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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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

\textsuperscript{2} Jordan M. “‘We’re Petrified’: Immigrants Afraid to Seek Medical Care for Coronavirus,” New York Times. Mar 2020.


\textsuperscript{4} Montoya-Galvez C. “ICE Says it will Consider Freeing Vulnerable Immigrants as Coronavirus Cases Rise,” CBS News. Apr 2020.

\textsuperscript{5} DeChalus C. “Immigrants Tested for Coronavirus Won’t be Penalized Applying for Naturalization, USCIS Says,” The Hill. Mar 2020.

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

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. 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. 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. 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.

---


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. Additionally, Latino and Asian individuals with low incomes are more likely to be enrolled in Medicaid than non-Hispanic whites, which increases their risk. Women will be disproportionately harmed, especially mothers, pregnant women, older women, caregivers, survivors of domestic violence and sexual assault, and sexual and gender minorities.

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. Discrimination has been linked to poor health, including psychological distress, depression, diabetes, and cardiovascular disease. 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.

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. Rumors, discrimination, and anti-immigrant political sentiment are driving psychological distress as well as withdrawal from public health

17 Ibid.
programs. 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.
- 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.
- 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.
- 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.

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

---

experience the chilling effect due to fear of family separation. 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. 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.

- 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.

- 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.

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

---

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.


• 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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{50, 51, 52}

The final public charge rule will not consider Medicaid/CHIP benefits used by children under 21 years old.\textsuperscript{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

\textsuperscript{40}“Access and Quality/Key Findings on Access to Care,” MACPAC.


\textsuperscript{52}“Measles (Rubeola) Cases and Outbreaks.” Center for Disease Control and Prevention.

majority of children of immigrants (89%) are U.S. citizens, and many receive benefits. 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. 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 unemployment rate (7%) than those with only citizen parents (4%). Undocumented children had nearly eight times the unemployment rate of children of citizen parents.

- 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 unemployment rates were more than halved for all children during this time period as a result of federal policies such as the Affordable Care Act.

- 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.

- 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.

- 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. A review published in the

Journal of Child Psychology and Psychiatry in 2014 found numerous studies indicating poor maternal nutrition and stress disrupts the neurocognitive development of a child.\textsuperscript{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.\textsuperscript{63}
  
  Research through the National Bureau of Economic Research in 2015 and 2016 found childhood Medicaid enrollment decreased walking difficulty and mortality in adulthood.\textsuperscript{64} Among Blacks, Medicaid in childhood was associated with significantly reduced hospitalizations and emergency department visits in adulthood.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{69} Additionally, the costs of treating uncontrolled diabetes can be eight times higher than those of managing well-controlled diabetes.\textsuperscript{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

---


reduction of up to 17,700 jobs, predominantly (47%) from the health care sector.\textsuperscript{71} Lost state and local tax revenues could range from $65 to $151 million.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{75} Thus, the federal government will increase spending to cover the costs of emergency room visits.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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


\textsuperscript{75} 42 U.S. Code § 1395dd; added by the Emergency Medicaid Treatment and Labor Act of 1986 (EMTALA)


\textsuperscript{77} Weinick R, et al. “Many Emergency Department Visits Could be Managed at Urgent Care Centers and Retail Clinics.” Health Affairs. Sep 2010.


\textsuperscript{80} “Uncompensated Hospital Care Cost Fact Sheet.” American Hospital Association. Dec 2017.

these programs. A compensatory reduction of services could lead to 295,000 fewer patients served each year. 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. According to the Kaiser Family Foundation, there are already reports of reduced Medicaid reimbursements for safety-net hospitals and clinics.

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

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.

---

84 Ibid.
• 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.
95 Ibid.
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

---

SNAP provides health benefits for all ages. Various studies have found that it improves birth outcomes, current health, long-term health, and medication adherence.\textsuperscript{104, 105, 106} In children, SNAP prevents the development of costly chronic diseases such as childhood obesity, high blood pressure, and diabetes.\textsuperscript{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.\textsuperscript{108}

SNAP promotes self-sufficiency. In fact, it is most often used as a supplement for low wages.\textsuperscript{109} It allows families to invest in nutritious foods and contribute to society through increased economic activity.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{113}

\textsuperscript{104} Center on Budget and Policy Priorities Public Comment on Inadmissibility on Public Charge Grounds. Dec 2018.
• 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

---


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

- Housing instability has been associated with worse health outcomes, including increased rates of diabetes complications and emergency room visits.\textsuperscript{122, 123} Among children, housing instability is associated with worse nutritional, developmental, and overall health outcomes in children.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{131} Additionally, adults living in subsidized housing achieve comparable or better employment outcomes and earnings than those not living in subsidized housing.\textsuperscript{132}


\textsuperscript{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.

This brief was written by Natalie Hernandez on behalf of the PIF campaign, co-chaired by the Center for Law and Social Policy (CLASP) and National Immigration Law Center (NILC). Natalie is an aspiring physician who is currently pursuing her Master of Public Health at the Harvard T.H. Chan School of Public Health in between her third and fourth year of medical school at the University of California San Francisco (UCSF).