

PolicyLab

November 29, 2018

Samantha Deshombres
Regulatory Coordination Division Chief
Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts NW
Washington, DC 20529-2140

Submitted electronically to www.regulations.gov.

Re: USCIS-2010-0012: Inadmissibility on Public Charge Grounds

Dear Ms. Deshombres,

As a research center focused on evidence-based policy solutions to support the best possible health care and outcomes for children and families, PolicyLab at Children's Hospital of Philadelphia (CHOP) appreciates the opportunity to provide comments on the proposed rule to modify the criteria for immigrant inadmissibility on public charge grounds.

While we understand the stated purpose of this rule change is to increase immigrants' levels of self-sufficiency, research evidence shows it could actually make it more difficult for parents to care for their families, resulting in unintended negative consequences for children's health. Our comments specifically address two sections of the proposed rule which raise concern about the negative impact on the health and well-being of children.

First, the expanded definitions of "public charge" and "public benefit" (Section V, Part B: Definitions of Public Charge and Related Terms), which would add as factors for public charge determination the use or likely use of programs that promote child and family health and well-being such as non-emergency Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Section 8 housing vouchers, the Earned Income Tax Credit, and the Child Care Tax Credit. This change would leave millions of parents with an impossible decision - protecting their current and future immigration status and keeping their family together, or making use of essential benefits to which they are legally eligible that will enable them to provide their children with the health care, food and housing they need to thrive.

Second, the specific request for response to the inclusion of the Children's Health Insurance Program (CHIP) as a factor for public charge (Section V, Part B, 2g). CHIP is a highly effective program that offers affordable coverage for children in working families who earn too much to qualify for Medicaid, but still cannot afford the increasingly high costs of private insurance. The success of the CHIP program is evident

in the decline of child uninsurance rates since its implementation, which have reached a historic low of 5 percent.ⁱ

Nearly four out of every 10 children in the United States relies on Medicaid or CHIP for health care coverage,ⁱⁱ and evidence shows that as the cost of private, employer-sponsored insurance coverage continues to rise, more working families must turn to CHIP in order to keep their kids covered.ⁱⁱⁱ Furthermore, children in these public insurance programs are shown to have higher high school and college graduation rates than their uninsured peers, setting them up for greater self-sufficiency in adulthood.^{iv} Restricted access to health care in childhood has long-term negative consequences across the lifespan, including poorer health, higher health care costs, and reduced productivity and economic mobility.^v Any provision to include CHIP as a determining factor for inadmissibility would be detrimental to the current and future health and well-being of children in working families.

Based on these concerns and the additional evidence cited below, we respectfully recommend that the Department reconsider this proposed rule in order to preserve access to the care and services that all children need to thrive.

Importance of Public Benefits to Children's & Families' Health

Research consistently demonstrates that virtually all of the programs that would put immigrant families at risk of a public charge designation under the proposed rule are effective in supporting children's and families' health.

For many immigrant families who lack employer-sponsored coverage, including those with citizen children, public insurance programs like Medicaid and CHIP are critical to ensure their children do not go without health coverage. When children have access to health insurance, they are more likely than uninsured children to be healthy, receive medical care, and have better health outcomes into adulthood.^{vi} Medicaid coverage in childhood is associated with lower likelihood of common and costly conditions that impede health outcomes later in life, such as high blood pressure, heart disease, diabetes, and obesity.^{vii} Similarly, SNAP benefits have been shown to reduce poverty, decrease food insecurity and improve health, with most of these benefits going to children.^{viii} These programs enable low-income families to afford nutritious food and prevent food insecurity among children, which is known to lead to deficits in cognitive development, behavioral problems and overall physical health.^{ix} Additional public benefits in the form of housing vouchers, low-income tax credits, and education through HeadStart pre-school programs provide children the opportunity to live and learn in safe, stable environments which set them up for a lifetime of better health and improved behavioral and educational outcomes.

How the Proposed Rule Would Harm Child and Family Health

Of the nearly 20 million children in the United States who have at least one immigrant parent, 89 percent are American citizens.^x Legal immigrants are as – if not more – likely than U.S. citizens to be in a family with at least one full-time worker, but are more likely to have jobs that do not provide health coverage.^{xi} Public benefit programs are an important source of support to help these working families maintain stability and optimal health for their children while they make positive contributions to the U.S. economy. Preventing immigrant families from accessing these essential services that help meet their basic needs for food, adequate housing, and health care will create substantial financial hardship for a population already disproportionately likely to be low-income, with negative health consequences for their children.

Furthermore, a recent analysis that focused on medically vulnerable children found that anywhere from 700,000 to 1.7 million children in the United States who are in need of medical attention – including new born babies, children with chronic conditions like asthma, children with cancer, and others – would be unenrolled from Medicaid or CHIP if this rule change were to be implemented.^{xii}

It also is clear that even if families are not directly impacted by the final language of this proposed rule, the fear and confusion around what programs and individuals are included has and will continue to cause a “chilling effect” leading parents to avoid accessing these important services. In fact, there is evidence that misinformation surrounding the proposed rule has already resulted in many families dropping out of programs for which they are still eligible.^{xiii} In a report titled *Chilling Effects*, the Migration Policy Institute reports changes to public charge rules “could have a negative impact on the wellbeing of these families, slow their social integration, make it difficult to become fully self-sufficient, and raise public health risks.”^{xiv}

In recent years, the U.S. has reduced the children’s uninsured rate to an all-time low of 5 percent, largely driven by the availability of CHIP and Medicaid expansion. However, the proposed rule would reverse this progress. If the rule were to go into effect, it is projected that the children’s uninsured rate will increase to between 6-7 percent because of the large numbers of children with an immigrant parent who would become uninsured, leaving as many as two million citizen children without health insurance, despite remaining eligible.^{xv}

We understand that the Department intends for the proposed rule to ensure that immigrant families do not depend on public resources to meet their needs, but rather rely on their own resources and those of family members, sponsors, and private organizations.^{xvi} However, the evidence we’ve described demonstrates that this rule will not only not achieve this goal, but also penalize non-citizen, legal immigrant parents – and by default their U.S. citizen children – simply for being poor, and make it more difficult for them to improve their own circumstances.

Recommendation

PolicyLab respectfully encourages the Department to reconsider this proposed rule, which would have a sweeping impact on the health and well-being of millions of children and families, including U.S. citizen children and families legally living in and contributing to the economy in this country.

Sincerely,



Ahaviah D. Glaser
Director of Health Policy

ⁱArtiga, S., & Ubri, P. (Feb. 15, 2017). *Key Issues in Children's Health Coverage*. Retrieved from <https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage/>

ⁱⁱ Ibid, Artiga (2017).

ⁱⁱⁱ Strane, D., French, B., Eder, J., Wong, C. A., Noonan, K. G., & Rubin, D. M. (2016). Low-income working families with employer-sponsored insurance turn to public insurance for their children. *Health Affairs*, 35(12), 2302-2309.

^{iv} Sarah R. Cohodes & Daniel S. Grossman & Samuel A. Kleiner & Michael F. Lovenheim, 2016. "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions," *Journal of Human Resources*, University of Wisconsin Press, vol. 51(3), pages 727-759.

^v Ibid, Artiga (2017).

^{vi} Murphey, D. (May 12, 2017). *Health Insurance Coverage Improves Child Well-Being*. Retrieved from <https://www.childtrends.org/publications/health-insurance-coverage-improves-child-well>

^{vii} Ibid, Murphey (2017).

^{viii} Carlson, S., & Keith-Jennings, B. (January 2018). *SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs*. Retrieved from <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

^{ix} Ibid, Carlson (2018).

^x Artiga, S & Damico, A. (April 18, 2018) Nearly 20 Million Children Live in Immigrant Families that Could Be Affected by Evolving Immigration Policies. Kaiser Family Foundation.

^{xi} Kaiser Family Foundation. (Dec. 13, 2017). *Health Coverage of Immigrants*. Retrieved from: <https://www.kff.org/disparities-policy/fact-sheet/health-coverage-of-immigrants/>

^{xii} California Health Care Foundation. (Oct. 2018). *Changing Public Charge Immigration Rules: The Potential Impact on Children Who Need Care*. Retrieved from <https://www.chcf.org/wp-content/uploads/2018/10/ChangingPublicChargeImmigrationRules.pdf>

^{xiii} Bottemiller Evich, H. (Sept. 3, 2018). Immigrants, fearing Trump crackdown, drop out of nutrition programs. *Politico*. Retrieved from <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>

^{xiv} Batalova, J., Fix, M., & Greenberg, M. (June 2018). *Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use*. Retrieved from <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>

^{xv} Artiga, S., Damico A., & Garfield, R. (May 2018). *Potential Effects of Public Charge Changes on Health Coverage for Citizen Children*. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/potential-effects-of-public-charge-changes-on-health-coverage-for-citizen-children/>

^{xvi} Statements of national policy concerning welfare and immigration. 8 U.S.C. 1601(1), (2)(A) (1996).