

Summary of Research at the Intersection of Public Charge and Health

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The “public charge” ground of inadmissibility has been part of federal immigration law for over a hundred years. It is designed to identify people who may depend on certain government benefits as their main source of support in the future. If an immigration or consular official determines that someone is likely to become a public charge, the government can deny that person’s entry into the United States or application for lawful permanent resident (LPR or “green card”) status. The Trump administration promulgated regulations that change the meaning and application of the public charge ground of inadmissibility. The new rules make it much more difficult for low- and moderate-income persons to immigrate through a family-based visa petition.

Public charge regulations published by the U.S. Department of Homeland Security (DHS) and the U.S. State Department went into effect on February 24, 2020. The regulations issued by the two agencies apply very similar definitions and standards. Litigation challenging both sets of regulations is ongoing. Please visit PIF’s Public Charge Analysis and FAQ to view a summary of specific changes to the rule.¹

The new public charge rules will cause significant harm to the country. Families, women, children, communities of color, individuals with chronic health problems, and persons with disabilities who live in households of mixed immigration status will be harmed disproportionately. This summary of research reviews the literature examining the major risks to the health of immigrants, their families, communities, health systems, as well as our economy and society at large.

The public charge regulation represents a drastic departure from the previous policy. Rather than focus on individuals who are likely to become destitute or institutionalized, the new rules exclude people who are likely to use Medicaid, Supplemental Nutrition Assistance Program (SNAP), Federal Public Housing and Section 8 assistance, or cash assistance at any time in the future. The public charge rule’s greatest impact on individuals’ health will be manifested through psychological distress and reduced participation in public assistance programs. Loss of Medicaid, SNAP, and federal housing assistance will lead to poor health and social outcomes when individuals lack insurance, food security, and housing stability. Ripple effects will lead to adverse impacts on health care providers, community organizations, and state and local governments.

The regulation also significantly alters the “totality of circumstances” test to determine whether an individual is likely to become a public charge, introducing negative factors based on specific ages, English proficiency, health conditions or access to specific types of insurance, credit scores, and a new income threshold.

¹ [“Changes to Public Charge: Analysis and Frequently Asked Questions.”](#) Protecting Immigrant Families Campaign. Mar 2020.

The emergence of the COVID-19 pandemic has revealed and exacerbated the inequities in health care access for communities of color and immigrants in the U.S. Preliminary reports suggest that immigrants are avoiding medical care for COVID-19 based on fear and that communities of color are facing worse health outcomes.^{2, 3} Populations of concern include detained individuals, who are at an elevated risk of contracting infectious diseases due to tight quarters, lack of appropriate sanitation and personal hygiene materials, and limited access to health care.⁴ Although U.S. Citizenship and Immigration Services announced that treatment or preventive services related to COVID-19 will not be considered in a public charge determination, even if covered by Medicaid, this has not been sufficient to address the general fears fueled by the administration's policies.⁵

The rapid development of the pandemic has precluded the inclusion of research on the current impacts of the public charge rule. However, previous research outlined below has indicated that restrictive immigration policies limit an immigrant's access to crucial health resources. These effects persist (and are likely magnified) during public health crises such as COVID-19. It is becoming increasingly clear that the administration's public charge and immigration enforcement policies are thwarting efforts to protect the public's health.

IMMIGRATION-RELATED IMPACTS

The public charge rule does not apply to all immigrants. It does not apply to U.S. citizens, people with green cards when they seek to renew their green card or become a U.S. citizen, or to humanitarian immigrants such as refugees, asylees, and Afghans and Iraqis with special immigrant visas. The public charge rule applies primarily to individuals seeking to adjust their status to become a lawful permanent resident through a family-based visa petition, and those seeking to obtain immigrant (permanent) or nonimmigrant (temporary) visas from abroad. Lawful permanent residents who travel abroad for more than six continuous months also will be subject to DHS's public charge rule upon their return to the U.S.⁶

The Center for Migration Studies conducted a study in 2018 assessing the impact of the rule. They examined undocumented and nonimmigrant (temporary resident) individuals with a relationship to LPRs and U.S. citizens (USCs) that would qualify them for admission based on family reunification. Researchers found that there are 2.25 million undocumented individuals, and 212,000

² Jordan M. "[‘We’re Petrified’: Immigrants Afraid to Seek Medical Care for Coronavirus.](#)" New York Times. Mar 2020.

³ Artiga S. "[Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19.](#)" Kaiser Family Foundation. Apr 2020.

⁴ Montoya-Galvez C. "[ICE Says it will Consider Freeing Vulnerable Immigrants as Coronavirus Cases Rise.](#)" CBS News. Apr 2020.

⁵ DeChalus C. "[Immigrants Tested for Coronavirus Won't be Penalized Applying for Naturalization, USCIS Says.](#)" The Hill. Mar 2020.

⁶ "[Inadmissibility on Public Charge Grounds.](#)" Federal Register. Oct 2019.

nonimmigrants who are otherwise eligible for LPR status based on their relationship with a USC or LPR living in the household.⁷

The new public charge rule is drastically more exclusionary than the previous policy. For instance, the Migration Policy Institute has calculated that the expansion of benefits considered relevant under the new rule's definition will multiply the risk of being determined likely to become a public charge by fifteen times.⁸ Additionally, the Center on Budget and Policy Priorities found that if the rule were applied to U.S. citizens, over half would be at risk of a public charge determination based on usage of public benefits over their lifetime.⁹

Aside from the thousands of noncitizens who will be harmed, numerous studies indicate that the final regulation will have a far more expansive reach through *chilling effects*.

CHILLING EFFECTS

Families are living in fear that access to public benefits could lead to immigration-related consequences.¹⁰ The “chilling effect” refers to reduced participation in programs by individuals who are not subject to the public charge rule. This includes naturalized U.S. citizens, children born in the U.S., lawful permanent residents, refugees, asylees, and others. Fear and confusion about public charge is leading many to withdraw from public benefit programs despite remaining eligible for them.

The chilling effect was studied after the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which led to immigrant participation declines of between 17 and 78 percent in multiple public benefit programs.¹¹ Various research authorities have applied these rates in projecting disenrollment from the benefit programs listed in public charge, to estimate the potential impact of chilling effects. Manatt Health, for example, estimated the potentially chilled population to include approximately 26 million people.¹² This number represents the broad population at risk of chilling effects, based on the number of people in families with at least one noncitizen and an income below 250 percent of the federal poverty level.

⁷ Kerwin D, et al. [“Proposed Public Charge Rule Would Significantly Reduce Legal Admissions and Adjustment to Lawful Permanent Resident Status of Working Class Persons.”](#) The Center for Migration Studies of New York. Nov 2018.

⁸ Batalova J, et al. [“The Expected Public Charge Rule and Its Impact on Legal Immigrant Families’ Public Benefits Use.”](#) Migration Policy Institute. Jun 2018.

⁹ Trisi D. [“Trump Administration’s Overbroad Public Charge Definition Could Deny Those Without Substantial Means a Chance to Come to or Stay in the U.S.”](#) Center on Budget and Policy Priorities. May 2019.

¹⁰ Tolbert J, et al. [“Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients”](#). The Henry J. Kaiser Family Foundation. Oct 2019.

¹¹ Ku L, et al. [“How Could the Public Charge Proposed Rule Affect Community Health Centers?”](#) Geiger Gibson/RCHN Community Health Foundation Research Collaborative. Nov 2018.

¹² [“Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard.”](#) Manatt, Phelps & Phillips, LLP. Oct 2018.

HEALTH IMPACTS

Discrimination

The changes to the “totality of circumstances” criteria will disproportionately harm individuals based on characteristics that they cannot control. For instance, being a child or a senior automatically carries a negative weight under the regulation. People with chronic medical conditions and individuals with disabilities will have a higher risk of a public charge determination based on their medical needs. Immigrants of color will be penalized for their level of income and language ability, as they disproportionately come from countries with a national language other than English and where the average wages are lower. Those most affected will be immigrants from Latin America (especially from Mexico and Central America), followed by Black immigrants, and then Asian immigrants.¹³ Additionally, Latino and Asian individuals with low incomes are more likely to be enrolled in Medicaid than non-Hispanic whites, which increases their risk.¹⁴ Women will be disproportionately harmed, especially mothers, pregnant women, older women, caregivers, survivors of domestic violence and sexual assault, and sexual and gender minorities.¹⁵

Beyond the public charge context, xenophobia and misconceptions about immigrants have contributed to stigma, prejudiced public discourse, and harsh immigration policies under the current administration. Families are experiencing heightened levels of interpersonal racism and bullying, as well as increased exposure to systemic racism in law and immigration enforcement.¹⁶ Discrimination has been linked to poor health, including psychological distress, depression, diabetes, and cardiovascular disease.^{17, 18} One 2018 study examining over one hundred counties found Latino and Asian immigrants in communities with high levels of prejudice had greater mortality rates than other groups.¹⁹

Fear and Mental Health

The immense adverse effects of public charge are borne out of fear: fear of risking immigration status, fear of deportation, fear of family separation.²⁰ Rumors, discrimination, and anti-immigrant political sentiment are driving psychological distress as well as withdrawal from public health

¹³ [“Declaration of Jennifer L. Van Hook.”](#) United States District Court Northern District of California. Aug 2019.

¹⁴ [“Declaration of Leighton Ku, Ph.D., M.P.H.”](#) United States District Court Southern District of New York. Sep 2019.

¹⁵ [“Public Health Institute Comment in Response to Proposed Rulemaking Inadmissibility on Public Charge Grounds”](#). Public Health Institute. Dec 2018.

¹⁶ Morey B. [“Mechanisms by Which Anti-Immigrant Stigma Exacerbates Racial/Ethnic Health Disparities.”](#) American Journal of Public Health. Apr 2018.

¹⁷ Ibid.

¹⁸ Brenes F. [“Hispanics, Mental Health, and Discriminating Policies: Brief Report.”](#) Hispanic Health Care International. Dec 2017.

¹⁹ Morey B, et al. [“Community-level Prejudice and Mortality Among Immigrant Groups.”](#) Social Science & Medicine. Feb 2018.

²⁰ Kim G, et al. [“Reducing the Chilling Effects on Medi-Cal Participation Due to the 2018 Proposed Public Charge Rule.”](#) UCLA Luskin School of Public Affairs and California Immigrant Policy Center. Sep 2019.

programs.²¹ Numerous studies demonstrate the psychological toll immigration policies like public charge are taking on immigrant families:

- The Kaiser Family Foundation interviewed 16 directors and senior staff at health centers in California, New York, Massachusetts, and Missouri in September 2019. Respondents described increasing levels of anxiety and stress among their immigrant patients, leading to increasing referrals to mental health resources.²²
- Latinos living in states with aggressive anti-immigration laws were more likely to report poor health and psychological distress. This has been found in at least three different studies.^{23, 24, 25}
- Interviews, surveys, and focus groups of immigrant families were conducted in 2017 by the Center for Law and Social Policy (CLASP), as well as through the Healthy Mind, Healthy Future Research Project (a collaboration between the Children’s Partnership of California and the California Immigrant Policy Center). Parents in both studies reported high levels of uncertainty, stress, and fear. Children were found to have increased anxiety, aggression, and withdrawal. They worried about separation from their parents and leaving home, and reported difficulty focusing in school. Children in families who had encountered immigration agents were especially traumatized. Health care providers confirmed increased fear and anxiety among their immigrant patients.^{26, 27}
- Additional surveys and focus groups of Latino parents of adolescents in 2017 demonstrated noncitizens had higher levels of psychological distress related to immigration policies compared to U.S. citizens.²⁸

Fear is driving immigrants to take extreme precautions to protect their family’s immigration status by withdrawing themselves and their children from public benefits. Families with members of different immigration statuses (including U.S. citizens), or mixed-status families, are more likely to

²¹ [“Amendments to the 2017 Alameda County Legislative Platform Adopting Positions on Legislation - Federal ‘Public Charge’ Definitions and Regulation.”](#) Alameda County Administrator. Oct 2017.

²² Tolbert J, et al. [“Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients.”](#) The Henry J. Kaiser Family Foundation. Oct 2019.

²³ Hatzenbuehler M, et al. [“Immigration Policies and Mental Health Morbidity Among Latinos: a State-level Analysis.”](#) Social Science & Medicine. Feb 2017.

²⁴ Bruzelius E, et al. [“The Mental Health of Hispanic/Latino Americans Following National Immigration Policy Changes: United States, 2014-2018.”](#) American Journal of Public Health. Oct 2017.

²⁵ Vargas E, et al. [“Fear by Association: Perceptions of Anti-Immigrant Policy and Health Outcomes.”](#) Journal of Health Politics, Policy and Law. Jun 2017.

²⁶ [“Healthy Mind, Healthy Future: Promoting the Mental Health and Wellbeing of Children in Immigrant Families.”](#) The Children’s Partnership and California Immigrant Policy Center. Sep 2018.

²⁷ Cervantes W, et al. [“Our Children’s Fear: Immigration Policy’s Effects on Young Children.”](#) The Center for Law and Social Policy. Mar 2018.

²⁸ Roche K, et al. [“Impacts of Immigration Actions and News and the Psychological Distress of U.S. Latino Parents Raising Adolescents.”](#) The Journal of Adolescent Health. May 2018.

experience the chilling effect due to fear of family separation.^{29, 30, 31} In fact, withdrawal from public spaces, reduced health visits, and disenrollment among immigrants are already being observed.

- According to the Urban Institute, families are taking steps to reduce interactions with authorities in health care, schools, and public spaces.³² More than one in seven immigrants reported on the 2019 Well-Being and Basic Needs Survey avoidance of public benefits based on fear that participation would have a negatively impact on their immigration status. In 2019, even families where all members were LPRs (16.7%) or all naturalized citizens (6.7%) reported chilling effects. This fear was most pronounced in families most likely to be affected by the public charge regulation because of possible future green card applications. Between 2018 and 2019, there was a significant increase (from 21.8% to 31.0%) in chilling effects among families where at least one member was not an LPR. Parents are acting on this fear and disenrolling their children from public benefits despite the children's eligibility.³³
- The Make the Road New Jersey 2018 survey found that a vast majority of immigrant-serving organizations (97%) surveyed reported elevated client fear of seeking human or health-related services. Most organizations (84%) also reported client fear of attending health care appointments. These results may have been driven by an increased U.S. Immigration and Customs Enforcement (ICE) detention rate in New Jersey in 2017.³⁴
- Dignity Health, a health care service provider in Arizona, California, and Nevada, commented in 2018 that providers were reporting an increase in appointment cancellations. They received numerous patient questions about the public charge rule, and witnessed increased patient hesitance about enrolling in benefits.³⁵

Disengagement from supportive programs such as Medicaid, SNAP, and subsidized housing will lead to detrimental and costly health consequences.

²⁹ Kim G, et al. "[Reducing the Chilling Effects on Medi-Cal Participation Due to the 2018 Proposed Public Charge Rule.](#)" UCLA Luskin School of Public Affairs and California Immigrant Policy Center. Sep 2019.

³⁰ Roche K, et al. "[Impacts of Immigration Actions and News and the Psychological Distress of U.S. Latino Parents Raising Adolescents.](#)" The Journal of Adolescent Health. May 2018.

³¹ Alsan M, et al. "[Fear and the Safety Net: Evidence from Secure Communities.](#)" Working Paper. Stanford Institute for Economic Policy Research. Jun 2018.

³² Bernstein H, et al. "[Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019.](#)" Urban Institute. May 2020; Bernstein H, et al. "[One in Six Adults in California Families Reported Avoiding Public Benefits in 2019.](#)" Urban Institute. May 2020; Bernstein H, et al. "[One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018.](#)" Urban Institute. May 2019.

³³ Zallman L, et al. "[Changing Public Charge Immigration Rules: The Potential Impact on Children Who Need Care.](#)" California Health Care Foundation. Oct 2018.

³⁴ Yoshikawa H, et al. "[Approaches to Protect Children's Access to Health and Human Services in an Era of Harsh Immigration Policy.](#)" New York University Institute of Human Development and Social Change. 2019.

³⁵ "[Comments in Response to Proposed Rulemaking: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22 'Inadmissibility on Public Grounds.'](#)" Dignity Health. Dec 2018.

MEDICAID AND UNINSURANCE

Millions of immigrants and their family members are anticipated to withdraw from Medicaid due to the chilling effect.

- Researchers estimate that concerns about public charge could lead to Medicaid and Children's Health Insurance Program (CHIP) disenrollment of up to 4.7 million immigrants and their family members (including eligible immigrants and U.S. citizens). Additionally, up to 1.8 million eligible noncitizens without Medicaid or CHIP may be deterred from enrolling.³⁶
- The chilling effect has led to disenrollment already. Researchers from the Kaiser Family Foundation interviewed 16 health center leaders in September 2019, finding that nearly half (47%) reported a decline in Medicaid enrollment by immigrant patients starting in 2018.³⁷
- After hearing about public charge, a mom in North Carolina with lawful permanent resident status decided to terminate Marketplace health insurance coverage for herself and Medicaid coverage for her U.S. citizen children, despite the advice of a health care enrollment navigator. No one in her family would be directly harmed by the public charge regulation. As a green card holder, she is not subject to public charge and coverage under the ACA is not weighed negatively in a public charge determination.³⁸

Individuals who lose Medicaid may remain uninsured due to lack of employer-sponsored benefits, the high cost of private insurance, or being rejected from private insurance, among other reasons.³⁹ Reduced access to medical care will lead to the development of costly and debilitating medical conditions that could have been prevented by adequate primary care.

³⁶ Artiga S, et al. "[Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage.](#)" Henry J. Kaiser Family Foundation. Sep 2019.

³⁷ Tolbert J, et al. "[Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients.](#)" The Henry J. Kaiser Family Foundation. Oct 2019.

³⁸ Straut-Eppsteiner, Holly (2020). Documenting through Service Provider Accounts Harm Caused by the Department of Homeland Security's Public Charge Rule. The National Immigrant Law Center. Retrieved February 24, 2020, from <https://www.nilc.org/issues/economic-support/documenting-harm-caused-by-the-department-of-homeland-securitys-public-charge-rule/>.

³⁹ Mann C, et al. "[Medicaid Payments at Risk for Hospitals Under the Public Charge Proposed Rule.](#)" Manatt Health. Nov 2018.

- Loss of Medicaid will reduce access to primary care. Medicaid recipients are more likely to have a usual source of care, a lower likelihood of delaying care, and reduced emergency department utilization.^{40, 41, 42, 43, 44}
- Data from the 2017 National Health Interview Survey indicates that Medicaid halves the likelihood of developing a serious medical condition for individuals with low incomes. Medical conditions will worsen without health insurance coverage, resulting in up to 4,000 premature deaths per year.⁴⁵
- Numerous studies demonstrate the poor health consequences that result from a lack of insurance. For instance, uninsured individuals have a poorer prognosis after a stroke, reduced cancer screenings, higher rates of late-stage cancer diagnoses, higher rate of diabetes, and more congestive heart failure complications.^{46, 47, 48, 49}
- Avoidance of primary care will reduce the number of people who obtain vaccinations and who seek treatment for communicable diseases. This will increase outbreaks of infectious diseases such as the measles as well as sexually transmitted infections.^{50, 51, 52}

The final public charge rule will not consider Medicaid/CHIP benefits used by children under 21 years old.⁵³ However, the fear of negative repercussions to their immigration status may still drive immigrant parents to withdraw eligible citizen or lawfully residing children from health benefits. The

⁴⁰ [“Access and Quality/Key Findings on Access to Care.”](#) MACPAC.

⁴¹ Liaw W, et al. [“The Impact of Insurance and a Usual Source of Care on Emergency Department Use in the United States.”](#) International Journal of Family Medicine. Feb 2014.

⁴² Hernandez-Boussard T, et al. [“The Affordable Care Act Reduces Emergency Department Use By Young Adults: Evidence From Three States.”](#) Health Affairs. Sep 2014.

⁴³ Himmelstein D, et al. [“Illness and Injury as Contributors to Bankruptcy.”](#) MarketWatch. Oct 2017.

⁴⁴ Ponce N, et al. [“Proposed Changes to Immigration Rules Could Cost California Jobs, Harm Public Health.”](#) Health Policy Fact Sheet. UCLA Center for Health Policy Research. Dec 2018.

⁴⁵ [“Declaration of Leighton Ku, Ph.D., M.P.H.”](#) United States District Court Southern District of New York. Sep 2019.

⁴⁶ Rice T, et al. [“The Impact of Private and Public Health Insurance on Medication Use for Adults with Chronic Diseases.”](#) Medical Care Research and Review. Apr 2005.

⁴⁷ Ward E, et al. [“Association of Insurance with Cancer Care Utilization and Outcomes.”](#) CA: A Cancer Journal for Clinicians. Jan-Feb 2008.

⁴⁸ McWilliams M, et al. [“Health of Previously Uninsured Adults After Acquiring Medicare Coverage.”](#) JAMA. Dec 2007.

⁴⁹ Gunja M, et al. [“How the Affordable Care Act Has Helped Women Gain Insurance and Improved Their Ability to Get Health Care.”](#) The Commonwealth Fund. Aug 2017.

⁵⁰ Gostin L, et al. [“Presidential Immigration Policies Endangering Health and Well-being?”](#) JAMA. Apr 2017.

⁵¹ Perreira K, et al. [“A New Threat to Immigrants’ Health -- The Public Charge Rule.”](#) The New England Journal of Medicine. Sep 2018.

⁵² [“Measles \(Rubeola\) Cases and Outbreaks.”](#) Center for Disease Control and Prevention.

⁵³ [“Inadmissibility on Public Charge Grounds.”](#) Federal Register. Oct 2019..

majority of children of immigrants (89%) are U.S. citizens, and many receive benefits.⁵⁴ Of 9.6 million children of immigrants under 21 enrolled in Medicaid in 2019, an anticipated 0.4-1.2 million are expected to withdraw due to public charge.⁵⁵ Disenrollment of health benefits will lead negative health outcomes among children.

- In an analysis of the 2017 American Community Survey, the Kaiser Family Foundation found that citizen children with one noncitizen parent had a higher uninsurance rate (7%) than those with only citizen parents (4%). Undocumented children had nearly eight times the uninsurance rate of children of citizen parents.⁵⁶
- The Urban Institute reports improvements in Medicaid/CHIP coverage for children between 2008 and 2016 are threatened by the public charge rule: analyses of the American Community Survey indicate uninsurance rates were more than halved for all children during this time period as a result of federal policies such as the Affordable Care Act.⁵⁷
- In 2016 there were approximately 2.6 million children with disabilities or special health care needs in the U.S. High health expenditures require families to depend on Medicaid/CHIP for the medical care required to keep their children healthy.^{58, 59}
- Two thirds of children of immigrants enrolled in Medicaid/CHIP have a specific medical need (disability or condition requiring treatment), according to a study published in JAMA Pediatrics in 2019. Without medical care, such children risk death, disability, and health deterioration. For instance, over one million children at risk of disenrollment were found to have a potentially life-threatening medical condition such as cancer, epilepsy, or asthma. Researchers found that Latino children and children with low incomes and medical needs were at highest risk of disenrollment.⁶⁰
- Avoidance of prenatal care, high maternal stress, and poor nutrition can lead to adverse birth outcomes. A cohort study published in the American Journal of Perinatology examining nearly 29 million deliveries found inadequate prenatal care significantly increased the odds of preterm birth, intrauterine growth restriction, stillbirth, a neonatal death.⁶¹ A review published in the

⁵⁴ [“Changes to ‘Public Charge’ Inadmissibility Rule: Implications for Health and Health Coverage.”](#) Henry J. Kaiser Family Foundation. Aug 2019.

⁵⁵ [“Declaration of Leighton Ku, Ph.D., M.P.H.”](#) United States District Court Southern District of New York. Sep 2019.

⁵⁶ [“Health Coverage of Immigrants.”](#) Henry J Kaiser Family Foundation. Feb 2019.

⁵⁷ Kenney G, et al. [“Proposed Public Charge Rule Could Jeopardize Recent Coverage Gains Among Citizen Children.”](#) Urban Institute. Dec 2018.

⁵⁸ [American Academy of Pediatrics Comment on the Department of Homeland Security’s Notice of Proposed Rulemaking: Inadmissibility on Public Charge Grounds.](#) Dec 2018.

⁵⁹ Musumeci M, et al. [“Medicaid’s Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending.”](#) Henry J. Kaiser Family Foundation. Jun 2019.

⁶⁰ Zallman L, et al. [“Implications of Changing Public Charge Immigration Rules for Children Who Need Medical Care.”](#) JAMA Pediatrics. Jul 2019.

⁶¹ Partridge S, et al. [“Inadequate Prenatal Care Utilization and Risks of Infant Mortality and Poor Birth Outcome: a Retrospective Analysis of 28,729,765 U.S. Deliveries Over 8 Years.”](#) American Journal of Perinatology. Jul 2019.

Journal of Child Psychology and Psychiatry in 2014 found numerous studies indicating poor maternal nutrition and stress disrupts the neurocognitive development of a child.⁶²

- Children with Medicaid have better health outcomes later in life. Analysis of longitudinal data from the 1968-2009 Panel Study of Income Dynamics found Medicaid enrollment as a child was associated with a significantly lower chance of developing high blood pressure as an adult.⁶³ Research through the National Bureau of Economic Research in 2015 and 2016 found childhood Medicaid enrollment decreased walking difficulty and mortality in adulthood.⁶⁴ Among Blacks, Medicaid in childhood was associated with significantly reduced hospitalizations and emergency department visits in adulthood.⁶⁵

Poor health outcomes for immigrants will come at a high cost. The consequences of impaired health access will hinder an individual's work productivity, financial security, and ability to pay medical bills.⁶⁶ As a result, hospitals, community organizations, regional governments, and taxpayers will need to compensate for the care of uninsured patients. Administrative costs for staff training, increased paperwork, and higher turnover of enrollees will add to the burden.⁶⁷ Safety-net providers and community organizations operating on narrow margins will face significant economic losses that will threaten their ability to serve the community.⁶⁸

- Health costs for acute medical care and care for individuals with disabilities will be significant. One analysis found medical expenditures from preterm births cost the U.S. approximately \$26 million per year — and this calculation did not include the costs of all known morbidities of preterm birth.⁶⁹ Additionally, the costs of treating uncontrolled diabetes can be eight times higher than those of managing well-controlled diabetes.⁷⁰
- Researchers at UCLA and UC Berkeley have calculated disenrollment of health and nutrition benefits in California could lead to a loss of up to \$2.8 billion in statewide spending and a

⁶² Monk C, et al. "[Maternal Prenatal Distress and Poor Nutrition - Mutually Influencing Risk Factors Affecting Infant Neurocognitive Development](#)." Journal of Child Psychology and Psychiatry. Oct 2012.

⁶³ Boudreaux M, et al. "[The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program's Origin](#)." Journal of Health Economics. Nov 2019.

⁶⁴ Goodman-Bacon A. "[The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes](#)." NBER Working Paper. Dec 2016.

⁶⁵ Wherry L, et al. "[Childhood Medicaid Coverage and Later Life Health Care Utilization](#)." NBER Working Paper. Oct 2015.

⁶⁶ Lucia L. "[Toward Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults](#)." UC Berkeley Center for Labor Research and Education. Feb 2019.

⁶⁷ "[FRAC Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds](#)." Food Research & Action Center. Dec 2018.

⁶⁸ Bleich S, et al. "[Hunger or Deportation: Implications of the Trump Administration's Proposed Public Charge Rule](#)." Journal of Nutrition Education and Behavior. Apr 2019.

⁶⁹ Frey H, et al. "[The Epidemiology, Etiology, and Costs of Preterm Birth](#)." Seminars in Fetal and Neonatal Medicine. Apr 2016.

⁷⁰ Freundlich N, et al. "[Primary Care: Our First Line of Defense](#)." Commonwealth Fund. Jun 2013.

reduction of up to 17,700 jobs, predominantly (47%) from the health care sector.⁷¹ Lost state and local tax revenues could range from \$65 to \$151 million.⁷²

- Controlling and treating increased communicable diseases will incur significant costs. For instance, the Iowa Department of Public health spent over \$140,000 responding to a single case of measles in 2004.⁷³
- The worsening of health conditions in unenrolled children will impose a significant cost to society. For example, childhood deaths from asthma amount to an annual loss of \$265 million in lifetime earnings.⁷⁴
- Less access to primary care will increase the use of emergency departments by uninsured noncitizens. Hospitals are required by federal law to serve all patients regardless of their ability to pay.⁷⁵ Thus, the federal government will increase spending to cover the costs of emergency room visits.⁷⁶ A 2010 analysis found emergency room visits that could have been addressed in an outpatient setting (a quarter of all visits) cost an excess of \$4 billion per year.⁷⁷
- A growing pool of uninsured patients will decrease the frequency of overall patient utilization and increase uncompensated care for costly conditions, resulting in revenue losses for health care providers. Such impacts are already being experienced by health centers, according to the Kaiser Family Foundation. Hospitals spent \$38 billion in uncompensated care in 2016, which is expected to rise.^{78, 79, 80, 81}
- Manatt Health calculates that hospitals could lose up to \$17 billion from Medicaid and CHIP payments if enrollees who are noncitizens or have noncitizen family members withdraw from

⁷¹ Ponce N, et al. "[Proposed Changes to Immigration Rules Could Cost California Jobs, Harm Public Health.](#)" Health Policy Fact Sheet. UCLA Center for Health Policy Research. Dec 2018.

⁷² "[Declaration of Laurel Lucia in Support of Plaintiffs' Motion for a Preliminary Injunction.](#)" United States District Court for the Northern District of California. Aug 2019.

⁷³ Dayan G, et al. "[The Cost of Containing One Case of Measles: The Economic Impact on the Public Health Infrastructure -- Iowa, 2004.](#)" Pediatrics. Jul 2005.

⁷⁴ Yan Wang L, et al. "[Direct and Indirect Costs of Asthma in School-age Children.](#)" Preventing Chronic Disease. Jan 2005.

⁷⁵ [42 U.S. Code § 1395ddd; added by the Emergency Medicaid Treatment and Labor Act of 1986 \(EMTALA\)](#)

⁷⁶ Greenberg D, et al. "[Supporting the Resilience of America's Immigrant Communities: How Community Organizations are Responding to Federal Policy Changes.](#)" Local Initiative Support Corporation. Jan 2019.

⁷⁷ Weinick R, et al. "[Many Emergency Department Visits Could be Managed at Urgent Care Centers and Retail Clinics.](#)" Health Affairs. Sep 2010.

⁷⁸ Tolbert J, et al. "[Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients.](#)" The Henry J. Kaiser Family Foundation. Oct 2019.

⁷⁹ Artiga S, et al. "[Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage.](#)" The Henry J. Kaiser Family Foundation. Sep 2019.

⁸⁰ "[Uncompensated Hospital Care Cost Fact Sheet.](#)" American Hospital Association. Dec 2017.

⁸¹ "[Declaration of Leighton Ku, Ph.D., M.P.H.](#)" United States District Court Southern District of New York. Sep 2019.

these programs.⁸² A compensatory reduction of services could lead to 295,000 fewer patients served each year.⁸³ Safety-net hospitals will be significantly affected, as Medicaid is the largest source of community health center funding, accounting for nearly half of hospital revenue.⁸⁴ According to the Kaiser Family Foundation, there are already reports of reduced Medicaid reimbursements for safety-net hospitals and clinics.⁸⁵

- Charitable organizations with already limited resources will experience financial losses by the increasing number of individuals seeking their services.⁸⁶
- As immigrants withdraw, insurance risk pools will become older and sicker, increasing insurance premiums for the remaining enrollees.^{87, 88, 89, 90}

Immigrants are especially vulnerable in public health crises such as the COVID-19 pandemic. Recent evidence demonstrates that immigrants are afraid to seek medical treatment for COVID-19 and necessary economic supports because of public charge.

- A physician who provides medical care to farmworkers in California stated that his patients are “afraid to seek medical care” and are “fearful of negative immigrations consequences if they use publicly subsidized medical services due to the public charge rule” during the pandemic.⁹¹

⁸² Mann C, et al. “[Medicaid Payments at Risk for Hospitals Under the Public Charge Proposed Rule.](#)” Manatt Health. Nov 2018.

⁸³ Ku L, et al. “[How Could the Public Charge Proposed Rule Affect Community Health Centers?](#)” Geiger Gibson/RCHN Community Health Foundation Research Collaborative. Nov 2018.

⁸⁴ Ibid.

⁸⁵ Tolbert J, et al. “[Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients.](#)” The Henry J. Kaiser Family Foundation. Oct 2019.

⁸⁶ Bleich S, et al. “[Hunger or Deportation: Implications of the Trump Administration’s Proposed Public Charge Rule.](#)” Journal of Nutrition Education and Behavior. Apr 2019.

⁸⁷ Padraza F, et al. “[Immigration Enforcement and the ‘Chilling Effect’ on Latino Medicaid Enrollment.](#)” Robert Wood Johnson Foundation, Stanford Center on Poverty and Inequality, and U.S. Department of Health and Human Services. Sept 2015.

⁸⁸ Flavin L, et al. “[Medical Expenditures on and by Immigrant Populations in the United States: A Systematic Review.](#)” International Journal of Health Services. Aug 8.

⁸⁹ [AHIP Public Comment regarding “Public Charge” Proposed Rule.](#) America’s Health Insurance Plans. Dec 2018.

⁹⁰ Zallman L, et al. “[Immigrants Pay More in Private Insurance Premiums Than They Receive in Benefits.](#)” Health Affairs. Oct 2018.

⁹¹ Motion by Government Plaintiffs to Temporarily Lift or Modify the Court’s Stay of the Orders Issued by the United States District Court for the Southern District of New York. Department of Homeland Security, et al. v. New York, et al. (April 13, 2020). Retrieved April 27, 2020. http://supremecourt.gov/DocketPDF/19/19A785/141515/20200413153014307_19A785%20Motion%20to%20Temporarily%20Lift%20or%20Modify%20Stay.pdf.

- A medical resident working at a community health center in Connecticut reported patients with COVID-19 symptoms who were afraid to go to the hospital or seek testing because of public charge.⁹²
- An attorney in California reported that survivors of human trafficking and crime victims who lost their jobs or experienced reduced income because of COVID-19 were afraid to apply for unemployment and receive nutrition assistance programs to support their families.⁹³
- The Migration Policy Institute found approximately six million immigrants contribute to industries on the front line of the COVID-19 response, such as health care, agriculture, and manufacturing.⁹⁴
- The Migration Policy Institute also estimated that six million immigrants work in industries facing severe economic impacts. They represent 20 percent of the workforce in hard-hit sectors such as restaurants, hotels, cleaning services, and personal care services, and are among the millions of workers being laid off in response. Those who become unemployed have lower financial stability in addition to reduced access to public benefit programs and emergency federal aid. Nearly three in ten immigrants in these sectors already lack health insurance coverage.⁹⁵
- Findings from an Urban Institute survey conducted between March and April 2020 further describe the disproportionate economic fallout of COVID-19 on immigrant families. The Urban Institute found that over two-thirds (69%) of Hispanic adults in families with noncitizens reported that they or a family member have lost a job, work hours, or work-related income because of the coronavirus outbreak, compared to about half (49%) of Hispanic adults in families in which all members are citizens.⁹⁶

The consequences are clear: loss of insurance will exacerbate existing health disparities immigrants face. The cost burden will grow, impacting health systems and the economy at multiple levels.

SNAP AND FOOD INSECURITY

The benefits of SNAP extend far beyond combating food insecurity. SNAP supports healthy development and keeps families out of poverty. Including SNAP in the public charge definition is anticipated to have a large chilling effect on the millions of immigrants enrolled in SNAP. In fact, there is already evidence of SNAP disenrollment occurring.

- Chilling effects are already taking place. The Urban Institute found that SNAP has been the program most affected by the chilling effects, as nearly half (47.8%) of immigrant respondents

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Gelatt J. "[Immigrant Workers: Vital to the U.S. COVID-19 Response, Disproportionately Vulnerable.](#)" Migration Policy Institute. Mar 2020.

⁹⁵ Ibid.

⁹⁶ Gonzalez, Dulce, et al. "[Hispanic Adults in Families with Noncitizens Disproportionately Feel the Economic Fallout from COVID-19.](#)" Urban Institute. May 2020.

on the 2019 Well-Being and Basic Needs Survey reported someone in their family had disenrolled or declined participation from SNAP.⁹⁷

- Calculations from 2013-2017 U.S. Department of Agriculture (USDA) SNAP Quality Control data indicate 2.6 million households (or nearly one in 8 households) enrolled in SNAP have at least one noncitizen member. Using an estimated enrollment decline of 20 percent among immigrant families, about 525,000 families, or 1.78 million individuals, are predicted to not participate in SNAP. These families include citizens as well as high proportions of children, seniors, persons with disabilities, and working family members.⁹⁸
- New York provides a local example of chilling effects on SNAP. The New York City Department of Social Services and NYC Mayor's Office of Immigration Affairs report eligible immigrants have been withdrawing from SNAP at an accelerating rate since 2017, with no explanation available other than fear from current immigration policies and rhetoric against immigrants.⁹⁹

SNAP has been found to support many positive health outcomes for all recipients. Thus, the loss of SNAP and resulting food insecurity will lead to worsened physical and mental health, in addition to economic losses. Children will suffer the greatest adverse health impacts.

- A cross-sectional quasiexperimental study of thousands of households found SNAP participation reduced food insecurity in children by one third.¹⁰⁰
- Numerous publications summarize the adverse health outcomes of food insecurity in children. These include malnutrition, developmental problems, cognitive problems, anxiety, and depression.^{101, 102} One study found children with food insecurity have more hospitalizations than those enrolled in SNAP.¹⁰³

⁹⁷ Bernstein H, et al. "[Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019.](#)" Urban Institute. May 2020.

⁹⁸ "[Declaration of Diane Schanzenbach, Ph.D.](#)" United States District Court Southern District of New York. Sept 2019.

⁹⁹ "[Fact Sheet: SNAP Enrollment Trends in New York City.](#)" New York City Department of Social Services, New York City Mayor's Office of Immigration Affairs. June 2019.

¹⁰⁰ Mabli J, et al. "[Supplemental Nutrition Assistance Program Participation and Child Food Security.](#)" Pediatrics. Apr 2014.

¹⁰¹ [Center on Budget and Policy Priorities Public Comment on Inadmissibility on Public Charge Grounds.](#) Dec 2018.

¹⁰² Gunderson C, et al. "[Food Insecurity And Health Outcomes.](#)" Health Affairs. Nov 2015.

¹⁰³ Cook J, et al. "[Child Food Insecurity Increases Risks Posed by Household Food Insecurity to Young Children's Health.](#)" The Journal of Nutrition. Apr 2006.

- SNAP provides health benefits for all ages. Various studies have found that it improves birth outcomes, current health, long-term health, and medication adherence.^{104, 105, 106} In children, SNAP prevents the development of costly chronic diseases such as childhood obesity, high blood pressure, and diabetes.¹⁰⁷ A study of seniors in Maryland found SNAP reduces risk of hospitalization by 14 percent and risk of nursing home placement by 23 percent.¹⁰⁸

SNAP promotes self-sufficiency. In fact, it is most often used as a supplement for low wages.¹⁰⁹ It allows families to invest in nutritious foods and contribute to society through increased economic activity.¹¹⁰ The rising cost of immigrants' health needs in addition to loss of spending power will lead to multilevel financial impacts.

- SNAP is associated with reduced medical expenditures. A 2017 study published in JAMA Internal Medicine found that adults with low incomes who were enrolled in SNAP spent nearly 25 percent less on health costs yearly than those without SNAP.¹¹¹ In fact, an analysis of 2011 National Health Interview Survey data found health expenditures related to food insecurity cost the U.S. over \$77 billion in 2014.¹¹²
- Childhood SNAP access is associated with positive economic outcomes as adults, including higher high school completion rates and higher earnings. Additionally, children who receive SNAP are less likely to enroll in SNAP or Temporary Assistance for Needy Families (TANF) as adults.¹¹³

¹⁰⁴ [Center on Budget and Policy Priorities Public Comment on Inadmissibility on Public Charge Grounds](#). Dec 2018.

¹⁰⁵ Almond D, et al. "[Inside the War on Poverty: The Impact of Food Stamps on Birth Outcomes](#)." The Review of Economics and Statistics. May 2011.

¹⁰⁶ Berkowitz S, et al. "[Treat or Eat: Food Insecurity, Cost-related Medication Underuse, and Unmet Needs](#)." The American Journal of Medicine. Apr 2014.

¹⁰⁷ Yoshikawa H, et al. "[Approaches to Protect Children's Access to Health and Human Services in an Era of Harsh Immigration Policy](#)." New York University Institute of Human Development and Social Change. 2019.

¹⁰⁸ Carlson S, et al. "[SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs](#)." Center on Budget and Policy Priorities. Jan 2018.

¹⁰⁹ "[Declaration of Diane Schanzenbach, Ph.D.](#)" United States District Court Southern District of New York. Sept 2019.

¹¹⁰ "[Declaration of Laurel Lucia in Support of Plaintiffs' Motion for a Preliminary Injunction](#)." United States District Court for the Northern District of California. Aug 2019.

¹¹¹ Berkowitz S, et al. "[Supplemental Nutrition Assistance Program \(SNAP\) Participation and Health Care Expenditures Among Low-Income Adults](#)." JAMA. Nov 2017.

¹¹² Berkowitz S, et al. "[Food Insecurity and Health Care Expenditures in the United States, 2011-2013](#)." Health Services Research. Jun 2017.

¹¹³ Hoynes H, et al. "[Long-Run Impacts of Childhood Access to the Safety Net](#)." American Economic Review. Apr 2016.

- Adults who disenroll from SNAP will have to increase their earnings by more than 10 percent to make up for the lost SNAP benefit, according to calculations from the 2017 Social and Economic Supplement of the Current Population Survey and the Supplemental Poverty Measure.¹¹⁴
- The U.S. Census Bureau found SNAP lifted 3.4 million people out of poverty in 2017.¹¹⁵ With these benefits, families are able to invigorate the economy: every dollar disbursed as a SNAP benefit provides an increased economic activity of nearly \$1.80, according to the USDA Food and Nutrition Service in 2011.¹¹⁶ Overall, the annual economic losses from reduced SNAP utilization are estimated to be \$3.2 billion. This includes an approximate loss of \$2 billion in SNAP benefits and their ripple effects in the wider economy.¹¹⁷

SUBSIDIZED HOUSING AND HOUSING INSECURITY

Research suggests that fear will lead families to withdraw from subsidized housing programs and place themselves in precarious housing situations.

- Using data from the Department of Housing and Urban Development, one housing expert concludes that the public charge rule could affect 25,045 immigrant families (or, 108,104 individuals) who live in federally subsidized housing. Three in four immigrant families may withdraw their enrollment, or choose to separate family members — to allow those with LPR and citizen status to continue living in subsidized housing.¹¹⁸

Studies demonstrate that subsidized housing promotes the well-being of recipients, even long after they received these benefits. Conversely, evidence also demonstrates that housing instability can be detrimental for an individual's health and socioeconomic advancement.

- People of all ages receive significant health benefits from having access to affordable housing. Adults in Department of Housing and Urban Development (HUD) Housing Assistance Programs, including public housing, have better physical and mental health than those on the waiting list.¹¹⁹ Children in public housing have less stress and emotional disturbances than

¹¹⁴ Laird J, et al. "[Forgoing Food Assistance out of Fear: Simulating the Child Poverty Impact of Making SNAP a Legal Liability for Immigrants.](#)" Socius: Sociological Research for a Dynamic World. Feb 22.

¹¹⁵ Fox L. "[The Supplemental Poverty Measure: 2016.](#)" United States Census Bureau. Sep 2017.

¹¹⁶ Hanson K. "[The Food Assistance National Input-Output Multiplier \(FANIOM\) Model and Stimulus Effects of SNAP.](#)" United States Department of Agriculture. Oct 2010.

¹¹⁷ "[Declaration of Diane Schanzenbach, Ph.D.](#)" United States District Court Southern District of New York. Sept 2019.

¹¹⁸ "[Declaration of Ryan Allen, Ph.D.](#)" United States District Court Southern District of New York. Sep 2019.

¹¹⁹ Fenelon A, et al. "[Housing Assistance Programs and Adult Health in the United States.](#)" American Journal of Public Health. Apr 2017.

children on the housing assistance waiting list.¹²⁰ Public housing also reduces lead exposure among children.¹²¹

- Housing instability has been associated with worse health outcomes, including increased rates of diabetes complications and emergency room visits.^{122, 123} Among children, housing instability is associated with worse nutritional, developmental, and overall health outcomes in children.^{124, 125}
- Public housing supports educational success. Children living in public housing achieve equivalent or higher educational outcomes than those not in public housing and are less likely to be held back a grade.¹²⁶
- Subsidized housing offers significant economic stability for families. Children who are raised in subsidized housing are less likely to receive housing assistance as adults, and have the same or lower rates of welfare use as others.^{127, 128, 129} Teenagers who live in subsidized housing develop into adults who are significantly more likely to work, have higher earnings, and lower rates of incarceration.¹³⁰ Using the 2012-2016 American Community Survey, one urban planning expert estimates a \$184 billion loss in lifetime earnings of teenagers whose families disenroll from subsidized housing as a result of the public charge rule.¹³¹ Additionally, adults living in subsidized housing achieve comparable or better employment outcomes and earnings than those not living in subsidized housing.¹³²

¹²⁰ Fenelon A, et al. "[The Impact of Housing Assistance on the Mental Health of Children in the United States.](#)" *Journal of Health and Social Behavior*. Aug 2018.

¹²¹ Ahrens K, et al. "[Housing Assistance and Blood Lead Levels: Children in the United States.](#)" *American Journal of Public Health*. Nov 2016.

¹²² Berkowitz S, et al. "[Unstable Housing and Diabetes-Related Emergency Department Visits and Hospitalization: A Nationally Representative Study of Safety-Net Clinic Patients.](#)" *Diabetes Care*. May 2018.

¹²³ Brown R, et al. "[Health Outcomes of Obtaining Housing Among Older Homeless Adults.](#)" *American Journal of Public Health*. July 2015.

¹²⁴ Cutts D, et al. "[U.S. Housing Insecurity and the Health of Very Young Children.](#)" *American Journal of Public Health*. Aug 2011.

¹²⁵ "[Blueprint for Children: Department of Housing and Urban Development.](#)" *American Academy of Pediatrics*. Sep 2016.

¹²⁶ Currie J, et al. "[Are Public Housing Projects Good for Kids?](#)" *Journal of Public Economics*. 2000.

¹²⁷ Kucheva Y. "[The Receipt of Subsidized Housing Across Generations.](#)" *Population Research and Policy Review*. May 2014.

¹²⁸ Haley B, et al. "[Addicted to Government? The Impact of Housing Assistance on Program Participation of Welfare Recipients.](#)" *Poverty and Public Policy*. Dec 2015.

¹²⁹ Newman S, et al. "[The Long-Term Effects of Public Housing on Self-Sufficiency.](#)" *Journal of Policy Analysis and Management*. Dec 2001.

¹³⁰ Anderson F, et al. "[Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing.](#)" NBER Working Paper Series, Working Paper 22721. Sep 2018.

¹³¹ "[Declaration of Ryan Allen, Ph.D.](#)" United States District Court Southern District of New York. Sep 2019.

¹³² Ibid.

CONCLUSION

While the public charge regulations do not apply to all immigrants, they will have extensive negative repercussions on the health of immigrant families. Discrimination and fear will lead to psychological distress, reduced health visits, and withdrawal from public benefits. The resulting disenrollment from supportive services such as Medicaid, SNAP, and subsidized housing will lead to poor health outcomes. In fact, evidence of reduced participation as a result of the chilling effect has already been observed. The current public health and economic crisis of COVID-19 is exacerbating the health disparities for immigrants and other vulnerable populations.

The complexity of the rule adds to the confusion. Thus, it is critical to design and support education campaigns that inform immigrant families about the potential impact of public charge on their individual situation. Immigrants should be notified that relatives' benefit use will not affect their individual public charge determination. Those eligible for benefits should be discouraged from disenrolling.

In addition to widespread education efforts, communities and organizations should continue to advocate against anti-immigrant policies such as public charge. They can submit comments during open comment periods for new regulations, voice concerns to state and regional representatives, and organize local actions to support immigrant families.

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