



‘Protected Areas’: Navigating ICE Interactions in Healthcare Settings

Articles

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In an opinion piece for *Chief Healthcare Executive*, [Eric Yun](#) and [Shloka Joshi](#) examine how ICE enforcement has shifted in recent months and what those changes mean for healthcare institutions. Recent changes in federal immigration policy have raised new concerns for healthcare providers regarding Immigration and Customs Enforcement (ICE) activity in facilities traditionally considered “protected areas.” While prior DHS guidance limited ICE enforcement in hospitals and similar settings, that guidance was rescinded in January 2025, creating uncertainty for healthcare systems nationwide.

Despite this shift, important legal limits on ICE authority remain. ICE’s actions are still constrained by constitutional protections, distinctions between public and private spaces within healthcare facilities, and strict HIPAA requirements governing patient information. Non-public areas generally require a judicial warrant for entry, and administrative or immigration court warrants do not carry the same authority. Healthcare providers are also not required to inquire about or report a patient’s immigration status.

As enforcement practices evolve, healthcare organizations should assume heightened risk while proactively reinforcing policies, staff training, facility design considerations, and access to legal counsel to protect patient care, privacy, and operational integrity.

In the piece, they outline the evolving legal landscape, key limitations on ICE authority, and practical considerations for healthcare leaders balancing patient care, compliance, and risk management.

To read the full piece: <https://bit.ly/4pyYzrc>

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