

The Administration's Public Charge Rule: Negative Consequences for Children of Immigrants

[DATE]

Submitted via www.regulations.gov

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

Re: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Sir/Madam:

Introduction

I am writing on behalf of [organization name] in response to the Department of Homeland Security's (DHS, or the Department) Notice of Proposed Rulemaking (NPRM or proposed rule) to express our strong opposition to the changes regarding "public charge," published in the Federal Register on October 10, 2018. The strength of our economic future is dependent on the well-being of our nation's children, who are our future workforce and tax base. Yet child poverty remains high in the United States and costs the United States over \$1 trillion a year, representing 5.4 percent of our GDP.¹ Therefore, everyone— regardless of socioeconomic status— benefits from strategies that improve child wellbeing.

The proposed rule's sweeping changes to long-standing, bipartisan immigration policy determining eligibility for green cards and admission to the United States would jeopardize our country's economic future through targeting access to health care, nutrition assistance, and housing support for tax-paying, legal immigrant households with children. We urge that the rule be withdrawn in its entirety, and that long standing principles clarified in the 1999 field guidance remain in effect.

[INSERT paragraph describing your organization, if applicable, and why this is particularly urgent to you, plus the expertise that you have on issues raised. If you are a service provider, consider including specific data on the populations you serve. If you are a state/local organization, consider including demographic information. Note that [Manatt dashboard](#) includes data broken out for kids by state:]

The proposed rule represents a massive change in current policy – yet it is put forward with no rationale and in contradiction of the available evidence. The proposed rule would alter the public charge test dramatically, abandoning the enduring meaning of a public charge as a person who depends on the government for subsistence, changing it to anyone who simply receives assistance with health care, nutrition, or housing. Under current policy, a public charge is defined as an immigrant who is “likely to become primarily dependent on the government for subsistence.” The proposed rule radically expands the definition to include any immigrant who simply “receives one or more public benefits.” This shift drastically increases the scope of who can be considered a public

¹ Michael McLaughlin and Mark Rank, “Estimating the Economic Cost of Childhood Poverty in the United States,” *Social Work Research*, 42(2), June 2018, <https://doi.org/10.1093/swr/svy007>

charge to include not just people who receive benefits as the main source of support, but also people who use basic needs programs to supplement their earnings from low-wage work.

The rule proposes to expand who may be deemed a *public charge* (i.e., burden on the public coffers) in the consideration of an application for lawful permanent resident status and/or lawful admission. Government officials will consider an applicant's use of benefits beyond the existing standards of cash assistance and long-term medical care to now include Medicaid, the Supplemental Nutrition Assistance Program (SNAP) and housing assistance such as Section 8 Housing Choice Vouchers, Section 8 Project Based Rental Assistance and Public Housing.

This rule will directly impact children who themselves apply for green cards later. The U.S. Department of Homeland Security (DHS) acknowledges that thanks to a chilling effect--whereby fear and misinformation prompt families to avoid accessing important programs, regardless of whether participation will actually count within the public charge determination--the proposed rule will also likely impact U.S. citizen children with immigrant parents.

Furthermore, there is no way to hurt immigrant parents without also harming their children. Children in households where immigrant parents are limited from accessing critical benefits, including U.S. citizen children, will suffer from a loss of income and resources to the household that support their healthy development.

This rule disproportionately targets children and their basic needs. The Department asks about public charge determinations for non-citizen children under age 18 who receive one or more public benefit programs.² We strongly believe that receipt of benefits as a child should not be taken into account in the public benefits determination as it provides little information on their future likelihood of receiving benefits. If anything, receipt of benefits that allow children to live in stable families, be healthy and succeed in school will contribute to the future integration and contribution to society of kids who grow up, develop, learn and complete their education and training in the United States. The value of access to public benefits in childhood has been documented repeatedly. Safety net programs such SNAP and Medicaid have short and long-term health benefits and are crucial levers to reducing the intergenerational transmission of poverty.³

Investing in children is the most important investment we can make in our country's future. It is not only cruel, but counterproductive to penalize a child for being a child. Moreover, negatively weighing a child's enrollment in health and nutrition programs would be counter to Congressional intent under both the 2009 CHIPRA and section 4401 of the Farm Security and Rural Investment Act of 2002, which restored access to what was then called Food Stamps (now the Supplemental Nutrition Assistance Program, SNAP) to immigrant children.

The proposed rule would create a chilling effect and decline in services regardless of actual eligibility changes.

² Inadmissibility on public charge grounds, 83 Fed. Reg. 51114 (proposed October 10, 2018) (to be codified at 8 CFR Parts 103, 212, 213, 214, 245 and 248), pp. 511

³ Page, Marianne, "Safety Net Programs Have Long-Term Benefits for Children in Poor Households", Policy Brief, University of California, Davis, 2017 https://poverty.ucdavis.edu/sites/main/files/file-attachments/cpr-health_and_nutrition_program_brief-page_0.pdf

Beyond those families directly subject to the rule, expanding the public charge determination will have a broad chilling effect and deter all immigrant households from accessing any essential services out of fear it will negatively impact their immigration status. The complexity and severity of implications stemming from the rule will cause fear and uncertainty among immigrant families even if they are still entitled to benefits. In other words, even immigrants and family members who are not subject to this rule will, out of fear, be deterred from receiving benefits that they are entitled to due to general confusion regarding which programs and populations are considered.

The impact of the chilling effect has already been felt due to the various leaked drafts of the rule. This is a strong indication that these false deterrents will continue after the release of the official rule. According to a recent Politico article, agencies in at least 18 states have seen drops of up to 20 percent in enrollment due to fear of the immigration policy.⁴ The rule itself states that consequences due to the chilling effect include worse health outcomes, increased obesity and malnutrition for pregnant women, breastfeeding mothers, infants, and children; increased use of emergency rooms and emergent care; increased prevalence of communicable diseases; increase in uncompensated care; increased poverty and housing instability; and reduced productivity and educational attainment.

The proposed rule would negatively impact child health

Medicaid and CHIP

Medicaid and the Children's Health Insurance Program (CHIP) provide essential healthcare to America's neediest children, but they also have widespread and long-lasting positive outcomes for children and their families that extend to the country as a whole. Medicaid, founded as part of the Social Security Amendments of 1965, is a public health insurance program, operated as a federal partnership between the federal government and the states, that provides health insurance coverage to children, people with disabilities, the elderly, and some adults who are uninsured. CHIP, a bipartisan piece of legislation enacted as part of the Balanced Budget Act of 1997, also plays an important role in insuring children by specifically focusing on providing coverage for needy children in working families who do not have access to job-based coverage but earn too much to qualify for Medicaid. DHS wants to include Medicaid as a part of public charge determinations and is currently asking for comments on whether to include CHIP. The inclusion of either of these programs would drastically undermine the healthcare of children.

Medicaid successfully provides health coverage to 74 million of our nation's most vulnerable citizens.⁵ Of that number, approximately 37 million are children, making Medicaid the country's largest insurer of children.⁶ On top of this, CHIP covers an additional 9.4 million children.⁷

⁴ Helena Bottemiller Evich, "Immigrants, fearing Trump crackdown, drop out of nutrition programs," *Politico*, September 4, 2018, <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>

⁵ "April 2018 Medicaid & CHIP Enrollment Data Highlights," *medicaid.gov*, accessed July 25, 2018, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/>

⁶ "Child Enrollment in CHIP and Medicaid by State, FY2016," *macpac.gov*, accessed July 25, 2018, <https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-32.-Child-Enrollment-in-CHIP-and-Medicaid-by-State-FY-2016.pdf>

⁷ "Total Number of Children Ever Enrolled in CHIP," *The Henry J. Kaiser Family Foundation*, accessed July 25, 2018, <https://www.kff.org/other/state-indicator/annual-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Together, these two programs serve more than one in three children in the United States.⁸ Thanks to Medicaid and CHIP, the number of uninsured children has dipped to record lows. The rate of uninsured children was reduced by half between 2009 and 2016, from 8.6 percent to 4.5 percent.⁹

Children receive essential, child-specific, services through Medicaid that would not otherwise be available to them. The program's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program requires that all children get the medical services they need to meet the unique health and developmental needs of adolescents. Specifically, EPSDT ensures coverage for developmental assessments for infants and young children, well-child visits, and vision, dental, and hearing services.¹⁰

Obtaining access to healthcare through Medicaid also offers many long-term benefits for children. Children eligible for Medicaid tend to do better in school, miss fewer days due to illness or injury, and have a higher likelihood to graduate high school and college. As adults, studies have shown that, on average, people enrolled in Medicaid as children fare better as adults by having better health, fewer hospitalizations and emergency room visits, earning more money, and paying more taxes.¹¹

Today, children living with an immigrant parent are more likely to be uninsured than those living with U.S.-born parents.¹² Thankfully, millions of immigrants and their families are able to rely on Medicaid to provide them with affordable health care. About 16.3 million immigrants, or about 39 percent, are in families in which someone receives Medicaid or CHIP and about eight million of these are citizen children.¹³ CHIP has also proven to have a positive impact on immigrant children. After CHIP expanded under the Children's Health Insurance Program Reauthorization Act in 2009, states had the option to include all lawfully present immigrant children and pregnant women in their CHIP and Medicaid programs, without the five-year waiting period, under a provision known as the Legal Immigrant Children's Healthcare Improvement Act (ICHIA). States that exercised the option experienced positive results and increased coverage for their states eligible but unenrolled children. Thirty four states and the District of Columbia opted to expand their health programs to include all lawfully present immigrant children, and studies show that they experienced a 24.5 percent increase in insurance coverage after the expansion compared to states who did not expand their programs.¹⁴ On top of this, immigrant children in states that expanded eligibility experienced reductions in unmet health care needs compared to those in states that did not, which helped close the substantial gap in coverage between immigrant and non-immigrant children.¹⁵

⁸ Carrie Fitzgerald, "Medicaid: Cost-Effective Coverage that Works for Kids," *First Focus*, April 2018, <https://firstfocus.org/wp-content/uploads/2018/04/Medicaid-and-Kids-April-2018-pdf>

⁹ Joan Alker and Olivia Pham, "Nation's Uninsured Rate for Children Drops to Another Historic Low in 2016," *Georgetown University Health Policy Institute Center for Families and Children*, September 2017, <https://ccf.georgetown.edu/wp-content/uploads/2017/09/Uninsured-rate-for-kids-10-17.pdf>

¹⁰ *Ibid.*, 6.

¹¹ Danilo Trisi and Guillermo Herrera, "Administration Actions Against Immigrant Families Harming Children Through Increased Fear, Loss of Needed Assistance," *Center on Budget and Policy Priorities*, May 15, 2018, <https://www.cbpp.org/research/poverty-and-inequality/administration-actions-against-immigrant-families-harming-children>

¹² Samantha Artiga and Anthony Damico, "Nearly 20 Million Children Live in Immigrant Families that Could be Affected by Evolving Immigration Policies," *The Henry J. Kaiser Family Foundation*, April 18, 2018, <https://www.kff.org/disparities-policy/issue-brief/nearly-20-million-children-live-in-immigrant-families-that-could-be-affected-by-evolving-immigration-policies/>

¹³ The Annie E. Casey Foundation, *2017 Race for Results: Building a Path to Opportunity for All Children*, 2017, available at: <http://www.aecf.org/resources/2017-race-for-results/>

¹⁴ Brendan Saloner, Neel Koyawala, and Genevieve M. Kenney, "Coverage for Low-Income Immigrant Children Increased 24.5 Percent in States that Expanded CHIPRA Eligibility," *Health Affairs*, Vol. 33, No. 5, May 2014, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2013.1363>

¹⁵ Brendan Saloner, Neel Koyawala, and Genevieve M. Kenney, "Coverage for Low-Income Immigrant Children Increased 24.5 Percent in States that Expanded CHIPRA Eligibility," *Health Affairs*, Vol. 33, No. 5, May 2014, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2013.1363>

Studies show that children are less likely to have their own coverage if their parents are uninsured, so a parent's loss of coverage will almost certainly have negative effects on their children. If a parent withdraws from Medicaid, or their child from CHIP, due to a public charge concern or doesn't apply due to fear of a later finding, the family is at risk of potential untreated illness, lost work days due to illness, and medical bankruptcy. Conversely, being on Medicaid has proven health benefits for children. Children who have Medicaid are more likely to have their health needs addressed, have greater educational attainment, and have better economic outcomes as adults compared to those not enrolled. Also, uninsured parents are at greater risk for medical debt, unpaid bills, and bankruptcy, which runs counter to the goal of self-sufficiency for families in our country.

Medicaid and CHIP are imperative for the future of our country. In the coming years, predictions show that the ratio of seniors to those of working age will be twice as great as it was in the 20th century, which means there will be far fewer workers to support our economy and replace retirees in the workforce.¹⁶ The first step toward closing this gap is to bolster the health of our younger generation in order to give each and every child the opportunity to thrive as adults and become productive members of society, and Medicaid and CHIP help millions of children achieve this. Lastly, the consideration of including CHIP is misguided because it directly contradicts DHS's goal of self-sufficiency. CHIP covers children whose parents make too much money to qualify for Medicaid, which means the vast majority of them are employed making this an unwarranted attack on hardworking families. CHIP should not be included in public charge determinations.

The proposed rule would negatively impact child nutrition and food security

The Supplemental Nutrition Assistance Program (SNAP)

When children lack the necessary resources for consistent access to healthy food, they are at risk for malnutrition and other adverse health, educational, and developmental consequences.¹⁷ Not only do children remain more susceptible to food insecurity than the general population, the risk is even higher for children of immigrants.¹⁸

As the largest federal assistance program serving children, the Supplemental Nutrition Assistance Program (SNAP) is the first line of defense against child food insecurity.¹⁹ Beyond its role in fighting food insecurity, SNAP benefits lifted 1.5 million children out of poverty in 2017 alone,²⁰ and low-income children who participate in SNAP have better long-term health and educational outcomes.²¹ SNAP also functions as a critical economic stimulus during times of downturn. Every \$5 in new SNAP benefits generates an estimated \$9 in economic activity, an increase of \$1 billion in SNAP

¹⁶ "The New Importance of Children in America," *Children's Hospital Association*, October 12,

2017 <https://www.childrenshospitals.org/Research-and-Data/Pediatric-Data-and-Trends/2017/The-New-Importance-of-Children-in-America>

¹⁷ Child Trends, "Food Insecurity: Indicators of Child and Youth Wellbeing," Child Trends Data Bank, December 2016, <https://www.childtrends.org/indicators/food-insecurity>

¹⁸ Mariana Chilton and Maureen M. Black, et. al, "Food Insecurity and Risk of Poor Health Among US-Born Children of Immigrants." *American Journal of Public Health*, March 2009 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661461/>

¹⁹ United States Department of Agriculture Office of Policy Support, "Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security (Summary)," August 2013, <https://fns-prod.azureedge.net/sites/default/files/Measuring2013Sum.pdf>

²⁰ Liana Fox, "The Supplemental Poverty Measure: 2017," United States Census Bureau, September 2018 <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-261.pdf>

²¹ Steven Carlson and Brynne Keith-Jennings, "SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs," Center on Budget and Policy Priorities, January 2018 <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

benefits increases GDP by \$1.79 billion and results in an increase of 8,900-17,900 full-time equivalent jobs.²²

Including SNAP in a public charge determination would significantly undermine the program's role in fighting child poverty and food insecurity as well as erode its ability to generate economic activity on the whole in times of financial downturn. Already, undocumented non-citizens are ineligible to participate in SNAP. However, U.S.-born citizen children of immigrants and children who are 'qualified' immigrants are eligible for the program.²³ As a result, 433,000 eligible immigrant children received food assistance through SNAP in Fiscal Year 2017. [for the number of non-citizen children who accessed SNAP in FY 2016 by state, visit <https://fns-prod.azureedge.net/sites/default/files/ops/Characteristics2016.pdf>, Table B.17., "Distribution of noncitizen participants by age and by State", and find the number in the second column of the table] If and when these children apply for Legal Permanent Residency, this proposed rule would penalize them for receiving SNAP to avoid going hungry.

There are also millions of other children with immigrant parents participating in SNAP (3.9 million of whom are U.S. citizens)²⁴ who could have less food as a result of this proposed rule [for the number of US citizen children with immigrant parents who accessed SNAP in FY 2016 by state, visit <https://fns-prod.azureedge.net/sites/default/files/ops/Characteristics2016.pdf>, Table B.16., "Distribution of participants by citizenship status and by State", and find the number in the second to last column of the table]. By design, SNAP benefits grow with the size of a household, because they are intended to put food on the table for the whole family. If parents lose access to the program, the whole family will have less to eat. Though research shows that food-insecure parents seek to shield their children from hunger by "rationing" their own food intake, this puts additional stress on the household and keeps parents from accessing the food they need to be productive and healthy enough to provide for their families. Furthermore, if pregnant women forgo nutrition assistance for which they are eligible due to the public charge rule, their babies will lose an important support that lowers their risk of low birthweight, adult obesity, and failure to complete high school.²⁵

According to DHS, this rule will indeed result in "increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children."²⁶ The agency claims that these consequences are "non-monetized costs," but this misleading assertion ignores a wide body of economic analysis quantifying the economic impact of obesity²⁷ and malnutrition²⁸ in America.

This rule would negatively impact family economic stability

Housing Assistance

²² "Supplemental Nutrition Assistance Program (SNAP) Linkages with the General Economy," *USDA Economic Research Service*, Accessed October 2018, <https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/economic-linkages/>

²³ The US Department of Agriculture, "SNAP Policy on Non-Citizen Eligibility," Updated March 2017, accessed August 2018, <https://www.fns.usda.gov/snap/snap-policy-non-citizen-eligibility>

²⁴ Sarah Lauffer, "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2016," *United States Department of Agriculture*, November 2017 <https://fns-prod.azureedge.net/sites/default/files/ops/Characteristics2016.pdf>

²⁵ White House Council of Economic Advisors, "Long Term Benefits of the Supplemental Nutrition Assistance Program," December 2015, https://obamawhitehouse.archives.gov/sites/whitehouse.gov/files/documents/SNAP_report_final_nonembargo.pdf

²⁶ Inadmissibility on public charge grounds, 83 Fed. Reg. 51114 (proposed October 10, 2018) (to be codified at 8 CFR Parts 103, 212, 213, 214, 245 and 248), pp. 51270

²⁷ Hammond RA, Levine R. The economic impact of obesity in the United States. *Diabetes, Metabolic Syndrome and Obesity : Targets and Therapy*, 2010(3), August 2010, <https://doi.org/10.2147/DMSO.S7384>

²⁸ John T. Cook and Ana Paula Poblacion, "Appendix 2: Estimating the Health-Related Costs of Food Insecurity and Hunger," 2016, Bread for the World Institute, http://www.bread.org/sites/default/files/downloads/cost_of_hunger_study.pdf

A lack of access to affordable housing remains one of the main barriers to economic stability for many families. Housing costs continue to increase in the United States, yet family income has not kept pace. About four million households with children spend more than half of their income on rent, which leaves limited resources for food, utilities, transportation, and other needs.²⁹

Yet access to housing assistance already remains limited for families - only one in four families who are eligible for rental assistance in the United States receive it. Access is further limited based on immigration status - only U.S.-born individuals and or those who are ‘qualified’ immigrants under are eligible for the program.³⁰ For mixed-status households, assistance is prorated based on the number of eligible household members. This puts families with children, who have larger households and therefore need more spacious and costly housing, at a disadvantage by limiting access to housing assistance based on eligible members, not the total household.

This rule would add insult to injury by further limiting access to housing assistance for families with children. The primary housing assistance programs that serve families with children, Section 8 Housing Choice Vouchers, Section 8 Project Based Rental Assistance and Public Housing are all explicitly included in the rule.

Out of households currently receiving rental assistance, nearly 40 percent include children.³¹ Research shows that rental assistance for households with children results in significant positive effects for future child outcomes and family economic security. Housing assistance lifts about a million children out of poverty each year,³² and can improve a child’s chances for long-term economic mobility—one study finds that children in households receiving Housing Choice vouchers have higher adult earnings and a lower chance of incarceration.³³ Housing assistance also improves child health - children of families receiving housing assistance had a 35 percent higher chance of being labeled a “well child,” a 28 percent lower risk of being seriously underweight and a 19 percent lower risk of food insecurity.³⁴

The agency’s assertion that loss of housing assistance for families would have “non-monetizable” costs for our society is blatantly false. Access to affordable housing provides stability for families and frees up income for other necessities. Low-income households with children that pay more than half of their monthly income on rent spend considerably less on other basic necessities - they spend \$200 less per month on food, nearly \$100 less on transportation, and about \$80 less on healthcare.³⁵

As rent increases continue to outpace wage increases, federal housing assistance is more critical than ever. Further limiting access to housing assistance such as Housing Choice Vouchers for families

²⁹ Center on Budget and Policy Priorities, “Federal Rental Assistance,” Fact Sheet, March 2017, <https://www.cbpp.org/sites/default/files/atoms/files/4-13-11hous-US.pdf>

³⁰ 42 U.S. Code § 1436a - Restriction on use of assisted housing by non-resident aliens <https://www.law.cornell.edu/uscode/text/42/1436a>

³¹ Center on Budget and Policy Priorities, “National and State Housing Fact Sheets & Data,” August 2017, available at: <https://www.cbpp.org/research/housing/national-and-state-housing-fact-sheets-data>

³² Trudi Renwick and Liana Fox, “The Supplemental Poverty Measure: 2016”, United States Census Bureau, September 2017, <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-261.pdf>

³³ Fredrik Andersson, John C. Haltiwanger, et. Al, “Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing,” National Bureau of Economic Research Working Paper No. 22721, Revised September 2018, <http://www.nber.org/papers/w22721>.

³⁴ Elizabeth March, “Rx for Hunger: Affordable Housing,” *Children’s Health-Watch; Medical-Legal Partnership*, December 2009, http://www.vtaffordablehousing.org/documents/resources/435_RxforhungerNEW12_09.pdf

³⁵ “The State of the Nation’s Housing 2018”, Joint Center for Housing Studies of Harvard University, tabulations of US Bureau of Labor Statistics, 2016 Consumer Expenditure Survey, 2018, http://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_State_of_the_Nations_Housing_2018.pdf

will cause higher rates of housing instability and homelessness in the United States, which will have devastating effects on healthy child development and our nation's future economic security.

Supplemental Security Income (SSI) program and Temporary Assistance for Needy Families (TANF) program

Keeping both SSI and TANF benefits in the public charge determination will continue to be detrimental to children and families economic stability.

SSI

The SSI program pays benefits to adults and children with disabilities who have limited income and resources. The goal of SSI is to offset the financial burden associated with disabilities for families.³⁶ SSI enhances the opportunity for a child with disabilities to achieve an independent and rewarding life. Once a child begins receiving SSI, the likelihood they will experience poverty decreases by about 11 percent.³⁷ Families receiving SSI relied less on other benefits such as SNAP, WIC, and TANF.³⁸

Continuing to include SSI benefits in the public charge determination is cruel to children with disabilities and to the families caring for them. When children and families are threatened with being declared a public charge because of the very program that helps them access the health care they need, like SSI, their day-to-day health, safety, and well-being are threatened.

TANF

The TANF program is the only source of federal cash assistance for families with children. While the overwhelming majority of TANF recipients are children, fewer and fewer children are receiving cash assistance, with just under 25 percent of all poor families with children receiving cash assistance today.³⁹ Keeping TANF as part of the public charge determination will only continue to further restrict the limited access that children and families have to cash assistance. Reaching economic security is a long road for many families. While parents and caregivers are working towards upward mobility, we need to ensure that every family is provided with enough cash assistance to provide sufficient resources for children while their brains are undergoing critical stages of development.

Conclusion

Immigrant households in the United States already face unique structural and cultural barriers to economic security, including barriers that prevent them from accessing critical assistance. As a result, children in immigrant families are more likely to be living in low-income households than children in U.S.-born families.⁴⁰

³⁶ Council on Children with Disabilities, "Supplemental Security Income (SSI) for Children and Youth with Disabilities," *American Academy of Pediatrics*, 124(6), December 2009, <http://pediatrics.aappublications.org/content/124/6/1702>

³⁷ Mark Duggan and Melissa Schettini Kearney, "The Impact of Child SSI Enrollment on Household Outcomes: Evidence from the Survey of Income and Program Participation," The National Bureau of Economic Research Working Paper No. 11568, Revised January 2007, <http://www.nber.org/papers/w11568>

³⁸ Ibid.

³⁹ Ife Floyd, LaDonna Pavetti and Liz Schott, "TANF Reaching Few Poor Families," Center on Budget and Policy Priorities, December 13, 2017, <https://www.cbpp.org/research/family-income-support/tanf-reaching-few-poor-families>

⁴⁰ The Annie E. Casey Foundation, "Children living in low-income families (below 200 percent of the poverty threshold) by family nativity," Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey,

The impact of this proposal would only further exacerbate this disparity by negatively impacting the ability of low-income, immigrant families to meet their basic needs. The implementation of this rule, coupled with its inevitable chilling effect, will directly harm both children and adults in immigrant families, as their families choose not to access crucial benefit programs despite rightful eligibility.

In the coming decades, there will be far fewer workers to support our economy and replace those who are retiring. Everyone—regardless of socioeconomic status—benefits from strategies that support healthy development of our nation’s children.

When *all* children succeed, *all* of us benefit.