exceed 8% of its General Revenue Tax Levy (GRTL). The state may then reimburse eligible costs above that threshold. ([Gilberd, 2025](#)). None of these programs verify immigration status before providing care. Ideally, if care under one of these welfare programs designed for Texans is provided to an illegal alien, the provider should be reimbursed to prevent strain on the program ([House Research Organization, 2001](#)). Unpaid costs are ultimately passed along to Texas taxpayers through higher insurance rates, public hospital funding, and other publicly funded health programs.

In August 2024, Gov. Greg Abbott issued an Executive Order directing the Texas Health and Human Services Commission (HHSC) to collect citizenship information at hospitals for inpatient and emergency care ([Executive Order GA 46, 2024](#)). HHSC is required to report that data annually to the Governor and the Texas Legislature so that the State of Texas may seek reimbursement from the federal government. According to HHSC's fiscal year 2025 report, there were 313,742 visits by patients illegally present in the U.S., representing \$1,050,642,864 in total healthcare costs, not solely uncompensated care ([Texas Health and Human Services, 2025](#)).

However, the current reporting framework has notable limitations. Hospitals are required to ask patients about their citizenship status during registration, but patients are not required to respond and may decline to answer. Additionally, there is no formal verification mechanism to confirm the accuracy of responses provided during intake. As a result, the available data likely captures only a partial picture of the true scope of uncompensated care associated with immigration-related healthcare utilization.

These challenges are not isolated to Texas. In 2023, "eight thousand migrants from Central America accounted for approximately 20,000 (hospital) visits" to the Denver hospital system ([Lewis, 2024](#)).

Denver Health reported spending \$10 million in 2023 on "migrant care." ([Summers, 2024](#)).

Yuma, Arizona, sounded the alarm in 2023 when the Yuma Regional Medical Center announced spending more than \$26 million treating illegal aliens. Like Texas, Arizona shares the U.S.-Mexico border and was overwhelmed by illegal crossings during the Biden Administration. A population of 100,000; 300,000 people entered from Mexico in one year, and they are the only hospital for 180 miles ([Bennett, 2023](#)). Robert Trenchel, a doctor at the Yuma Regional Medical Center, testified in Washington, D.C.:

Migrant patients are receiving free care that they have no ability to pay, we have no ability to bill anyone, we don't know their final destination, we don't know anything about them. We cannot provide completely free care to the residents of our community so the situation is simply not fair and concerning to them... Probably about 27 percent were maternity patients and many come in with no or little to no pre-natal care, so the babies when they are born are typically very sick, they typically wind up in our neonatal intensive care unit. Mom typically gets discharged earlier, but we want to keep mom and baby together obviously, so sometimes we put them up in a hotel. ([Bennett, 2023](#))

These cases illustrate that uncompensated care pressures tied to immigration are not isolated incidents, but recurring operational challenges experienced across multiple states and healthcare systems.

[Emergency Response Systems Under Pressure](#)

The impact of immigration-related surges is particularly visible in emergency services, where demand is immediate. Texas urban and rural communities have experienced significant strain on public safety and healthcare infrastructure. For example, El Paso, Texas, a city with a population of over 600,000, spent \$300,000 per day in 2022 in response to the increase in illegal aliens arriving in the city. El Paso's Chief Financial Officer Robert Cortinas said in an

interview that “It’s fire department, police department, public health—just about every department... is being impacted... this is not only unsustainable but simply unfair to our community” ([Martinez, 2022](#)). City Representative Claudia Rodriguez also noted that 50 firefighters were working at an immigrant welcome center instead of being available to respond to emergencies ([Martinez, 2022](#)).

Further south in Texas, the smaller border town of Eagle Pass also faced severe challenges. In 2023, 4,000 illegal aliens crossed into Eagle Pass in just one day, forcing the city to declare a state of emergency. A few days prior, the city saw 2,500 illegal aliens in a single day. Former Mayor Rolando Salinas said that the surge, close to 50% of the city’s population in one week, has “taken a toll on our local resources, especially our local police force and our fire department” ([Martinez, 2023](#)).

Notably, Eagle Pass took a hard hit to its emergency services department. Fire Chief Manuel Mello stated that his fire department was “doing up to 50 calls a day,” adding that “on a normal day, probably about 27, 30 calls a day. So an increase of about 20 calls and all (of them) migrant-related” ([Ibarra, 2024](#)). Like many border towns, Mello stated that their emergency room “is overwhelmed frequently” and that the department even had to add a fifth ambulance “strictly to treat migrants” ([Ibarra, 2024](#)).

Kinney County, an even smaller border county with roughly 3,000 people, has been pushed to its limits by the availability of emergency services. In 2022, the director of Emergency Medical Services for the county, Henry Garcia, stated that before the surge in illegal immigration, his department averaged about 235 calls a year, but from January to October 2022, they had 486 calls ([Waldman, 2022](#)). He further claimed that there were “over \$40,000 in unbilled unpaid bills... nobody takes ownership. And they come back as unqualified patient, invalid report” ([Waldman, 2022](#)).

These cases highlight that when migration levels increase rapidly, emergency services become a frontline response system forced to absorb immediate demand without corresponding increases in funding or infrastructure.

EDUCATION

Plyler v. Doe

In 1975, the Texas Legislature authorized local school districts to deny enrollment to foreign-born children illegally present in the United States in public schools ([HB 1126, 1975](#)). Therefore, children who were illegally present were required to pay tuition to attend public schools within the state. In 1977, several families led a class-action lawsuit against a Texas school district, arguing that the legislation was unconstitutional. The United States Supreme Court granted certiorari in *Plyler v. Doe* ([1982](#)) to determine whether Texas laws denying undocumented immigrant children a free public education violated the Equal Protection Clause of the Fourteenth Amendment ([American Bar Association, 2018](#)). By a 5-4 vote, the Court ruled that it was a violation and that all children, regardless of immigration status, have constitutionally protected access to a free public K-12 education. Further, it held that states cannot withhold funding for the education of illegally present students or deny enrollment of students based on their or their parents’/guardians’ immigration status.

English as a Second Language and Limited English Proficiency

English as a Second Language (ESL) refers to the instructional program designed to teach English to non-native English speakers, whereas Limited English Proficiency (LEP) is the federal designation for students who require these services. A 2022 study by the Federation for American Immigration Reform (FAIR) ([2022](#)) determined that more than 10 percent of all students in American public schools are designated as LEP, yet only 370,000 teachers hold the proper certifications to educate them. FAIR noted that “since the most recent cumulative data on this subject comes from 2020, it’s important to keep in mind that, unless otherwise noted, the figures detailed within this report do not take into account

the massive surge of legal and illegal immigration into the United States” since this report (FAIR, 2022).

San Antonio is currently facing a shortage of fully certified bilingual and ESL teachers. The San Antonio Report reported over the past few years the district has received students that came from the Middle East, Nicaragua and Venezuela, noting that “During the 2022–23 school year, North East had an emergent bilingual population of 10,820. The next year, the district had 11,500. During the 2024–25 school year, the count went up to 11,700” (Garcia, 2025).

These pressures are neither unique to Texas nor recent in origin. The obligations established under *Plyler v. Doe* have been in place for decades, and the strain on public systems has accumulated over time as student populations have grown and diversified. Recent developments in cities like Chicago illustrate this broader pattern. Even prior to the massive influx of illegal aliens the United States took in under the Biden Administration, public schools across the nation struggled to meet state and federal requirements for bilingual education. The influx of new students has not created these challenges so much as exposed and intensified them, highlighting critical gaps that already existed within the system.

According to local reporting in Chicago, “the surge of new students... is exposing the cracks in a school system that has for years struggled to fully comply with state and federal laws around bilingual education” (Amin & Bloom, 2024), noting that students have fallen behind in their studies and the struggle of providing support to migrant students. In 2024, Chicago Public Schools estimated that its ESL student population increased by 12,000 students in one year, prompting state legislators to seek additional state and federal funding to support additional resources (Smylie, 2024).

FAIR estimates that LEP students cost taxpayers over \$78 billion nationwide, a cost which is primarily borne at the state and local levels. In Texas specifically, their estimate is \$11.4 billion (FAIR, 2022). In a 2023 Education Week survey, 61% of teachers reported

that they did not feel adequately trained to teach English learners (Najarro, 2023). This disparity highlights a core challenge: as demand for specialized instruction grows, the system’s ability to meet that demand is not keeping pace.

Colony Ridge

Previous research by the Texas Public Policy Foundation (Oliver, 2020) examining the Colony Ridge development in Liberty County illustrates how rapid population growth—driven in part by immigration—can outpace local infrastructure and public systems. That analysis found that the area continues to experience significant strain on schools, public services, and local governance, as population growth has accelerated beyond the capacity of existing institutions.

Liberty County, Texas, is home to one of the fastest-growing Hispanic populations in the United States and to one of the fastest-growing school districts in Texas (Taylor, 2019; Fast Growth School Coalition, n.d.). Liberty County Sheriff Bobby Rader stated in an interview that the majority of the county’s immigrant population moved into Colony Ridge and does not respond to census takers (Doyle & Rezal, 2024). Though the exact population of Colony Ridge is unknown, Liberty County officials put the estimate between 75,000 and 100,000 mostly Latino residents (Doyle & Rezal, 2024).

As of September 2024, nearly 10,000 students had enrolled in Cleveland ISD over a decade, “an increase of 211% that makes CISC one of the fastest growing districts in the state,” and nearly 90% of the enrolled students live in the Colony Ridge community (Kelly, 2024). The rapid population expansion “has created exponential challenges for Texas’s fastest growing school district, including teacher retention, a school bus shortage, lack of facilities, substance abuse, and a financial deficit. [In 2023] the district spent \$175 million, but Cleveland ISD only generated \$165 million in revenue, leaving a \$10 million deficit” (Doyle & Pérez, 2024; Cleveland ISD, 2024).

Further, roughly 60% of the student body are emerging bilingual students, and over 85% are Hispanic or Latino (Texas Education Agency, n.d.). Of the district's 900 teachers, fewer than 30% are ESL-certified, and 15% are certified bilingual (Doyle & Pérez, 2024).

Colony Ridge serves as a localized example of a broader statewide challenge: when population increases occur quickly and outside of standardized measurement frameworks, the true scale of impact becomes difficult to quantify. This reinforces the central problem identified in this paper—not simply that systems are under pressure, but that Texas lacks the consistent data necessary to fully measure and respond to that pressure.

Texas Students Falling Behind

The strain on Texas public schools extends well beyond resource allocation—it is directly affecting student academic outcomes. The challenges facing districts like Cleveland ISD illustrate what happens when population growth outpaces a system's capacity to respond. Cleveland ISD's teacher turnover rate hovers around 40%, nearly double the state average, and the consequences are felt in the classroom (Doyle & Pérez, 2024). Only 57% of students are meeting grade-level expectations—roughly a 20% drop from the state average. Students themselves have borne the cost of these staffing failures. As Viví, a 17-year-old senior at Cleveland High School, described, "I didn't have a math teacher for half the year... they would just send us to the gym and we didn't learn for, like, half the year" (Doyle & Pérez, 2024).

These academic deficits do not exist in isolation. Approximately 60% of Cleveland ISD's student body are emergent bilingual students, adding significant pressure to find teachers who are, or can be, certified as bilingual educators (Doyle & Pérez, 2024). Yet less than 30% of the district's teachers are ESL-certified, and only 15% hold bilingual certification. A 2023 Education Week survey found that only 39% of teachers nationwide said they felt adequately trained to reach English-language learners, compared to 61%

who said they did not (Doyle & Pérez, 2024). This gap compounds the problem at the classroom level.

Texas was already under pressure to improve its educational outcomes before these enrollment surges accelerated. The urgency of that reform mission makes the current data deficit all the more consequential. Because no state agency tracks student immigration status, no government entity currently measures the full scope of how many undocumented students are enrolled in Texas public schools, meaning policymakers cannot accurately assess the scale of the challenge they are managing, let alone design targeted solutions. This information gap affects not only fiscal planning but also the ability of counselors, administrators, and service providers to tailor support to students with unique needs, including limited prior schooling, language barriers, and traumatic backgrounds (Najjarro & Harwin, 2026). Understanding who is in Texas classrooms is a prerequisite to meaningfully improving what happens inside them.

Unaccompanied Alien Children

Minors encountered at U.S. international borders without a parent or legal guardian are transferred into the care and custody of the Office of Refugee Resettlement (ORR). Federal law requires that ORR feed, shelter, and provide medical care for unaccompanied alien children until it is able to release them to safe settings with sponsors while they await immigration proceedings (Office of Refugee Resettlement, 2026).

According to ORR data, between 2015 and 2020, 31,635 unaccompanied aliens were released into Texas; between 2021 and 2025, 67,271; and so far in 2026, 81 (Office of Refugee Resettlement, 2026). Though one cannot determine that every single one of these minors entered into the Texas public school system, we do know that Texas spends around \$12,000 per student (Texas Education Agency, 2022).

Setting aside the broader policy debate, the practical effect of sustained immigration flows is clear:

increases in student population generate additional operational and fiscal demands for public school systems. In Texas, recent influxes have required school districts to expand capacity, adapt instruction for non-English speaking students, and absorb new costs in short timelines.

ADDITIONAL CONSIDERATIONS

Any consideration of *Plyler v. Doe* today must also account for how significantly the immigration landscape has changed since the Court issued its decision in 1982. The constitutional holding remains binding, but the factual circumstances surrounding immigration, population flows, and demands on public systems have evolved considerably over the four decades since.

According to the Supreme Court’s opinion in *Plyler v. Doe*, “There is no evidence in the record suggesting that illegal entrants impose any significant burden on the State’s economy. To the contrary, the available evidence suggests that illegal aliens underutilize public services...” (*Plyler v. Doe*, 1982, p. 228).

It is fair to state that the immigration landscape facing the United States in 1982 is vastly different from what the country is experiencing today. A 1997 congressional report found that between 1966 and 1980, there were 6.4 million legal admissions into the U.S., and 12.6 million between 1981 and 1995 ([Violet, 1997](#)). By comparison, between 2021 and 2024 alone, CBP recorded more than 10.1 million encounters nationwide ([CBP, 2026](#)). CBP Encounters represent law enforcement events rather than unique individuals and can include repeat encounters.

Importantly, border encounters alone do not capture the full scope of immigration flows. In recent years, federal immigration policy has increasingly relied on humanitarian parole programs and administrative entry pathways that allow foreign nationals to enter the country outside of traditional immigration processes. One example is the CHNV parole program, which permitted nationals from Cuba, Haiti, Nicaragua, and Venezuela to fly directly into

the U.S. if approved. The Biden Administration later expanded this parole to Colombia, Guatemala, El Salvador, Honduras, and Ecuador ([Bensman, 2024](#)).

The broader point is that modern immigration flows are larger, more complex, and more administratively diverse than those contemplated at the time of *Plyler v. Doe*. As a result, the scale of potential impacts on public services today cannot be evaluated solely through the lens of historical immigration patterns.

In *Plyler v. Doe*, Justice Brennan acknowledged two realities that remain relevant today: that “the dominant incentive for illegal entry into the State of Texas is the availability of employment” and that “[a]ccess from Mexico into this country, across our 2,000-mile border, is readily available and virtually uncontrollable” (*Plyler v. Doe*, 1982, pp. 228–229). To a significant extent, Brennan was correct. Economic opportunity and access to public benefits continue to serve as powerful incentives for illegal immigration into the United States.

However, if one accepts the premise that these incentives drive migration flows, then it follows that policymakers must be willing to examine the policies and conditions that reinforce those incentives. Public services, employment opportunities, and inconsistent federal internal enforcement all contribute to the broader calculus that encourages unlawful entry and continued unlawful presence.

At the same time, the notion that the border is “virtually uncontrollable” should not be accepted as an immutable fact. While securing a lengthy international border presents undeniable challenges, both border security and interior enforcement are achievable when pursued with sustained political will, operational coordination, and consistent policy enforcement. The issue is not whether enforcement is possible, but whether governments are willing to prioritize and maintain it over time.

RECOMMENDATIONS

Establish a Statewide Public Education Impact Reporting Framework

What *Plyler v. Doe* does not prohibit is requiring the tracking, identifying, and calculating of the impact of illegal immigration on our public school system, which today is substantial. To improve statewide planning, Texas should establish a standardized statewide reporting framework through the Texas Education Agency to better measure the impact of immigration on public systems. School districts should be required to collect and report relevant demographic and instructional data during enrollment, including citizenship or immigration status, English language learner designation, country of origin, interrupted formal education history, and other indicators directly tied to instructional and infrastructure planning.

The Texas Education Agency should further publish annual statewide and regional impact assessments identifying high-growth districts, emerging bilingual population trends, ESL staffing needs, and other operational pressures tied to rapid demographic change. This information would provide the state with a more accurate understanding of enrollment trends, instructional needs, and the fiscal impact on public education systems. Standardized statewide tracking and reporting would allow Texas to better plan for long-term resource demands while maintaining compliance with federal law.

Codify Hospital Citizenship Data Collection

To ensure continuity and reliability in data collection, the Texas Legislature must codify Executive Order GA-46 into statute, establishing a permanent, statewide requirement for the collection and reporting of patient citizenship information. To produce meaningful and complete data, the policy should also require responses to this question as part of the intake process, while maintaining full compliance with federal law requiring the provision of emergency medical care regardless of a patient's ability to pay or immigration status.

The reporting system should include standardized statewide methodology, annual public reporting, and centralized data aggregation through the Texas Health and Human Services Commission. Hospitals should be required to collect citizenship information during patient intake while maintaining full compliance with federal law requiring the provision of emergency medical care. Additionally, policymakers should evaluate mechanisms to improve data reliability, as the current framework relies largely on self-reported responses without independent verification. A comprehensive statewide reporting framework would allow Texas to better quantify uncompensated care costs, identify regional system strain, improve fiscal planning, and strengthen the state's ability to pursue federal reimbursement where applicable. More importantly, it would shift the conversation about immigration-related healthcare impacts from assumptions to measurable evidence.

Additional Consideration: Emergency Services Capacity Reporting

Texas should build upon its existing statewide EMS reporting framework to better measure the fiscal and operational impacts associated with immigration. Texas already requires licensed EMS providers to report emergency runs to the Department of State Health Services. The Legislature should expand those requirements to capture additional information necessary to understand immigration-related demands on local emergency response systems. Where legally permissible and operationally feasible, reporting should include relevant patient demographic information as well as uncompensated response costs, changes in call volume, ambulance utilization, staffing demands, resource diversion, and other measurable pressures associated with periods of elevated migration. Standardized data across providers, aggregated at the state level, can allow policymakers to identify regional trends without relying primarily on isolated reports from individual jurisdictions. A more complete understanding can also help policymakers identify communities experiencing disproportionate strain, evaluate whether existing EMS capacity is sufficient, determine where

additional infrastructure or resources may be necessary, and, importantly, better account for the cost borne by Texas communities and taxpayers.

While Texas aims to account for immigration impacts, other states have similar data-recording and reporting frameworks. One example is Kansas, which has a law (2019) directing the Kansas Board of Emergency Medical Services to maintain a state-wide system that collects and analyzes EMS information. There are privacy protections around the system, and the state produces a monthly report with the data it receives ([Kansas Board of Emergency Medical Services, 2026](#)).

CONCLUSION

Ultimately, this issue is not simply about immigration; it is about governance. Texas cannot effectively manage the impacts on public education, healthcare, and emergency services without a clearer understanding of the populations interacting with those systems. Better data collection will not solve every challenge, but it will allow policymakers and local institutions to move from reactive decision-making to informed planning. In public education specifically, understanding the composition and needs of student populations allows school systems to establish clearer protocols, allocate resources more effectively, and better support both educators and students. Whether through bilingual instruction, staffing, transportation, or classroom capacity, sustainable solutions depend on accurate information. While a more accurate measurement will not eliminate strain, it will allow the state to respond with greater precision, accountability, and sustainability.

No state will ever possess a perfectly precise accounting of every foreign national present within its territory. However, uncertainty cannot justify the absence of measurement altogether. If Texas is expected to maintain public systems that absorb these impacts, then the state must be willing to pursue the clearest possible understanding of how immigration affects education, healthcare, emergency services, and local infrastructure. ■

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ABOUT THE AUTHOR



Selene Rodriguez is the Campaign Director for the Secure & Sovereign Nation campaign at the Texas Public Policy Foundation. In this role, she conducts research on public policy issues; assists the Foundation in academic publication; educates lawmakers and members of the public on Foundation research; and provides formal testimony to local, state, and federal entities.

Prior to this position, Rodriguez served in the Marine Corps as an Intelligence Specialist and completed an internship at the Texas Public Policy Foundation. Born and raised in Del Rio, Texas, Rodriguez graduated from Texas State University with a B.A. and M.A. in Political Science.



901 Congress Avenue | Austin, Texas 78701 | (512) 472-2700 | www.TexasPolicy.com