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Regulatory Coordination Division, Office of Policy and Strategy  
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:

Washington Area Women's Foundation is writing to express its strong opposition to the Department of Homeland Security's Notice of Proposed Rulemaking (NPRM) on inadmissibility on public charge grounds. The proposed rule would cause major harm to the health and wellbeing of young children in immigrant families—a significant share of the young child population—without justification. The Women's Foundation works toward the economic stability of women and girls in the Washington, DC region, and we know that access to support services in times of need can make or break a family's ability to thrive long-term. We **urge that the rule be withdrawn in its entirety.**

**The proposed rule would dramatically alter the “public charge” test with harmful consequences for young children and their parents.** The rule proposes to change the definition of who may be deemed a public charge and, as a result, denied entrance to the United States or lawful permanent residency. Under the proposal, the Department of Homeland Security would consider an applicant's use of benefits beyond the existing standards of cash assistance and long-term institutional care to include Medicaid, the Supplemental Nutrition Assistance Program (SNAP), housing assistance and, Medicare Part D subsidies. This would likely lead individuals—including parents of US citizen children—to withdraw from benefit programs that support their health, wellbeing, and financial security. The proposal would also add specific standards for income, health, English language proficiency, and other factors making it even harder for low-income immigrant parents to obtain long-term stability for their families.

In the DC region, and throughout the country, young children are more likely than other populations to live in poverty. We also see significant percentages of female-headed households suffering more frequently from housing or food insecurity. In our work at The Women's Foundation, we see the damage that poverty has on families over the course of multiple generations and across communities. Without periodic supports when needed, one person's moment of need can turn into years of hardship for a family.

While only the use of benefits by an individual would be considered under the proposed rule—and not their dependents—there is simply no way to implement this rule without direct harm to children, including US citizen children. Parents' own wellbeing is an important determinant of children's health and development.[1] Children do better when their parents are healthy and economically stable. The destabilizing effect of this rule would harm parents who lose access to benefits and their children who will be directly impacted.

**Children of immigrants represent a large and growing share of young children in the United States.**

Roughly 9 million young children under age 8—approximately 26 percent of all young children—in the United States live with one or more immigrant parent. The vast majority of these children—94 percent—are U.S. citizens.[2] As a large segment of our young child population, the experiences, development, and education of children of immigrants have always been of major consequence to our country’s future. These children grow up, pay taxes, vote, and raise families. Certainly, we do not want to put the future citizens of our country at higher risk of poverty.

**The proposed rule would exacerbate widespread fear of accessing public programs and services to millions of children and adults, beyond those subject to the “public charge” test.** The proposed regulation would make immigrant families more afraid to seek programs that support their basic needs including for their US citizen children. An estimated 26 million people may potentially disenroll or refuse public benefits because of this proposed rule, including approximately 9.2 million children in immigrant households, representing approximately 13% of our nation’s child population.[3]

The widespread “chilling effect” that causes families to withdraw from benefits due to fear is already evident as a result of rumors of the rule. Health and nutrition service providers noticed an increase in canceled appointments and requests to disenroll from means-tested programs in 2017.[4] Early childhood education programs have reported drops in attendance and applications as well as reduced participation from immigrant parents in classrooms and at events, along with an uptick in missed appointments at health clinics.[5] In our own work we have seen immigrant families become more likely to enroll their children in unregulated care settings, which not only put young children at heightened risk but also reduce tax revenue in communities where cash is being paid “under the table”.

**Critical public benefit programs—such as Medicaid, SNAP and housing assistance—contribute to the healthy development of young children.** Early childhood is a formative period of development, and children need access to enough healthy foods, safe and stable housing, and adequate health care to grow up healthy and strong.[6] Decades of research show the positive impact of public benefits—such as Medicaid, and SNAP—on children’s long-term health and their economic security.[7] When children get access to these programs, they are both healthier and their families have more money in their budgets to spend on other basic needs.

*Medicaid.* Medicaid, along with the Children’s Health Insurance Program (CHIP), covers 70 percent of children in the District of Columbia.[8] DC has worked hard to invest in the health of its youngest residents, and this work should be preserved. As compared to children without health insurance, children enrolled in Medicaid in their early years have better health, educational, and employment outcomes not only in childhood but as adults.[9]

*SNAP.* Good nutrition is an important part of a healthy lifestyle for children because it improves their ability to grow and develop. Nutrition assistance programs effectively reduce food insecurity by helping people purchase healthy food they would not otherwise be able to afford, thereby increasing healthy eating. A robust research base shows that SNAP improves food security, dietary intake, and health, especially among children, and with lasting effects.[10]

*Housing Assistance.* Families who receive housing assistance are less likely to live in overcrowded homes, become homeless, and move frequently.[11] When families receive housing assistance, they

have more resources to cover the cost of nutritious foods, health care, and other necessities.[12] This leads to better health and developmental outcomes for young children.<sup>[13]</sup>

**Forgoing critical health and nutrition programs would harm children’s development.** The consequences of parents forgoing basic needs programs for themselves—and/or their children—would be deeply damaging for children. The proposed rule would dramatically weaken the economic status of millions of families and put the health and nutrition of millions of children and adults at risk. Parents’ stress and health challenges— which can be caused by unstable housing, not having enough to eat, poor health, or financial insecurity— impede protective caregiving and can undermine children’s development.[14] Reduced access to public benefit programs would lead to adverse health outcomes for children. The proposed rule would increase poverty, hunger, and illness with profound negative outcomes for children during childhood and into adulthood.[15]

**The proposed rule would have adverse impacts on pregnant women, infants, and toddlers.** The proposed rule would create further barriers to accessing health care and nutrition assistance for pregnant women. Medicaid covers almost half of all births in the United States.[16] Medicaid coverage improves access to care and overall health and reduces mortality rates.[17] If pregnant women decline to enroll in Medicaid and lose access to pregnancy-related health services, there would likely be serious health implications for mothers and their children, affecting their birth and early health outcomes. Similarly, fear of enrolling children in Medicaid or CHIP would result in fewer regular doctor visits. The first months and years of a child’s life are marked by rapid growth and brain development and especially important for consistent health care.<sup>[18]</sup> Similarly, nutrition assistance is vital prenatally and in early childhood. Research over decades has demonstrated that nutrition assistance directly targeted at young children and pregnant women is effective in improving child health. For an area of the country that has higher than the national average infant and maternal mortality rates already, the DC region cannot afford additional risk factors for its mothers and babies.

**Response to Administration’s request for comments on the Children’s Health Insurance Program.** We strongly oppose the proposed rule and request that it be withdrawn in its entirety. The proposal to expand the public programs to be considered in a public charge test is deeply misguided; in response to the questions posed to the public, no additional programs should be considered in the public charge determination as that would only increase harm to children, families and communities. For many of the same reasons that we oppose the inclusion of Medicaid, we adamantly oppose the inclusion of CHIP, which would exacerbate the problems with this rule by extending its reach further. Including CHIP in a public charge determination would likely lead to many eligible children foregoing health care benefits, both because of the direct inclusion in the public charge determination as well as the chilling effect detailed elsewhere in these comments.

For all the above reasons, we urge you to withdraw this harmful rule in its entirety. Thank you for your consideration of these comments.

Sincerely,

Jennifer Lockwood-Shabat  
President & CEO  
Washington Area Women’s Foundation

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- [2] Migration Policy Institute tabulation of 2014 American Community Survey (ACS) and 2008 Survey of Income and Program Participation (SIPP) by Bachmeier and Van Hook.
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