



Research Documents Harm of Public Charge Policy During the COVID-19 Pandemic

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The Biden Administration recently ended the Trump-era public charge policy. This is a critical first step toward addressing the damage it has caused. However, more must be done to overcome its lasting “chilling effect.”

Research has confirmed that the lead up to and rollout of the Trump public charge policy created a pronounced “chilling effect,” with immigrants and their family members disenrolling from or failing to enroll in critical health, nutrition, and economic supports for which they were eligible. The Trump policy took effect just weeks before the COVID-19 pandemic hit the United States, which has amplified the health and economic harm of the pandemic. Public health experts now warn that its lasting effects threaten COVID-19 vaccination efforts.

This fact sheet describes research documenting the damage done by public charge. It strongly supports swift rulemaking -- to cement and clarify the policy details -- 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 public charge policy are real.

- 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 2019,² 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).³
- Researchers from UCLA found that one out of four (25%) low-income adults in California reported avoiding public programs out of fear that participating would negatively impact their own immigration

¹ Randy Capps, Michael Fix, and Jeanne Batalova, Migration Policy Institute, “Anticipated ‘Chilling Effects’ of the Public Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families,” December 2020. <https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real>.

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 until 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.

³ New York City, “Department of Social Services and Mayor’s Office of Immigrant Affairs, Fact Sheet: SNAP Enrollment Trends in New York City,” June 2019. <https://www1.nyc.gov/assets/immigrants/downloads/pdf/Fact-Sheet-June-2019.pdf>

status or that of a family member in 2019. Researchers also found evidence that these chilling effects are associated with adverse health outcomes, including higher food insecurity and uninsured rates.⁴

- Research published in *Health Affairs* 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 announcement of the public charge regulations was associated with a decrease in Medicaid enrollment of approximately 260,000 children from 2017 levels.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.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.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.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 service providers reported that "some" clients are avoiding COVID-19 testing or treatment because of immigration enforcement or

⁴ Suan H. Babey, Joelle Wolstein, Riti Shimkhada, Nine A. Ponce, "One in 4 Low-Income Immigrant Adults in California Avoided Public Benefit Programs, Likely Worsening Food Insecurity and Access to Health Care" UCLA Center for Health Policy Research, March 2021 <https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=2072>.

⁵ Jeremy Barofsky, Ariadna Vargas, Dinardo Rodriguez, Anthony Barrows, "Spreading Fear: The Announcement of the Public Charge rule Reduced Enrollment in Child Safety-Net Programs" *Health Affairs*, October 2020, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00763>.

⁶ Hamutal Bernstein, Michael Karpman, Dulce Gonzale, and Stephen Zuckerman, Urban Institute, "Immigrant Families Continued Avoiding the Safety Net during the COVID-19 Crisis" February 2021 <https://www.urban.org/sites/default/files/publication/103565/immigrant-families-continued-avoiding-the-safety-net-during-the-covid-19-crisis.pdf>.

⁷ Hamutal Bernstein, Jorge Gonzale, Dulce Gonazalez, Jahnavi Jagannath, Urban Institute, "Immigrant-Serving Organizations' Perspectives on the COVID-19 Crisis" August 2020 <https://www.urban.org/research/publication/immigrant-serving-organizations-perspectives-covid-19-crisis>.

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 <http://www.miracoalition.org/cvsurvey>.

immigration status concerns. An additional 26 percent indicated that “almost everyone” or “many” had been deterred from testing or treatment by immigration concerns.⁹

- 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 immigration consequences if they use publicly subsidized medical services due to the public charge rule” during the pandemic. 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.”¹⁰
- 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.¹¹ 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.¹²

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.¹³
- 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.”¹⁴
- “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 providers’ reports, in concert with our nation’s interest in ensuring that everyone can access health care and economic supports during the pandemic, support the following actions:

- **Swift rulemaking.** Given the chilling effects experienced over the last four years and during the COVID-19 pandemic as well as the time-consuming nature of regulatory development, the Biden administration must take quick action to modernize the policies in the 1999 Field Guidance.
- **Immediate communication to immigrants and their family members that they can feel safe accessing public services.** The Biden administration must take steps to curb the chilling effect, making clear that the Trump public charge policy has permanently ended and immigrants and their family members can get the care and help they need.

⁹ Hamutal Bernstein, Jorge Gonzale, Dulce Gonazalez, Jahnavi Jagannath, Urban Institute, “Immigrant-Serving Organizations’ Perspectives on the COVID-19 Crisis” August 2020

<https://www.urban.org/research/publication/immigrant-serving-organizations-perspectives-covid-19-crisis>.

¹⁰ 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.

¹¹ Ibid.

¹² Ibid.

¹³ The Baltimore Sun, “Building Community trust essential to COVID vaccine acceptance” December 2020.

<https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-1206-vaccine-acceptance-20201204-vqyht6ux2jemiaodjlpfcmjv7y-story.html>.

¹⁴ Samantha Artiga, Nambi Ndugga, Olivia Pham, Kaiser Family Foundation, “Immigrant Access to COVID-19 Vaccines, Issues to Consider” January 2021. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/immigrant-access-to-covid-19-vaccines-key-issues-to-consider/>.