



## How the Proposed Public Charge Rule Affects Whole Child Health

In New York State, 37 percent of children under the age of 18 live in immigrant families.<sup>1</sup> That's more than 1.54 million children across the state that come to the United States with their families or have at least one parent who was born outside of the country.

There's been a lot of chatter recently about changes to the "public charge" rule. But what exactly does it mean? How does it affect immigrant children's healthy development? And what can we do about it? Our Advocacy Manager Jenn Beideman (immigrant, and recently naturalized citizen) explores in our latest blog post.

### What is the Public Charge Rule?

The public charge statute requires immigration officials to look at all factors that relate to an immigrant's ability to support themselves as a criterion for having their application to enter the U.S. or obtain a green card approved or denied. The public charge test weighs positive factors against negative ones and allows government officials to use their discretion before deciding.

For decades, immigrants and those who seek to enter the United States or non-citizens applying for a change of status here have had to demonstrate to government officials that they are "not likely to become a public charge".

This meant that immigrants who rely on cash benefits would be considered a public charge. For the last several decades and currently, the government has only considered three programs in determining whether the applicant is likely to become a public charge: 1) if applicants are using Temporary Assistance for the Needy (TANF); 2) Supplemental Security Income (SSI) or 3) emergency Medicaid for long term care. A report by the [Migration Policy Institute](#) estimates that only 3% of non-citizens fell into this category.

### What Does the Proposed Regulation Say?

The Department of Homeland Security has [proposed a new administrative rule](#) that expands the definition of "public charge" for immigrants coming to this country or applying for a green card. Under the proposed regulation, if an immigrant is judged to likely use certain public benefits their applications can be denied. The new parameters extend to include non-cash benefits. The expanded definition of public

charge criteria will also include key supports like health care, nutrition, and housing assistance. Meaning, if any immigrant or their family members are relying on key programs to help support their housing, nutrition and health needs, they could be denied a visa. It is important to note that refugees and asylees are exempt from this policy.

## What Programs Would be Included in the Proposed Rule?

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Federal housing assistance
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- State or local cash benefit programs for income maintenance

## What's the impact?

The change could cause families to forgo assistance for fear of deportation or being denied a green card. Children's advocacy and public health organizations have made public statements that the public charge regulation will put children at risk.<sup>ii</sup>

No family should be forced to choose between access to healthy foods, stable housing, and health insurance and staying in this country legally. Programs like SNAP, federal housing assistance, Medicaid and local cash benefit programs support the physical, social emotional and cognitive development of children across the country. Extending the rule to include non-cash related benefits could propagate housing instability, food insecurity, and exacerbate inequities in immigrant households impacting not only caregivers but also our country's most vulnerable: kids.

## **THE PROPOSED RULE COULD ENHANCE HOUSING INSTABILITY**

Providing a safe and stable environment for children is critical to their overall health and wellbeing. The proposed rule could put children and families at greater risk of housing instability by making immigrant families choose between a safe home environment and their legal status in this country. Stable housing is one mechanism to support healthy routines and to maintain structure and the emotional climate of daily family life for kids. Daily activities and routines are important regulators for kids: they set clear boundaries and helps kids feel safe.<sup>iii</sup> Several studies have found a relationship between household instability and disorganization, and risk of cognitive, social and behavioral health outcomes in young children.<sup>iv</sup> Housing programs offered by the federal government help families and improve overall emotional climate and stability by lowering the cost burden and providing safe and stable housing.<sup>v</sup>



## THE PROPOSED RULE COULD INCREASE FOOD INSECURITY

Children need healthy food to meet their growth and developmental needs.<sup>vi</sup> The proposed rule could increase food insecurity by including the Supplemental Nutrition Assistance Program (SNAP) as one of the programs included in the expanded definition. Food insecurity and inadequate nutrition can lead to an increased risk of a variety of poor health outcomes later in life,<sup>vii</sup> but also affects children's ability to learn and grow.<sup>viii</sup> In a study by Food Action Research Center, research has demonstrated SNAP can elevate poverty, reduce hunger, improve health outcomes, school attendance, and overall academic achievement.<sup>ix</sup>

## THE PROPOSED RULE COULD DECREASE ENROLLMENT IN HEALTH INSURANCE

Providing public health insurance to children and their caregivers supports their overall health, well-being and long-term health outcomes.<sup>x</sup> Medicaid provides critical services to kids, from paying for nearly half of U.S. births, to providing children with essential screenings and preventative health services.<sup>xi</sup> Health coverage programs provide a safeguard to parents' health and well-being and supports a healthy stable environment for children. According to a report by the Kaiser Family Foundation, the changes in the proposed rule would decrease participation in Medicaid among legal immigrant families, contribute to more uninsured individuals, and lead to worse health outcomes for children.<sup>xii</sup>

## THE PROPOSED RULE COULD INCREASE STRUCTURAL INEQUITIES FOR IMMIGRANT FAMILIES

Finally, the proposed rule change could lead to greater structural inequities and bias in the immigration system. The rule itself targets programs that serve families who live under 125% of the federal poverty level and sets the system up to favor persons and families who have the financial means and resources to avoid any public assistance programs. Across the country, 9.1 million children from immigrant families live with incomes below 200 percent of the federal poverty threshold.<sup>xiii</sup> That is more than half of all children in the United States who live with at least one immigrant parent.<sup>xiv</sup>

Poverty and structural inequities contribute to negative consistent toxic stress in childhood that significantly alters overall brain structure and function.<sup>xv</sup> Supporting a rule that provides an additional barrier to caregivers as they look to provide their children with the best possible start in a new country exacerbates toxic stress and negatively contributes to childhood health.

## What's next?

The Department of Homeland Security has submitted an open comment period on the proposed changes to the regulations. The open comment period will stay open until **Monday, December 10<sup>th</sup>**. You can submit comments online on the Federal e-



Rulemaking Portal here: <https://www.regulations.gov/document?D=USCIS-2010-0012-0001>

### What can you do about it?

Several national organizations are banding together to try to stop this rule from moving forward, with a goal of submitting over 100,000 comments to DHS before the deadline. Currently 42,500 comments have been received from people across the country, but there's still more that can be done.

Visit the following link to submit your call to action today:

### **[Protecting Immigrant Families Coalition](#)**

#### More Resources:

If you're interested in reading more about the public charge rule and the proposed changes, [First Focus](#) and [Food Research & Action Center](#) have pulled together two great fact sheets that explains the potential impact on kids and families across the country. They're available to [read here](#) and [here](#).

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<sup>i</sup> The Annie E. Casey Foundation Kids Count Data Center, "Children in Immigrant Families," analysis of data from the U.S. Census Bureau, 2008 - 2016 American Community Survey, last visited Nov. 5 2018. <https://datacenter.kidscount.org/data/tables/115-children-in-immigrant-families?loc=1&loct=2#detailed/2/34/true/870/any/445,446>

<sup>ii</sup> Organizations include: American Public Health Association, Food Action Research Center, Mom's Rising, Prevention Institute, Families USA, National Immigration Law Center and the Protecting Immigrant Families Coalition

<sup>iii</sup> Stewart, K, and Meyer, L. (2004). Brief report – Parent child interactions and every day routines in young children with failure to thrive. American Journal of Occupational Therapy Vol. 58 pp 342-346.

<sup>iv</sup> National Academies of Sciences, Engineering and Medicine (2016) Parenting matters: Supporting parents of children ages 0 – 8. National Academies of Sciences, Engineering and Medicine; Division of Behavioral and Social Sciences and Education; Board on Children, Youth and Families; Committee on Supporting the Parents of Young Children. Washington DC: National Academies Press.

<sup>v</sup> Deirdre Pfeiffer (2018): Rental Housing Assistance and Health: Evidence From the Survey of Income and Program Participation, Housing Policy Debate, DOI: 10.1080/10511482.2017.1404480.

<sup>vi</sup> Metallinos-Katsaras, E., Must, A., & Gorman, K. (2012). A longitudinal study of food insecurity on obesity in preschool children. Journal of the Academy of Nutrition and Dietetics, 112(12), 1949-1958.

<sup>vii</sup> Federal Interagency Forum on Child and Family Statistics. (2014). America's young adults: special issue 2014. Forum on Child and Family Statistics. Online. <http://www.childstats.gov/americaschildren/index.asp>



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- xi Center on Budget and Policy Priorities (2018). Fact sheet: Medicaid works for children. Available at: <https://www.cbpp.org/sites/default/files/atoms/files/1-19-18health-factsheet-children.pdf> Accessed on Nov 6, 2018.
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- xiii Migration Policy institute (2018, Feburary). Spotlight: Frequently requested statistctcs on immigrants and immigration in the United States. Available at: <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Workforce> Accessed on: Nov 6, 2018.
- xiv Ibid. (Stat: Approximately 18 million children under age 18 lived with at least one immigrant parent).
- xv Blair C, Raver CC. Poverty, stress, and brain development: New directions for prevention and intervention. *Acad Pediatr*. 2016;16(3):S30-S36.