

December 18, 2025

Submitted via www.regulations.gov

The Honorable Kristi Noem
Secretary of Homeland Security
2707 Martin Luther King Jr Ave SE
Washington, DC 20528-0525

Re: DHS Docket No. USCIS-2025-0304, US Citizenship and Immigration Services

We write to offer public comment on the Department of Homeland Security (DHS)'s Notice of Proposed Rulemaking (NPRM) on the issue of "Public Charge Ground of Inadmissibility," published in the *Federal Register* on November 19, 2025.¹

We are policy researchers who have collectively spent decades studying the well-being of children and families, including children in immigrant families. Our research, including reports drawing on data from the Urban Institute's Well-Being and Basic Needs Survey (WBNS), an annual survey of adults, has provided a key source of information on immigrants and immigrant families with children since 2018. We are employed by the Urban Institute—a nonprofit and nonpartisan research and policy organization based in Washington, DC—but are representing our own views in this submission. The views expressed in this comment are ours, and should not be attributed to the Urban Institute, its trustees, or its funders.

The resources that we cite and link to are a part of this comment and should be part of the administrative record.

We have serious concerns, based on the research and evidence outlined below, that the proposed rule would reduce participation in essential health, nutrition, and other programs among low-income families with children, including many US citizen children. As a result, fewer people would have their critical needs met, causing harm to family and child well-being in both the short and long terms. These effects would extend to many families not explicitly targeted by the proposed rule, who would forgo benefits because of confusion or concerns about potential immigration consequences. Over 18 million children in the US live in immigrant families, 16 million of whom are US-born citizens, spanning all states.² Thus, the harmful impacts on children and communities would be felt nationwide.

Moreover, the NPRM understates the impacts of the proposed rule on the receipt of benefits in immigrant families with children and on government costs because of the greater uncompensated care burdens, adverse health impacts, and lower educational attainment and future income that would result for US citizen children from their reduced receipt of public benefits.

Below, we highlight research evidence on four main points:

1. The proposed rule marks a significant departure from long-standing policy dating back to 1999 and would particularly affect program enrollment and receipt of benefits among US citizen children.

¹ "Public Charge Ground of Inadmissibility," *Federal Register* 90 (221, November 19, 2025).

² Jennifer M. Haley, Dulce Gonzalez, Hamutal Bernstein, and Genevieve M. Kenney, "Children of Immigrants in 2022-23: National and State Patterns," (Washington, DC: Urban Institute, 2025).

2. Past changes to the public charge rule led to significant chilling effects, whereby immigrant families with eligible family members, including US citizen children, did not participate in safety net programs such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP) because of families' confusion or concerns about potential immigration consequences.
3. Declines in public program participation among US citizen children in immigrant families because of the proposed rule would reduce their access to health care, nutrition, and other supports and harm their long-term developmental, educational, and employment prospects.
4. The estimated chilling effects for citizen children in immigrant families and the higher federal, state, and local costs caused by the harmful implications of the rule are not adequately assessed in the NPRM.

Below, we address each of these in turn.

1. The proposed rule marks a significant departure from long-standing policy dating back to 1999 and would particularly affect program enrollment and receipt of benefits among US citizen children.

Federal rulemaking regarding public charge has shifted considerably over recent years. Following almost 20 years under the 1999 field guidance, whereby only primary reliance on cash benefits or long-term medical institutionalization was considered in public charge determinations, DHS's 2018 NPRM and 2019 final rule expanded the definition of public charge to include noncash public benefits, such as certain nutrition, health, and housing benefits. Benefits used by a person's dependents, including US citizen children, were explicitly excluded. In 2022, a new NPRM and final rule vacated these changes and codified the long-standing 1999 standard.

Presently, this new NPRM aims to rescind the 2022 rule, which would mark a significant departure from previous policy dating back to 1999. The 2022 rule explicitly clarified whose program participation would not be considered (in particular, excluding program use by children and other family members of an applicant), which programs would be considered (in particular, only considering receipt of cash assistance for subsistence and institutionalization for long-term care), and the timing and amount of program participation that would be considered (in particular, not considering program receipt retroactively).³ In marked contrast, the new NPRM proposes a more "individualized" approach, with DHS officers apparently being permitted to consider any type of public benefits use, and benefits use by dependents would not be specifically excluded from public charge considerations. In addition, the rule does not explicitly exclude from public charge tests program participation during a time prior to the new rule's implementation, which would, in effect, penalize participation during a time when it was excluded from public charge determinations. A lack of clear guidelines would further increase confusion among immigrant families and service providers, who already contend with a complex set of program eligibility rules and other barriers that keep many people in immigrant families, including US citizens, disconnected from assistance.⁴ Under the proposed approach, the uniformity of DHS decisionmaking would be compromised, and DHS officials would have latitude to further expand the scope of public charge in future guidance, heightening uncertainty, including beyond the 2019 rule's interpretation of public charge.

We are particularly concerned about the adverse implications of the proposed rule for the health and well-being of US citizen children in immigrant families and the accompanying fallout that would result for society. Children living with at least one immigrant parent constituted 18.4 million children in the US in

³ "Public Charge Ground of Inadmissibility," *Federal Register* 87 (174, September 9, 2022).

⁴ Krista M. Perreira, Robert Crosnoe, Karina Fortuny, Juan Manuel Pedroza, Kjersti Ulvestad, Christina Weiland, Hirokazu Yoshikawa, and Ajay Chaudry, "[Barriers to Immigrants' Access to Health and Human Services Programs](#)," (Washington, DC: ASPE, 2012); Hamutal Bernstein, Dulce Gonzalez, Paola Echave, and Diana Guelespe, "[Immigrant Families Faced Multiple Barriers to Safety Net Programs in 2021](#)," (Washington, DC: Urban Institute, 2022); and Hamutal Bernstein, Jennifer M. Haley, Diana Guelespe, et al, [Supporting North Carolina's Immigrant Families](#), (Washington, DC: Urban Institute, 2023).

2022–23, or 26.0 percent of all children from birth to age 17, and nearly all these children were US citizens.⁵ These children resided in all 50 states and the District of Columbia. As citizens, these children's eligibility for public benefits is determined on the same basis as that of citizen children not in immigrant families, and the proposed rule would not change their eligibility. However, even if future guidance were to specifically exclude benefits receipt by children from consideration of public charge for their parents, prior research shows that fear and confusion about the immigration consequences of parents' and children's program receipt would likely result in their families forgoing benefits, also known as "chilling effects," which in turn would further reduce children's access to basic health care, nutrition, and other services that help families and children meet basic needs. To the extent that future guidance on the rule specifies that receipt of benefits by citizen children would be considered as part of a parent's public charge determination, families would very likely be much more reluctant to take up public benefits on behalf of their citizen children. Parents' avoidance of programs would also affect the entire family's well-being, as discussed below.

2. Past changes to the public charge rule led to significant chilling effects, whereby immigrant families with eligible family members, including US citizen children, did not participate in safety net programs such as Medicaid and SNAP because of families' confusion or concerns about potential immigration consequences.

The WBNS has collected national data on immigrant families' experiences around safety net program access and other topics since 2018. WBNS survey data collected in 2018 provided the first national estimates of chilling effects surrounding the then-proposed public charge rule, which, as described above, broadened the definition of public charge to include noncash benefits. The WBNS found that 13.7 percent of adults in immigrant families reported that they or a family member avoided one or more noncash safety net programs in 2018 for fear of risking future green card status.⁶ In subsequent years, the WBNS collected data documenting the persistence of these chilling effects and complementary information about immigrant families' understanding of the public charge rule and other barriers to safety net program enrollment. Several themes were consistent in annual survey findings:⁷

⁵ Haley, Gonzalez, Bernstein, and Kenney, "Children of Immigrants in 2022-23: National and State Patterns."

⁶ Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, ["One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018,"](#) (Washington, DC: Urban Institute, 2019).

⁷ Dulce Gonzalez, Hamutal Bernstein, Jennifer M. Haley, and Genevieve M. Kenney, ["Shifting Immigration Policies Jeopardize Immigrant Families with Children,"](#) (Washington, DC: Urban Institute, 2025); Hamutal Bernstein, Dulce Gonzalez, and Diana Guelespe, ["Immigrant Families Express Worry as They Prepare for Policy Changes,"](#) (Washington, DC: Urban Institute, 2025); Dulce Gonzalez, Hamutal Bernstein, Michael Karpman, and Genevieve M. Kenney, ["Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023,"](#) (Washington, DC: Urban Institute, 2024); Diana Guelespe, Paola Echave, and Dulce Gonzalez, ["Mixed-Status Immigrant Families Disproportionately Experienced Material Hardships in 2021,"](#) Washington, DC: Urban Institute, 2023); Dulce Gonzalez and Hamutal Bernstein, ["One in Four Adults in Mixed-Status Families Did Not Participate in Safety Net Programs in 2022 Because of Green Card Concerns,"](#) (Washington, DC: Urban Institute, 2023); Hamutal Bernstein, Dulce Gonzalez, Paola Echave, and Diana Guelespe, ["Immigrant Families Faced Multiple Barriers to Safety Net Programs in 2021,"](#) (Washington, DC: Urban Institute, 2022); Jennifer M. Haley, Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez, ["Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships,"](#) (Washington, DC: Urban Institute, 2021); Hamutal Bernstein, Dulce Gonzalez, and Michael Karpman, ["Adults in Low-Income Immigrant Families Were Deeply Affected By the COVID-19 Crisis yet Avoided Safety Net Programs in 2020,"](#) (Washington, DC: Urban Institute, 2021); Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, ["Immigrant Families Continued Avoiding the Safety Net during the COVID-19 Crisis,"](#) (Washington, DC: Urban Institute, 2021); Jennifer M. Haley, Genevieve M. Kenney, Hamutal Bernstein, and Dulce Gonzalez, ["One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019,"](#) (Washington, DC: Urban Institute, 2020); Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, ["Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019,"](#) (Washington, DC: Urban Institute, 2020); Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, ["Adults in Immigrant Families Report Avoiding Routine Activities Because of Immigration Concerns,"](#)

- **Adults in immigrant families with children reported higher chilling effects than those without children:** for example, in 2019, 20.4 percent of adults in immigrant families with children reported program avoidance in the previous year related to immigration concerns compared with 10.0 percent among immigrant families without children.⁸
- Adults in families that include nonpermanent residents were the most likely to report chilling effects. In 2023, for example, even when the 2019 rule was no longer in effect, 23.6 percent of adults in mixed-status families (households including one or more members who are undocumented and all other members are either naturalized or US-born citizens, permanent residents, or have another lawful immigration status) reported avoiding programs in the previous year. But **adults in immigrant families that would not have been directly impacted by the 2019 rule also reported chilling effects.** In that same year, 6.6 percent of adults in all-citizen immigrant families, and 11.5 percent of adults in families that included only green card holders and citizens, reported avoiding programs in the previous year because of immigration-related concerns, even though neither they nor their family members would ever be subject to a public charge determination.⁹
- Adults reported **chilling effects across a variety of health and nutrition programs**, including programs not specified in the 2019 rule. In 2019, nearly half of adults in immigrant families who reported chilling effects said their families avoided Medicaid/Children's Health Insurance Program (CHIP) coverage or SNAP, and one-third avoided housing assistance. Smaller but substantial shares of adults who said that they or family members experienced chilling effects reported avoiding programs excluded from the proposed rule, including free or low-cost medical care programs for the uninsured (20.8 percent); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC; 16.3 percent); Marketplace health insurance coverage (14.1 percent); and free or reduced-price school lunches (13.0 percent).

Although the survey data were limited in their ability to directly attribute program enrollment avoidance to the public charge rule under consideration in 2018, we could triangulate our survey findings with qualitative interview data. Interviews were conducted in 2019 with 25 adults in immigrant families who had reported chilling effects for children's program participation in the 2018 WBNS. Most described a new and higher level of concern about participation in safety net programs in 2018 than in earlier years, which they linked explicitly to how the new rule would penalize immigrant families. Interviewees were confused about which programs would be considered in the new public charge test, which family members' benefits receipt would be considered in the test, and when the new rule would start being enforced. Many had opted out of nutrition or medical assistance programs for fear that immigration or citizenship applications could be negatively affected.¹⁰ Other qualitative data collection, drawing on interviews with service providers and focus groups with adults from immigrant families in Houston and Las Vegas, also confirmed widespread reluctance across immigrant groups to enroll in safety net programs because of confusion and misunderstanding of the public charge rule. People in immigrant families who went without needed assistance described adverse impacts, including forgone care for children with special health care needs, food insecurity among older adults, and delayed care for health conditions. Service providers also

(Washington, DC: Urban Institute, 2019); and Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, [“One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018,”](#) (Washington, DC: Urban Institute, 2019).

⁸ Haley, Kenney, Bernstein, and Gonzalez, [“One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019.”](#)

⁹ Gonzalez, Bernstein, Karpman, and Kenney, [“Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023.”](#)

¹⁰ Hamutal, Bernstein, Sara McTarnaghan, and Dulce Gonzalez, [“Safety Net Access in the Context of the Public Charge Rule,”](#) (Washington, DC: Urban Institute, 2019).

reported not having the time or resources to keep up with rapid changes to the rule and difficulty communicating those changes in an accessible way.¹¹

Immigrant families' disproportionate drops in enrollment in health and nutrition programs related to the 2019 rule changes were documented in a variety of other research studies, drawing on household surveys and administrative data sources.¹²

3. Declines in public program participation among US citizen children in immigrant families because of the proposed rule would reduce their access to health care, nutrition, and other supports and harm their long-term developmental, educational, and employment prospects.

Extensive literature on Medicaid/CHIP and other public programs highlights potential harms to children if chilling effects under the new proposed rule cause parents and caregivers to avoid these programs for their children or themselves.

Declining Medicaid/CHIP participation among immigrant families because of immigration concerns is associated with increases in children's uninsurance. Prior evidence indicates the proposed rule would cause families to avoid Medicaid/CHIP coverage for children, which would, in turn, increase children's uninsurance rates. Following policy shifts that began in 2017, including previously discussed changes in the public charge rule and reductions in outreach and enrollment assistance to help applicants (including those in immigrant families) find and enroll in public health insurance coverage,¹³ Medicaid/CHIP participation declined among citizen children, with larger declines among those living with one or more noncitizen parents than among those living with only citizen parents. These declines translated into rising uninsurance; uninsurance rates rose more for citizen children with at least one noncitizen parent than for children living with only citizen parents—widening coverage gaps for citizen children with noncitizen parents relative to other citizen children.¹⁴ These changes occurred even though the proposed public charge rule and other changes did not directly reduce eligibility for citizen children, and the 2019 rule explicitly excluded children's public program participation as a factor in their parents' public charge determinations.

This is in sharp contrast to earlier trends. From 2008 to 2016, policies such as implementation of the Affordable Care Act, state adoption of Medicaid expansion, CHIP reauthorization, and investments in outreach and enrollment for immigrant families were associated with narrowing gaps in Medicaid/CHIP

¹¹ Sara McTarnaghan, Eva H. Allen, Clara Alvarez Caraveo, and Hamutal Bernstein, “[Supporting Immigrant Families in Las Vegas](#),” (Washington, DC: Urban Institute, 2020); and Dulce Gonzalez, Hamutal Bernstein, Clara Alvarez Caraveo, and Brigitte Courtot, “[Supporting Immigrant Families in Houston](#),” (Washington, DC: Urban Institute, 2020).

¹² Jeanne Batalova, Randy Capps, and Michael Fix, “Anticipated ‘Chilling Effects’ of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families.” [Migrationpolicy.org](https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real), December 21, 2020. <https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real>; Jeremy Barofsky, Dinardo Rodriguez, and Anthony Barrows, “Spreading Fear: The Announcement of the Public Charge Rule Reduced Enrollment In Child Safety-Net Programs,” *Health Affairs* 39 (10): October 2020, <https://doi.org/10.1377/hlthaff.2020.00763>; Alexandra Ashbrook, “[New Data Reveal Stark Decreases in SNAP Participation Among U.S. Citizen Children Living With a Non-Citizen](#),” (Washington, DC: Food Research & Action Center, 2021).

¹³ Timothy Jost, “CMS Cuts ACA Advertising by 90 Percent Amid Other Cuts to Enrollment Outreach,” *Health Affairs Forefront* (blog), August 31, 2017, <https://www.healthaffairs.org/content/forefront/cms-cuts-aca-advertising-90-percent-amid-other-cuts-enrollment-outreach>.

¹⁴ Jennifer M. Haley, Genevieve M. Kenney, Robin Wang, and Clare Wang Pan, “[Citizen Children with Noncitizen Parents Experienced Health Insurance Coverage Losses between 2016 and 2019](#),” (Washington, DC: Urban Institute, 2021).

participation and uninsurance between citizen children with and without noncitizen parents.¹⁵ Between 2008 and 2016, Medicaid/CHIP participation increased significantly among citizen children living with one or more noncitizen parents, and Medicaid/CHIP participation rates rose and uninsurance rates declined more for citizen children with at least one noncitizen parent than for children living with only citizen parents.¹⁶

The proposed rule would also likely reduce Medicaid enrollment among parents in immigrant families, including both parents directly targeted by the rule, who may face a future public charge determination, and other parents who are already citizens or green card holders who would avoid programs because of concern and confusion about the rule. Decades of rigorous research show that when parents are covered, their children are more likely to be covered.¹⁷ Thus, reductions in parental Medicaid participation would also reduce children's Medicaid/CHIP enrollment and increase their uninsurance.

Together, the evidence indicates that chilling effects on both children and parents would reduce children's participation in Medicaid/CHIP and lead to higher uninsurance. Moreover, as discussed further below, chilling effects and thus changes in Medicaid/CHIP participation and uninsurance could be even larger under the proposed rule than under the 2019 rule, given that the newly proposed rule does not explicitly exclude family members' participation from public charge determinations.

Such changes would counteract long-standing policy goals of the Medicaid and CHIP programs to offer affordable coverage for eligible children and youth and provide access to needed health care.¹⁸

Reductions in Medicaid/CHIP participation among citizen children in immigrant families would reduce their access to and use of needed health care. Evidence from studies based on quasi-experimental research designs, which yield causal estimates, shows that public health insurance coverage improves access to care, including preventive care, and use of health services.¹⁹ Therefore, avoidance of children's Medicaid/CHIP because of fear and confusion around the proposed rule would cause children to miss out on the health care that they need to thrive and grow, including to treat illnesses, accidents, and chronic health care problems, and preventive services such as developmental screenings and follow-up care—without which underlying physical, cognitive, and mental health conditions may go undetected and untreated or may be identified at a

¹⁵ Mary Harrington, Genevieve Kenney, Kenneth Finegold et al. *CHIPRA Mandated Evaluation of the Children's Health Insurance Program: Final Findings*, (Ann Arbor, MI: Mathematica Policy Research, 2014).

¹⁶ Genevieve M. Kenney, Jennifer M. Haley, and Robin Wang, "Proposed Public Charge Rule Could Erode Health Insurance Coverage Gains among Citizen Children with Noncitizen Parents," *Urban Wire* (blog), Urban Institute, December 4, 2018, <https://www.urban.org/urban-wire/proposed-public-charge-rule-could-erode-health-insurance-coverage-gains-among-citizen-children-nocitizen-parents>.

¹⁷ Lisa Dubay and Genevieve Kenney, "Expanding Public Health Insurance to Parents: Effects on Children's Coverage under Medicaid," *Health Services Research* 38 (5; 2003): 1283–302, <https://doi.org/10.1111/1475-6773.00177>; Julie Hudson and Asako Moriya, "Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects on Their Children," *Health Affairs* 36 (9; 2017), <https://doi.org/10.1377/hlthaff.2017.0347>; and Georgetown Center for Children and Families, "Healthy Parents and Caregivers are Essential to Children's Healthy Development," December 2016.

¹⁸ InsureKidsNow.gov, "About Us," HHS, CMS, accessed December 12, 2025, <https://www.insurekidsnow.gov/about-us>; and Centers for Medicare & Medicaid Services, "Access to Care," Medicaid.gov, accessed December 12, 2025, <https://www.medicaid.gov/medicaid/access-care>.

¹⁹ Benjamin D. Sommers, Atul A. Gawande, and Katherine Baicker, "Health Insurance Coverage and Health—What the Recent Evidence Tells Us," *New England Journal of Medicine* 377 (6; 2017), <https://doi.org/10.1056/NEJMsb1706645>; and Embry M. Howell and Genevieve M. Kenney, "The Impact of the Medicaid/CHIP Expansions on Children: A Synthesis of the Evidence," *Medical Care Research and Review* 69 (4; 2012): 372–96, <https://doi.org/10.1177/1077558712437245>.

more advanced stage. Evidence from Medicaid and CHIP's early implementation suggests Medicaid can improve children's health status and reduce their mortality rates.²⁰

Even children who remain enrolled in Medicaid/CHIP risk worse health care access if their parents fail to enroll in or disenroll from Medicaid. Evidence from a quasi-experimental study found that Medicaid expansions for parents were associated with a higher likelihood that low-income children received an annual well-child visit.²¹ Numerous studies have also found positive associations between parental insurance and children's access to health care—children whose parents were insured were more likely to use preventive services, and their parents were less likely to report an unmet need for care.²²

Reductions in Medicaid/CHIP participation among citizen children and parents in immigrant families would harm families' financial stability. Evidence from quasi-experimental studies consistently shows that Medicaid reduces out-of-pocket medical spending, improves financial stability, and reduces families' problems paying medical bills.²³ Thus, declines in Medicaid/CHIP participation would increase financial challenges faced by immigrant families with children. This is especially worrisome since recent research using the WBNS finds that nearly half of adults in immigrant families with children reported that they experienced one or more material hardships in 2024, such as food insecurity and problems paying medical bills.²⁴

Reductions in Medicaid/CHIP participation among parents in immigrant families would lead to worsening psychological distress for parents and more challenging home environments for children. Evidence based on strong causal models shows that increases in Medicaid coverage reduce severe psychological distress among parents.²⁵ By reducing financial stress and worry, Medicaid coverage can help parents provide a

²⁰ Howell and Kenney, "The Impact of the Medicaid/CHIP Expansions on Children,"; Andrew Goodman-Bacon, "Public Insurance and Mortality: Evidence from Medicaid Introduction," *Journal of Political Economy* 126 (1; 2018), <https://doi.org/10.1086/695528>; Embry Howell, Sandy Decker, Sara Hogan, Alshadye Yemane, and Jonay Foster, "Declining Child Mortality and Continuing Racial Disparities in the Era of the Medicaid and SCHIP Insurance Coverage Expansions," *American Journal of Public Health* 100 (2010):2500-6, <https://doi.org/10.2105/AJPH.2009.184622>, and Leighton Ku, Mark Lin, and Matthew Broaddus, "Improving Children's Health," (Washington, DC: Center on Budget and Policy Priorities, 2007).

²¹ Maya Venkataramani, Craig Evan Pollack, and Eric T. Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services." *Pediatrics* 140 (6; 2017): e20170953, <https://doi.org/10.1542/peds.2017-0953>.

²² Elizabeth J. Gifford, Robert Weech-Maldonado, and Pamela Farley Short, "Low-Income Children's Preventive Services Use: Implications for Parents' Medicaid Status." *Health Care Financing Review* 26 (4; 2005): 81-94, <https://pmc.ncbi.nlm.nih.gov/articles/PMC4194911/>; Amy Davidoff, Lisa Dubay, Genevieve Kenney, and Alshadye Yemane, "The Effect of Parents' Insurance Coverage on Access to Care for Low-Income Children," *Inquiry* 40 (3; 2003): 254-68, https://doi.org/10.5034/inquiryjnl_40.3.254; and Sylvia Suerdelman, Megan Wier, Veronica Angulo, and Doug Oman, "The Effects of Child-Only Insurance Coverage and Family Coverage on Health Care Access and Use: Recent Findings among Low-Income Children in California," *Health Services Research* 41 (10; 2006): 125-47, <https://doi.org/10.1111/j.1475-6773.2005.00460.x>.

²³ Laura R. Wherry, Genevieve M. Kenney, and Benjamin D. Sommers, "The Role of Public Health Insurance in Reducing Child Poverty," *Academic Pediatrics* 16 (3 Suppl; 2016): S98-104, <https://doi.org/10.1016/j.acap.2015.12.011>; Benjamin D. Sommers, "The Poverty-Reducing Effect of Medicaid," *Journal of Health Economics* 32 (5; 2013): 816-32, <https://doi.org/10.1016/j.jhealeco.2013.06.005>; Stacey McMorrow, Jason A. Gates, Sharon K. Long, and Genevieve M. Kenney, "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents. *Health Affairs* 36 (5; 2017), <https://doi.org/10.1377/hlthaff.2016.1650>; and Stacey McMorrow, Genevieve M. Kenney, Sharon K. Long, and Dana E. Goin, "How Did Medicaid Expansions to Low-Income Parents between 1997 and 2009 Affect Coverage, Access to Care, and Mental Health Outcomes?," *Health Services Research* 51 (4; 2016): 1347-67, <https://doi.org/10.1111/1475-6773.12432>.

²⁴ Gonzalez, Bernstein, Haley, and Kenney, "Shifting Immigration Policies Jeopardize Immigrant Families with Children."

²⁵ McMorrow, Gates, Long, and Kenney, "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents."

positive and supportive environment for their children.²⁶ Accordingly, avoidance of Medicaid would be expected to worsen parents' psychological distress and harm family mental well-being.

Reductions in Medicaid/CHIP participation among children and parents in immigrant families would have adverse long-term effects on citizen children and limit their potential and ability to contribute to society later in life. Citizen children's health insurance coverage losses would not only affect their health care access and utilization and families' financial stability and overall well-being in the short term, but would also have adverse long-term consequences for them and for society. Several quasi-experimental studies have found that childhood Medicaid/CHIP coverage contributes to improved outcomes in adulthood, including reduced mortality, improved health, fewer hospitalizations, lower health care costs, higher incomes, higher educational attainment, and less reliance on government support—benefiting individuals as well as reducing government spending through lower health care spending and transfer payments, and increased tax revenues.²⁷

Material hardships caused by program avoidance could have especially adverse consequences for young children in immigrant families. Given evidence that not having basic needs met during a time of rapid brain development could harm children's long-term growth and development, program avoidance by families with young children would lead to adverse consequences for their economic and health outcomes later in life, including lower education attainment, lower incomes, worse health problems, and higher net levels of government spending.²⁸

Medicaid coverage's impacts have also been found to extend to future generations, for instance, with quasi-experimental evidence showing that exposure to the program in utero leads to higher birth weight for the next generation.²⁹ Avoidance of Medicaid by pregnant women in immigrant families could likewise cause negative health consequences for their children and future generations.

Extensive research on nutrition benefits programs has shown that use of benefits improves children's health and well-being, whereas avoidance has adverse effects. Research consistently finds that food insecurity is

²⁶ Georgetown Center for Children and Families, "Healthy Parents and Caregivers are Essential to Children's Healthy Development."

²⁷ Wherry, Kenney, and Sommers, "The Role of Public Health Insurance in Reducing Child Poverty.," Michel H. Boudreax, Ezra Golberstein, and Donna D. McAlpine, "The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program's Origin," *Journal of Health Economics* 45 (2016): 161–75, <https://doi.org/10.1016/j.jhealeco.2015.11.001>; Laura R. Wherry and Bruce D. Meyer, "Saving Teens: Using a Policy Discontinuity to Estimate the Effects of Medicaid Eligibility," *Journal of Human Resources* 51 (3; 2016): 556–88; Laura R. Wherry, Sarah Miller, Robert Kaestner, and Bruce D. Meyer, "Childhood Medicaid Coverage and Later-Life Health Care Utilization," *Review of Economics and Statistics* 100 (2; 2018): 287–302, https://doi.org/10.1162/REST_a_00677; Sarah Cohodes, Daniel Grossman, Samuel Kleiner, and Michael F. Lovenheim, "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions," *Journal of Human Resources* 51 (3; 2016): 727–59; David W. Brown, Amanda E. Kowalski, Ithai Z. Lurie, "Long-Term Impacts of Childhood Medicaid Expansions on Outcomes in Adulthood," *Review of Economic Studies* 87 (2; 2020): 792–821, <https://doi.org/10.1093/restud/rdz039>; Elizabeth Ash, William Carrington, Rebecca Heller, and Grace Whang, "Exploring the Effects of Medicaid During Childhood on the Economy and the Budget," Working Paper 2023-07, (Washington, DC: CBO, 2023); and Hamid NoghaniBehambari, "Labour Market Returns to Health Capital During Childhood: Evidence from Medicaid Introduction." *Economic Annals* LXVI (229; 2021), <https://doi.org/10.2298/EKA2129099N>.

²⁸ Greg J. Duncan, Kathleen M. Ziol-Guest, and Ariel Kalil, "Early Childhood Poverty and Adult Attainment, Behavior, and Health," *Child Development* 81 (1; 2010): 306–25, <https://doi.org/10.1111/j.1467-8624.2009.01396.x>; and Jack P. Shonkoff, W. Thomas Boyce, and Bruce S. McEwen, "Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention," *JAMA* 301 (21; 2009): 2252–9, <https://doi.org/10.1001/jama.2009.754>.

²⁹ Chloe N. East, Sarah Miller, Marianne Page, Laura R. Wherry, "Multigenerational Impacts of Childhood Access to the Safety Net: Early Life Exposure to Medicaid and the Next Generation's Health," *American Economic Review* 113 (1; 2023): 98–135. <https://doi.org/10.1257/aer.20210937>.

associated with worse health outcomes for children.³⁰ Along with reducing food insecurity, SNAP improves children's health outcomes and development, reduces adults' risk of diet-related illnesses such as diabetes, and lowers adults' health care costs.³¹ SNAP participation has been found to improve economic self-sufficiency and life expectancy, as well as reduce the likelihood of incarceration later in life.³² Conversely, loss of SNAP benefits worsens food insecurity and parent and child health, and loss of parental eligibility for SNAP has been found to worsen the health of US-born children of immigrants and reduce parental health care utilization.³³ Likewise, research has found that WIC participation is associated with reduced food insecurity, fewer preterm births, and lower rates of low birth weight.³⁴

In addition, without participation in other core safety net programs such as SNAP and Medicaid, school-age children cannot be directly certified for free or reduced-price school meals, and families must complete school meal applications. A decline in the number of directly certified students can also impact school- or district-wide eligibility and participation in the universal free meal program Community Eligibility Provision, leading to community-wide loss of benefits.³⁵ This can undermine the successful implementation of school meals, which touch every county in America.

Including participation in other public programs in public charge determinations would also reduce the use of those benefits and services. The NPRM does not exclude participation in other public programs such as Head Start/Early Head Start, child care and early education programs, housing assistance, the Low-Income Home Energy Assistance Program, and free or reduced-cost school meals, or use of other public benefits like publicly supported community health centers, from consideration in public charge determinations. This would create confusion among families and service providers about the implications of using such benefits and services for family members' public charge determinations. Moreover, future guidance may explicitly

³⁰ Craig Gundersen and James P. Ziliak, "Food Insecurity and Health Outcomes." *Health Affairs* 34 (11; 2015), <https://doi.org/10.1377/hlthaff.2015.0645>.

³¹ Caroline Ratcliffe, Signe-Mary McKernan, and Sisi Zhang, "How Much Does the Supplemental Nutrition Assistance Program Reduce Food Insecurity?" *American Journal of Agricultural Economics* 93 (4; 2011): 1082–98, <https://doi.org/10.1093/ajae/aar026>; Healthy People 2030, "Food Insecurity," accessed December 17, 2025, <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>; Stephanie Ettinger de Cuba, Ingrid Weiss, Justin Pasquariello, et al. *The SNAP Vaccine: Boosting Children's Health*, (Boston: Children's Health Watch, 2012); Layla G. Booshehri and Jerome Dugan, "Impact of the Supplemental Nutritional Assistance Program on Diet-Related Disease Morbidity among Older Adults," *Health Services Research* 56 (5; 2021): 854–63, <https://doi.org/10.1111/1475-6773.13609>; and Seth A. Berkowitz, Hilary K. Seligman, Joseph Rigdon, James B. Meigs, and Sanjay Basu, "Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults," *JAMA Internal Medicine* 177 (11; 2017): 1642–9, <https://doi.org/10.1001/jamainternmed.2017.4841>.

³² Martha J. Bailey, Hilary Hoynes, Maya Rossin-Slater, and Reed Walker, "Is the Social Safety Net a Long-Term Investment? Large-Scale Evidence From the Food Stamps Program," *The Review of Economic Studies* 91 (3; 2024) 1291–1330, <https://doi.org/10.1093/restud/rdad063>.

³³ Chloe N. East, "The Effect of Food Stamps on Children's Health: Evidence from Immigrants' Changing Eligibility," *Journal of Human Resources* 55 (2; 2020), 387–427, <https://doi.org/10.3388/jhr.55.3.0916-8197R2>; and Chloe N. East and Andrew I. Friedson, "An Apple a Day? Adult Food Stamp Eligibility and Health-Care Utilization among Immigrants," *American Journal of Health Economics* 6 (3; 2020), <https://doi.org/10.1086/709368>.

³⁴ Roch A. Nianogo, May C. Wang, Ricardo Basurto-Davila et al, "Economic Evaluation of California Prenatal Participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to Prevent Preterm Birth," *Preventive Medicine* 124 (2019): 42–49, <https://doi.org/10.1016/j.ypmed.2019.04.011>; Brent Kreider, John V. Pepper, Manan Roy, "Identifying the Effects of WIC on Food Insecurity Among Infants and Children," *Southern Economic Journal* 82 (4; 2016): 1106–22, <https://doi.org/10.1002/soej.12078>; and Wendemi Sawadogo, Nicholas McGuire, Marian Evans, and Praise E. Tangbe, "WIC Participation During Pregnancy and Low and Very Low Birth Weight by Race and Ethnicity," *Journal of Nutrition Education and Behavior* (2025), <https://doi.org/10.1016/j.jneb.2025.06.002>.

³⁵ Emily Gutierrez, *Changes to SNAP and Medicaid Would Have Implications for Student Access to School Meals*, (Washington, DC: Urban Institute, 2025).

include these programs in public charge tests, which would likely further discourage their use. This would further increase material hardships among families with children and make it harder for them to meet basic needs in the short term, resulting in increased risk of inadequate living conditions or avoidable health problems, as well as in the long term. For instance, children in families receiving housing assistance have been found to experience higher earnings and education and reduced risk of incarceration later in life.³⁶

These findings align with other evidence that public investments in children pay off not only for individuals as they develop but also for society as a whole.³⁷

Adverse consequences of program avoidance could be compounded by the consequences of other immigration actions. Moreover, as detailed further below, immigration and enforcement policies have changed in 2025, and these changes are expected to persist in the coming years, which would amplify the adverse consequences for the health and well-being of children in immigrant families, the vast majority of whom are US citizens. Prior research has found severe effects of immigration enforcement policies on the mental health, financial stability, and educational outcomes of children in immigrant families.³⁸

4. The estimated chilling effects for citizen children in immigrant families and the higher federal, state, and local costs caused by the harmful implications of the rule are not adequately assessed in the NPRM.

Finally, the NPRM both underestimates the likely chilling effects and fails to acknowledge all of the financial costs of the proposed changes.

First, the reductions in children's public benefits use estimated in the rule are likely understated. Estimates are not given separately for families with children, but DHS estimates rely on an average disenrollment rate of 10.3 percent to calculate changes in transfer payments under the proposed rule. However, this rate is not calculated separately for families with children, who have in the past experienced higher chilling effects; e.g., as noted above, in 2019, 20.4 percent of adults in immigrant families with children reported program avoidance in the previous year related to immigration concerns compared with 10.0 percent among immigrant families without children.³⁹

In addition, we expect that chilling effects under the new rule would likely exceed those experienced under the 2019 rule and the lingering chilling effects reported in recent years, particularly if subsequent guidance specifies a broader set of programs to be considered than in the 2019 rule, receipt of public benefits is to be assessed over a longer time horizon, and/or children's or other family members' receipt would be considered.

Even without such changes in the rule, immigrant families may be more fearful of taking up public benefits in the coming years relative to the 2019 rule because of the heightened immigration enforcement efforts that have been initiated in 2025 and that are expected to persist. This proposed rule

³⁶ Fredrik Andersson, John C. Haltiwanger, Mark J. Kutzbach et al. “[Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing](#),” Working Paper No. 22721, (Cambridge, MA: NBER, 2016).

³⁷ Anna Farr, Cary Lou, and Hannah Sumiko Daly, “[How Do Children and Society Benefit from Public Investments in Children?](#),” (Washington, DC: Urban Institute, 2024).

³⁸ “[U.S. Citizen Children Impacted by Immigration Enforcement](#),” (Washington, DC: AIC, 2021); Samantha Artiga and Petry Ubri, “[Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health](#),” (Washington, DC: KFF, 2017); Randy Capps, Heather Koball, Andrea Campatella, et al, [Implications of Immigration Enforcement Activities for the Well-Being of Children in Immigrant Families](#), (Washington, DC: Urban Institute, 2015); and Ajay Chaudry, Randolph Capps, Juan Pedroza, et al. [Facing Our Future: Children in the Aftermath of Immigration Enforcement](#), (Washington, DC: Urban Institute, 2010).

³⁹ Haley, Kenney, Bernstein, and Gonzalez, “[One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019](#).”

is being released at a very challenging time for immigrant populations in the US, in which families and communities are experiencing highly visible and aggressive immigration enforcement practices, changing legal admissions processes, new restrictions on access to safety net programs, and expanded data sharing between federal agencies to support enforcement priorities.⁴⁰ KFF survey data collected in fall 2025 showed the impacts of this policy environment, finding, for example, that 20 percent of immigrant parents reported that they or a family member had avoided seeking medical care in the previous year because of concerns about drawing attention to someone's immigration status. The survey also found that 18 percent of immigrant parents said that they had already avoided applying for safety net programs in the previous year because of such concerns.⁴¹ These findings reinforce evidence from WBNS data collected in December 2024 among adults in immigrant families with children. In the period between the 2024 election and when the current administration came into office and immigration enforcement was expanded, nearly 1 in 5 adults in immigrant families with children reported worrying "a lot" or "some" about visiting a doctor's office, health clinic, or hospital out of concerns about drawing attention to their or a family member's immigration status, and about the same share avoided public benefits like Medicaid or SNAP because of immigration-related concerns.⁴²

Given the differences between the 2019 rule and the newly proposed rule, and the additional effects of the current immigration climate, benefits use by children (and adults) is likely to drop by more than under the 2019 rule.

Though this would result in larger immediate reductions in federal costs because of forgone enrollment, **the quantified reductions in public benefits spending do not account for the adverse consequences outlined above for children, their families, or society at large in the short, medium, or long term.** In particular, reduced coverage and access to health care among children in immigrant families would likely result in increasing uncompensated care burdens for providers and higher costs for federal, state, and local governments. If children do not receive care for the full range of their health needs, it would likely result in more missed work by parents and increased spread of transmissible diseases, as well as more learning delays and children being below grade for their age, which would lead to higher costs for schools and education budgets.⁴³ Lower take-up of Medicaid in childhood would increase long-term health care spending because childhood Medicaid expansions are associated with adult outcomes such as reduced hospitalizations, improved oral health, reduced disability, and lower rates of a health indicator that includes high blood pressure, diabetes, heart disease/heart attack, and obesity.⁴⁴ Likewise, children with access to

⁴⁰ Ariel G. Ruiz Soto, "A New Era of Immigration Enforcement Unfolds in the U.S. Interior and at the Border under Trump 2.0.," Migration Policy Institute, October 2025, <https://www.migrationpolicy.org/news/new-era-enforcement-trump-2>; Muzaffar Chishti and Colleen Putzel-Kavanaugh, "Trump Administration Bends U.S. Government in Extraordinary Ways towards Aim of Mass Deportations" Migration Policy Institute, February 27, 2025, <https://www.migrationpolicy.org/article/trump-mass-deportation-priority>; and Department of Homeland Security, "New Milestone: Over 2 Million Illegal Aliens Out of the United States in Less Than 250 Days," September 23, 2025, <https://www.dhs.gov/news/2025/09/23/new-milestone-over-2-million-illegal-aliens-out-united-states-less-250-days>.

⁴¹ Drishti Pillai, Samantha Artiga, Akash Pillai et al. "KFF/New York Times 2025 Survey of Immigrants: Health and Health Care Experiences During the Second Trump Administration," San Francisco: KFF, 2025).

⁴² Gonzalez, Bernstein, Haley, and Kenney, "Shifting Immigration Policies Jeopardize Immigrant Families with Children."

⁴³ Carolyn C. Foster, Anna Chorniy, Soyang Kwon et al. "Children With Special Health Care Needs and Forgone Family Employment," *Pediatrics* 148 (3; 2021): e2020035378, <https://doi.org/10.1542/peds.2020-035378>; Javaeria A. Qureshi and Anuj Gangopadhyaya, "Childhood Medicaid Eligibility and Human Capital," *Economics of Education Review* 82 (102092; 2021), <https://doi.org/10.1016/j.econedurev.2021.102092>; and Centers for Medicare & Medicaid Services, "Prevention," accessed December 18, 2025, <https://www.medicaid.gov/medicaid/benefits/prevention>.

⁴⁴ Wherry, Miller, Kaestner, and Meyer, "Childhood Medicaid Coverage and Later-Life Health Care Utilization.," Brandy J. Lipton, Laura R. Wherry, Sarah Miller, Genevieve M. Kenney, Sandra Decker, "Previous Medicaid Expansion May Have Had Lasting Positive Effects on Oral Health of Non-Hispanic Black Children," *Health Affairs* 35 (12; 2016): 2249-58, <https://doi.org/10.1377/hlthaff.2016.0865>; Boudreux, Golberstein, and McAlpine, "The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program's Origin."; and Goodman-Bacon, Andrew, "The Long-

Medicaid coverage attain higher levels of education and have higher employment rates and earnings later in life, and therefore reduced Medicaid participation would reduce tax revenues and increase future transfer payments, such as disability benefits. In fact, the Congressional Budget Office recently estimated that about half or more of the initial costs of childhood Medicaid are offset by lower federal spending resulting from higher tax revenue and lower transfer payments because of the program's long-term benefits.⁴⁵ Thus, a range of costs that would be borne by federal, state, and local governments is unaccounted for in the NPRM.

In summary, the proposed rule would depart from longstanding policy dating back to 1999 and would particularly affect the receipt of benefits for US citizen children, reducing participation in safety net programs that have been shown to improve child health and well-being. Based on a large and rigorous body of research evidence, the proposed rule is likely to result in more US citizen children growing up without having their basic needs for nutrition, health care, housing, and education met—causing both immediate harm to these citizen children, including increased unmet or delayed health needs, food insecurity, poverty, and lack of adequate shelter, as well as permanent long-term adverse effects. In particular, reductions in timely preventive and acute care for children and increases in food insecurity could lead to poorer health outcomes, increasing health care costs for families and for society. The proposed rule understates the potential chilling effects and adverse consequences for children's health and well-being, and overstates the savings to the federal government by not accounting for long-term impacts on taxes and transfers or on other federally funded programs. For these reasons, we urge DHS to withdraw the proposed rule and leave the current regulations in effect.

Sincerely,

Jennifer M. Haley
Principal Research Associate
Urban Institute

Hamutal Bernstein
Senior Fellow
Urban Institute

Genevieve M. Kenney
Institute Fellow
Urban Institute

Dulce Gonzalez
Senior Research Associate
Urban Institute

Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes,” *American Economic Review* 111 (8; 2021): 2550–93, <https://www.aeaweb.org/articles?id=10.1257/aer.20171671>.

⁴⁵ Ash, Carrington, Heller, and Whang, “Exploring the Effects of Medicaid During Childhood on the Economy and the Budget.”