**Comment Guidance***:*

**For those interested in submitting comments, please feel free to include your own thoughts, expertise, and experience**. There is no need to include all of the points listed below. Pick and choose those sections that best reflect your own experience or perspective. We have also indicated in the yellow text areas where you may consider including unique data or perspective. You may want to put additional sections into your own words.

*If you have questions about public charge, please contact Elisa Minoff or Alex Citrin. Comments can be submitted* [*online to the federal register*](https://www.regulations.gov/document?D=USCIS-2010-0012-0001) *before December 10, 2018.*

December X, 2018

*Submitted via* [*www.regulations.gov*](http://www.regulations.gov)

Samantha Deshommes, Chief

Regulatory Coordination Division, Office of Policy and Strategy

U.S. Citizenship and Immigration Services

Department of Homeland Security

20 Massachusetts Avenue NW

Washington, DC 20529-2140

**Re: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds**

[Name of your organization/state] is [describe the work and scope of your organizations work and mission.]

It is with that expertise in mind that [your organization] strongly opposes the Department of Homeland Security’s (DHS) proposed rule on inadmissibility on public charge grounds, published in the Federal Register on October 10, 2018.[[1]](#footnote-1) The proposed rule would reverse more than a century of immigration law, policy, and practice, making it more difficult for lower and even middle-income immigrants to receive green cards, inflicting lasting harm on immigrant families and communities already in the United States, and changing the demographic composition of the nation. The rule amounts to a backdoor mechanism to upend the United States’ system of family-based immigration to grant preference to wealthy immigrants—and, in practice, European immigrants—and to bar lower-income immigrants of color from entry. If finalized, this rule would reproduce the intended results of legislation that the administration has proposed, but which died in Senate committee.[[2]](#footnote-2)

We call on DHS to immediately withdraw its proposal, and dedicate its efforts to advancing policies that safeguard the health, safety, and well-being of all immigrant children and their families.

Our detailed comments below highlight the harmful impact the proposed rule would likely have on children and families already living in the United States, as well as the discriminatory effect it would have on prospective immigrants who wish to join their families in the United States and build a better life for themselves and their loved ones. [Add any additional summary of your argument or the impact of the public charge rule change on your community here].

**The proposed rule would radically expand the definition of public charge, reversing over a century of immigration policy and practice and violating our most fundamental American values.** [Choose the pieces of this argument that work for your state/community/organization. Please add in additional local examples when applicable].

*Redefines Public Charge*

* Since 1882, the United States has barred immigrants from entry if they are found likely to be a “public charge.” Under current law and regulatory guidance, which has been in effect for decades and is itself consistent with longstanding case law, a public charge is defined as someone who is “primarily dependent” on government benefits.[[3]](#footnote-3) Only two types of benefits are currently considered in the public charge test: cash assistance and government-funded institutionalization for long-term care.[[4]](#footnote-4) Immigration officers are also instructed to consider an applicants’ “totality of circumstances” when deciding whether he or she is likely to become primarily dependent on these benefits (factors include: health, family status, assets, resources and financial status, and education and skills).[[5]](#footnote-5) In practice, and consistent with existing guidance, in recent decades many lower income immigrants have passed the public charge test with a signed affidavit of support from a family member who is already living in the United States.[[6]](#footnote-6)
* The proposed rule would radically expand the definition of public charge. Instead of defining a public charge as someone who is “primarily dependent” on public benefits, the proposed rule introduces a complicated formula to establish a much lower threshold. For example, anyone receiving “monetizable benefits”—i.e. benefits for which a cash value can be readily determined—that exceed 15 percent of the Federal Poverty Level ($1,821 in 2018) over the course of a year would be deemed a pubic charge. This threshold is far below a commonsense understanding of “primarily dependent.”[[7]](#footnote-7)
  + Include a local example or an example applicable to your work of what living in poverty looks like for children and families

*Expands applicable benefits*

* The proposed rule also expands the list of public benefits considered in a public charge test, adding non-cash benefits— Supplemental Nutrition Assistance Program (SNAP), non-emergency Medicaid, low-income subsidies under Medicare Part D, and housing assistance—to cash assistance and government-funded long-term care assistance.[[8]](#footnote-8)
  + Include a local example or an example applicable to your work of what living without one or more of these benefits looks like for children and families

*Re-envisions “totality of the circumstances”*

* The rule radically re-envisions the “totality of the circumstances” test, which is used to determine whether someone is likely to use these benefits in the future. Current guidance is clear that the “totality of the circumstances” test should be implemented in such a way that recognizes that the vast majority of immigrants do not become dependent on government assistance, as most people would interpret that phrase.
* The rule adds a complicated list of “positive” and “negative” factors to the totality of the circumstances test, some of which are more “heavily weighed” than others. The effect is to give officials wide discretion to deny green cards to lower and even middle-income people.
* Generally, the test weighs low-income negatively. According to its provisions, family income under 125 percent of the poverty line, or $31,375 for a family of four, would be counted against a green card applicant.
* The test also explicitly weighs past receipt of benefits negatively, as well as many other factors such as poor credit reports. The only “heavily weighed” positive factor in favor of passing the public charge test is having family income over 250 percent of the Federal Poverty Level. This is a very high bar. A family of four would have to have income or assets of over $63,000, which is above the median income in the United States.
* In an example it gives, if an alien is receiving benefits while finishing college and provides evidence that he or she has “pending employment with benefits upon graduation from college and attaining a degree” then it is “possible” that “the alien would not be found likely to become a public charge.”[[9]](#footnote-9) More than 20 percent of recent college graduates in the United States work in low-paid jobs that are not likely to have benefits.[[10]](#footnote-10) The fact that the immigrant in this example does, *before graduation,* and his or her passage of the public charge test is not described as guaranteed, is telling.
  + Include a local example or example that is applicable to your organization
* The Migration Policy Institute (MPI) has found that if the proposed expansion of the “totality of the circumstances” test had been in place when current Lawful Permanent Residents who have been in the United States for less than five years applied for their green cards, the majority of their applications could conceivably have been denied. According to MPI’s analysis, 69 percent of recent green card recipients have at least one negative factor using the proposed totality of the circumstances test, and 43 percent have two or more such factors. The most common negative factor was being neither employed nor enrolled in school (43 percent), followed by not speaking English well or at all (39 percent), having an income below 125 percent of the federal poverty level (33 percent), and not having a high school diploma (25 percent).[[11]](#footnote-11) Only 39 percent of recent green-card recipients have the heavily weighed positive factor of incomes at or above 250 percent of poverty.[[12]](#footnote-12) MPI finds that the proposed rule would disproportionately affect children, the elderly, and women. The rule explicitly considers young and old age a negative factor, and women are more likely to be at home raising children and thus be neither in school nor in work.[[13]](#footnote-13)
* The proposed rule amounts to a backdoor mechanism to alter immigration patterns and reduce immigration of people of color, in violation of our most basic principles. The proposed rule could not only significantly reduce legal immigration to the United States, but it could make it especially difficult for people from certain regions of the world to immigrate—particularly Mexico and Central America. According to MPI’s analysis, 60 percent of recent green card recipients from Mexico and Central America had at least two negative factors using the proposed totality of the circumstances test, compared to less than 50 percent of those from all other regions. People from the Caribbean were the second most likely to have two negative factors (48 percent), followed by Asia, South America, and Africa. People from Europe, Canada, and Oceania were notably less likely to have two or more negative factors (27 percent) under the proposed totality of the circumstances test. [[14]](#footnote-14)
* As a result, if the proposed rule were finalized, it could disproportionately reduce the immigration of people of color, violating our most basic principles of equality, justice, and opportunity for all.

**Rather than ensuring self-sufficiency among people applying for green cards, the rule appears designed to discourage people in immigrant families and communities—including people who already have green cards and people who are citizens of the United States—from accessing public benefits that are critical to child and family well-being.**

* The stated purpose of this rulemaking is “to better ensure that applicants for admission to the United States and applicants for adjustment of status to lawful permanent resident who are subject to the public charge ground of inadmissibility are self-sufficient, *i.e.,* do not depend on public resources to meet their needs, but rather on their own capabilities and the resources of their family, sponsor, and private organizations.”[[15]](#footnote-15) According to DHS, the use of non-cash benefits such as SNAP, non-Emergency Medicaid, subsidies for Medicare Part D, and housing assistance may be a sign that someone is not self-sufficient, and therefore should be considered in the public charge test.
* Nutritional, health care, and housing assistance are all critical programs that support work—the ultimate path to self-sufficiency for all families. Citing use of these programs as evidence that someone is not self-sufficient is not only misguided—these are *supplementary* programs and the proposed rule’s threshold of use is so low that it defies a commonsense understanding of self-sufficiency. It is also shortsighted.
  + Include local examples or an example this is applicable to your organization.

*Impact on the health and well-being of children, youth, and families:*

* The addition of non-cash benefits to the list of benefits considered in the pubic charge test seems designed to accomplish an unstated goal: reducing overall enrollment in programs that are critical to children’s healthy development and well-being, to promoting young adults’ participation in education and training, to supporting working parents, and to keeping families strong.
* If these benefits are considered by immigration officials making public charge determinations, millions of immigrant families are likely to withdraw from these critical supports.[[16]](#footnote-16) We have seen this happen before. After the passage of the 1996 welfare law, which limited eligibility to public benefits for certain immigrants, researchers found that immigrants withdrew from benefits even if their eligibility was unchanged by the law—spurred by confusion and fear about the potential consequences of receiving benefits.[[17]](#footnote-17) For example, studies of Medicaid enrollment among immigrants after 1996 consistently find significant declines, even among those who were still eligible for the program—leading to steep increases in the number of children and families who were uninsured.[[18]](#footnote-18)
* Based on the experience following the 1996 welfare law, we can expect that the proposed rule, if finalized, would have a similar chilling effect, discouraging people from applying for public benefits even if they are not subject to the public charge test—even, indeed, if they are citizens of the United States. Relying on the research about the effects of the 1996 law, the Kaiser Family Foundation estimates that between 15 and 35 percent of Medicaid/CHIP recipients could disenroll if the proposed rule is finalized—leading an estimated 2.1 million to 4.9 million people to lose their health insurance.[[19]](#footnote-19)
* The National Association of Community Health Centers has warned that the proposed rule, if finalized, will result in individuals being deterred from addressing their health care needs, ultimately leading to worse health outcomes for them and their communities.[[20]](#footnote-20)
* For families who withdraw from benefits, immigrants of color and LGBT immigrants are likely to be especially harmed, as they may face employment or other forms of discrimination and experience additional challenges accessing and maintaining housing, healthcare, education, and employment.[[21]](#footnote-21)

**Include applicable language below with local examples:**

*Impact on child health and well-being*

Investing in nutrition, health care, and other essential needs keeps children learning, parents working, families strong, and allows all of us to contribute fully to our communities. The policies articulated in the proposed rule would terrify immigrant families, discourage or prevent hard-working people from immigrating, and deter immigrant families from seeking the help they need to lead a healthy and productive life.  By the Department’s own admission, the rule “*has the potential to erode family stability and decrease disposable income of families and children because the action provides a strong disincentive for the receipt or use of public benefits by aliens, as well as their household members, including U.S. children*.” Research demonstrates that safety net programs such as SNAP and Medicaid have short and long-term health benefits and are crucial levers to reducing the intergenerational transmission of poverty.[[22]](#footnote-22)

SNAP is the first line of defense against child food insecurity, and when children lack the necessary resources for consistent access to healthy food, they are at risk for malnutrition and other adverse health, education, and developmental consequences.[[23]](#footnote-23) Low-income children who participate in SNAP have better long-term health and educational outcomes.[[24]](#footnote-24) Children with immigrant parents who participate in the SNAP program are more likely to be in good or excellent health, be food secure, and reside in stable housing.[[25]](#footnote-25) An additional year of SNAP eligibility for young children with immigrant parents is associated with significant health benefits in later childhood and adolescence.

* The Department specifically requests comment on whether the Children’s Health Insurance Program (CHIP) should be included in a public charge determination. We strongly oppose the inclusion of CHIP. Nearly 9 million children across the U.S. depend on CHIP for their health care, and it has been shown to not only improve health outcomes, but also to improve educational outcomes, which can in turn support individual economic well-being and overall economic productivity.[[26]](#footnote-26) Including CHIP in a public charge determination would likely lead many eligible children to forego these critical health care benefits—whether or not they are subject to the public charge test.
* Parents’ and children’s health are inextricably linked and children do better when their parents are mentally and physically healthy. Children whose parents are insured are more likely to have insurance themselves.[[27]](#footnote-27) Children with access to Medicaid have fewer absences from school, are more likely to graduate from high school and college, and are more likely to have higher paying jobs as adults.[[28]](#footnote-28)
* Housing assistance is a critical support for many families, as housing costs increase faster than family incomes. Without assistance, about a million more children would be living in poverty each year,[[29]](#footnote-29) and many more families would find themselves in unsafe and unstable housing conditions, which can lead to increased hospital visits, loss of employment, and mental health problems, among other challenges.[[30]](#footnote-30) Research demonstrates that children whose families receive housing assistance are more likely to have a healthy weight and to rate higher on measures of well-being—especially when housing assistance is accompanied by food assistance.[[31]](#footnote-31) Housing assistance can improve a child’s long-term economic mobility—one study found that children living in households receiving Housing Choice Vouchers have higher adult earnings and a lower chance of incarceration.[[32]](#footnote-32)

*Impact on expectant parents and their children:*

* The proposed rule would create barriers to accessing care for pregnant women that could hasten the rise in maternal mortality and have serious health implications for the next generation. Despite the availability of Medicaid and CHIP, from 2009-2010, 40 percent of mothers surveyed across 30 states reported that they delayed prenatal care because they lacked the money or insurance to pay for their care.[[33]](#footnote-33) This problem is especially acute for immigrant women of reproductive age, of whom 27 percent are uninsured.[[34]](#footnote-34) With maternal mortality on the rise, a bipartisan group of Senators support increasing federal funding to expand access to services that can prevent maternal death.[[35]](#footnote-35)
* In addition to access to prenatal care, nutrition assistance also helps promote healthy birth outcomes. Researchers comparing the long-term outcomes of individuals in different areas of the country when SNAP expanded nationwide in the 1960s and early 1970s found that mothers exposed to SNAP during pregnancy gave birth to fewer low-birth-weight babies.[[36]](#footnote-36)

*Impact on the health and well-being of young adults:*

* Like their peers, immigrant young adults deserve an opportunity to access an affordable, postsecondary education and to contribute their knowledge, skills, and talents to our nation’s workforce and economy. Immigrant young adults also enrich the racial and cultural diversity of our nation’s college campuses. Investing in low income young people so that they can get through school has significant long-term benefits for individuals and our economy. Research studies have shown that a postsecondary education can increase economic mobility and improve lives.[[37]](#footnote-37)
* The proposed rule will also make it more difficult for low-income students to remain in school full-time if they are afraid to access programs that support their physical, mental and financial wellbeing. Health, nutrition and housing benefits help young adults to complete higher levels of education that prepare them for higher-paying jobs and to meet the needs of our nation’s employers.

*Impact on those who identify as LGBTQ:*

* Because of continuing discrimination based on their sexual orientation and gender identity, LGBT immigrants, similar to all LGBT individuals, face additional challenges in accessing and maintaining education, employment, housing, and health care, and are likely to particularly benefit from supports such as health insurance and nutrition programs.
* The multiple and intersectional identities of LGBT immigrants means greater risk for a lifetime of discrimination that restricts educational, employment, and other opportunities. These cumulative and compounding experiences of discrimination make the impact of this rule particularly harmful to the health and well-being of people who identify as LGBTQ.

*Impact on child welfare systems and children and families involved with child welfare:*

* When families withdraw from public services, they may experience circumstances such as inadequate shelter, food or health coverage that state child welfare systems often categorize as child neglect, and in severe circumstances, child abuse. Children may be removed from their families’ care as a result.[[38]](#footnote-38) Data have shown that nearly half of families (47 percent) who have their children removed from their homes have trouble paying for basic necessities.[[39]](#footnote-39) The removal and placement of children in foster care can be traumatic for both children and parents and has a negative impact on well-being outcomes.[[40]](#footnote-40) While some of the impacts of removal and placement in foster care can be buffered by placement with kin, this can be more difficult for children from immigrant families. [[41]](#footnote-41) Once involved with child protective services, moreover, immigrant families may be afraid or unable to access necessary supports or services that would support their ability to remain together safely or achieve reunification.[[42]](#footnote-42)
* The rule would strain state child welfare systems. Many child welfare systems struggle to recruit and retain qualified foster parents. If the number of youth who enter foster care increase as a result of this rule, it would put additional pressure on states to recruit and retain foster parents that are specifically able to meet the needs of these children, including those that are multilingual. For children who are not lawful permanent residents, states cannot draw down federal title IV-E dollars to support their placement in foster care. States would therefore be responsible for the cost associated with the placement of these children in foster care, an increase which states are not likely to have included in their FY2019 or FY2020 budgets.
  + Include local example of impact on child welfare system and community-based organizations.

*DHS does not recognize the impact of this change*

* This rulemaking is contributing to the mounting fear and uncertainty immigrant families are experiencing because of the anti-immigrant political climate, which is having detrimental effects on communities across the country.
* Over the last year, researchers have documented drops in enrollment in early childhood education programs, and reduced participation from immigrant parents in classrooms and at events.[[43]](#footnote-43)
* According to a recent study by the Kaiser Family Foundation, fear and uncertainty is making daily life increasingly difficult for immigrant families, and having detrimental impacts on their health and well-being.[[44]](#footnote-44)
* A 2018 survey of health care providers in California found that more than two-thirds (67 percent) have observed an increase among immigrant parents in concerns about enrolling their children in California’s Medicaid and SNAP programs and WIC, and nearly half (42 percent) reported an increase in skipped scheduled health care appointments among immigrant children.[[45]](#footnote-45)
* DHS acknowledges that people will withdraw from public benefits in reaction to the proposed rule, but does not admit the full extent of the probable withdrawal, even though the research it cites is clear on this point.[[46]](#footnote-46)
* DHS also does not recognize the full impact these changes are likely to have on local and state economies and institutions. The rule would negatively affect health care providers, such as hospitals and community health centers who serve clients without regard to their ability to pay, as well as state social welfare systems, state and local government budgets, and local economies. DHS acknowledges the rule will impact these entities, but does not estimate the actual cost, which is likely to be enormous.
  + Include local example of impact on local health care and community center budgets.
* Ultimately, discouraging access to nutritional, medical, and housing assistance will harm us all. Public benefits and other supports help immigrant families integrate into American society and fully-participate in their communities. Reducing access to health care, nutritious food, and stable housing will threaten public health and put our country’s future at risk, as younger generations will face greater challenges reaching their potential.
* The agency has not advanced a compelling reason to expand the number or type of public benefits considered in the public charge test. Given the lasting harm that doing so is likely to inflict on immigrant families and all of our communities, no new programs should be added to the list of public benefits considered when making a public charge determination.

**Conclusion**

* For all of the reasons detailed above, the proposed rule is deeply problematic for the well-being of children, youth, and families. We ask DHS to withdraw the proposed rule, and focus its efforts on ensuring that families can reunify through the legal immigration process and that immigrants already in the United States have the resources they need to fully integrate into their communities.
* If you have any questions, please do not hesitate to contact me at [include email and phone number.]

Sincerely,

[Name, position, organization]

1. DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Notice of Proposed Rulemaking: Inadmissibility on Public Charge Grounds, 83 Federal Register 51114, October 10, 2018. Available at: <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds#citation-853-p51266>. [↑](#footnote-ref-1)
2. On the fate of the legislation see Capps, Randy, et al. “Gauging the Impact of DHS’ Proposed Public-Charge Rule on U.S. Immigration.” Migration Policy Institute, November 2018. Available at: <https://www.migrationpolicy.org/research/impact-dhs-public-charge-rule-immigration>. For the legislation see S.354 (115th Congress), the RAISE Act, <https://www.congress.gov/bill/115th-congress/senate-bill/354> and Statement of President Donald J. Trump on August 2, 2017. <https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-backs-raise-act/>. [↑](#footnote-ref-2)
3. This regulatory guidance has been formally in place since 1999, but it is consistent with previous case law, and at the time it was issued it was not viewed as a shift from previous practice. The guidance was issued at the time in order to reduce public confusion about which public benefits would be considered in public charge determinations following the passage of the 1996 welfare law and the Illegal Immigration Reform and Immigrant Responsibility Act (IIRAIRA). As the field guidance stated, “this memorandum… both summarizes longstanding law with respect to public charge, and provides new guidance on public charge determinations in light of recent changes in law [referring to the 1996 welfare and immigration laws].” Immigration and Naturalization Service (INS). “Field Guidance on Deportability and Inadmissibility on Public Charge Grounds [64 FR 28689] [FR 27-99].” May 26, 1999. Available at: <https://www.uscis.gov/ilink/docView/FR/HTML/FR/0-0-0-1/0-0-0-54070/0-0-0-54088/0-0-0-55744.html>. See also the accompanying proposed rule and preamble. INS. “Field Guidance on Field Guidance on Deportability and Inadmissibility on Public Charge Grounds.” 64 Fed. Reg. 101. May 26, 1999. Available at: <https://www.gpo.gov/fdsys/pkg/FR-1999-05-26/pdf/99-13202.pdf>. [↑](#footnote-ref-3)
4. Indeed, current guidance states directly that “non-cash benefits (other than institutionalization for long term care) should not be taken into account in making public charge determination.” 64 Federal Register 28693. [↑](#footnote-ref-4)
5. 64 Federal Register 28690. [↑](#footnote-ref-5)
6. Wheeler, Charles. “Is Public Charge Relevant Anymore?” Catholic Legal Immigration Network, Inc., December 2011. Available at: <https://cliniclegal.org/December2011/PublicCharge>. [↑](#footnote-ref-6)
7. §212.21 defines a public charge as someone “who receives one or more public benefit” enumerated in the section and where, if it is a “monetizable benefit” such as cash assistance or SNAP, “the cumulative value of one or more of the listed benefits exceeds 15 percent of the Federal Poverty Guidelines for a household of one with any period of 12 consecutive months, based on the per-month FPG for the months during which the benefits are received” or, if it is a non-monetizable benefit such as Medicaid, it is “received for more than 12 months in aggregate with a 36 month period.” In 2018, receiving any monetizable benefits in excess of $1,821 would be enough to define someone as a public charge. [↑](#footnote-ref-7)
8. See §212.21 (b) (1-2) for the full list. [↑](#footnote-ref-8)
9. 83 Federal Register 51188. [↑](#footnote-ref-9)
10. Abel, Jaison, et al. “Are Recent College Graduates Finding Good Jobs?” Federal Reserve Bank of New York, 2014. Available at: <https://www.newyorkfed.org/medialibrary/media/research/current_issues/ci20-1.pdf>. [↑](#footnote-ref-10)
11. Capps, Randy, et al. “Gauging the Impact of DHS’ Proposed Public-Charge Rule on U.S. Immigration.” Migration Policy Institute, November 2018. Available at: <https://www.migrationpolicy.org/research/impact-dhs-public-charge-rule-immigration>. [↑](#footnote-ref-11)
12. Ibid. [↑](#footnote-ref-12)
13. Ibid. [↑](#footnote-ref-13)
14. Capps, Randy, et al. “Gauging the Impact of DHS’ Proposed Public-Charge Rule on U.S. Immigration.” Migration Policy Institute, November 2018. Available at: <https://www.migrationpolicy.org/research/impact-dhs-public-charge-rule-immigration>. [↑](#footnote-ref-14)
15. 83 Federal Register 51122. [↑](#footnote-ref-15)
16. Batalova, Jeanne et al. “Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families’ Public Benefits Use.” Migration Policy Institute, June 2018. Available at: <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>. [↑](#footnote-ref-16)
17. See, for example, Claudia Schlosberg and Dinah Wiley, “The Impact of INS Public Charge Determinations on Immigrant Access to Health Care.” May 22, 1998. Available at: <https://www.montanaprobono.net/geo/search/download.67362>. [↑](#footnote-ref-17)
18. Neeraj Kaushal and Robert Kaestner, “Welfare Reform and health insurance of Immigrants,” Health Services Research, 40(3), (June 2005), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361164/pdf/hesr_00381.pdf>. Michael Fix and Jeffrey Passel, Trends in Noncitizens’ and Citizens’ Use of Public Benefits Following Welfare Reform 1994-97(Washington, DC: The Urban Institute, March 1, 1999) <https://www.urban.org/sites/default/files/publication/69781/408086-Trends-in-Noncitizens-and-Citizens-Use-of-Public-Benefits-Following-Welfare-Reform.pdf>; Namratha R. Kandula, et. al, “The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants, Health Services Research, 39(5), (October 2004), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361081/>;  [↑](#footnote-ref-18)
19. Samantha Artiga, Raphael Garfield, and Anthony Damico "Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid" (Washington, DC: Kaiser Family Foundation, 2018). <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>[.](https://www.kff.org/disparities-policy/issue-brief/potential-effects-of-public-charge-changes-on-health-coverage-for-citizen-children/)  [↑](#footnote-ref-19)
20. Statement, National Association of Community Health Centers, Joint Statement of America’s Health Centers Opposing Public Charge Proposal (Oct. 10, 2018) http://www.nachc.org/news/joint-statement-of-americas-health-centers-opposing-public-charge-proposal/. [↑](#footnote-ref-20)
21. On employment discrimination faced by African immigrants see Capps, Randy et al. “Diverse Streams: African Migration to the United States.” Migration Policy Institute, April 2012. Available at: <https://www.migrationpolicy.org/research/CBI-african-migration-united-states?pdf=AfricanMigrationUS.pdf> [↑](#footnote-ref-21)
22. Page, Marianne, “Safety Net Programs Have Long-Term Benefits for Children in Poor Households”, Policy Brief, University of California, Davis, 2017 <https://poverty.ucdavis.edu/sites/main/files/file-attachments/cpr-health_and_nutrition_program_brief-page_0.pdf> [↑](#footnote-ref-22)
23. Child Trends, “Food Insecurity: Indicators of Child and Youth Wellbeing,” Child Trends Data Bank, December 2016, <https://www.childtrends.org/indicators/food-insecurity>. United States Department of Agriculture Office of Policy Support, “Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security (Summary),”August 2013,<https://fns-prod.azureedge.net/sites/default/files/Measuring2013Sum.pdf>. [↑](#footnote-ref-23)
24. Steven Carlson and Brynne Keith-Jennings, “SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs,” Center on Budget and Policy Priorities, January 2018,https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care [↑](#footnote-ref-24)
25. Children’s Health Watch, *Report Card on Food Security and Immigration: Helping Our Youngest First-Generation Americans To Thrive,* 2018, <http://childrenshealthwatch.org/wp-content/uploads/Report-Card-on-Food-Insecurity-and-Immigration-Helping-Our-Youngest-First-Generation-Americans-to-Thrive.pdf> [↑](#footnote-ref-25)
26. Paradise, Julia. “The Impact of the Children’s Health Insurance Program (CHIP): What Does the Research Tell Us?” Kaiser Family Foundation, July 17, 2014. Available at: <https://www.kff.org/medicaid/issue-brief/the-impact-of-the-childrens-health-insurance-program-chip-what-does-the-research-tell-us/>. [↑](#footnote-ref-26)
27. Julie L. Hudon and Asako S. Moriya, “Medicaid Expansion for Adults Had Measurable ‘Welcome Mat’ Effects on Their Children,” *Health Affairs* 36 (2017),<https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347>; Joan Alker and Alisa Chester, *Children’s Health Insurance Rates in 2014: ACA Results in Significant Improvements,* Georgetown University Health Policy Institute, Center for Children and Families, 2015,<http://ccf.georgetown.edu/wp-content/uploads/2015/10/ACS-report-2015.pdf>. [↑](#footnote-ref-27)
28. Karina Wagnerman, Alisa Chester, and Joan Alker, *Medicaid is a Smart Investment in Children*, Georgetown University Center for Children and Families, March 2017, <https://ccf.georgetown.edu/2017/03/13/medicaid-is-a-smart-investment-in-children/>. [↑](#footnote-ref-28)
29. Center on Budget and Policy Priorities, “Federal Rental Assistance,” Fact Sheet, March 2017,<https://www.cbpp.org/sites/default/files/atoms/files/4-13-11hous-US.pdf>. Trudi Renwick and Liana Fox, “The Supplemental Poverty Measure: 2016”, United States Census Bureau, September 2017,<https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-261.pdf> [↑](#footnote-ref-29)
30. *See* Will Fischer, *Research Shows Housing Vouchers Reduce Hardship and Provide Platform for Long-Term Gains Among Children*, Center on Budget and Policy Priorities (October 7, 2015), <https://www.cbpp.org/research/research-shows-housing-vouchers-reduce-hardship-and-provide-platform-for-longterm-gains>; *see also* Linda Giannarelli et al., *Reducing Child Poverty in the US: Costs and Impacts of Policies Proposed by the Children’s Defense Fund* (Jan. 2015), [http://www.childrensdefense.org/library/PovertyReport/assets/ReducingChildPovertyintheUSCostsandImpactsofPol iciesProposedbytheChildrensDefenseFund.pdf.](http://www.childrensdefense.org/library/PovertyReport/assets/ReducingChildPovertyintheUSCostsandImpactsofPol%20iciesProposedbytheChildrensDefenseFund.pdf.) [↑](#footnote-ref-30)
31. Kathryn Bailey, Elizabeth March, Stephanie Ettinger de Cuba, et al., *Overcrowding and Frequent Moves Undermine Children’s Health*, Children’s HealthWatch, 2011, [www.issuelab.org/resources/13900/13900.pdf](http://www.issuelab.org/resources/13900/13900.pdf). [↑](#footnote-ref-31)
32. Fredrik Andersson, John C. Haltiwanger, et. Al, “Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing,” National Bureau of Economic Research Working Paper No. 22721, Revised September 2018, <http://www.nber.org/papers/w22721>. [↑](#footnote-ref-32)
33. The Kaiser Family Foundation, *Proposed Changes to “Public Charge” Policies for Immigrants: Implications for Health Coverage,* (Feb. 13, 2018),<https://www.kff.org/disparities-policy/fact-sheet/proposed-changes-to-public-charge-policies-for-immigrants-implications-for-health-coverage/>. [↑](#footnote-ref-33)
34. National Women’s Law Center, *If You Care About Immigration, You Should Care About Reproductive Justice*, (Oct. 2016), available at https://nwlc.org/wp-content/uploads/2016/09/Immigration-Fact-Sheet.pdf [↑](#footnote-ref-34)
35. Nina Martin, U.S. Senate Committee Proposes $50 Million to Prevent Mothers Dying in Childbirth (June 28, 2018). <https://www.propublica.org/article/us-senate-committee-maternal-mortality-prevention-proposal> [↑](#footnote-ref-35)
36. Douglas Almond, Hillary Hoynes, and Diane Schanzenbach, “Inside the War on Poverty: The Impact of Food Stamps on Birth Outcomes,” *The Review of Economics and Statistics*, 93(2), May 2011,<https://www.mitpressjournals.org/doi/pdfplus/10.1162/REST_a_00089>; and Hilary Hoynes, Diane Whitmore Schanzenbach, and Douglas Almond, “Long-Run Impacts of Childhood Access to the Safety Net,” *American Economic Review*, 106(4):903–934, April 2016,<https://pdfs.semanticscholar.org/c94b/26c57bb565b566913d2af161e555edeb7f21.pdf>. [↑](#footnote-ref-36)
37. ”The Economics of HIgher Education,” A Report Prepared by the Department of the Treasury and the Department of Education, December, 2012. <https://www.treasury.gov/connect/blog/Documents/20121212_Economics%20of%20Higher%20Ed_vFINAL.pdf> [↑](#footnote-ref-37)
38. This may include situations of medical neglect, which due to the severity, are classified as abuse. [↑](#footnote-ref-38)
39. National Survey of Child and Adolescent Well-Being. (2005). CPS Sample Component Wave 1 Data Analysis Report. Retrieved from

    http://www.acf.hhs.gov/programs/opre/abuse\_neglect/nscaw/reports/cps\_sample/cps\_report\_revised\_090105.pdf [↑](#footnote-ref-39)
40. American Academy of Pediatrics (2015). Policy Statement: Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. AAP News & Journals Gateway. 136(4) [↑](#footnote-ref-40)
41. Center for the Study of Social Policy. Youth Resilience: Protective and Promotive Factors. Retrieved from: https//www.cssp.org/reform/strengtheningfamilies/practice/body/HO-3.1e-YT\_Youth-Resilience.pdf [↑](#footnote-ref-41)
42. Trevizo, P., (2018). For migrants, culture barriers, life’s shocks complicate welfare cases. Arizona Daily Star. Retrieved from: http://tucson.com/news/local/fear-of-deportation-language-barriers-create-obstacles-in-child-welfare/article\_6258f7a0-2255-11e8-8b08-e7421dd682dc.html [↑](#footnote-ref-42)
43. Hannah Matthews et al, “Immigration Policy’s Harmful Impacts on Early Care and Education,” The Center for Law and Social Policy (March 2018).  <https://www.clasp.org/sites/default/files/publications/2018/03/2018_harmfulimpactsece.pdf> [↑](#footnote-ref-43)
44. Artiga, Samantha and Petry Ubri. “Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health.” Kaiser Family Foundation, December 2017. Available at: <http://files.kff.org/attachment/Issue-Brief-Living-in-an-Immigrant-Family-in-America>. [↑](#footnote-ref-44)
45. The Children’s Partnership, California Children in Immigrant Families: The Health Provider Perspective,” <https://www.childrenspartnership.org/wp-content/uploads/2018/03/Provider-Survey-Inforgraphic-.pdf> [↑](#footnote-ref-45)
46. 83 Federal Register 51266. Samantha Artiga, Raphael Garfield, and Anthony Damico "Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid" (Washington, DC: Kaiser Family Foundation, 2018). <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>[.](https://www.kff.org/disparities-policy/issue-brief/potential-effects-of-public-charge-changes-on-health-coverage-for-citizen-children/)  [↑](#footnote-ref-46)