



Putting Our Children at Risk: The Impact of the Public Charge Rule on Immigrant Children and Families

On August 14, 2019, the Department of Homeland Security (DHS) published the final public charge rule, drastically altering long-standing policy by expanding the definition of public charge, and thereby jeopardizing certain immigrants' ability to become a lawful permanent resident (LPR), gain admission into the U.S, and to extend or adjust their status.¹

For the last two decades, a person has been defined as a “public charge” if they are deemed to be “primarily dependent” on government benefits. Two types of benefits have been considered in the public charge test: cash assistance and government-funded institutionalization for long-term care. The new rule establishes a broader definition for public charge which is: an immigrant who receives one or more public benefits for more than 12 months in the aggregate within any 36-month period. It also expands the types of benefits that will be considered in the public charge test, including any federal, state, local, or tribal cash assistance (such as Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI)), the Supplemental Nutrition Assistance Program (SNAP), Medicaid (with important exemptions), Public Housing, Section 8 housing assistance under the Housing Choice Voucher Program, and Section 8 project-based rental assistance. The final rule will take effect on October 15, 2019.

The public charge rule undermines immigrant families' access to basic needs such as food, shelter, and health care that are essential for healthy growth and development. It targets low-income immigrant families, intentionally limiting their ability to adjust their status while undermining the health and well-being of their families by making them fearful of accessing benefits to which they are legally entitled in times of need. While the rule does not apply to all immigrants applying for LPR status, nor does it apply to immigrants who already have green cards or are naturalized citizens, it will lead to wide-spread fear and confusion within immigrant families and communities, heavily impacting their decisions to access benefits they need and are legally eligible to receive. There is compelling evidence that many families are already withdrawing from or not applying for public benefits essential for health and well-being because of rumors spread in advance of this rulemaking.

The rule, along with other recent immigration enforcement policies and the current anti-immigrant political climate, compounds day-to-day stressors for immigrant families and is a source of toxic stress for parents and their children. Toxic stress differs from the stress experienced episodically and is the strong, frequent or prolonged activation of the body's stress response system without important mediating factors. Stressors may include individual experiences of adversity, as well as family and community circumstances that cause a sense of serious threat or chaos.² Researchers and advocates have pointed to increases in toxic stress for children in immigrant families as a result of a heightened anti-immigrant environment in the U.S.³ The damaging effects are palpable and visible. Parents and pediatricians report that the anti-immigrant climate has contributed to behavioral changes in children, including difficulty sleeping and eating, depression, and anxiety, and negatively impacted children's performance in school, raising concerns about the long-term health consequences for children.⁴

The public charge rule is not an accident or an isolated policy—it is just the latest attack by an administration that has devoted much of its time in power to threatening immigrant children, families, and communities: punishing asylum seekers, separating children from their caregivers, attempting to deter entry into the country, and penalizing immigrants who access programs that help them meet their most basic needs. It is part of a broader plan that grounds our immigration system on white supremacy—one that explicitly favors white, wealthy and non-disabled immigrants.⁵



The Public Charge Rule Threatens Access to Supports that are Critical to the Health and Well-being of Immigrant Children

A broad range of factors impact children's health and well-being, especially during the early years of development. Access to necessary services and supports, including safe, stable, and nurturing families, healthy nutrition, stable housing, safe communities, early care and education opportunities, and high-quality schools, help children achieve a healthy, independent, and productive life. These supports promote the physical, social-emotional and cognitive development of children and the health, stability and financial security of many families in the U.S.

Immigrant families are already less likely to access the supports and services that all families need to thrive, however. This is in part because certain immigrants are ineligible for these programs. The Personal Responsibility and Work Opportunity Act of 1996 barred many immigrants from participating in Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and full-scope Medicaid until they have been lawful permanent residents for five years.⁶ Undocumented immigrants are almost entirely ineligible for such federally-funded programs. Many immigrants who are eligible for these critical supports, meanwhile, avoid them out of fear or confusion. As a result, researchers have consistently found that immigrant families with low incomes participate in such programs at significantly lower rates than comparable families with low incomes who were born in the U.S.⁷

The public charge rule compounds these challenges, further limiting immigrant families' access to programs that meet basic needs. Below we highlight several of the damaging effects of the rule—specifically, its anticipated impact on access to health coverage, food security, and housing stability for immigrant children.

Health Care Coverage

Medicaid is literally a lifeline for many families. It helps ensure that low-income children can access the health care they need—health care their families could not otherwise afford. Households with low-incomes that do not have health insurance through Medicaid spend significantly more on health care—and significantly less on basic necessities such as food and housing—than low-income households that do.⁸ Access to health care during the early years has many benefits for children's health and wellbeing—both in the short and long-term. Children enrolled in Medicaid have better health in adulthood and achieve greater academic and economic success.⁹ Expanded access to Medicaid contributes to lower high school dropout rates, increased college attendance, and more bachelor's degrees.¹⁰

According to the Kaiser Family Foundation, 13.5 million Medicaid and CHIP enrollees, including 7.6 million children, live in a household with a non-citizen or are themselves non-citizens.¹¹ Medicaid can fill gaps in private coverage for immigrant families and affords access to health care that supports parent's ability to work and to provide for their children.

The public charge rule increases the likelihood that immigrant families will reduce participation in Medicaid or CHIP or altogether disenroll from coverage. A December 2018 Urban Institute survey found that the attention to the public charge rule, even before it was finalized, was already leading families to avoid accessing programs that meet basic needs, spilling over into families not directly impacted by the rule, including many with U.S. citizen children.¹² Specifically, among adults who reported that they did not apply for or stopped participating in a program for fear of risking future green card status, 42 percent did not participate in Medicaid or CHIP.¹³ A 2018 survey of health care providers in California found that more than two-thirds (67 percent) have observed an increase among immigrant parents' concerns about enrolling their children in California's Medicaid, SNAP, and WIC programs, and nearly half (42 percent) reported an increase in skipped scheduled health care appointments among immigrant

children.¹⁴ Now final, the public charge rule could result in as many as 2 million U.S. citizen children disenrolling from Medicaid or CHIP due to parents' fears of how it will impact their immigration status—and likelihood they can remain with their children and families.¹⁵



Food Security

Food insecurity in the early years of life is particularly detrimental and can compound the effects of other risk factors associated with poverty. Poor nutrition and food insecurity are associated with poorer physical and mental health in all age groups, but in young children they can deeply affect well-being and development in ways that can endure for a lifetime.¹⁶ When children lack the necessary resources for consistent access to healthy food, they are at risk of malnutrition and other adverse health, education, and developmental consequences.¹⁷ SNAP is the first line of defense against child food insecurity. Low-income children who participate in SNAP have better long-term health and educational outcomes.¹⁸ 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.¹⁹

While SNAP effectively reduces food insecurity, it is underutilized by immigrant families, due to stigma, misconceptions about how immigration status impacts eligibility, and fears about how applying for nutrition assistance may affect immigration status.²⁰ The public charge rule will only make it more likely that immigrant families will disenroll or steer away from accessing SNAP, leading to greater food insecurity among immigrant families. Anecdotal reports suggest that families are already disenrolling or declining to enroll in SNAP.²¹ A recent study found that SNAP participation decreased in immigrant families in 2018, after a steady increase for the past decade.²² Another study suggests that a total of 8.3 million children who are currently enrolled in Medicaid and CHIP or receiving SNAP benefits are potentially at risk for disenrollment; 5.5 million of these children have specific medical needs, including asthma, epilepsy, cancer, disabilities or functional limitations.²³ It estimates that the rule will likely cause parents to disenroll between .8 million and 1.9 million children with specific medical needs from health and nutrition benefits. And the damage extends beyond the actual scope of the rule. The National WIC Association has described “a staggering number of reports” of women and their U.S. citizen children dropping out of the WIC program even though it is not on the list of programs considered in a public charge determination.²⁴

Housing Stability

Safe and stable housing is essential to the healthy growth of children. 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, 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.²⁵

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.²⁶ Housing assistance can also 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.²⁷ The absence of stable housing can have severe consequences for children. Homeless children experience high rates of hunger and malnourishment, mental and physical health problems, poor educational outcomes, and are at risk for out-of-home placement in foster care.²⁸

Immigrant families already experience a number of hurdles to secure housing, including language and education barriers, discrimination, and cultural differences that can discourage them from seeking and receiving services. This administration has indicated that it is interested in further limiting access to affordable housing for immigrant families in a different proposed new rule that would, if finalized, evict mixed-status families from subsidized housing. The public charge rule will only further exacerbate these challenges, jeopardize the housing stability of immigrant families, and place them at risk of homelessness which could negatively impact their employment, education, health, and ability to make ends meet.



The public charge rule isolates immigrant families, creates fear, confusion and uncertainty, and threatens the well-being of children. It will also—both directly and indirectly—lead to household instability and family separations, as families find it more difficult to sponsor loved ones to reunify with them in the U.S., and individual members are denied green cards and forced to leave. In this way, it will compel many immigrant families to make an impossible choice: forgo access to benefits they need to support their families or face potential separation from their loved ones.

This administration’s immigration agenda has had devastating consequences for immigrant children, families and neighborhoods across the country, harming the health and wellbeing of all of our communities. The public charge rule is yet another policy action further destabilizing the health and well-being of children and their families. It further imbeds this administration’s racist policies into our systems and our daily lives, with long-lasting and devastating consequences for all—but especially children.

Immigrant families should have access to services and supports on the same terms as citizens. They also should have access to additional supports to promote their inclusion and integration. The federal government can play an important role in supporting immigrant family inclusion, focusing its efforts on ensuring that families can reunify through the legal immigration process and that immigrants already living in the U.S. have the resources they need to fully integrate into their communities. Ultimately, ensuring that all families have what they need to succeed will not only benefit those families, but it will enrich our culture, our economy, and our society. For recommendations on a path forward, see our [Framework for an Equitable Immigration System that Protects and Promotes the Well-Being of Families](#).²⁹

For more on the public charge rule, see our [Public Charge Final Rule FAQ](#).³⁰

Endnotes:

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- ⁸Wagnerman, Karina, et al. "Medicaid is a Smart Investment in Children." Georgetown University Center for Children and Families, March 2017. Available at: <https://ccf.georgetown.edu/2017/03/13/medicaid-is-a-smart-investment-in-children/>.
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- ¹⁰Manatt, Phelps and Phillips, LLC. "Medicaid's Role in Children's Health." Robert Wood Johnson Foundation Publication [Briefing Series: Key Medicaid Issues for New State Policymakers], February 1, 2019. Available at: <https://www.rwjf.org/en/library/research/2019/02/medicaid-s-role-in-children-s-health.html>.
- ¹¹"Changes to "Public Charge" Inadmissibility Rule: Implications for Health and Health Coverage." Henry J. Kaiser Family Foundation, August 12, 2019. Available at: <https://www.kff.org/disparities-policy/fact-sheet/public-charge-policies-for-immigrants-implications-for-health-coverage/>.
- ¹²Bernstein, Hamutal et al. "One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018." Urban Institute, May 22, 2019. Available at: <https://www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>.
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²⁰While undocumented immigrants are not eligible for assistance under SNAP, they may apply for any documented or citizen members of their household. Immigrant children are eligible for federally subsidized meals in schools and participating childcare centers, and children in immigrant families can also benefit from WIC participation.

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²⁴Santhanam, "How U.S. citizens' health could suffer under Trump's new rule aimed at immigrants."

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