CHILDREN'S HealthWatch

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December 19, 2025

The Honorable Kristi Noem
Secretary of Homeland Security
Washington, D.C. 20528

RE: DHS Docket No. USCIS-2025-0304, U.S. Citizenship and Immigration Services

Thank you for the opportunity to submit comments on the Department of Homeland Security (DHS) notice of proposed rulemaking (NPRM), "Public Charge Ground of Inadmissibility", published in the Federal Register on November 19, 2025. **On behalf of Children's HealthWatch, we write in strong opposition to the NPRM and urge DHS to immediately withdraw its proposal and leave the current regulations, as codified in the 2022 rule, in effect**.

Children's HealthWatch is a nonpartisan network of pediatricians, child health researchers, and policy experts who examine how policy decisions affect the health and well-being of young children and their families. We accomplish this by interviewing caregivers of young children in emergency departments and primary care clinics in four U.S. cities: Boston, MA; Minneapolis, MN; Little Rock, AR; and Philadelphia, PA. Since 1998, we have interviewed more than 80,000 caregivers and analyzed those data to determine the impact of policy decisions on the health and development of young children.

Children's HealthWatch is deeply alarmed by DHS' proposal to rescind the 2022 public charge rule and grant the agency broad authority to deny permanent residency based on any past or future use of safety net programs, as well as an applicant's health characteristics. In the absence of clear, consistent guidelines, this proposal would create significant gaps and inconsistencies in how public charge determinations are made – including for family members who are not seeking adjustment of status. Such uncertainty, coupled with broader attacks on immigrant families, will foster fear and confusion, encourage arbitrary decision-making, and threaten the health and economic stability of millions of families who live, work, and raise children in the U.S.

The Chilling Effect Will Cause Permanent Harm and Deny Children Access to Evidence-based Support

Extensive research, including from Children's HealthWatch, documents how participation in safety net programs positively benefits the health and well-being of young children and their families, which in turn benefits the U.S. as a whole. More than one in four U.S. citizen children

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have at least one immigrant parent.[1] The proposed rule creates concrete harm to these children in mixed status families, including through the "chilling effect" – when families eligible for safety net programs do not participate because of fear that enrollment will have negative consequences for their families' status in the U.S. By rescinding the 2022 public charge rule and leaving a void in guidelines, this NPRM will undoubtedly result in a chilling effect that will worsen health and hardship among children. The harm will ripple through entire communities, harming both citizen and non-citizen residents and our collective strength and well-being.

Following the leaked public charge rule under the first Trump administration, child participation in federal nutrition and health care programs dropped significantly, putting families' access to nutritious food and health care at risk. Analyzing data from the American Community Survey , the Migration Policy Institute found that between 2016 and 2019, participation in the Supplemental Nutrition Assistance Program (SNAP) and cash assistance among eligible U.S. citizen children in mixed status families fell by 36 percent, while participation in Medicaid and the Children's Health Insurance Program (CHIP) fell by 18 percent.[2] Similarly, a multi-state analysis of child safety net enrollment by the county-level share of noncitizen residents found statistically significant declines in Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) enrollment after the announcement of the public charge rule in 2018 among counties with a higher share of non-citizens.[3] Data from the Current Population Survey-Food Security Supplement reveal significant and large decreases in SNAP, School Breakfast Program, and National School Lunch Program among immigrants from 2015-2018.[4]

Research from Children's HealthWatch shows these same events were associated with reductions in preventive health care use among young U.S. citizen children with an immigrant mother, including decreased adherence to well-child visits compared to children of U.S.-born

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[1] Pillai D, Pillai A, Artiga S. Children of Immigrants: Key Facts on Health Coverage and Care. Kaiser Family Foundation. 2025. https://www.kff.org/racial-equity-and-health-policy/children-of-immigrants-key-facts-on-health-coverage-and-care/

[2] Capps R, Fix M, Batalova J. Anticipated "Chilling Effects" of the Public-Charge Rule are Real: Census Data Reflect Steep Decline in Benefits use by Immigrant Families. Migration Policy Institute. 2020. https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real

[3] Barofsky J, Vargas A, Rodriguez D, Barrows A. Spreading Fear: The Announcement Of The Public Charge Rule Reduced Enrollment in Child Safety-Net Programs: Study examines whether the announced change to the federal public charge rule affected the share of children enrolled in Medicaid, SNAP, and WIC. *Health Affairs*. 2020;39(10):1752-61.

[4] Miller DP, John RS, Yao M, Morris M. The 2016 presidential election, the public charge rule, and food and nutrition assistance among immigrant households. *American Journal of Public Health*. 2022;112(12):1738-46.

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mothers.[5] This jeopardizes early childhood health monitoring, vaccination, and chronic disease diagnosis and prevention – the building blocks for future health outcomes.

Our research also demonstrates that immigrant mothers experience fear, stress, and avoidance of health and social services because of immigration-related threats, undermining family mental health, household budgets, and children's access to care, even when they are naturalized U.S. citizens and no longer subject to the public charge rule.[6] The longstanding challenge of fear is exacerbated by targeted policies that threaten immigrant communities. We are already seeing this chilling effect in our data since the start of the second Trump administration. Specifically, Children's HealthWatch measures "immigration status stress", using a variety of situations like "I thought I could be deported if I went to a social/government agency" and whether those situations had caused parents no, a little, or a lot of stress over the past year. In the first 6 months of 2025, compared to the same period in 2024, the prevalence of moderate or severe stress increased from 8% to 21% – a 144% increase. Anecdotally, our pediatricians across the country are reporting increased fear, stress, and anxiety among their patients' families.

In its impact analysis, the text of the NPRM recognizes the significant harm and chilling effect that implementation of the proposed revisions would have. In fact, the chilling effect is the primary anticipated outcome, as non-citizens are already broadly ineligible for most safety net programs.[7]

In its economic impact analysis, the NPRM predicts a 10.3 percent chilling effect. This translates to an estimated disenrollment or forgone participation of approximately 447,000 people in SNAP, 364,000 in Medicaid, 64,000 in Supplemental Security Income (SSI), 59,000 in CHIP, and 16,000 in cash assistance under Temporary Assistance for Needy Families (TANF). However, researchers, including from the Kaiser Family Foundation, estimate a much higher disenrollment rate, between 10 and 30 percent.[8] This new rule, against a backdrop of visible and excessive immigration enforcement and new and anticipated restrictions on safety net eligibility among

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[5] Ettinger de Cuba S, Miller DP, Raifman J, Cutts DB, Bovell-Ammon A, Frank DA, Jones DK. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule. *Health Affairs*. 2023;1(2):qxad023.

[6] Ettinger de Cuba S, Jones DK, Bovell-Ammon A, Lê-Scherban F, Sandel M, Ochoa E, Poblacion A, Frank DA, Black MM, Fix GM. "But who takes care of mom?": The daily experiences of immigrant mothers navigating health in family life. *Social Sciences & Medicine*. 2025;372:117948.

[7] Viard AD. Trump Administration Proposes Misguided Approach to the Public Charge Rule. American Enterprise Institute. 2025. https://www.aei.org/economics/trump-administration-proposes-misguided-approach-to-the-public-charge-rule/

[8] Artiga S, Pillai D, Cervantes S, Pillai A, Rae M. Potential "Chilling Effect" of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment. Kaiser Family Foundation. 2025. https://www.kff.org/medicaid/potential-chilling-effects-of-public-charge-and-other-immigration-policies-on-medicaid-and-chip-enrollment/

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lawfully present residents, generate immense fear across our communities and will undoubtedly result in a decline in participation in evidence-based programs among eligible U.S. citizen children. This level of disenrollment, and the resulting loss of nutrition, health care, and other resources critical to early development, will increase hardship and unmet health needs, causing lasting harm to the health and well-being of children and communities.

The Chilling Effect Will Disproportionately Harm Children and Pregnant People

The NPRM recognizes that its rescission of the 2022 public charge rule will lead to confusion and misunderstanding and result in significant disenrollment or forgone participation in safety net programs, "…especially among pregnant or breastfeeding women, infants, and children." This will have significant harmful consequences for maternal and child health. In fact, the NPRM specifically recognizes that the consequences could include:

- Worse health outcomes, such as increased prevalence of obesity and malnutrition (especially among pregnant or breastfeeding women, infants, and children), reduced prescription adherence, and increased use of emergency rooms for primary care due to delayed treatment.
- Higher prevalence of communicable diseases, including among U.S. citizens who are not vaccinated.
- Increased poverty, housing instability, reduced productivity, and lower educational attainment.

Our research reinforces these identified consequences, including reduced use of preventative health care services and increased economic hardship resulting from disenrollment in safety net programs.[9,10] Disenrollment from nutrition assistance programs such as SNAP, WIC, and school meals further contributes to food insecurity – a hardship with immediate and long-term consequences for children's health and development and for family well-being. Our research shows that in 2018, amid the introduction of the public charge proposal under the first Trump administration, SNAP participation fell among immigrant families with young children while child food insecurity increased.[11] This rise in hardship carries substantial costs for society as a

[9] Ettinger de Cuba S, Miller DP, Raifman J, Cutts DB, Bovell-Ammon A, Frank DA, Jones DK. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule. *Health Affairs*. 2023;1(2):qxad023.
[10] Ettinger de Cuba S, Chilton M, Bovell-Ammon A, Knowles M, Coleman SM, Black MM, Cook JT, Cutts DB, Casey PH, Heeren TC, Frank DA. Loss of SNAP is associated with food insecurity and poor health in working families with young children. *Health Affairs*. 2019;38(5):765-73.
[11] Bovell-Ammon A, Ettinger de Cuba S, Coleman S, Ahmad N, Black MM, Frank DA, Ochoa Jr E, Cutts DB. Trends in food insecurity and SNAP participation among immigrant families of US-born young children. *Children*. 2019;6(4):55.

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whole; we estimate that the avoidable health care and education costs of food insecurity total $1.67 billion for children under age four and $237 billion overall.[12]

At the same time, our findings underscore the substantial benefits of participation in these programs. For example, participation in WIC among eligible immigrant mothers is associated with higher birth weight of infants compared to those of infants of nonparticipants – an outcome with lifelong implications for child health and development, as well as health care cost savings.[13]

Children in immigrant families are already more likely to experience economic hardship and less likely to access available assistance, in part due to existing eligibility restrictions and misguided policies that create barriers to their participation in safety net programs.[14] Further limiting access, both directly through eligibility exclusions and indirectly through the chilling effect that discourages families from seeking needed services, will compound these harms to individual families and to our nation's economic well-being as well.

Conclusion

The proposed rule ignores a robust body of evidence demonstrating unequivocally the destructive nature of enabling DHS broad authority to deny permanent residency based on any past or future use of safety net programs. These changes would inflict significant harm, drive up national health care and education costs, and undermine the health and development of U.S.-citizen children, the economic stability of their families, and the well-being of entire communities. By dismantling the regulatory clarity established in 2022, the NPRM itself acknowledges that it will generate widespread fear and confusion, prompting families to withdraw from essential programs that support health and triggering damaging ripple effects that destabilize the health of entire communities. DHS should instead pursue policies that strengthen, rather than erode, the ability of immigrants to support themselves and their families. We strongly oppose any administrative action that jeopardizes the health of children and their families and urge DHS to immediately withdraw this proposal in its entirety.

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[12] Poblacion A. Costs Related to Food Insecurity. Children's HealthWatch. 2025. https://childrenshealthwatch.org/wp-content/uploads/The-Cost-of-Hunger.pdf

[13] Ettinger de Cuba SE, Mbamalu M, Bovell-Ammon A, Black MM, Cutts DB, Lê-Scherban F, Coleman SM, Ochoa Jr ER, Heeren TC, Poblacion A, Sandel M. Prenatal WIC is associated with increased birth weight of infants born in the United States with immigrant mothers. *Journal of the Academy of Nutrition and Dietetics*. 2022;122(8):1514-24.

[14] Bovell-Ammon A, Ettinger de Cuba S, Cutts DB. Immigrant-inclusive policies promote child and family health. *American Journal of Public Health*. 2022;112(12):1735-7.

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Our comments include citations for research and relevant documents. We request that the full text of each of the items cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Sincerely,

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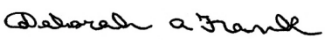

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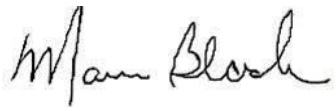

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