



December 7, 2018

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:

First Focus is a bipartisan advocacy organization dedicated to making children and families a priority in federal policy and budget decisions. As an organization dedicated to promoting the safety and well-being of all children in the United States, we are writing in strong opposition to the proposed rule regarding public charge determinations as published in the Federal Register.

Introduction

The future of our nation depends on the well-being and success of our children. They are one-quarter of our population, but all of our future. Yet child poverty remains high in the United States and costs the U.S. 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 well-being.

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.

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 (LPR) status and/or lawful admission. The proposed rule would expand current considerations to allow government officials to consider an applicant's use of benefits beyond the existing standards of cash assistance and long-term medical care. This represents a drastic change from the current definition to include someone who utilizes benefits for support. As a result, the determination would now include a broader range of services including Medicaid, nutrition assistance through 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 whom themselves apply for green cards later in life unless they are asylees, refugees, or otherwise exempt. 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 parents are limited from accessing critical benefits will suffer from a loss of income and resources to the household that support their healthy development.

When it comes to housing assistance, there is no way to separate benefits to parents and their children who live in the same home. You cannot divide up a home or an apartment based on who is eligible for assistance, so when parents lose assistance and housing becomes unaffordable, the entire family, including children, is put at risk of homelessness. Similarly, individuals who rely on SNAP use that assistance to put food on the table for the entire family, including their children.

This means that children with immigrant parents—including many U.S. citizen children—will also be harmed when their parents lose access to assistance programs and there is a loss of shared resources to the household. The proposed expansion of the public charge determination will also impose other new standards that specifically disadvantage families with children. First, the rule indicates that large household size is a negative factor, thereby targeting households with children, and this highlights the rule as a potential form of religious discrimination. Age is also a negative factor, so minor children would also see their age count against them.

Next, household income below 125 percent of the federal poverty line could count against financial status in the determination. This disregards low wage work, for many people working full-time do not meet the 125 percent of FPL standard. A parent who works full-time year round—not missing a single day of work due to illness or inclement weather—and is paid the federal minimum wage would fail to achieve the 125 percent of FPL threshold. This is clearly not the person Congress envisioned when it directed DHS to deny admission to persons likely to become a public charge.

By imposing a standard for household income, this rule fails to consider evidence that immigrants improve their economic status over time. Analysis conducted by the Center for Health Policy Research found that immigrants have substantial economic mobility. When immigrants first arrive in the United States, they have less social capital and their job skills and experience may not align perfectly with the American job market. Over time, immigrants' social capital increases and job skills and experience improve, increasing their income to eventually catch up to that of persons born in the U.S. Immigrants with less education close the immigrant-native income gap even faster, catching up with similar US-born counterparts within seven years.² The proposed rule completely ignores the upward mobility of immigrants, denying immigrants future opportunities and stalling our nation's progress.

Research shows that access to lawful permanent residence and citizenship can help lift families out of poverty and create economic prosperity for immigrants and their children—as well as their communities.³ Lawful status and citizenship can help parents secure better-paying jobs, pulling families out of poverty, and reduces the stress associated with living without legal status. These benefits are passed down to children—especially when parents are able to obtain legal status early in their child's life—leading to better educational and workforce outcomes when their children reach adulthood.⁴

Also DHS proposes, for the first time, to add English proficiency as a weighted factor for public charge determinations. This poorly justified addition will make it much harder for families to remain together or reunite in this country. Children whose parents are not English proficient or who themselves apply for green cards without proficiency will be harmed. Congress did not impose an English language test on applicants for lawful permanent residence. Instead, our immigration laws explicitly require an English test for lawful permanent residents who have lived in the U.S. for a number of years—when they apply to become a U.S. Citizen. And, Congress has supported our nation's commitment to welcoming and integrating immigrants by authorizing funds to support English language learners.⁵ This is not a country with a national language. There is no law that allows the government to give preference to those who speak English over those who are limited English proficient and in fact, the Supreme Court has held that discrimination on the basis of language or English proficiency is a form of national origin discrimination.

Not only would the public charge rule impose new burdens on families' ability to obtain benefits for which they are eligible, but it would also place new and costly hurdles within the application process. These changes would further complicate the already cumbersome immigration process by increasing the monetary burden on applicants, paperwork, and the complexity of the rule. In addition to current paperwork requirements, applicants would now have to fill out an I-944 tax form in order to prove that they are not, or are not at risk of becoming, a "public charge." DHS admits that requiring this form, as well as others, will increase both the time and monetary burden on applicants. In fact, the financial burden will be so substantial that DHS estimates that it will collectively

cost applicants up to \$130 million annually and up to \$1.3 billion over the next 10 years.⁶ Lastly, the complexity of the rule (which takes 8 to 10 hours just to read) would leave applicants with the difficult choice between risking errors or hiring an expensive immigration attorney.

The proposed rule will have a significant negative impact on child well-being in the U.S.

Children of immigrants are the fastest-growing group of American children.⁷ Approximately 1 in 4 children (18 million) live in a family with at least one immigrant parent.⁸ Many immigrant parents are working⁹ and employed in essential, but lower-paying jobs that don't provide access to employer-sponsored health insurance or a pension plan and which diminish their ability to invest in their children.¹⁰ This, combined with skyrocketing rents and the high cost of everyday goods, means that immigrant parents still struggle to make ends meet and turn to key assistance programs to supplement resources for their families.

Yet under current immigration law, many immigrant households with children are not eligible for assistance programs due to their immigration status. As a result, children in immigrant families are more likely to be living in low-income households than children in U.S.-born families.¹¹ This rule would only exacerbate this disparity by further limiting access to these programs for immigrant families with children.

Each day, these children are trying to thrive and are faced with barriers at every stage of their development. These barriers often include lack of access to quality early childhood education, lack of access to proper nutrition and healthcare, and under-resourced schools. For example, children of immigrants are more susceptible to food insecurity than their peers even when controlling for income; for these children, federal food assistance is a critical defense against the adverse health, educational, developmental, and economic impacts associated with limited access to healthy food.¹²

When these multiple barriers are compounded by a lack of access to opportunity and disinvestment in communities early in life, it sets a foundation for poor outcomes throughout their lives. This “snowball effect” creates an entirely different trajectory for children living in poverty.

Child development research shows that kids benefit from resources provided at an early age and that those resources create a long-term positive impact on the child's life and long-term economic contributions, regardless of the family's socioeconomic status.

By the Department of Homeland Security's own admission,¹³ limiting access to resources that support healthy child development will increase child poverty and result in a future generation of children with weakened physical, mental health, nutritional, and educational outcomes.

The proposed rule will hurt our country's economic future.

In the coming decades, the ratio of seniors to those of working age will be twice as great as it was in the 20th century. This means far fewer workers to support our economy and replace those who are retiring.¹⁴ This shift would be even more dramatic if it weren't for immigration because grown children from immigrant families will account for about three-quarters of the growth in working-age population projected from 2020 to 2030.¹⁵ Therefore it is critical for us to invest in our nation's children, who make up our future tax base. Yet we have been seeing the opposite trend. Despite the fact that children make up nearly 23 percent of our population, they only account for 8 percent of the federal budget each year.¹⁶

The U.S. spends much less of its gross domestic product on benefits for families – less than one percent – compared to other middle- and high-income countries. In comparison to 21 other countries, the U.S. ranks second-to-last in its spending on families.¹⁷

As a result, our child poverty rate remains high and currently costs our country over \$1 trillion a year, representing 5.4 percent of our GDP.¹⁸ Stunningly, the agency fails to account for this in its cost-benefit analysis. Indeed, though DHS acknowledges that the rule will result in “increased rates of poverty” among other harm,

it treats this as a “non-monetized cost.”¹⁹ This assertion is not only misleading, given the body of evidence cited above, it also vastly underestimates the economic harm this rule will impose on the nation.

Yet we know how to reduce those costs. Child development research shows that kids are healthier²⁰ and earn more as adults²¹ when they benefit from resources at an early age. Public benefits that provide healthcare, nutrition assistance, and income support to families can break the cycle of generational poverty and increase economic productivity.

Every \$5 invested in new SNAP benefits translates into \$9 of economic activity,²² and high-quality, early learning programs for low-income children under five years old result in a 13 percent return on investment per year, much of which is due to increased earnings for these children later in life.²³

Investing in our children meets the same criteria business executives use when they make corporate investments: a quality product, a proven track record, and reliable and consistent long-term returns.

The proposed rule will exacerbate racial/ethnic disparities in healthy child development among children of immigrants.

Estimates indicate that anywhere from 5.4 to 16.2 million immigrants and their children could disenroll from programs as a result of the Administration’s rule.²⁴ The number of people affected would be most broadly felt among America’s two largest racial/ethnic groups of immigrants: Hispanic and Asian American/Pacific Islander. As a result, these two populations will be disproportionately affected by the proposed rule. It’s critical to consider that early childhood, from birth to until the start of school, encompasses one of the most significant periods for brain development. The only organ not fully developed at birth is the brain, and 90 percent of the child’s brain develops by the age of five. Studies show that the child’s brain doubles in size in the first year of life and keeps growing to about 80 percent by the age of three and 90 percent by age five.²⁵ During the child’s first five years, the neurons create at least one million new connections, which is far more than at any other time in an individual’s life.²⁶ Lack of access to healthcare can negatively impact a child’s early development and, subsequently, his or her long-term success. Long before most children step into the classroom, their neurons construct networks, cognition skyrockets, language increases, and the foundation is laid for a lifetime a learning.

The American Academy of Pediatrics recommends that babies get checkups at birth, three to five days after birth, and then at 1, 2, 4, 6, 9, 12, 15, 18, and 24 months.²⁷ Babies may receive referrals for additional assessment and treatment during or between any of these appointments. Therefore, it is essential that parents and medical providers be aware of the child’s primary care and that any referrals be covered during this significant time in a child’s development.

Endangering access to Medicaid and perhaps CHIP for this population of youngsters by scaring their parents away from public programs for which their children are eligible, could seriously risk the healthy brain development and functions of these young children.

The proposed rule would create barriers to family reunification through family based visa petitions.

Family unity is often a key motivation for immigration. U.S. citizens may petition for a visa for an immediate family member. This has been the cornerstone of our immigration system for decades and represents a strong national value of family unity. According to DHS, in 2016²⁸ approximately 68 percent of the total persons who obtained LPR status were immediate relatives of U.S. citizens or had a family-based sponsor. This highlights the fact that those primarily affected by this proposed rule would be those applying through family-based visa petitions. In addition, the proposed rule drastically discriminates against children, non-working spouses, and elderly persons.²⁹ This will make it difficult for families to stay together and/or reunify as the proposed rule does not take into account the consequences for family reunification.

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

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 a general confusion of 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 due to 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.³⁰ 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.

Child Health

Medicaid

Medicaid provides essential healthcare to America's neediest children, but it also has widespread and long-lasting positive outcomes for children and their families that extend to the country as a whole. Medicaid is a public health insurance program, operated as a 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. Prior to Medicaid, which was established as part of the Social Security Amendments of 1965, health care services for those struggling to make ends meet were provided primarily through a patchwork of programs run by state and local governments, charities, and community hospitals.

Medicaid successfully provides health coverage to 74 million of our nation's most vulnerable citizens.³¹ Of that number, approximately 37 million are children, making Medicaid the country's largest insurer of children.³² Together the Children's Health Insurance Program (CHIP) and Medicaid serve more than one in three children in the United States.³³

Thanks to Medicaid, the number of uninsured children has dipped to record lows. Working together with CHIP, the two programs have played a large role in increasing coverage for uninsured children. The rate of uninsured children was reduced by half between 2009 and 2016, from 8.6 percent to 4.5 percent.³⁴

On top of this, Medicaid is a paramount source of coverage for children of color. Overall, Medicaid and CHIP cover almost one-third of White children (31 percent), one-quarter of Asian children (28 percent), and over half of Hispanic (56 percent) and Black (58 percent) children.³⁵

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.³⁶

In 2016, 19 percent of children in the U.S. had special health care needs, which can be devastating for poor or uninsured families. Thankfully, Medicaid and CHIP cover approximately 48 percent of these children by providing them with medical treatment, in-home support, habilitative services, long-term care, and transportation.³⁷

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.³⁸

In all, Medicaid benefits children by providing them with necessary healthcare services and, by extension, benefits America by giving them the chance to grow up to be healthier and more productive adults.

Today, children living with an immigrant parent are more likely to be uninsured than those living with U.S.-born parents.³⁹ 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 receiving Medicaid or CHIP.⁴⁰ Also, about 6.8 million of these are citizen children with non-citizen parents, which makes up a fifth of all Medicaid-enrolled children.⁴¹ If this rule comes into effect, all of these children who receive their health coverage through Medicaid and potentially CHIP will be in danger of losing health coverage for themselves and their families. This would ultimately threaten the financial stability of millions of families, increase the population of uninsured individuals, and hinder the healthy growth, development, and trajectory of children. If a parent withdraws from Medicaid coverage due a public charge concern, or doesn't even apply due to a fear of a later finding, the family is at risk due to potential untreated illness, lost work days due to illness, and medical bankruptcy. Since studies show that children are less likely to have their own coverage if their parents are uninsured, the adults' loss of coverage will almost certainly have negative effects on their children.⁴² Being uninsured is a serious problem for children and carries long-term consequences. 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.⁴³ Also, uninsured parents further harm families through greater risk for medical debt, unpaid bills, and bankruptcy, which runs counter to the goal of economic mobility for families in our country.

It is unclear to us exactly how immigrant children in the child welfare and foster care system could be harmed by this rule. If they receive Medicaid and/or SNAP benefits while in care, will that hurt them in the future if they apply to change their status? Due to the potential considerable 'look back' into a child's life and the benefits used, we are unsure if children and youth in the child welfare system could be deemed a public charge risk later.

Children's Health Insurance Program (CHIP)

The proposed rule has asked for comments regarding the inclusion of the Children's Health Insurance Program (CHIP) in the public charge determination. We strongly disagree with adding CHIP to the list of programs to be considered.

CHIP provides funding to states to reduce the numbers of uninsured children. The program specifically focuses 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. CHIP was enacted as part of the Balanced Budget Act of 1997 by a bipartisan group of lawmakers and now covers about 9.4 million children.⁴⁴ For this program, in which parents are earning income above the Medicaid eligibility level to be counted negatively toward the public charge determination seems self-contradictory.

CHIP essentially helps build upon Medicaid, in that it gives families that earn too much to be eligible for Medicaid an affordable and comprehensive insurance plan for their children up to age 19. CHIP eligibility levels vary by state, but about 90 percent of children covered by the program are in families earning 200 percent of the poverty level or less (\$40,480 for a family of three).⁴⁵ States also vary in CHIP benefits and program structure, with 15 (including Washington, D.C.) states using CHIP funds exclusively to expand their Medicaid programs to cover children with CHIP-level incomes and the 36 remaining states using it to operate a separate CHIP program.⁴⁶

CHIP allows for states to set enrollment fees, premiums, deductibles, coinsurance, and copayments, but premiums and cost-sharing expenses cannot exceed 5 percent of a family's income. This goes a long way in protecting the finances of hardworking modest-income families so that they can afford insurance and medical

visits for their children.⁴⁷ For this muted cost, CHIP recipients receive full EPSDT or EPSDT-like benefits, pediatric dental coverage, speech and language therapies, and hearing tests and hearing aids, among other benefits.⁴⁸

Since its inception in 1997, CHIP has had a remarkable impact on the insurance levels of children in America. In 1997, an astounding 23 percent of children in low-income families were uninsured.⁴⁹ However, since then, the uninsurance rate for children under the age of 18 has plummeted by 67.9 percent from 14.9 percent to 4.8 percent.⁵⁰ This is due in no small part to CHIP and Medicaid, which had a 93.1 percent participation rate for children eligible for the two programs in 2015.⁵¹

Immigrant children also benefit from CHIP, and the public charge proposal would threaten their healthcare coverage and weaken the nation by creating poorer, weaker, and sicker 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.⁵² 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.⁵³

Like Medicaid, CHIP is 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.⁵⁴ 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 CHIP helps millions of children achieve this. CHIP represents one of the best and most innovative health programs in the last three decades. For children and their parents to lose that coverage due to the public charge rule change, will hinder their health outcomes, family economic stability, and future educational and employment outcomes.

We are deeply concerned that children and pregnant women who are lawfully present and are covered by CHIP or Medicaid through the ICHIA option could be harmed later if that coverage is determined to make them a public charge risk. Discouraging health coverage to children and pregnant women, or scaring them from accessing coverage for which they are eligible, will be tremendously detrimental to them, their families, and communities.

Child Hunger and Nutrition

Federal nutrition programs are a critical tool for fighting child food insecurity. 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.⁵⁵ Not only do children remain more susceptible to food insecurity than the general population, but the risk is also even higher for children of immigrants.⁵⁶

By Congressional design, child nutrition programs do not incorporate immigration status in their eligibility determinations. Though SNAP is not technically a child nutrition program, it is, in fact, the largest federal assistance program serving children. Expanding public charge consideration to encompass the Supplemental Nutrition Assistance Program (SNAP) would hinder its ability to protect millions of children from the harmful effects of food insecurity.

Without access to healthy food, children suffer negative consequences to their health, education, and development. In fact, studies have shown that food-insecure children are almost twice as likely to have fair or poor health, about one third more likely to be hospitalized since birth,⁵⁷ 14 percent more likely to show symptoms of anxiety and depression,⁵⁸ and 9.8 percent more likely to display hyperactivity.⁵⁹ Food insecurity is further linked to environments that promote obesity⁶⁰ as well as adverse educational outcomes, such as lower math and reading skills and higher rates of absenteeism and tardiness.⁶¹

SNAP participation is not limited to children, but it is the largest federal food assistance program serving children and serves as the first line of defense against child food insecurity, which remains a persistent problem for 13 million (or one in six) children in the US.⁶² Children made up 44 percent of SNAP beneficiaries in 2016, which means that nearly 20 million children relied on the program for food access that year.⁶³ The children depending on SNAP are also economically vulnerable: in 2015, almost 70 percent of SNAP households with children had incomes at or below the federal poverty line.

Studies show that SNAP, which provides low-income households with monthly funds specifically designated for the purchase of food, successfully reduces food insecurity amongst participants.⁶⁴ SNAP participation also eliminates costly administrative red tape and streamlines the eligibility process for children to participate in complementary child nutrition programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children and, in some cases, the National School Lunch and School Breakfast Programs. Beyond its role in fighting food insecurity, SNAP significantly reduces child poverty and helps struggling families to make ends meet: SNAP benefits lifted 1.5 million children out of poverty in 2017 alone.⁶⁵

Unsurprisingly, SNAP has a positive impact on children that lasts well into adulthood, as low-income children who participated in SNAP have better long-term health, higher success rates in school, and decreased health care costs in adulthood than those that did not participate.⁶⁶ These positive outcomes come at the modest price of just about \$1.40 per meal per person.⁶⁷ Meanwhile, SNAP more than pays for itself, and 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 benefits increases GDP by \$1.79 billion and results in an increase of 8,900-17,900 full-time equivalent jobs.⁶⁸

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.⁶⁹ As a result, 411,000 eligible immigrant children received food assistance through SNAP in Fiscal Year 2017. If and when these children apply for Legal Permanent Residency, this proposed rule would penalize them for relying on 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. citizens⁷⁰) who could have less food as a result of this proposed rule. 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.

For this reason, it is also inappropriate for DHS to estimate the value of the SNAP benefit attributable to an applicant with children by calculating the value of the benefit in proportion to the total number of people in the household. Such a measure would almost certainly overestimate the parent's actual share of the household's SNAP benefit. Furthermore, according to DHS, this rule will indeed result in "increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children."⁷¹ 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 obesity⁷² and malnutrition⁷³ in America. As such, we consider the rule's cost-benefit analysis to be inadequate and incomplete, especially as it relates to the loss of food assistance.

Already, data suggests that immigrant families who are legally eligible for SNAP have recently decreased their participation in the program due to fear and misinformation surrounding the public charge rulemaking process.⁷⁴ Including SNAP in public charge determination will only further expose families with children to increased an risk of poverty and food insecurity.

Housing Stability

Housing Assistance

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.⁷⁵

Housing instability, which includes situations such as being behind on rent and making multiple moves, is associated with an increased risk of poor child health, including hospitalizations, and maternal depression.⁷⁶ Sustained housing instability can lead to homelessness, further destabilizing families and causing trauma that has severe negative implications for children's healthy development and educational attainment.

Access to housing assistance already remains limited for families - only one in four families who are eligible for rental assistance in the U.S. 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.⁷⁷ 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 more 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.⁷⁸ 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,⁷⁹ 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.⁸⁰ 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.⁸¹

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.⁸²

In addition, public housing agencies and other affordable housing providers have already begun to receive questions from tenants fearful about the implications of the public charge rule on their families. Housing providers will have to be prepared to answer consumer questions about the new rule. They will experience increased call volume and traffic from tenants and applicants about the new policies. They will also have to update forms and notices to ensure that they are providing tenants and applicants with accurate information about the potential consequences of receiving certain housing assistance. This is an administrative cost that has been placed on owners and property managers that is completely unaccounted for in the rule.

A loss of housing assistance results in less money going into our economy, and increased rates of poverty and homelessness for families. We know from extensive research that child poverty and homelessness costs our society over \$1 trillion each year.⁸³

As rent increases continue to outpace wage increases, federal housing assistance is more critical than ever. By further limiting access to housing assistance such as Housing Choice Vouchers, child and family homelessness will

increase further, having devastating effects on our nation's economic security.

Economic Security

Temporary Assistance for Needy Families (TANF)

The TANF program is the only source of federal cash assistance for families with children. TANF is intended to help qualifying families obtain economic mobility and to achieve this, states receive block grants to design and operate programs that accomplish the goals of TANF.⁸⁴ Yet states are given wide discretion to spend funds and as a result, most TANF funds no longer actually go towards cash assistance. In fact, states overwhelmingly use TANF funds for a number of other priorities other than its original intent: reducing child poverty and getting families back to work.

As of 2017, TANF payments supported a little over 1 million families (2.4 million people total). Of that number, about 1.8 million recipients were children, which means they make up about 77 percent of recipients.⁸⁵ A large number of TANF-receiving families are child-only recipients, meaning that, for a few possible reasons, a child is eligible for TANF while their parents are not. In 2016, there were over 618,000 families with no adult recipient receiving TANF.⁸⁶

While the overwhelming majority of TANF recipients are children, fewer and fewer children are receiving cash assistance, with just under 25 percent⁸⁷ of all poor families with children receiving cash assistance today. As a result, the effectiveness of TANF in reducing child poverty continues to diminish. Due to its nature as a fixed block grant, TANF is not able to be effective in responding during times of increased need and the block grant has fallen in value by over 30 percent due to inflation since 1996.

For the funds that are allocated towards cash assistance, monthly amounts are often not enough to lift children out of poverty, and states have placed harsh restrictions on these small amounts, such as strict work requirements and time-limits that severely limit access to these funds.

Research shows that money matters to child well-being. Numerous studies show that when a family's income rises, it has a positive impact on healthy child development. From an educational standpoint, one study found that increasing a family's income by \$1,000 can improve a child's combined math and reading scores by 6 percent.⁸⁸ Furthermore, another study examining the effects of parental income on Native American children found that a boost in income leads to improved educational, behavioral, and mental health outcomes.⁸⁹

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.

Supplemental Security Income (SSI) Program

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.⁹⁰

Families caring for children with special health care needs are more prone to economic hardship. The yearly average cost of caring for a child with disabilities ranges from around \$6,000 to \$20,000.⁹¹ SSI supports families children with disabilities by providing a small monthly income supplement that helps offset the additional costs of raising a child with disabilities, such as replacing some of the income loss due to staying home to care for the child and providing basic needs such as food, clothing, shelter, and the ability to raise their child at home rather than in an institution.⁹²

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.⁹³ Also,

families receiving SSI relied less on other benefits such as SNAP, WIC, and TANF.⁹⁴

Continuing to include SSI benefits in the public charge determination is cruel to children with disabilities and to the families caring for them. Every child with disabilities deserves the chance to thrive and SSI supports the healthy development of children with disabilities by providing critical income that goes towards basic necessities and educational resources. 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.

On Especially Vulnerable Populations

Homeless Children and Youth

Child and youth homelessness is a growing problem in the United States. The U.S. Department of Education identified nearly 1.3 million homeless students in the 2016-2017 school year, which is an over 34 percent increase since the recession ended in the summer of 2009.⁹⁵ In addition, new research shows that 4.2 million young people experienced homelessness in America over a 12-month period.⁹⁶

Families and youth often become homeless due to traumatic experiences such as job loss, substance abuse, mental health issues, and domestic violence. Therefore, homelessness is both a symptom and a cause of trauma for children, youth, and families. Homelessness causes instability in a child's life, resulting in multiple moves and overcrowded living situations, and too often, homelessness puts children directly at risk of physical harm and abuse.

Homeless families with children and youth on their own stay wherever they can and are often forced to move frequently between living situations. Most of these children and youth are forced to stay in rundown motels or on other people's couches or floors because shelters are full, there is no family or youth shelter in the community, or shelter policies exclude them. These hidden homeless situations are often unsafe, putting children and youth at high risk of trafficking, violence, and neglect.

The trauma related to experiencing all forms of homelessness has negative consequences on child development at each stage of their life. Research shows that the younger and longer a child experiences homelessness, the greater cumulative effect of negative health outcomes.⁹⁷ Young children who experienced both prenatal and postnatal homelessness were more likely to be hospitalized, have fair or poor health, and experience developmental delays compared to children who were never homeless. Homelessness in early childhood also has negative repercussions for educational outcomes for children, resulting in delays in language, literacy and social-emotional development.

Students in grades K-12 who experience homelessness are more likely than their non-homeless peers to be held back from grade to grade, have poor attendance or be chronically absent from school, fail courses, have more disciplinary issues, and drop out of school. These negative effects are amplified the longer a student remains homeless. Homelessness is associated with an 87% increased likelihood of dropping out of school and is the highest risk factor for a student not graduating.⁹⁸ Hispanic youth were also found at higher risk of experiencing homelessness than non-Hispanic youth - they comprise 33% of 18- to 25-year-olds reporting homelessness.⁹⁹

The loss of access to services such as healthcare, nutrition assistance, income support and housing assistance for homeless families means that homeless families and youth will now face additional challenges to achieving housing stability. Additional families and youth on their own will find themselves forced into homeless situations that make them invisible to systems that provide protection from violence and abuse. For older youth experiencing homelessness, this rule will create higher barriers for them to attend college, achieve economic security, and transition into healthy and productive adults.

Children and Youth in Foster Care

Programs that offer healthcare, nutrition assistance, and income supports are essential in lifting families out of poverty and limiting access to these supports will increase a family's potential involvement with the foster care system. Data shows that nearly half of families (47 percent) who have their children removed from their homes have trouble paying for basic necessities.¹⁰⁰ Deterring children and families from accessing critical health and nutrition programs will undoubtedly lead to an increase in the number of referrals to the foster care system.

This is particularly problematic for children in immigrant families. Research shows that the effects of removal can be minimized by fostering a consistent relationship with a supportive and caring adult.¹⁰¹ However, this scenario is more challenging for children from immigrant families. There are increased difficulties for ensuring placement of children from immigrant families with kin due to barriers related to family members' immigration status – including a family's fear of completing the licensure process.

Additionally, the role of legal status for children and youth in foster care is vitally important for a youth's transition to adulthood. While most immigrant children and youth who enter the foster care system are eligible for varying visas that are exempt from the public charge determination, the proposed rule will add additional hurdles and concerns for this vulnerable population.

Conclusion

The administration's proposed change to the public charge determination would have a profound impact on 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. This rule would force millions of families struggling to make ends meet to choose between critical resources that support their children's healthy development and keeping their family together.

The long-term viability of our economy is dependent upon our children and youth. Without access to resources that support their healthy development, we will lack the skilled workforce and tax base that we need for a strong economy.

When all kids are successful, we all benefit.

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