

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

Re: Notice of Proposed Rulemaking: “Inadmissibility on Public Charge Grounds”
CIS No. 2499-10; DHS Docket No. USCIS-2010-0012

Dear Director Cissna:

Thank you for the opportunity to comment on the Department of Homeland Security (DHS)'s Notice of Public Rule Making (NPRM) for “Inadmissibility on Public Charge Grounds” published on October 10, 2018. On behalf of Children’s HealthWatch, a network of pediatricians, public health researchers, and policy and child health experts, please accept these comments and our opposition in the strongest possible terms to this rule change that will threaten the health and well-being of families of immigrants, including children.¹

Children’s HealthWatch is committed to improving children's health in America. Every day, in urban hospitals across the country, we collect data on children ages zero to four, many of whom are from families experiencing economic hardship. Over the past 20 years, we have surveyed more than 65,000 caregivers. We analyze our data and release our findings to researchers, legislators, and the public to inform public policies and practices that can give all children and their families equal opportunities for healthy, successful lives.

Lifelong health and well-being have their roots in early childhood, thus to ensure strong communities, all young children and their families need to meet their basic needs, such as adequate healthy food, a decent, affordable and stable home, utilities to keep them safe and healthy, and affordable high-quality health care.

Immigrant families are an integral part of our communities — they are our neighbors, coworkers, friends, and fellow parents. The changes detailed in this rule threaten our country’s health as it forces immigrant families to choose between providing basic necessities that keep children healthy, like food, shelter, and medical care, and having their family remain together in the United States. The proposed rule marks a significant and harmful departure from current rules by expanding the list of programs that may be considered when determining public charge and requiring immigrants, not just their sponsors, to earn at least 125 percent of the federal poverty line.

The effects of this policy will not only prevent families from accessing evidence-based programs for alleviating economic hardships, but also endanger the current health of our youngest children and the long-term health of our nation. One in four children under age 8 in the U.S. has at least one immigrant parent; of those children, 94 percent were born in the United States.^{2,3} On the whole, immigrant families tend to have a variety of healthier habits and characteristics than U.S. born families, like lower rates of maternal smoking and healthier birth weights. Young children in low-income families with mothers born outside of the U.S. are more likely to be breastfed and live in a two-parent home compared to children in low-income families with U.S. born mothers.⁴

Even though citizen children with an immigrant parent are more likely to live in a family with a full-time worker compared to children of U.S. born parents,⁵ their families disproportionately experience food insecurity, struggle to afford housing costs, and lack access to health care.^{6,7} Each of these hardships is associated with adverse health and developmental outcomes for young children,^{8,9,10,11} including U.S. citizen children of immigrant mothers.² These economic hardships are exacerbated by existing federal and state policies that create barriers for immigrants to stable employment with living wages and other resources including assistance programs necessary to afford basic family expenses like food, shelter and health care for families with low incomes.^{12,13} Research also demonstrates that when parents are ineligible for assistance, their eligible children are less likely to participate in assistance programs,¹⁴ resulting in worse child health.^{15,16} The proposed changes to public charge will further exacerbate these hardships by further preventing families from accessing supports that are currently available to all citizen children and immigrants with certain documented statuses. Additionally, although the rule has not gone into effect, there is evidence that even the threat of the rule change has created fear among immigrant parents, who are dis-enrolling themselves and their children from programs that improve health and child development, even when they meet all of the eligibility criteria.^{17,18} These trends are problematic for the overall health and economic well-being of the U.S. – sicker children and parents mean higher health care and education costs and lower workforce productivity for the nation as a whole.

Decades of research from Children’s HealthWatch and others show participation in public programs improves the health and development of young children in families with low incomes, including children with immigrant parents. Below we document the child and family health benefits of public assistance programs and highlight the ways in which forcing families to choose between providing basic necessities for their family or risk their future immigration status jeopardizes the public health and economic prosperity of our nation.

Supplemental Nutrition Assistance Program (SNAP)

Children need adequate, healthy food to thrive. Food insecurity threatens health for people of all ages and has been associated with increased risk of hospitalizations, developmental delays, and iron deficiency anemia in young children, poor physical, mental, and behavioral health among school age children, and chronic health conditions in adults and seniors.^{19,20,21,22,23}

Household food insecurity occurs when families cannot afford sufficient food for all family members to lead active, healthy lives. Child food insecurity, the most severe level of food insecurity for families, occurs when adults are no longer able to buffer their children from diminished quality or quantity of food due to a family's lack of resources. In 2017, 11.8% of households in the United States reported food insecurity and 7.7% reported child food insecurity.²⁴ Families with young children have higher rates of food insecurity than the national average; 16.4% of households with children under 6 reported food insecurity.²² Immigrant families with young children experience higher rates of food insecurity than U.S. born families.^{25,26} This not only impacts their health, but is also associated with other material hardships including housing instability and energy insecurity. Each of these additional hardships is a known independent risk factor for poor health outcomes.^{27,28}

A recent study by the National Academy of Sciences reported 45.3 percent of all immigrant headed households with children utilize nutrition assistance programs to ensure their children, most of whom are U.S. citizens, have enough food to live, learn, and play.²⁹ The Supplemental Nutrition Assistance Program (SNAP) is our nation's first line of defense against hunger and is strongly associated with reductions in household and child food insecurity.^{30,31} Research from across the country shows SNAP is effective in improving physical and mental health and reducing health care costs.^{32,33}

In 2002, Congress restored Food Stamp (now SNAP) eligibility to include immigrant children, immigrants receiving disability benefits, and any qualified immigrants living in the United States for more than five years.¹⁶ Subsequent scientific evidence specifically shows SNAP is associated with positive health and improved food security among young U.S. citizen children of immigrant mothers. Compared to children of immigrant mothers who are likely eligible for SNAP, but not participating in the program, children of immigrant mothers participating in SNAP are more likely to be in good or excellent health, live in a food secure household, and be child food secure.³⁴

Creating barriers to SNAP by penalizing participation will not only jeopardize the health and well-being of U.S. citizens and immigrants, but will also have an economic impact, which remains unaddressed in the NPRM. Economists estimate staggering costs associated with food insecurity.^{35,36} One conservative calculation from Children's HealthWatch estimated the health, education, and workforce related costs of food insecurity at nearly \$178 billion in 2014 alone.³⁷ When food insecurity is present, people of all ages are sicker, more children need special education, and adults are less productive or absent at work. Policy changes that reduce access to our nation's programs specifically designed to combat food insecurity may reduce the immediate cost of administering the program, as stated in the NPRM, but the downstream costs associated with rising food insecurity rates will likely cost our country billions more in health care and education expenditures and lost work productivity. The ultimate cost of allowing children and families in the U.S. to be food insecure is much higher than the cost of caring for them adequately.

Health Insurance

While many immigrant parents work, often holding full-time jobs, they are disproportionately more likely to work low-wage jobs that do not provide private health insurance.³⁸ Because of this, Medicaid and the Children's Health Insurance Program (CHIP) provide critical health coverage to children with noncitizen parents. Over half (56%) of citizen children with an immigrant parent are able to access affordable health care because of Medicaid and CHIP.³⁹

While the NPRM does not include CHIP in the list of programs to be considered as part of the public charge determination, we anticipate the chilling effect created by this regulatory proposal will affect CHIP participation and health insurance participation among immigrants with exempt statuses.¹⁵ We strongly assert that neither CHIP, nor Medicaid, should be considered in public charge determination. CHIP provides necessary health insurance coverage to 8.9 million children in the United States.⁴⁰ Most families do not know the source of their publicly funded insurance – just that they applied for and participate in the program. Thus the change will affect a larger group of children than suggested by the NPRM. Recognizing the importance of improving access to affordable health care, Congress provided states the option to expand CHIP and Medicaid eligibility to low-income immigrant children and pregnant women during their first five years in the U.S. in Section 214 of the Children's Health Insurance Reauthorization Act (CHIPRA) passed in 2009. Following the CHIPRA, newly insured children in states that opted for expansion experienced significant reductions in unmet health care needs compared to their peers in states that did not expand coverage.⁴¹ In turn, unmet medical needs are strongly associated with children's poor health.^{42,43} Including Medicaid and/or CHIP in the list of programs for public charge determination is both inconsistent with Congressional intent and would increase unmet medical needs and thus poor health for children across the U.S.

Access to affordable health care is critical for the health of young children and their parents. Our research shows when families with infants and toddlers are unable to afford health care for themselves or their children, or have to sacrifice other basic needs to afford medical care, the health of their child is placed at risk.⁴³ Public health insurance, however, buffers families from the high costs of medical care and prescription medicines, ensuring they are able to seek care when they need it. Research from other groups shows children with adequate health insurance coverage are more likely to receive preventive care and immunizations than those who lack coverage.⁴⁴ Conversely, studies indicate that reducing health insurance coverage among children has long-term negative effects on children's health, educational attainment, and financial stability as adults.³² Further, decreases in participation in Medicaid and/or CHIP may result in the need for increased state and local expenditures beyond health insurance, including health programs for uninsured individuals, behavioral health initiatives, and uncompensated care costs.³²

Changes to public charge under this rule will increase state and hospital costs⁴⁵ and reduce access to care, endangering the health of children. *All* children need routine medical appointments, such as check-ups and immunizations, especially during their early years. The

ultimate cost of allowing immigrant children and families in the U.S. to be uninsured is much higher than the cost of caring for them adequately.

Housing

All people need safe, stable homes they can afford in order to live healthy lives. An extensive body of research, including research by Children’s HealthWatch, links housing instability and homelessness with adverse health outcomes across the lifespan.^{46,47,48,49,50,51,52} Housing instability encompasses being behind on rent and/or frequent moves in the past year.⁸ We conservatively estimate that housing instability and homelessness among families with children will cost the United States \$111 billion in avoidable health and education expenditures over the next ten years.⁵³

Immigrant families with low incomes are disproportionately more likely to live in homes that are unaffordable compared to U.S. born families with low incomes.⁵⁴ Young children’s physical and mental health, cognitive development, and overall well-being are threatened by poor housing conditions and housing instability, especially when their housing instability is associated with, or exacerbated by, fear of immigration policies and actions.⁵⁵

Access to housing supports have been shown to improve health for adults and children and have a positive ripple effect through communities.^{56,57,58} Research has shown that immigrants in particular have a positive overall impact on local housing markets, particularly in metropolitan areas.⁵⁹ Including federal housing assistance as a program for consideration in public charge determination would increase housing instability, adverse health outcomes for people of all ages, and avoidable health expenditures. The ultimate cost of allowing children and families in the U.S. to be unstably housed is much higher than the cost of caring for them adequately.

Unanticipated Consequences

In response to request for comments on unanticipated consequences of the rule and appropriate methodologies for quantifying these impacts (pp. 359), we have included the following sections:

Chilling Effect and Health

Increased immigration enforcement policies create fear and stress that negatively affect children’s physical and mental health and cognitive development. Even before the rule was published, families in our pediatric clinics reported making agonizing choices to remove their families from vital assistance programs that ensure their children are able to eat healthy foods and receive medical care, out of fears for their future immigration status. Preliminary data collected at Children’s HealthWatch sites across the country suggest SNAP participation is declining among immigrant mothers, even though their U.S. citizen children are eligible for the

program.⁶⁰ These choices have immediate and lasting consequences for the young patients in our clinics that imperil their current and future health.

The confusion and fear created by this regulatory proposal will have far reaching effects. Legal experts and researchers predict that the complexities of the new rule would potentially lead more immigrants to withdraw from federal assistance programs than those who are actually subject to the rule.^{61,62} Previous studies following the introduction of welfare reform documented increased withdrawal from public assistance programs among people whose eligibility status remained unchanged, including refugees and U.S. citizen children.⁶³

The chilling effect created by this regulatory change is particularly problematic because it threatens the health of millions more people than the 382,000 people projected to be subject to the rule as outlined in the NPRM. One study utilizing data from the Current Population Survey estimates that up to 3 million U.S. citizen children could lose access to SNAP as a result of chilling effects linked to the current NPRM.⁶⁴ Additionally, since 2017, states and service providers have reported precipitous declines in program participation, even among programs like the Special Supplemental Nutrition Program for Women, Infants, and Children which is not included in the NPRM.^{15,16} This, in turn, negatively affects the health of our nation's youngest citizens and their families and would potentially increase health care costs.^{65,66,67}

As described above, the loss of benefits for families with low-incomes will lead to increased economic hardships, including health care hardships, food insecurity and housing instability. Given the large and robust body of research demonstrating the adverse health, educational, and loss of work productivity outcomes associated with economic hardships, the magnitude of population health and financial consequences would very likely be greater than the savings linked to reduced enrollment.

Increased Health Care Expenditures

As previously referenced, but worth reiterating, the changes to public charge proposed would result in increased health and education expenditures. Currently, food insecurity in the U.S. costs approximately \$178 billion annually in direct and indirect health and education related costs.³² Housing instability among families with children will cost the US an estimated \$111 billion over ten years if its current levels remain unchanged.⁴⁸ Increasing economic hardships through immigration policies such as the one outlined in this NPRM would only increase these expenditures. The NPRM specifically lists increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment as a “primary non-monetized potential consequence”, but our research and the research of others have also shown increased costs associated with hospitalizations, longer hospital stays, special education, excessive need for ambulatory health services, dental care, and mental health care.¹⁵

Further, evaluation of our nation's health system indicates that immigrants actually make our country healthier and are beneficial to the overall health care marketplace.⁶⁸ Immigrants pay

more into Medicare and private insurance premiums than they receive in benefits, which in turn strengthens the risk pool. Implementing public charge policies that destabilize immigrants potentially creating other ripple effects, like loss of employment due to housing instability, may impact health care premiums for all consumers in the US.

Public Health Considerations and Methods for Assessing Impacts

The NPRM (pp. 358-359) names public health consequences that should be taken seriously, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, reduced prescription adherence, increased prevalence of communicable diseases, increased rates of poverty and housing instability, and reduced productivity and educational attainment. Each of these consequences is a threat to public health and drives up health care expenditures, especially for patients with complex medical needs.⁶⁹ These are not trivial consequences. They will affect the health of our entire nation.

Appropriate epidemiological methods exist for estimating the health-related costs to the nation if the proposed rules are implemented, and should be used to carefully examine those costs. There are compelling reasons to expect that such costs will be substantial. Empirical research literature published in peer-reviewed journals and reports in recent years provides quantitative findings of associations between food insecurity, housing instability and other family hardships likely to be increased by the proposed rules, and adverse health outcomes.^{27,37,53} This literature should be reviewed for quantitative findings that involve either odds ratios (most often), likelihood ratios, or relative risks expressing differences in likelihood of people living in food-insecure, housing unstable, or energy insecure households, having a disease or disease condition compared to people living in a food-secure, stably-housed, or energy-secure households (food security, housing stability, and energy security status are the exposure or predictor variables).

Those probability ratios can be translated into population attributable fractions (PAFs) expressing the proportion of the total prevalence of the diseases or health conditions in the population attributable to food insecurity, housing instability, or energy insecurity (i.e. the excess fraction attributable to exposure to those predictors). This process requires strong evidence that the predictors are causally related to the disease/conditions examined, which is clearly supported by extant empirical evidence.^{37,53,70}

National Health and Economic Well-Being at Risk

Our future national prosperity depends on the well-being of our nation's young children and their families. With one in four children in the U.S. today living with at least one immigrant parent, it is crucial to provide the opportunity for those children and their families to thrive. Physicians take an oath to first do no harm. This rule does harm: It will drive up national health care and education costs and impair over the long-term our national health, educational achievement, and economic status. Therefore, we strongly oppose any administrative action

that would harm the health of children and their families and urge the administration to withdraw this proposal in its entirety immediately.

Sincerely,



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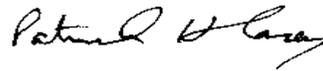
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