Harm of the Public Charge Regulations During the COVID-19 Pandemic
Updated: February 2021

President Biden has committed to reversing the Trump-era public charge policy, which took effect in February 2020, just weeks before the COVID-19 pandemic hit the United States. Quick and complete reversal of the regulation is critical, as the policy’s “chilling effect” is devastating the health and economic stability of immigrant families all over the country. The impact is far-reaching, given that one in four children in the U.S. has at least one foreign-born parent. By making immigrant families afraid to use public programs for health care and other basic needs, the policy amplifies the pandemic’s health and economic consequences. And public health experts warn that the chilling effect threatens COVID-19 vaccination efforts.

This fact sheet describes research documenting the damage done by this policy. Studies detail how the Trump-era public charge regulations contribute to immigrant families’ fear to seek public benefits, amplify the COVID-19 pandemic’s health and economic harm, and undermine vaccination efforts. Research and reports from health and human service providers strongly support the quick and complete reversal of the public charge regulations, as well as accompanying outreach efforts by the Biden administration to make clear that it is safe for immigrant families to access health care, nutrition, housing and other economic support programs.

Heading into the COVID-19 pandemic, survey and program data confirmed that the chilling effects of the public charge regulations are real.

- In December 2020, the Migration Policy Institute analyzed American Community Survey data for 2016 through 2019 and found that participation in TANF, SNAP and Medicaid declined far more rapidly for noncitizens than U.S. citizens. This trend held for both the overall and low income populations. In addition, the share of children receiving benefits under TANF, SNAP, and Medicaid fell about twice as fast among U.S. citizen children with noncitizen household members as it did among children with only U.S. citizens in their household. Eligibility for these programs did not change during this time period.¹

- New York City analyzed SNAP program data and found that from January 2018 to January 2019, the SNAP caseload for non-citizens fell by more than three times the caseload for citizens (the caseload dropped 10.9% for non-citizens and 2.8% for citizens). From January 2017 to 2018, the SNAP caseload for noncitizens dropped by nearly double that of citizens (the caseload dropped 6.2% for non-citizens and 3.2% for citizens).²

- Researchers found evidence of the causal effect of the announcement of the Trump public charge regulations on access to public benefits. The researchers’ analysis of state-reported data shows that the


² Note: The public charge rule was proposed on October 10, 2018 and the final rule was published on August 14, 2019. Due to preliminary injunctions, the public charge rule did not take effect on October 24, 2019 as the Department of Homeland Security had intended, but on February 24, 2020. However, media coverage of the policy began in the first weeks of the Trump Administration, leading to confusing and a chilling effect.

The announcement of the public charge regulations was associated with a decrease of approximately 260,000 in child Medicaid enrollment from 2017 levels.\textsuperscript{4}

- Based on a survey completed by 400 U.S. citizen adults in low-income households in Texas between November and December 2019, researchers found that nearly 60\% of respondents had heard of the public charge regulations. The survey also found that more than one in ten respondents reported knowing friends or family who had avoided participating in health and economic support programs or had not visited a physician or hospital because of immigration-related concerns in the past year.\textsuperscript{5}

Since COVID-19 began, research continues to document that immigrant families are forgoing critical health and economic support programs because of public charge concerns.

- In 2020, the Urban Institute found that approximately one in seven adults in immigrant families (13.6\%) reported that they or a family member avoided public benefit programs, such as Medicaid, CHIP, SNAP, or housing assistance, because of concerns about future green card applications. Among families in which one or more members did not have a green card, the chilling effect was more severe - more than one in four (27.7\%) adults in these families reported avoiding benefits because of green card concerns.\textsuperscript{6}

- A survey of community-based organizations conducted by the Urban Institute found evidence of avoidance of COVID-19 relief programs because of immigration concerns. Despite not being implicated in Trump’s public charge regulation, immigrant-serving organizations reported chilling effects in Pandemic EBT, a program designed to feed children who were receiving free or reduced priced meals at school, as well as other key federal relief programs.\textsuperscript{7}

Research and providers report that immigrants are afraid to access medical treatment for COVID-19 due to public charge concerns.

- Based on a survey of immigrant households in Massachusetts conducted by the Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition, of all survey respondents who got sick and didn’t seek COVID-19 testing and treatment, approximately 10\% reported fears being labeled a public charge and another 6\% reported fears that their information would be shared with immigration agents as reasons why they didn’t get tested. Among respondents with undocumented members in the household, nearly 18\% reported fears of being labeled a public charge and about 13\% reported fears that their information would be shared with immigration agents.\textsuperscript{8}

- Based on a survey of community-based organizations conducted by the Urban Institute, nearly 70\% reported that public charge and other anti-immigrant policies deterred the people they serve from seeking COVID-19 testing and treatment. That survey found that 43\% of respondents reported that “some” clients are avoiding COVID-19 testing or treatment because of immigration enforcement or immigration status concerns. An additional 26 percent indicated that “almost everyone” or “many” had been deterred from testing or treatment by immigration concerns.\textsuperscript{9}


\textsuperscript{5} Benjamin D. Sommers, Heidi Allen, Aditi Bhanja, “Assessment of Perceptions of the Public Charge Rule Among Low-Income Adults in Texas” JAMA Network, May 2020, \url{https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768245}.


\textsuperscript{8} MIRA (2020). The Impact of COVID-19 on Immigrants in Massachusetts: Insights from our Community Survey. Written by Marion Davis for the Massachusetts Immigrant and Refugee Commission. Boston, Mass. Available at \url{http://www.miracoalition.org/cysurvey}.

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. These people, who harvest and process the crops that keep our nation fed, are working while sick because they cannot afford to feed their own families if they stay home and are “afraid to apply for nutrition assistance programs... due to the fear that if they receive those benefits, the public charge rule will negatively affect their immigration status in the future.”

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. 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.

Public health experts report how anti-immigrant policies, like public charge, may undermine vaccination efforts.

- Social epidemiologist Amanda Latimore at the Johns Hopkins Bloomberg School of Public Health cites public charge specifically as a driver of vaccine hesitancy among Latinx families.
- Samantha Artiga, Vice President and Director of Racial Equity and Health Policy Program at the Kaiser Family Foundation suggests that “[immigrants] may also fear that obtaining the vaccine could negatively affect their or a family member’s immigration status. Immigrant families have experienced growing levels of fear and uncertainty over the past few years, during which the federal government has implemented a range of policies to curb immigration, enhance immigration enforcement, and limit the use of public assistance among immigrant families.”
- “We can’t stop the spread of disease while denying health coverage to people,” said Ninez Ponce, Director of the UCLA Center for Health Policy Research. “It’s irresponsible public health policy.”

Research and reports from providers, in concert with our nation’s interest in ensuring that everyone can access health care and economic supports during the pandemic, strongly support the following actions:

- **Swift reversal of the Trump-era public charge regulations.** Given the urgent need for change due to the COVID-19 pandemic and the time-consuming nature of regulatory development, the Biden administration must take quick action to rescind and replace the public charge regulations. Every day the regulations remain in effect continues to delay our nation’s health and economic recovery.
- **Immediate communication to immigrant families that they can feel safe accessing public services.** The Biden administration must take steps to curb the chilling effect, making clear that the Trump-era public charge regulations do not apply to many immigrants or to any U.S. citizens and do not apply to most government-funded services.

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11 Ibid.
