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Submitted via www.regulations.gov

U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

Re: USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking:
Inadmissibility on Public Charge Grounds

Dear Sir/Madam:

We are writing on behalf of ChildFund International in response to the U.S. Department of Homeland Security's (the Department) Notice of Proposed Rulemaking (NPRM or proposed rule). We want to express our strong opposition to the changes regarding "public charge," published in the Federal register on October 10, 2018.

We are an international non-governmental organization that works with local partner organizations, governments, corporations and individuals to create safe environments that children need to thrive and reach their full potential. ChildFund accomplishes this through focusing on child protection and working with local partners around the world to ensure that all children have opportunities to grow up to be healthy, productive, contributing members of their communities. ChildFund International is deeply concerned about the proposed rule change regarding the "public charge."

In addition to programming across 25 countries, ChildFund International has worked with local partners in south Texas and the Rio Grande Valley since 1989. We work with over 2000 local children in their communities, building their capacity for social and emotional learning through literacy and increasing their abilities to solve problems, resolve conflict, plan for the future and excel academically. ChildFund International's expertise in the areas of child protection, child welfare, child rights, and child advocacy require us to speak out when policies are proposed that could harm U.S. citizen children and their families, as the proposed "public charge" rule change does.

ChildFund International recently finished a module in our school-based social-emotional learning curriculum that focused on empowering children to articulate and face their fears while receiving peer support. While some of these elementary-aged children expressed typical fears like darkness and snakes, others notably feared that their parents would disappear, that they would lose their families, or they would come home from school to find their caregiver was gone. These feelings

create an environment of toxic stress for children, which we know can have lasting consequences on their health and well-being. Toxic stress (strong, frequent, or prolonged activation of the body's stress management system) results in negative changes to brain architecture and functioning, leading to a higher prevalence of neural connections in areas of the brain related to fear, anxiety, and impulsivity, and a lower level of neural connections in areas of the brain related to reasoning, planning and behavioral control.ⁱ

If the proposed rule takes effect, many more children and families, both undocumented and U.S. citizens, will struggle with these fears and high levels of toxic stress. Developmentally, young children will not be able to comprehend who will be affected by the proposed rule change, resulting in widespread toxic stress, which leads to compromised brain architecture, diminished learning capacity and a weakened capacity to focus and perform well academically. This proposed rule change will have a significant impact on the cognitive, emotional, and social development of every child in the community, not merely those it is intended to target.ⁱⁱ It will negatively impact every child in border communities and many others in areas with large populations of undocumented or immigrant family members. As a result, there could be decreased health outcomes and economic outputs in places like the Rio Grande Valley.

As an organization concerned with the well-being of children, ChildFund International is deeply concerned about the detrimental impact on the health and well-being of millions of children that the proposed changes to the definition public charge will have and submits the following comments to urge the Department to withdraw this proposed rule.

Under current policy, only cash "welfare" assistance for income maintenance and government funded long-term care received or relied upon by an applicant can be considered in the "public charge" test. The proposed rule would alter the test dramatically, abandoning the enduring meaning of a "public charge" as a person who depends on the government for subsistence and broadening it to include anyone who simply receives one or more public benefits.

If the rule is finalized as proposed, immigration officials could consider a much wider range of government programs in the "public charge" determination. These programs include most Medicaid programs, housing assistance (such as Section 8 housing vouchers, Project-based Section 8, or Public Housing), SNAP (Supplemental Nutrition Assistance Program) and assistance for seniors who need help paying for prescription drugs.

In Texas and across the country, immigrant families are already afraid to seek programs that support their basic needs. The families we work with are concerned that continuing the services that their children are entitled to as U.S. citizens would impede their efforts to attain lawful permanent residency status. The proposed change would force families to make an impossible decision: provide nutritious food and safe housing for their children or protect the integrity of the family unit. The proposed change would prevent families from accessing services their tax dollars support and would exacerbate poverty by discouraging enrollment in programs that address health, hunger and

economic security. This disenrollment would have profound consequences on families' well-being and long-term success.

It is important to note that the fear created by these rules would extend far beyond any individual who may be subject to the "public charge" test, harming entire families and communities, as well as the infrastructure that serves all of us. Community providers have already reported changes in health care use, including decreased participation in Medicaid, SNAP and other programs due to community fears stemming from the leaked draft regulations.ⁱⁱⁱ

Most notably, the detrimental impact of the proposed expansion to public charge will impact millions of U.S. citizen children. As research has shown, the far larger "chilling effect" will dissuade many families from enrolling or keeping their coverage and services for their children, limiting access to critical health and social services and disrupting healthy development for potentially millions of children. The proposed regulation would change the lives of countless families across the United States.

One in every four children in the United States lives in an immigrant family, meaning that the child or at least one parent is foreign-born.^{iv} An overwhelming majority of children in immigrant families, 88%, are United States citizens.^v These children and families do not live in isolation. They live and grow up in communities where their individual success is critical to the strength of the country's future workforce and collective economic security. Our lives are profoundly interconnected. Children who are hungry will be unable to focus in class, and the entire class will make less educational progress. Children who are sick but can't access antibiotics will make their classmates sick. Children who can't see a regular doctor for lack of insurance will end up in emergency rooms more often, making it harder for everyone who really needs emergency health care to be seen and quickly draining our hospitals of financial resources.

Investing in nutrition, health care and other essential needs keeps children learning, parents working, families strong, and allows all of us to contribute fully to our communities. We strongly urge you to rescind this rule and to not consider use of public benefits programs like SNAP and Medicaid in "public charge" determinations.

Investing in nutrition, health care and other essential needs keeps children learning, parents working and families and communities strong. By the Department's own admission, the rule *"has the potential to erode family stability and decrease disposable income of families and children because the action provides a strong disincentive for the receipt or use of public benefits by aliens, as well as their household members, including U.S. children."* Targeting low-income families will only exacerbate hunger and food insecurity, unmet health care needs, poverty, homelessness and other serious problems. If it moves forward, the rule will have ripple effects on the health, development, and economic outcomes of generations to come, not just for immigrants and their children, but for all Americans.

It is for this reason and the following that we urge the Department to withdraw this proposed regulation:

- 1. The “chilling effect” of the proposed regulations will have a far larger detrimental impact than just those directly impacted.** The proposed new policy has already created a “chilling effect,” whereby eligible individuals and their family members forgo enrolling or have unenrolled in needed services for fear their children’s enrollment will affect their own or other family members’ legal immigration request. If the proposed rule change goes into effect, many more eligible individuals will be impacted, depriving themselves of health care, nutrition and affordable housing in order to protect their ability to stay together as a family. It will also cause a chilling effect on those services not explicitly listed in the proposed rule as subject to public charge, as the Earned Income Tax Credit (EITC) and Women Infant and Children’s Program (WIC), which are all critical to helping children lead healthier lives and perform better in school.^{vi}

Since the first draft of the public rule was leaked earlier this year, there were many disturbing reports of immigrants choosing not to enroll themselves or their children in such programs despite being eligible because they are afraid that enrollment will undermine their ability to remain in the United States.^{vii} Public health organizations from across the country report families who are eligible for services for their U.S. citizen children withdrawing from programs they were previously enrolled in or refusing to enroll in services they are eligible for out of fear.^{viii} ix A recent Georgetown University study noted that the number of children without health insurance rose for the first time since 2008 and attributed the decline, in part, to concerns of reprisal for parents who are immigrants. The study noted that the proposed “public charge” rule change will likely result in a greater increase in uninsured children in the United States.^x

- 2. The proposed rule will limit the health care access of low- and moderate- income children “in need of medical attention” who currently rely on Medicaid or CHIP for their medical coverage.** According to the California Health Care Foundation, approximately 4.8 million children nationwide live in a home with at least one non-citizen adult and are insured by Medicaid or CHIP. Between 700,000 and 1.7 million of these children will likely be withdrawn from these programs if the rule is implemented, which means they would no longer receive necessary treatment and will be at risk of severe disruption of quality of life and in some cases, could die. This includes an estimated 143,000 to 333,000 children with at least one potentially life-threatening condition, including asthma, diabetes, epilepsy, or cancer, 122,000 to 285,000 children on prescribed medications, 102,000 to 238,000 newborns, and 53,000 to 124,000 children with musculoskeletal and rheumatologic conditions like fractures and joint disorders.^{xi}
- 3. Access to essential public health benefits demonstrably improves lives, reduces reliance on cash assistance and strengthens communities at large.** The presumption of the proposed rule

is that providing essential services to eligible and legal immigrants will be a drain on our country. However, the research overwhelmingly indicates otherwise. Multiple studies confirm that early childhood or prenatal access to programs like Medicaid improves health and reduces reliance on cash assistance long term.

By making health insurance accessible to children and parents, Medicaid keeps families healthy and also protects them from financial hardship. For millions of families, Medicaid is a lifeline that keeps them living above the poverty threshold.^{xii} Children in immigrant families with health insurance coverage are more likely to have a usual source of care and receive regular health care visits and are less likely to have unmet care needs.^{xiii} Children with access to Medicaid have fewer absences from school, are more likely to graduate from high school and college and are more likely to have higher paying jobs as adults.^{xiv} As compared to children without health insurance, children enrolled in Medicaid in their early years have better health, educational and employment outcomes not only in childhood but as adults.^{xv}

These benefits extend to women during pregnancy. The Center on Budget and Policy Priorities warns that if more mothers decline to enroll in programs such as Medicaid and lose access to essential pregnancy and postpartum-related services, children will go without the health coverage and food assistance they need to succeed.^{xvi} This could ultimately lead to “higher rates of poor birth outcomes — including higher rates of infant and maternal mortality — as well as poorer health, education, and financial outcomes for children of all ages.”^{xvii}

America’s future depends on ensuring that all children succeed. We need to invest in children rather than put their healthy development and education at risk by destabilizing their families. Forcing parents to choose between their ability to remain with or reunite their family and their children’s access to critical benefits is short-sighted and will harm all of us.

4. The proposed rule would have a devastating impact on particularly vulnerable individuals.

Children in immigrant families are more likely to face certain hardships and are already less likely to secure help due in part to flawed eligibility rules that create barriers for immigrant families.^{xviii} However, like all children, children in immigrant families benefit when they have access to programs and services that promote their development. In particular, the following subpopulations of vulnerable individuals would face specific hardships:

- a. Young adults:** It is estimated that in 2016, 710,000 immigrant young adults had Medicaid, which is 22.7% of all immigrant young adults and 11.3% of all young adults receiving Medicaid; and 446,000 immigrant young adults received SNAP, which is 14.5% of all immigrant young adults.^{xix} In addition, 45,000 immigrant young adults were in a household that received Housing Assistance.^{xx} Public benefits support the health and well-being of immigrant youth and their families and help low-income students succeed in college.

The fear generated by the rule will deter greater numbers of low-income, U.S.-citizen youth with U.S. non-citizen parents and lawful permanent residents from applying to college and applying for federal student aid for fear that this benefit will be added to the “public charge” rule later.^{xxi} Research studies have shown that a postsecondary education can increase economic mobility and improve lives.^{xxii} Research has also found that a college degree improves health status.^{xxiii} Since 2008, the majority of the new jobs created in the economy are going to college-educated individuals.^{xxiv}

Ultimately the changes in workforce defined by the rule will undermine our nation’s global competitiveness. A highly-educated workforce spurs economic growth and strengthens state and local economies.^{xxv} The rule will decrease the number of U.S.-citizen youth with U.S. non-citizen parents, lawful permanent residents and undocumented immigrant youth completing college degrees and pursuing areas of national need, including the fields of science, technology, engineering, and mathematics (STEM). In short, public charge would weaken the STEM educational pipeline at a time when the United States needs STEM professionals and thwart efforts to increase educational attainment levels.^{xxvi} By disproportionately affecting young people entering the formal workforce, the proposed rule change will have far-reaching implications for our economy.

b. Children with special health care needs, such as those living with disabilities:

According to estimates from the National Survey of Children’s Health, roughly 2.6 million children in immigrant families have a disability or special health care need.^{xxvii} These special needs make children with disabilities in immigrant families vulnerable to hardship due to the economic burdens associated with requiring specialized care. Parents of children with disabilities typically work fewer hours and ultimately earn less income due to their children’s caregiving needs.^{xxviii} As a group, children with disabilities are more likely to live in low-income households and to experience food insecurity and housing instability, making programs like SNAP, Medicaid, and housing assistance vital to their well-being.^{xxix} Restricting immigrant families’ access to other public anti-poverty programs would further exacerbate the economic hardships that children with disabilities and other special needs already experience.

While many children in the U.S. —both in immigrant and native-born families—depend on public health insurance programs, Medicaid is uniquely critical for children with disabilities. Roughly half of all children with a disability or other special health care rely on public insurance for a variety of services and supports, including respite care; occupational, physical, or speech therapies; and prescription drugs.^{xxx} These services are critical to keep children healthy and thriving, but they are typically costly—even with insurance—and are out of reach for families who lack coverage. The proposed rule would undermine immigrant families’ access to Medicaid and force families to

pick and choose which services they can pay for on their own while still putting a roof over their heads and food on their tables. At minimum, forgoing critical services could hamper children’s developmental progress. For some families, the stakes are even higher: comprehensive coverage through these programs is necessary to keep their children alive.

For these reasons, the Department should withdraw its current proposal and dedicate its efforts to advancing policies that strengthen—rather than undermine—the ability of immigrant parents to support themselves and their children. It is in all of our best interest to protect the well-being of children in immigrant families in order to strengthen the nation’s future for all of us.

Thank you for the opportunity to submit comments on the NPRM. Please do not hesitate to contact Erin Kennedy at EKennedy@ChildFund.org or Julia Campbell at JCampbell@ChildFund.org for further information.

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