December 19, 2025

Submitted via www.regulations.gov

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Secretary of Homeland Security
Washington, D.C. 20528

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

I. Introduction

The 190 undersigned organizations dedicated to the health and well-being of children are writing in response to the Department of Homeland Security's (DHS) Notice of Proposed Rulemaking (NPRM) on public charge published in the Federal Register on November 19, 2025. We write to oppose the administration's proposed rule to rescind the 2022 public charge ground of inadmissibility regulations, which would remove the current well-grounded regulations on public charge without replacing them. Most notably, this would leave regulatory voids where there are now clear guidelines about what programs can and cannot be considered in a public charge assessment, and that the use of benefits by children and other family members not seeking adjustment will not be considered. This will create fear and uncertainty that will cause a "chilling effect" – the avoidance of applying for or receiving public benefits due to fear of jeopardizing their or their family member's access to legal immigration status – even beyond what has been previously seen.

As we explain in more detail below, discouraging enrollment by children and their families in crucial health care, nutrition and other critical programs would increase poverty, hunger, poor health, and unstable housing. The proposal to rescind the 2022 public charge ground of inadmissibility regulations would have profound and damaging consequences for the well-being and long-term success of children, including U.S. citizen children, and their families. By harming children, the proposal also undermines our nation's future workforce and collective economic security.

For these reasons, the Department should immediately withdraw its current proposal and leave the current regulations (as codified in the 2022 rule) in effect.

II. The NPRM Creates a Regulatory Void that Deepens Fear and Uncertainty

The proposed rule would rescind the 2022 public charge ground of inadmissibility regulations[1] with the exception of limited language regarding public charge bonds and does not offer any replacement language – leaving a regulatory void. Instead, DHS states that at some future date, after this rule is finalized, they will create new tools and guidance to direct United States Citizenship and Immigration Services (USCIS) officers in making public charge assessments.

While not providing any details on the new tools and guidance they plan to create, the proposed rule signals that the Administration wishes to reinterpret the law, rejecting the long-standing

[1] Department of Homeland Security. *Public Charge Ground of Inadmissibility*. Federal Register 87, no. 173 (September 9, 2022): 55472. https://www.federalregister.gov/documents/2022/09/09/2022-18867/public-charge-ground-of-inadmissibility.

precedent that an individual can be found likely to become a public charge only if they are likely to become "primarily dependent on the government for subsistence, as demonstrated by either (i) the receipt of public cash assistance for income maintenance or (ii) institutionalization for long-term care at government expense." This longstanding meaning of public charge, based on decades of case law and ratified by Congress was written into the 1999 field guidance,[2] as well as the 2022 final rule. In contrast, the Administration's NPRM reflects a much more exclusionary concept of public charge that would allow for denials for virtually any reason, including the use of supplementary benefits received by many workers, as well as a broader range of health conditions.

Especially damaging for children is that the NPRM removes the section of the 2022 public charge regulations that explicitly states that applying for or receiving benefits on behalf of children and other family members is not considered "receipt." The NPRM also removes the clarity the current regulations provide concerning which public benefits can be considered in the public charge assessment. Without these guardrails in place, the NPRM suggests that the administration proposes to consider receipt of any type of means-tested benefits received or applied for by noncitizens at any time and for any duration, even on behalf of U.S. citizen children, as relevant to the public charge determination.

The 2022 rule makes it clear that it is safe to apply for and receive health care, nutrition assistance, and other assistance on behalf of children without public charge consequences, and helps to avoid undue fear or confusion among immigrant families and their children. In fact, 110 children's advocacy organizations submitted a comment in support of the definition of what constitutes "receipt" in the 2022 public charge rule, which explicitly excluded adults who applied for benefits on behalf of their children or whose children are currently receiving benefits.[3] The comment also strongly supported the exclusion of non-cash benefits from public charge determinations in the 2022 regulations.

III. The NPRM Will Significantly Increase the Chilling Effect Among Immigrant Families

By proposing to rescind the 2022 public charge policy and its existing guardrails, the administration is creating fear and uncertainty among immigrant families that will predictably discourage them and their children from seeking benefits for which they are eligible. This section documents why this is a reasonable prediction based on historical evidence and the Administration's hostility towards immigrant families.[4]

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[2] Department of Justice, *Field Guidance on Deportability and Inadmissibility on Public Charge Grounds*, May 26, 1999, 64 Federal Register 28689 (Field Guidance). https://www.federalregister.gov/documents/1999/05/26/99-13202/field-guidance-on-deportability-and-inadmissibility-on-public-charge-grounds.

[3] *Comment Submitted by 110 National, State, and Local Children's Advocacy Organizations.* U.S. Citizenship and Immigration Services, April 25, 2022, https://www.regulations.gov/comment/USCIS-2021-0013-0425

[4] Dulce Gonzalez, Jennifer M. Haley, Genevieve M. Kenney. *One in Six Adults in Immigrant Families with Children Avoided Public Programs in 2022 Because of Green Card Concerns*. Urban Institute, November 2023. https://www.urban.org/research/publication/one-six-adults-immigrant-families-children-avoided-public-programs-2022; Helena Bottemiller Evich, *Immigrants, fearing Trump crackdown, drop out of nutrition programs,* Politico, September 4, 2018. https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292?nlid=630318&nrid=00000158-890d-dfd4-ad7b-c96fadf30001; *New Data Reveal Stark Decreases in SNAP Participation Among U.S. Citizen Children Living With a Non-Citizen*. FRAC, May 2021. https://frac.org/wp-content/uploads/SNAP-Participation-Among-U.S.-Citizen-

Given the restrictions on immigrants' eligibility for public benefits, much of the impact of the chilling effect will fall on U.S. citizen children in immigrant families. One in four children in the U.S. – 19 million children – have at least one immigrant (non U.S.-born) parent. The majority of these children are U.S. citizens, either in mixed-immigration status households (with noncitizen parents) or with naturalized citizen parents. Only about three percent of children in the U.S. are themselves noncitizens.[5] Children in immigrant families are also more likely to face certain hardships, and are already less likely to access help due in part to flawed policies that create barriers to immigrant families' ability to access critical public benefits.[6]

Historical evidence of chilling effects

Changes in the behavior of immigrant families following the passage of the 1996 welfare law (Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PRWORA, P.L. 104-193) provide evidence of chilling effects. A comprehensive review of studies conducted following the enactment of PRWORA showed statistical evidence of reduced use of benefits among populations whose eligibility was unchanged by the law, including U.S.-citizen children with immigrant parents.[7] For children, food stamp use fell by 37 percent among U.S.-citizen children in families with a noncitizen parent between 1994 and 1997.[8] Further USDA calculated that nearly 44 percent of eligible citizen children in households with noncitizen adults participated in SNAP (then known as Food Stamps), compared to 70 percent of all eligible children in FY 2002.[9]

Recent survey evidence confirms ongoing and intensifying fear

Surveys on public benefit participation after the passage of the 2019 public charge rule provide evidence on its chilling effect.

Children.pdf; Debra Pelto, Alex Ocampo, Olga Garduño-Ortega, *et al.* "The Nutrition Benefits Participation Gap: Barriers to Uptake of SNAP and WIC Among Latinx American Immigrant Families," *J Community Health* 45, 488–491 (2020). https://doi.org/10.1007/s10900-019-00765-z; Sung Choi, Sujeong Park, Abena Duah, et al., "Consequences of the 2019 Public Charge Rule Announcement and Publication on Prenatal WIC Participation Among Immigrant Families: Evidence of Spillover Effects," *J Immigr Minor Health* 25(6) (2023):1229-1238. doi: 10.1007/s10903-023-01523-z. Epub 2023 Aug 2. PMID: 37530903.

[5] Drishti Pillai, Akash Pillai, and Samantha Artiga. *Children of Immigrants: Key Facts on Health Coverage and Care*. KFF, 2025. https://www.kff.org/racial-equity-and-health-policy/children-of-immigrants-key-facts-on-health-coverage-and-care/.

[6] Tanya Broder and Gabrielle Lessard. *Overview of Immigrant Eligibility for Federal Programs.* National Immigration Law Center, 2024, https://www.nilc.org/wp-content/uploads/2024/05/overview-immeligfedprograms-2024-05-08.pdf ; Kinsey Alden Dinan, *Federal Policies Restrict Immigrant Children's Access to Key Public Benefits,* National Center for Children in Poverty, 2005. http://www.nccp.org/publications/pdf/text_638.pdf.

[7] Michael E. Fix, Randy Capps, and Neeraj Kaushal. *Immigrants and Welfare: Overview*, Immigrants and Welfare: The Impact of Welfare Reform on America's Newcomers, ed. Michael Fix, Russell Sage Foundation, 2009.

[8] Jenny Genser, *Who Is Leaving the Food Stamp Program: An Analysis of Caseload Changes from 1994 to 1997,* U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation, 1999. https://fns-prod.azureedge.us/research/snap/leaving-program-analysis-caseload-changes-1994-1997

[9] Karen Cunnyngham, *Trends in Food Stamp Program Participation Rates: 1999 to 2002*, Table 6, USDA, September 2004. https://fns-prod.azureedge.us/sites/default/files/Trends99-2002.pdf

Starting in 2018, researchers at the Urban Institute have regularly conducted the Well-Being and Basic Needs Survey (WBNS) that includes questions about whether adults in immigrant families (i.e., in which the respondent or a family member living with them was not born in the US) avoided participating in non-cash safety net programs because of green card concerns. In 2019, 15.6 percent of adults in all immigrant families reported avoiding applying for non-cash benefits.[10] The chilling effect was twice as strong for families with children, at 20.4 percent for immigrant families with children in 2019 compared to 10.0 percent for immigrant families without children.

These findings are corroborated from surveys from KFF. The most recent survey found that the share of immigrant adults who said they avoided applying for a government program that helps pay for food, housing, or health care in the past 12 months because they did not want to draw attention to their or a family member's immigration status rose from 8 percent to 12 percent between 2023 and 2025.[11] Among parents, the share who say they avoided applying for a program rose from 11 percent to 18 percent. The KFF study also finds that much of the impact of the chilling effect will fall on U.S. citizen children. The study finds that approximately half of the Medicaid or CHIP enrollees who live in a household with at least one noncitizen – 5.9 million out of 13.4 million – are U.S. citizen children.[12]

The Urban Institute and KFF surveys confirm that the chilling effect has harmed immigrant families, especially those with children, even before the 2019 rule was finalized and continues to affect program participation even after the 2019 rule was withdrawn and replaced with the 2022 rule.

The administration's hostility towards immigrant families will worsen the chilling effect

Research and our experience suggests that the chilling effect estimates cited above may underestimate the chilling effect today, because of the many factors already causing fear and withdrawal from crucial supports among immigrant families with children.

Since taking office, the Trump administration has advanced a sweeping set of policies that attack immigrant families and harm long-standing protections in the immigration system and access to critical services. These actions have created instability and fear in communities across the country, with profound consequences for children's safety, health, and development. These different fears reinforce each other. For example, the chilling effect has been accentuated by DHS' efforts to access data about taxpayers from the Internal Revenue Service

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[10] Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, et al. *Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019*. Urban Institute, 2020. https://www.urban.org/research/publication/amid-confusion-over-public-charge-rule-immigrant-families-continued-avoiding-public-benefits-2019.

[11] 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.* KFF, 2025. https://www.kff.org/immigrant-health/kff-new-york-times-2025-survey-of-immigrants-health-and-health-care-experiences-during-the-second-trump-administration/.

[12] Samantha Artiga, Drishti Pillai, Sammy Cervantes, et al. *Potential "Chilling Effects" of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment.* KFF, 2025. https://www.kff.org/medicaid/potential-chilling-effects-of-public-charge-and-other-immigration-policies-on-medicaid-and-chip-enrollment/

(IRS)[13] and about Social Security Administration,[14] SNAP,[15] and Medicaid[16] benefit recipients. These efforts are in violation of privacy laws, and break explicit promises that the federal government has made.[17]

Other policy changes and anti-immigrant rhetoric from the administration—such as the attacks on birthright citizenship, rescission of the longstanding policy restricting immigration enforcement actions in "sensitive locations," arrests at green card interviews, the premature termination of Temporary Protected Status (TPS) for most designated groups, and the plan to review all refugee statuses granted under the previous administration—combine to undermine immigrants' trust in government and their faith that promises will be kept.

KFF's fall 2025 survey also reports on the increasing share of immigrants who know someone who has been detained or deported. As of June 2025, more than one in five (22%) immigrants say they personally know someone who has been arrested, detained, or deported on immigration-related charges since President Trump took office in January, nearly three times the share who said so in April (8%).[18] Research has also found that experience with immigration enforcement increases noncitizens' concerns about public charge. Specifically, having stayed inside to avoid police or immigration officials, having been asked to show proof of citizenship by law enforcement, and knowing someone who has been deported were all found to increase concerns about accessing public benefits related to public charge.[19] Increased immigration enforcement also increases the likelihood that children could witness a parent's detention, arrest, or other encounter with ICE agents, which was what occurred when ICE agents arrested a child care worker in plain view of young children last month.[20] Such exposure

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[13] *Center for Taxpayer Rights v. Internal Revenue Service,* 1:25-cv-00457 (D.D.C.). https://www.courtlistener.com/docket/69646607/center-for-taxpayer-rights-v-internal-revenue-service/.

[14] Social Security Administration, Privacy Act of 1974, System of Records, 90 FR 50879, November 11, 2025. https://www.federalregister.gov/documents/2025/11/12/2025-19849/privacy-act-of-1974-system-of-records

[15] State of California v. United States Department of Agriculture, 3:25-cv-06310, (N.D. Cal.). https://www.courtlistener.com/docket/70945300/state-of-california-v-united-states-department-of-agriculture/.

[16] State of California v. U.S. Department of Health and Human Services 3:25-cv-05536 (N.D. Cal.). https://clearinghouse.net/case/46754/.

[17] Chye-Ching Huang, Brandon DeBot, Michael Kaercher, et al. *Treasury-DHS Tax Data Sharing Agreement Raises Grave Legal and Practical Concerns,* The Tax Law Center, NYU Law*,* April 10, 2025. https://taxlawcenter.org/blog/treasury-dhs-tax-data-sharing-agreement-raises-grave-legal-and-practical-concerns.

[18] Shannon Schumacher, Isabelle Valdes, Julian Montalvo III, et al. *KFF/New York Times 2025 Survey of Immigrants: Worries and Experiences Amid Increased Immigration Enforcement*. KFF, November 18, 2025 https://www.kff.org/racial-equity-and-health-policy/kff-new-york-times-2025-survey-of-immigrants-worries-and-experiences-amid-increased-immigration-enforcement/

[19] Lei Chen, Maria-Elena De Trinidad Young, Michael A. Rodriguez, and Kathryn Kietzman. "Immigrants' Enforcement Experiences and Concern about Accessing Public Benefits or Services," *Journal of Immigrant and Minority Health* 25, no. 5 (2023): 1077–84. https://doi.org/10.1007/s10903-023-01460-x.

[20]Whitney Wild. *Chicago day care teacher detained by ICE agents as parents were dropping off their children*, CNN, Nov 6, 2025. https://www.cnn.com/2025/11/06/us/chicago-day-care-ice-arrest-hnk.

to traumatic events can harm children's mental[21] and physical health[22] and negatively impact their long-term development.[23]

IV. The Chilling Effect Will Deny Children Access to Essential Education, Health, Nutrition, and Housing Supports

There is extensive evidence of how participation in basic needs programs positively influences children's and adults' health as well as educational, and economic outcomes. By removing the current well-grounded regulations on public charge and their clear guidelines, the chilling effect of this NPRM will only worsen children and their families' hunger, health outcomes, poverty, homelessness, and other serious problems. This section details the harms to children that stem from those chilling effects.

Child Care and Early Education Programs

The ambiguity of this rule would lead to families losing access to child care and early education programs, in particular due to widespread chilling effects that drive families from the programs for which they are eligible.

Child care is essential. It supports family well-being and child development, improves family economic stability and mobility, and contributes to broader economic growth.[24] About 25 percent of young children under the age of 6 are children of immigrants, making child care particularly important for this population.[25] Child care allows parents to go to work, school, job training, or meet other needs while children are cared for in safe, nurturing environments where they can learn and grow.[26,27] However, the high cost of child care can be a major barrier for many

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[21] Ajay Chaudry, Randolph Capps, Juan Pedroza, Rosa Maria Castaneda, Robert Santos, Molly M. Scott. *Facing Our Future: Children in the Aftermath of Immigration Enforcement.* Urban Institute, February 2, 2010
"https://www.urban.org/research/publication/facing-our-future

[22] Wendy Cervantes, Rebecca Ullrich, & Hannah Matthews. *Our Children's Fear: Immigration Policy's Effects on Young Children.* Center for Law and Social Policy, March 2018 https://www.clasp.org/publications/report/brief/our-childrens-fear-immigration-policys-effects-young-children-2/; Wendy Cervantes, Rebecca Ullrich, & Vanessa Meraz, *The Day That ICE Came: How Worksite Raids Are Once Again Harming Children and Families*. Center for Law and Social Policy, March 2018, https://www.clasp.org/publications/report/brief/immigration-policy-s-harmful-impacts-early-care-and-education/.

[23] *InBrief: The Impact of Early Adversity on Children's Development.* Center on the Developing Child at Harvard University, 2007 https://developingchild.harvard.edu/resources/inbriefs/inbrief-the-impact-of-early-adversity-on-childrens-development/.

[24] Meg Dygert. *Child Care Reform: An Essential for Economic Recovery.* American Public Human Services Association, August 1, 2022, https://aphsa.org/APHSABlog/mhhspp/child-care-reform-an-essential-for-economicrecovery.aspx.

[25] *Children of immigrants data tool, 2023*. Urban Institute, ACS, https://apps.urban.org/features/children-of-immigrants/.

[26] Chairman Don Beyer, *Child Care Investment is Crucial for Future Economic Growth*, Joint Economic Committee Democrats, 2021, https://www.jec.senate.gov/public/_cache/files/8885633d-4ef1-4be8-8819-4cf7f5be09fa/childcare-investment-is-crucial-for-future-economic-growth-1.pdf.

[27] Lauren Birchfield Kennedy, *Child Care and Early Education is a Social Determinant of Health—For Children and Adults*, Harvard Medical School Center for Primary Care, October 23, 2020, https://info.primarycare.hms.harvard.edu/perspectives/articles/child-care-early-education.

families.[28] Federal programs such as the Child Care and Development Block Grant (CCDBG) can help these families better afford child care. Without access to this federal program or similar programs funded by state or local investments in child care, which could be impacted by this broad proposed rule, families are forced into making difficult decisions about participating in the workforce, or leaving their child in a care setting that does not meet their needs. Children rely on consistent, responsive, nurturing early education and care to support their rapid development, particularly during the first five years of life.[29] Research has shown that a lack of access to child care, along with changes in child care arrangements, can negatively impact child development in the near and long-term.[30] Improving children's school readiness by providing access to high-quality child care and early education services during the critical early years of life helps to promote better outcomes, including increasing graduation rates and adult earnings; reducing the need for special education services; and even improving health in adulthood.[31]

The ambiguity of this rule will create fear among immigrants in accessing child care and early education programs that may or may not ultimately be implicated by any future guidance. In field research conducted by the Center for Law and Social Policy following the implementation of the 2018 Public Charge rule, many families were reluctant to participate in programs that were not included in the regulation.[32]

Furthermore, the lack of clarity around whether a family member's use of a federal public benefit could impact an individual's own public charge determination is particularly harmful for children's access to care. The CCDBG program considers the child's immigration status for participation, but with the uncertainty the proposed rule would create, we expect many families would start to forgo care through this program for their eligible citizen children. This alone would be harmful to the programs' operations, and may also extend to citizens who may fear retaliation for their participation in the program, despite their continued eligibility.

This fear also extends to early educators. Approximately 22 percent of child care workers in the U.S. are immigrants themselves.[33] The ambiguity of the proposed public charge rule will exacerbate existing staffing crises in the child care sector by further discouraging immigrant early educators from remaining in or entering the workforce. According to the Center for the Study of Child Care Employment, child care educators across the U.S. earn a median hourly wage of just $14.60, with 16% living below the federal poverty line and nearly half relying on

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[28] *Annual Price of Care.* Child Care Aware of America, May 2025, https://www.childcareaware.org/price-landscape24/#PriceofCare.

[29] *Brain Architecture.* Center on the Developing Child, Harvard University, https://developingchild.harvard.edu/key-concept/brain-architecture/.

[30] Heather Sandstrom and Sandra Huerta. *The Negative Effects of Instability on Child Development: A Research Synthesis*. Urban Institute, September 2013, https://www.urban.org/sites/default/files/publication/32706/412899-The-Negative-Effects-of-Instability-on-Child-Development-A-Research-Synthesis.PDF.

[31] Hailey Gibbs. *Debunking Myths About Head Start: How the Program Promotes Opportunity and Strengthens Families, Communities, and Economies*. Center for American Progress, June 2025, https://www.americanprogress.org/article/debunking-myths-about-head-start-how-the-program-promotes-opportunity-and-strengthens-families-communities-and-economies/.

[32] Wendy Cervantes, et al., *Our Children's Fear*, 2018.

[33] Disha Chatterjee. *Our Child Care System Relies on the Labor of Immigrants—But Immigrant Families Can't Rely on the Child Care System to Work for Them.* National Women's Law Center, July 2024, https://nwlc.org/our-child-care-system-relies-on-the-labor-of-immigrants-but-immigrant-families-cant-rely-on-the-child-care-system-to-work-for-them/.

public assistance to support their own families.[34, 35] Immigrant early educators face even more severe economic challenges, earning a median wage of only $11.54 per hour—substantially below their peers despite comprising over one-fifth of the early childhood education workforce nationally.[36] In major metropolitan areas, immigrant women represent an even larger share.[37] Since immigrant workers make up such a significant share of this underpaid yet critically important workforce, penalizing individuals who access essential public benefits would create a chilling effect that pushes many immigrant educators to forgo needed supports—or to leave the profession altogether. Already, U.S.-born early educators are leaving the child care profession because of the chilling effect associated with enforcement on groups not eligible for deportation.[38] This loss would have dire consequences for all families and communities already facing widespread child care shortages, reduced program capacity, and rising costs.

Head Start

As previously mentioned, the NPRM is so vague that it has the potential to cause confusion even about programs that are clearly not federal public benefits, including Head Start. We are particularly concerned that the lack of clarity and transparency into the process that will be used to assess individuals' public benefit usage will result in confusion for the thousands of families currently enrolled in Head Start programs as well as those who plan to enroll in the future.

Head Start, a community-led early education program that has existed for over 60 years through different presidential administrations, was created to serve children with low-incomes including from immigrant families. To accomplish their educational mission, advance their charge from Congress, and create a return on investment on taxpayer dollars, Head Start programs rely on the ongoing enrollment and attendance of children ages birth to five and engagement of parents/primary caregivers. The lack of clarity about which programs are being considered as part of this revised rule – combined with the federal government's recent misclassification of Head Start as a public benefit[39] – is likely to create confusion among families, potentially preventing them from using Head Start services. By causing confusion and potential disenrollment, the public charge proposal would have significant impacts on Head Start children and families' well-being and long-term success - preventing access to early learning opportunities and essential supports that help them to thrive. Without clear guardrails on what programs are considered part of DHS's revised public charge test, immigrant families may hesitate to seek programs that support their children's healthy development, including Head

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[34] Caitlin McLean, Lea Austin, Anna Powell, et al. *Early Childhood Workforce Index – 2024.* Center for the Study of Child Care Employment, University of California, Berkeley, 2024 https://cscce.berkeley.edu/workforce-index-2024/.

[35] The Early Childhood Policy Team. *Understanding the Basics of Child Care in the United States,* Center for American Progress, February 2025, https://www.americanprogress.org/article/understanding-the-basics-of-child-care-in-the-united-states/.

[36] Karla Coleman-Castillo, S. Shrestha, Tania Villarroel. Cristobal Ramón, *Immigrants Care: How Immigrant Early Educators Hold Up the Care Economy.* National Women's Law Center and UnidosUS, June 2025, https://unidosus.org/publications/immigrants-care-how-immigrant-early-educators-hold-up-care-economy/.

[37] Coleman-Castillo, et al., *Immigrants Care,* June 2025.

[38] Chris M. Herbst & Erdal Tekin. *The Impact of Increased ICE Activity on the Child Care Workforce and Mothers' Employment.* New America Better Life Lab, December 2025, https://www.newamerica.org/better-life-lab/reports/impact-of-increased-ice-activity/.

[39] *Federal Court Halts Trump Administration's Unlawful Attacks on Head Start Families.* ACLU, September 2025, https://www.aclu.org/press-releases/federal-court-halts-trump-administrations-unlawful-attacks-on-head-start-families.

Start. This may result in families across the U.S. having fewer options as they seek to exercise their right to choose locally-driven early education programs that reflect their family's goals and values.

Early Intervention

The rule may also impact the ability of families to access Early Intervention (EI) services in their communities. Early intervention is a system of services that helps babies and toddlers with developmental delays or disabilities learn physical, cognitive, communication, and social-emotional skills.[40] Over 440,000 infants and toddlers in all 50 states rely on EI services to support their development.[41] Young children receiving EI have been shown to have positive outcomes across developmental domains, including motor, cognitive, and communication domains.[42] Parents also report positive experiences with better meeting the needs of their child once they have gained access to these critical services.[43] Additionally, EI has benefits to the broader society through decreased need for special education.[44]

EI services are delivered in child care centers, public schools, and families' homes by professionals from developmental, occupational, physical, and speech therapies. These services are funded through a blend of local, state and federal funding sources. The program's blended funding approach ensures that the program's numerous benefits are provided to states and communities, and it means that it is not possible to identify the specific dollars that are being used to fund any particular individual child's services. The use of both state and federal funds alongside DHS's proposal to have DHS officers make "case-by-case" decisions is likely to lead to inconsistent decisions about whether use of EI services would be counted in a "public charge" test. That inconsistency -- as well as the overall lack of clear and objective criteria for assessing families' public benefit use – could result in fewer families accessing EI services their children need and are legally entitled to per the Individuals with Disabilities Education Act (IDEA). This may further deter families from participating in screenings, and for those found eligible, participation in EI services, which could exacerbate delays and disabilities. Notably, Medicaid is a key funding source for EI services, and by compromising the ability of immigrant families to access Medicaid, DHS is limiting families' ability to access critical services that promote the healthy development of their children.

K-12

Reductions in access to public benefits, especially health, housing, and nutrition supports, will have negative impacts on children's educational outcomes. It is understandably challenging for

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[40] *Overview of Early Intervention,* Center for Parent Information and Resources https://www.parentcenterhub.org/ei-overv.

[41] Early Childhood Technical Assistance Center (ECTA). IDEA Part C National Program Data 1987-2023. https://ectacenter.org/partc/partcdata.asp#appropriations.

[42] *The Importance of Early Intervention for Infants and Toddlers with Disabilities.* NECTAC, 2011 https://files.eric.ed.gov/fulltext/ED522123.pdf..

[43] Krisztina Weiszhaupt, Judit Szente, Judith Levin, et al. "Exploring parents' perceptions of early intervention services: A multi-state study." *Early Childhood Education Journal*, *53*(3) (2025): 769-778 https://link.springer.com/article/10.1007/s10643-023-01622-4.

[44] Kathleen Hebbeler, Donna Spiker, Don Bailey, et al. *Early Intervention for Infants and Toddlers with Disabilities and Their Families: Participants, Services and Outcomes.* SRI International, 2007 https://www.sri.com/wp-content/uploads/2021/12/neils_finalreport_200702.pdf; *The Importance of Early Intervention for Infants and Toddlers with Disabilities.* NECTAC, 2011 https://files.eric.ed.gov/fulltext/ED522123.pdf.

children who are hungry, who suffer from untreated health issues, or who live in unstable housing situations to focus and learn in the classroom. Children's health impacts their ability to learn; research has found that expanding public health insurance positively impacts children's academic performance, including by improving high school graduation rates.[45] Accordingly, restricting access to health insurance will negatively impact academic outcomes. Hunger and nutrition also impact learning; food insecurity negatively impacts children's behavior, thoughts, and academic outcomes.[46] And reducing access to housing subsidies will similarly result in negative educational impacts; housing instability is associated with frequent absences, lower test scores, and higher school dropout rates.[47] Finally, the rule could result in perceptions that school meals, which are associated with higher school achievement and improvements in nutritional intake,[48] are a public benefit, thereby harming both child nutrition and learning.

Health Coverage

Children with health insurance are more likely to have a usual source of care and less likely to delay medical care due to cost compared to uninsured children.[49] Specifically, access to Medicaid/CHIP in childhood confers a range of benefits, including improved health, educational and economic outcomes. For example, children with Medicaid coverage have lower rates of asthma,[50] better access to primary care and ability to fulfill prescriptions,[51] higher high school

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[45] George L. Wehby, "The Impact of Household Health Insurance Coverage Gains on Children's Achievement in Iowa: Evidence from the ACA," *Health Affairs* (Jan. 2022), https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01222; Alisa Chester and Joan Alker, *Medicaid at 50: A Look at the Long-Term Benefits of Childhood Medicaid*, Georgetown University Health Policy Institute: Center for Children and Families, July 2015, https://ccf.georgetown.edu/wp-content/uploads/2015/08/Medicaid-at-50_final.pdf.

[46] P. Shankar, R. Chung, and D. Frank, "Association of Food Insecurity with Children's Behavioral, Emotional, and Academic Outcomes: A Systematic Review," *Journal of Developmental & Behavioral Pediatrics* 38, no. 2 (2017): 135–50.

[47] Martha Galvez and Jessica Luna. *Homelessness and Housing Instability: The Impact on Education Outcomes.* Urban Institute, December 2014 https://www.tacomahousing.org/wp-content/uploads/2021/06/Urban-Institute-THA-Homelessness-and-Education-2014-12-22.pdf.

[48] Amy Ellen Schwartz and Michah W. Rothbart, "Let them eat lunch: The impact of universal free meals on student performance," *Journal of Policy Analysis and Management* 39, no. 2 (2020): 376-410; Jenny Jia, Lynn Moore, Howard Cabral et al. "Changes to dietary and health outcomes following implementation of the 2012 updated USDA school nutrition standards: Analysis using NHANES, 2005–2016." *Public Health Nutr* 23 No. 16 (2020) https://pmc.ncbi.nlm.nih.gov/articles/PMC10200493/.

[49] *Access in Brief: Children's Experiences in Accessing Medical Care*. Medicaid and CHIP Payment and Access Commission (MACPAC), April 2025, https://www.macpac.gov/publication/access-in-brief-childrens-experiences-in-accessing-medical-care/.

[50] Owen Thompson, "The Long Term Health Impacts of Medicaid and CHIP," *Journal of Health Economics*, 51 (2017): 26-40 https://pubmed.ncbi.nlm.nih.gov/28040620/.

[51] Elizabeth Williams and Robin Rudowitz. *Medicaid and Children's Health: 5 Issues to Watch Amid Recent Federal Changes.* KFF, October 2025, https://www.kff.org/medicaid/medicaid-and-childrens-health-5-issues-to-watch-amid-recent-federal-changes/.

graduation rates, and improved health as adults.[52] Children with Medicaid/CHIP coverage also have higher average earnings as adults.[53]

Health insurance is expensive; for low and moderate wage working families, access to affordable health insurance for their children is simply out of reach without Medicaid/CHIP. Family premiums for employer-sponsored insurance rose 6 percent in 2025 to a record high of $26,993 with workers contributing on average $6,850 annually.[54] Access to Medicaid/CHIP are essential given the lack of affordable dependent coverage and the rising costs of health care. In fact, nearly 30 million children in the U.S. had Medicaid coverage in 2023,[55] about 6 million of whom are citizen children living in a mixed status household (a household with at least one noncitizen).[56]

Preventative care illustrates the stakes clearly. The Vaccines for Children program, which was established in 1994 to increase childhood immunization coverage among low-income and uninsured populations, provides another clear example of how essential preventive care programs support children's health and development. A CDC evaluation found that during its first 20 years, the program prevented an estimated 1.4 million hospitalizations and 56,300 deaths.[57] If confusion and fear generated by the NPRM deter families from enrolling in Medicaid or attending routine well-child visits, children will miss out on these critical vaccinations, undermining decades of progress in preventing infectious diseases and protecting children's health.

The NPRM acknowledges that the rescission of the 2022 final rule will lead to confusion and misunderstanding and cause people who are not subject to the rule to no longer participate in public benefit programs , including "U.S. citizens in mixed-status households…especially among pregnant or breastfeeding women, infants and children." However, the NPRM does not adequately account for these harms. Researchers at KFF found that about 600,000 to 1.8 million U.S. citizen children enrolled in Medicaid/CHIP could disenroll due to public charge and other immigration-related fears, plus another 50,000 to 150,000 citizen children who are eligible for Medicaid/CHIP but not enrolled would continue to forgo enrollment out of fear.[58] About 4 million children were uninsured in 2023; increasing the number of uninsured children by this

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[52] Edwin Park, Joan Alker, & Alexandra Corcoran. *Jeopardizing A Sound Investment: Why Short-term Cuts to Medicaid During Pregnancy and Childhood Could Result in Long Term Harm.* Commonwealth Fund, December 2020. https://www.commonwealthfund.org/sites/default/files/2020-12/Park_Medicaid_short_term_cuts_long-term-effects_ib_v2.pdf.

[53] *Extending Medicaid and CHIP Coverage for Children: Long-Run Budgetary Effects of the President's 2025 Budget Proposal,* The Congressional Budget Office, December 2024, https://www.cbo.gov/system/files/2024-12/60666-Medicaid-CHIP.pdf.

[54] *"Annual Family Premiums for Employer Coverage Rise 6% in 2025, Nearing $27,000, with Workers Paying $6,850 Toward Premiums Out of Their Paychecks,* KFF News Release, October 2025, https://www.kff.org/affordable-care-act/annual-family-premiums-for-employer-coverage-rise-6-in-2025-nearing-27000-with-workers-paying-6850-toward-premiums-out-of-their-paychecks/.

[55] *Health Insurance Coverage of Children, 0-18,* KFF, 2023, https://www.kff.org/state-health-policy-data/state-indicator/children-0-18/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[56] Samantha Artiga, et al., *Potential 'Chilling Effects' of Public Charge*, December 2025.

[57] Cynthia G Whitney, Fangjun Zhou, James Singleton, Anne Schuchat, and Centers for Disease Control and Prevention (CDC). "Benefits from immunization during the vaccines for children program era-United States, 1994-2013." *MMWR Morb Mortal Wkly Rep* 63, no. 16 (2014): 352-355.

[58] Samantha Artiga, et al., *Potential 'Chilling Effects' of Public Charge*, December 2025.

magnitude would undo decades of progress to help ensure all children have access to affordable, high quality health coverage so they can live healthy, productive lives.

Maternal Health

We are also concerned that the chilling effect caused by DHS's proposal will severely limit the ability of pregnant women who are immigrants to access the maternal health care that ensures their health and safety during pregnancy, child birth, and the postpartum period. The disruptions in access that the rule could cause are likely to reach far beyond federally-funded maternal health programs into state- and locally-supported services. It is not often easy for families to verify whether a program is funded through federal or state sources before accessing services, and as DHS's proposed rule lacks specificity, families are likely to conflate all publicly-funded maternal health services with the federal public benefits DHS has attempted to limit.

DHS's proposed changes to public benefit access for immigrants also compromises maternal health by limiting access to Medicaid, which covers almost half of all births in the U.S.[59] and improves access to care and overall health and reduces mortality rates.[60] If pregnant women decline to enroll in Medicaid due to fear and confusion caused by DHS's newly-proposed rule, they will lose access to pregnancy-related health services, creating serious health implications for mothers and their children and affecting their birth and early health outcomes. Similarly, fear of enrolling infants in Medicaid or CHIP would compromise their access to essential medical care that supports them during a period of rapid growth and brain development.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The chilling effect and vague criteria for assessing public benefit usage is likely to impact use of the Special Supplemental Nutrition Program for Women, Infants, and Children, a critical program that serves families with low incomes and has been shown to reduce fetal and infant deaths, increase access to prenatal care earlier in pregnancy, improve diet quality, increase access to regular health care, and more.[61] The evidence on WIC proves its cost-effectiveness as well. USDA cites research showing WIC's role in decreasing health care costs for participants, with savings in health care costs between $1.77 - $3.13 for every dollar spent on prenatal WIC participation for women enrolled in Medicaid with low incomes .[62] DHS's proposed rule creates significant barriers and deterrents to immigrant families' access to this proven-effective program, potentially leaving many pregnant women and infants without the health care and nutrition support they need to live and thrive.

Supplemental Nutrition Assistance Program (SNAP)

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[59] Anne Rossier Markus, Elie Andres, Kristina West, et. al, "Medicaid Covered Births, 2008 Through 2010, in the Context of the Implementation of Health Reform," *Women's Health Issues* 23(5) (2013). https://pubmed.ncbi.nlm.nih.gov/23993475/.

[60] Stan Dorn & John Holahan, "The Benefits of Medicaid Expansion: A Reply To Heritage's Misleading Use Of Our Work" Health Affairs Blog, 2013, http://healthaffairs.org/blog/2013/05/03/the-benefits-of-medicaid-expansion-a-reply-to-heritages-misleading-use-of-our-work/.

[61] *WIC Program Overview and History*. National WIC Association. https://www.nwica.org/overview-and-history

[62] *How WIC Helps.* Food and Nutrition Service, United States Department of Agriculture,September 25, 2025, https://www.fns.usda.gov/wic/helps.

We are also particularly concerned about the impact of the proposed rule on children's access to SNAP. The protective impact of nutritional assistance on children's health and well-being as well as the cost savings to society is well-documented. A cross-sectional quasi-experimental study of thousands of households found SNAP participation reduced food insecurity in children by one third.[63] Children of immigrants who participate in SNAP are more likely to be in good or excellent health, be food secure, and reside in stable housing. Compared to children in immigrant families without SNAP, families with children who participate in the program have more resources to afford medical care and prescription medications.[64]

An additional year of SNAP eligibility when children with immigrant parents are young is also associated with significant health benefits in later childhood and adolescence.[65] A national study using data from 17.5 million Americans showed that access to SNAP during the first five years of life produced statistically significant improvements in lifetime educational attainment, income, likelihood of home ownership, and quality of neighborhood and life expectancy.[66] Given these cascading positive impacts, the study estimated that every dollar invested in SNAP produces a net benefit of $62 to society. Another study found that every additional year of SNAP access in early life reduces medical expenditure by approximately $140 per child,[67] while a USDA study found that every dollar of SNAP benefits can increase GDP by up to $1.50 during an economic downturn.[68]

Housing Assistance

Housing assistance is a public support critical to children's wellbeing that immigrant families may now avoid if this rule is adopted, creating more homelessness and precarious living situations. Housing is a central need for children to live in security with their families and provide a base for the development and learning that will prepare them to be productive adults. When families cannot afford stable housing and become homeless or move frequently, stress levels increase, families may be vulnerable to other traumatic experiences such as violence or abrupt separation, and children are more likely to experience illness.[69] Research on the federal Low Income Home Energy Assistance Program (LIHEAP) further demonstrates how even energy assistance protects children's health and development. In a study of children in 5 cities, caregiver-reported receipt of heat or energy assistance was associated with higher weight for

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[63] James Mabli & Julie Worthington, "Supplemental Nutrition Assistance Program Participation and Child Food Security," *Pediatrics* 133(4) (2014): 610-619. https://publications.aap.org/pediatrics/article-abstract/133/4/610/32698/Supplemental-Nutrition-Assistance-Program

[64] *Report Card on Food Security and Immigration: Helping Our Youngest First-Generation Americans To Thrive.* Children's HealthWatch, 2018, http://childrenshealthwatch.org/wp-content/uploads/Report-Card-on-Food-Insecurity-and-Immigration-Helping-Our-Youngest-First-Generation-Americans-to-Thrive.pdf

[65] Chloe N. East, *The Effect of Food Stamps on Children's Health: Evidence from Immigrants' Changing Eligibility,* Working Paper, 2017, http://www.chloeneast.com/uploads/8/9/9/7/8997263/east_fskids_r_r.pdf.

[66] Martha Bailey et al. "Is the Social Safety Net a Long-Term Investment? Large-Scale Evidence from the Food Stamps Program," 91(3) *Rev. Econ. Stud*. 1291-1330, 2024 https://doi.org/10.1093/restud/rdad063 .

[67] Chloe N. East. *Access to Food Stamps Improves Children's Health and Reduces Medical Spending.* Center for Poverty Research, UC Davis, November 2018. https://poverty.ucdavis.edu/post/access-food-stamps-improves-childrens-health-and-reduces-medical-spending.

[68] Patrick Canning and Brian Stacy, *The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier.* Washington, DC: U.S. Department of Agriculture, Economic Research Service, 2019. https://www.ers.usda.gov/publications/pub-details?pubid=93528.

[69] Ellen Bassuk and Samantha Friedman. *Facts on Trauma and Homeless Children.* National Child Traumatic Stress Network, 2005. https://www.nctsn.org/sites/default/files/resources/facts_on_trauma_and_homeless_children.pdf

age and lower proportion of being less than 5th percentile of weight for age, as well as lower rates of acute hospital admissions as assessed by medical chart review.[70]

For young children, housing is a very basic need to promote healthy development and losing housing security can lead to severe developmental consequences. Lacking a stable home creates greater risk of hunger and poor health outcomes, such as developmental delays, behavioral problems, and difficulty maintaining a healthy weight.[71] When young children experience poverty and crowded housing, often the result of being pushed out of a family's own housing, there is an increased likelihood of early mortality.[72] For school-age children, homelessness and housing insecurity is a major disruptor of their education. They may have to transfer to different schools or have transportation difficulties in addition to dealing with the stigma of homelessness. Not surprisingly, students experiencing homelessness have high absentee rates, with about half being chronically absent. Their graduation rates are much lower than other students, including those who live in families with low incomes.[73]

Federal programs can help. One study found that infants and toddlers who lived in households receiving housing subsidies were much less likely to have growth delays compared with similar children whose households did not receive subsidies.[74] Children in families receiving housing vouchers also have been found to experience lower rates of neighborhood poverty, have higher earnings and college selectivity into adulthood, and a lower chance of incarceration.[75] A study of enhanced housing subsidies found the housing stability they brought resulted in improvements in child well-being, such as reduced behavior problems, fewer changes in schools attended, and greater school grade retention.[76]

V. The NPRM Compounds Trauma, Hardship, and Instability for Children

Like all children, children in immigrant families do best when they have a safe place to live and enough food to eat; when their family's income is stable; and when their parents and caregivers

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[70] Deborah A. Frank, Nicole B. Neault, Anne Skalicky, et al. "Heat or eat: the Low Income Home Energy Assistance Program and nutritional and health risks among children less than 3 years of age." *Pediatrics* 118, no. 5 (2006): e1293-e1302.

[71] State of Babies 2023.

[72] Jing Yu, Reeya Patel, Denise Haynie, et al. "Adverse childhood experiences and premature mortality through mid-adulthood: a five-decade prospective study." *The Lancet Regional Health - Americas* 15 (2022) https://doi.org/10.1016/j.lana.2022.100349.

[73] SchoolHouse Connection (2025). 2025 Fact Sheet: Educating Children and Youth Experiencing Homelessness. Educating Children and Youth Experiencing Homelessness (2025 Fact Sheet).

[74] Ian Meyers, Deborah Cutts, Deborah A. Frank, et al.
"Subsidized Housing and Children's Nutritional Status: Data from a Multisite Surveillance Study." Archives of Pediatrics & Adolescent Medicine 159, no. 6 (June 2005): 551–556.
https://doi.org/10.1001/archpedi.159.6.551.

[75] 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. NBER Working Paper No. 22721* NBER, October 2016, Revised September 2018.
https://www.nber.org/system/files/working_papers/w22721/w22721.pdf ; Raj Chetty, Nathaniel Hendren, and Lawrence F. Katz, "The effects of exposure to better neighborhoods on children: New evidence from the Moving to Opportunity experiment," *American Economic Review* 106, no. 4 (2016): 855-902.

[76] Daniel Gubits, Marybeth Shinn, Michelle Wood, et al. *Family options study: 3-year impacts of housing and services interventions for homeless families.* Prepared for the U.S. Department of Housing and Urban Development by Abt Associates, Inc. in partnership with Vanderbilt University, 2016 Family Options Study.

are mentally and physically healthy and able to care for them. Yet the NPRM's rescission of the 2022 regulations and their critical guardrails undercut these very foundations and dramatically alter the lives of millions of families across the U.S. This section focuses on the family-level emotional and economic consequences that follow once access to essential programs is disrupted.

Research demonstrates that parents' mental health and wellbeing is inextricably linked with that of their children

The uncertainty and chaos created by the NPRM affects families' mental health in multiple ways. Anxiety created by this uncertainty and fear of the consequences of seeking assistance for their families raises the stress level for parents and other caregivers, as well as older children who are aware of the challenges their families face. This fear is exacerbated by the climate created by current enforcement activities. When this anxiety creates a chilling effect that deters families from seeking benefits for which their members are lawfully eligible, the lack of this assistance can create material hardship that adds to the stress as well as potentially physically affecting the health of children and the family as a whole.

Children develop within the context of families, and stress is transmitted to even the youngest children. The research is clear that the mental health of young children in particular is inextricably tied to the well-being of their parents and primary caregivers.[77] Babies' relationships with parents and other close caregivers play important roles in shaping their mental health, which in turn is integral to molding the architecture of their rapidly developing brains and setting the stage for other aspects of development, such as language and cognitive development. Positive, supportive relationships can also buffer young children from the impact of adverse experiences and can mean the difference between positive and negative outcomes in school and life. When parents are unable to provide such a buffer, young children become more vulnerable to developmental harm.

When a parent experiences feelings of distress, helplessness or depression, it can impact the parent-child relationship and, in turn, the young child's development. Constant fear and worry about immigration status, the ability to meet their children's needs, and familial stability in the context of increased enforcement actions can lead to emotional distress[78] that interfere with babies' ability to form the strong neural foundations that support all later learning. These experiences of chronic, unrelenting stress can undermine the caregiver's well-being, the relationship with the baby, and the baby's own healthy development and learning by altering the developing brain's stress response system.[79]

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[77] Charlotte Farewell, Emily Melnick, & Jenn Leiferman, "Maternal mental health and early childhood development: Exploring critical periods and unique sources of support," *Infant Mental Health Journal*, *42*(4) (2021): 603-615.

[78] Danilo Trisi & Guillermo Herrera. *Administration actions against immigrant families harming children through increased fear, loss of needed assistance*. Center on Budget and Policy Priorities, 2018. https://www.cbpp.org/research/poverty-and-inequality/administration-actions-against-immigrant-families-harming-children.

[79] National Scientific Council on the Developing Child. *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3.* Center on the Developing Child, Harvard University, 2014.

When immigration policies create fear and uncertainty for the parent and lead to material hardship for the family, the child's emotional and physical well-being is affected.[80] "Doing without" leads to substantial material hardship and begins a chain reaction of increased family stress, increased child emotional distress, and increased risk of developmental harm.[81] Evidence suggests that this cascade of stress is happening in real time for immigrants. The KFF survey found that 40% of immigrant adults and 77% of likely undocumented immigrants report experiencing negative health impacts related to immigration worries, including increased stress, anxiety, problems sleeping or eating, and deteriorating health conditions.[82] This stress is being passed on to children. Almost one in five immigrant parents report impacts on their child's well-being, including problems sleeping or eating or behavioral problems and, for older children, changes in school performance or attendance.[83] In babies, these types of behaviors are how they communicate that they are stressed and their well-being is being compromised. Older children in mixed status families are more aware of the nature of threats from immigration policies. The mental health of children in immigrant families is increasingly recognized as a public health issue.[84] For all of these children, the stressors of the immigration experience could be indelibly imprinted on their development, even into adulthood.

Research shows that when parents lose access to public benefits, their children lose access too

What's more, children are inherently dependent upon their parents for material support. Research demonstrates that the likelihood that a child is insured increases significantly when their parents are insured.[85] And insurance coverage is associated with greater access to critical acute and preventive care, including vaccinations and well visits, for parents and children alike.[86] Programs such as housing assistance are received by a family, not an individual — if

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[80] Krista Perreira & India Ornelas, "The physical and psychological well-being of immigrant children. *The Future of Children," 21*(1), (2011): 195.

[81] Sihong Liu, Maureen Zalewski, Liliana Lengua, et al. "Material hardship level and unpredictability in relation to US households' family interactions and emotional well-being: Insights from the COVID-19 pandemic," *Social Science & Medicine, 307*, (2022): 115173. DOI: 10.1016/j.socscimed.2022.115173.

[82] Pillai, et al. *KFF/New York Times 2025 Survey of Immigrants*, 2025.

[83] Pillai, et al. *KFF/New York Times 2025 Survey of Immigrants*, 2025.

[84] Jennifer Chowdhury. *Growing up in fear: Immigration enforcement fuels mental health crisis among children of immigrants*. USC Annenberg Center for Health Journalism, 2025. https://centerforhealthjournalism.org/our-work/reporting/growing-fear-immigration-enforcement-fuels-mental-health-crisis-among-children.

[85] Jennifer E. DeVoe, Courtney Crawford, Heather Angier, et al., "The Association Between Medicaid Coverage for Children and Parents Persists: 2002-2010," *Matern Child Health J* 19 (2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4864606/; Julie L. Hudon and Asako S. Moriya, "Medicaid Expansion for Adults Had Measurable 'Welcome Mat' Effects on Their Children," *Health Affairs* 36 (2017), https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0347; Joan Alker and Alisa Chester. *Children's Health Insurance Rates in 2014: ACA Results in Significant Improvements.* Georgetown University Health Policy Institute, Center for Children and Families, 2015, http://ccf.georgetown.edu/wp-content/uploads/2015/10/ACS-report-2015.pdf.

[86] Stacey McMorrow, Jason A. Gates, Sharon K. Long, et al., "Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Psychological Distress for Low-Income Parents," *Health Affairs* (2017), https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.1650; Maya Venkataramani, Craig Evan Pollack, and Eric T. Roberts, "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," *Pediatrics* 140 (2017), http://pediatrics.aappublications.org/content/140/6/e20170953; Michael Karpman, Jason Gates, Stacey McMorrow, et al. *Uninsurance among Parents, 1997-2014: Long-Term Trends and Recent Patterns.* Urban Institute, 2016, https://www.urban.org/research/publication/uninsurance-among-parents-1997-2014-long-term-trends-and-recent-patterns.

parents lose access to safe and stable housing, their children do too. Similarly, prenatal and maternal WIC participation results in lower risk of low birth weight, infant mortality, increased child preventive care and immunizations, and higher cognitive scores for children.[87]

NPRM would be especially harmful for unaccompanied children

The proposed rule also compounds confusion and barriers for unaccompanied children, many of whom have fled to the U.S. in search of safety from persecution, human trafficking, abuse and neglect, and other threats to their wellbeing and safety. Unaccompanied children confront particular and growing hurdles to accessing humanitarian protection and must navigate complex immigration processes, often without an attorney to assist them, while experiencing the effects of prior trauma, and amid the challenges of adapting to a new country, language, school, and care placement.

Trauma-informed medical and mental health services often are critical to unaccompanied children's healing, resilience, and ability to access legal protection. In many cases, children who have survived harm or mistreatment by adults experience significant distrust and fear of engaging with authorities and adults. Consistent and supportive services by trusted professionals can help children feel safe discussing risks they are fleeing and applying for humanitarian relief. Additional supports such as nutrition, financial, and housing assistance contribute to the safety and stability of unaccompanied children's environments and to their physical and psychosocial development after release from Office of Refugee Resettlement custody. Many unaccompanied children live in mixed-status families, and services are similarly vital to support children's caregivers and households as they work to provide for children's best interests and the wellbeing of other family members.

Recognizing the vulnerabilities faced by children and others applying for humanitarian protection, federal law provides statutory exemptions or potential waivers from public charge considerations for certain forms of legal relief. This includes provisions pertaining to Special Immigrant Juveniles, refugees, asylees, applicants for or recipients of visas for victims of trafficking and serious crimes, and survivors of domestic violence.[88] The proposed regulation, however, works at cross-purposes to these ends and stokes widespread uncertainty and fear.

The proposed rule also would subject populations for which Congress has provided access to resettlement assistance, entitlement programs, and other benefits typically available to refugees, including some unaccompanied children, to public charge considerations if they apply to adjust their legal status in the future under a non-exempt category.[89] This change could potentially expose children and families who fled war, conflict, and other harms to barriers in obtaining permanent legal status due to their use or receipt of "any means-tested public benefit," notwithstanding the known vulnerability that gave rise to their eligibility for such benefits.

Consequently, children, their families, or sponsors may disengage from critical services, including local, state, and community-based programs that are available without regard to

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[87] Laura Caulfield, Wendy Bennett, Susan Gross, et al. *Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).* Agency for Healthcare Research and Quality, April 2022. https://www.ncbi.nlm.nih.gov/books/NBK579797/.

[88] See, e.g. 8 U.S.C. §§ 1157(c)(3), 1159(c) (refugees); 8 U.S.C. § 1255(h) (special immigrant juveniles); 8 U.S.C. § 1182(d)(13)(A) (trafficking victims); 8 U.S.C. § 1182(a)(4)(E) (domestic violence victims and victims of severe crimes).

[89] See 90 Fed. Reg. at 52191-92

immigration status or that are specifically created for children, or additional services accessed using means-tested benefits confirmations. This stark chilling effect only deepens children's trauma and their vulnerability to trafficking and exploitation.

VI. The NPRM Will Produce Long-Term Economic, Development, and Community-Level Harms

Children in immigrant families live and grow up in communities where their individual success is critical to the strength of our country's future workforce and collective economic security. We need to invest in children, rather than put their health, development, and education at risk by destabilizing their families. The NPRM's chilling effects will have lasting consequences on families and communities.

Children in immigrant families do not live in isolation; Loss of public benefits will have long-term impacts on children and their communities

Decades of research show that when working families have access to public benefits and services, they are more likely to experience long-term economic stability, higher educational attainment, and better physical and mental health. One of the primary mechanisms through which public benefits and services result in positive outcomes is by lifting families out of, and preventing them from entering, poverty.[90] Poverty, especially among children, has many devastating impacts, such as: hunger and inadequate nutrition; increased risk of child maltreatment and child welfare involvement; insufficient access to health care and housing; and educational opportunities. Together, these impacts lead to costly situations that perpetuate a cycle of generational poverty.

Public benefits and services, such as the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), the Women, Infants, and Children program (WIC), federal housing subsidies, Head Start, and other programs, mitigate the impacts of poverty and help children and families establish a foundation for economic stability and mobility. For example, enrollment in programs such as Medicaid, CHIP, and SNAP have been shown to reduce poverty.[91]

These programs, and their impacts on families, are necessarily interrelated, as different Social Determinants of Health (like access to healthy foods, housing, healthcare, and education) all intersect and interact throughout the life course to impact health and well-being outcomes, as prior sections have shown. Reduced or lack of access to one program impacts every other aspect of well-being.

When families do not have access to benefits, or cannot safely exercise the choice to access benefits, and their basic needs go unmet, the impact on childhood growth, development, and learning can have devastating consequences. Just as access to these programs and services

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[90] Rachael A. Spencer and Kelli A. Komro. "Family Economic Security Policies and Child and Family Health." *Clinical Child and Family Psychology Review* 20, no. 1 (February 7, 2017): 45–63. https://doi.org/10.1007/s10567-017-0225-6.

[91] Janet Currie and Anna Chorniy. "Medicaid and Child Health Insurance Program Improve Child Health and Reduce Poverty but Face Threats." *Academic Pediatrics* 21, no. 8 (November 2021): S146–53. https://doi.org/10.1016/j.acap.2021.01.009.; *The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being*, Food and Research Action Center. December 2017. https://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf.

positively influences an individual's well-being throughout their life, lack of access negatively affects their trajectories. Without these programs, the risk of poverty significantly increases. Children living in poverty are more likely to have impaired cognitive and emotional development, which in turn, impacts their educational attainment.[92] For example, children in families with low incomes enter kindergarten up to a full year behind their higher-income peers in math and reading, and consistently score lower on measures of achievement and social-emotional skills over their academic careers.[93]

These impacts are then carried through adulthood, with childhood poverty being linked to lower rates of high school graduation, lower rates of postsecondary degree attainment, and lower incomes.[94] Not only are these outcomes experienced throughout an individual's life course, they are also felt at the population level. Lower-income adults are more likely to experience chronic illness and have higher rates of disability and mortality, placing a strain on the healthcare system and taking them out of the work force, affecting the growth and stability of the broader community and economy.[95]

Moreover, when families avoid seeking support because they fear it may put themselves or their loved ones at risk, the negative impact is not confined to their individual households, as previously mentioned. The rippling chilling effect has detrimental impacts on children and their families in the short- and long-term as well as on broader communities and states. Experts anticipate that decreased enrollment, or even disenrollment, in public programs like Medicaid and CHIP due to the NPRM, will lead to even less funding for such programs at a time where federal cuts are already endangering health care institutions, especially in rural areas.[96] The potential increase in disenrollment for programs like SNAP would also exacerbate the impacts of the recent restrictions for SNAP eligibility and value, including increased food costs and potential closure of local grocery stores.[97] At a time when inflation and financial well-being

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[92] Blair, Clancy, and C Cybele Raver. "Poverty, Stress, and Brain Development: New Directions for Prevention and Intervention." *Academic Pediatrics* 16, no. 3 (April 2016): S30–36. https://doi.org/10.1016/j.acap.2016.01.010.

[93] Allison Freidman-Krauss, W. Steven Barnett, and Milagros Nores. *How Much Can High-Quality Universal Pre-K Reduce Achievement Gaps?* Center for American Progress, 2016, http://nieer.org/wp-content/uploads/2017/01/NIEERAchievementGaps-report.pdf; Sean F. Reardon and Ximena A. Portilla, "Recent Trends in Income, Racial, and Ethnic School Readiness Gaps at Kindergarten Entry," *AERA Open* 2 (2016), http://journals.sagepub.com/doi/abs/10.1177/2332858416657343; Sean F. Reardon, *The Widening Achievement Gap between the Rich and the Poor: New Evidence and Possible Explanations,* Russell Sage Foundation, 2011. https://cepa.stanford.edu/sites/default/files/reardon%20whither%20opportunity%20-%20chapter%205.pdf.

[94] Caroline Ratcliffe. *Child Poverty and Adult Success*. Urban Institute, September 2015. https://www.urban.org/sites/default/files/publication/65766/2000369-Child-Poverty-and-Adult-Success.pdf.

[95] *Poverty.* Poverty - Healthy People 2030, 2025. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty.

[96] American Hospital Association. *Rural Hospitals at Risk: Cuts to Medicaid Would Further Threaten Access: AHA.* American Hospital Association, June 16, 2025. https://www.aha.org/fact-sheets/2025-06-13-rural-hospitals-risk-cuts-medicaid-would-further-threaten-access.

[97] Barbar, Rachel, and Sarah D. Wire. "SNAP Disruptions can mean confusion, concern at grocery stores," *USA Today*, November 7, 2025. https://www.usatoday.com/story/grocery/2025/11/06/snap-funding-disruptions-sow-concern-among-grocery-stores/87090583007/.

continue to be a top concern for people nationwide, these proposed changes would only exacerbate the poor economic outlook nationwide.[98]

There are also detrimental consequences for non-immigrant communities when immigrant families withdraw from these crucial services. Immigrants make significant federal, state, and local tax contributions that generate revenue for programs that all families depend on.[99] Instituting barriers to immigrant families' participation in these crucial services harms their children, hampers their economic security, and has broad consequences for communities nationwide. As such, it would be a mistake to examine the negative outcomes of this proposed public charge rule changes in isolation.

The NPRM will increase child welfare system involvement

The chilling effect of this proposed rule and the resulting loss of economic and social support for immigrant children will lead to an increase in involvement with the child welfare system and potentially an increase in unnecessary entries into foster care. There is strong evidence suggesting a link between economic constraints and child maltreatment.[100] According to the research, poverty is one of the strongest predictors of neglect, and it is more strongly associated with neglect than with other types of child maltreatment.[101] Children whose parents lack employment[102] and children living in households experiencing poverty have been found to be seven times more likely to experience neglect than children living in households with a higher economic status.[103]

There is also a small but growing body of research that suggests that increasing income and addressing economic hardship can help prevent child abuse and neglect and child welfare involvement.[104] For example, one study found that a 10% increase in state Earned Income Tax Credit payments reduced reports of child neglect by 241 per 100,000 children.[105] A 2017 study found that a $1,000 increase in annual income was associated with roughly a 3-4% decrease in behaviorally approximated neglect and an 8-10% decrease in CPS involvement among families

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[98] Federal Reserve. *Report on the Economic Well-Being of U.S. Households in 2024 - May 2025 - Overall.* Board of Governors of the Federal Reserve System, May 2025. https://www.federalreserve.gov/publications/2025-economic-well-being-of-us-households-in-2024-overall-financial-well-being.htm.

[99] *Map the Impact,* American Immigration Council, 2023 ACS, https://data.americanimmigrationcouncil.org/map-the-impact/.

[100] Yoonsook Ha, Mary Elizabeth Collins, & David Martino. "Child care burden and the risk of child maltreatment among low-income working families." *Children & Youth Services Review, 59* (2015): 19–27.

[101] Kierra Sattler, (2023) "Disentangling Poverty from Neglect: Using a Person-Centered Approach to Examine Risk Factors for Neglect Among Families in Poverty," *Child Maltreatment, 28*(4), 576–588.

[102] Mara Silvia Pasian, Priscilla Benitez, & Carl Lacharité. "Child neglect and poverty: A Brazilian study." *Children and Youth Services Review,* 108 (2020).

[103] Kierra Sattler, "Protective factors against child neglect among families in poverty," *Child Abuse & Neglect,* 124 (2022).

[104] Dana Weiner, Clare Anderson, & Krista Thomas. *System transformation to support child and family well-being: The central role of economic and concrete supports*. Chapin Hall at the University of Chicago, 2021.https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_System-Transformation_The-Role-of-ECS_July-2021-1.pdf.

[105] Paul Bywaters, Guy Skinner, Aimee Cooper,et al. *The Relationship Between Poverty and Child Abuse and Neglect: New Evidence*. University of Huddersfield, 2022, https://www.nuffieldfoundation.org/wp-content/uploads/2022/03/Full-report-relationship-between-poverty-child-abuse-and-neglect.pdf.

with low incomes led by mothers who are single.[106] This proposed rule will cause immigrant parents and caregivers to choose to forgo utilizing benefits for which they are qualified, pushing more families and children into poverty and increasing the risk for child maltreatment.

Due to proposed rule's ambiguity, we are also concerned that child welfare programs that provide funding for prevention and family preservation, such as Title IV-E prevention services, would be included in public charge assessments, further reducing support for immigrant parents, caregivers and children and potentially leading to more children entering foster care.

VII. Conclusion

In conclusion, we urge DHS to withdraw the proposed regulation in its entirety and maintain the 2022 public charge regulations currently in effect. By eliminating the regulatory clarity established in 2022, the NPRM creates widespread fear and confusion that causes families to withdraw from essential supports, and that withdrawal harms children's well-being and long-term outcomes. We encourage the Department to dedicate its efforts to advancing policies that truly support economic security, self-sufficiency, and a stronger future for the U.S. by promoting – rather than undermining – the ability of children, their families, and their communities to thrive.

Our comments include numerous citations to research and relevant documents, including direct links for the benefit of the Department in reviewing our comments. We direct the Department to each of the studies or documents cited and made available to the agency through active hyperlinks, and 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.

Signed,

National Organizations
American Friends Service Committee (AFSC)
AP-OD
Asian American Advancing Justice | AAJC
Association of Children's Residential & Community Services (ACRC)
Big CIties Health Coalition
BUILD Initiative
Care for All with Respect and Equity (CARE) Fund
Care in Action
Center for Law and Social Policy
Child Care for Every Family Network
Child Welfare League of America
Children's Advocacy Institute
Children's Defense Fund
Children's HealthWatch
Church World Service
Coalition on Human Needs
Community Catalyst
Division for Early Childhood of the Council for Exceptional Children (DEC)
Early Childhood Solutions

[106] Kierra Sattler, (2023) "Disentangling Poverty from Neglect: Using a Person-Centered Approach to Examine Risk Factors for Neglect Among Families in Poverty," *Child Maltreatment, 28*(4), 576–588.

Economic Policy Institute
Family Centered Treatment Foundation
First Focus on Children
Foster Care Alumni of America
Foundation for Child Development
Georgetown University Center for Children and Families
Grantmakers Concerned with Immigrants and Refugees
Haitian Bridge Alliance
Health Care for America Now (HCAN)
HIPPY
Hispanic Federation
Home Grown
ImmSchools
Immigrant Legal Resource Center
Kids in Need of Defense (KIND)
MomsRising
National Association for Family Child Care (NAFCC)
National Association for the Education of Young Children (NAEYC)
National Association of Counsel for Children
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Center for Youth Law
National Center on Adoption and Permanency
National Council of Asian Pacific Americans
National Domestic Workers Alliance
National Education Association
National Head Start Association
National Low Income Housing Coalition
National Migrant and Seasonal Head Start Association
National Network for Youth
National Organization for Women
National Respite Coalition
National WIC Association
National Women's Law Center
Prevention Institute
Service Employees International Union (SEIU)
Shriver Center on Poverty Law
Start Early
UnidosUS
United Parent Leaders Action Network (UPLAN)
Vision y Compromiso
Voice for Adoption
Witness at the Border
Young Center for Immigrant Children's Rights
Youth Law Center
ZERO TO THREE

<u>State and Local Organizations</u>
4Cs Sonoma County
Arkansas Advocates for Children and Families
Arkansas United

Asian Resources, Inc.
Ayuda
BANANAS, Inc
Bay Area Professional Family Child Care Network
Berkeley Society of Friends
California Alliance of Child and Family Services
California Child Care Resource & Referral Network
California Immigration Project (CIP)
Canal Alliance
Centro Hispano de East Tennessee
Child Care Law Center
Child Care Resource Center - California
CHILDREN AT RISK
Children Now
Children's Action Alliance
Children's Defense Fund - New York
Children's Defense Fund-Texas
Children's Institute
Children's Law Center of California
Coalition for Asian American Children and Families
Coalition for Social Justice Action Fund
Colorado Children's Campaign
Colorado Statewide Parent Coalition
Committee for Hispanic Children & Families (CHCF)
Community Action Agency of Somerville, Inc.
Community Action Marin
Connecticut Early Childhood Alliance
Connecticut Voices for Children
Delaware Head Start Association
Early Edge California
East Bay Sanctuary Covenant
Education Law Center- PA
Empowering Communities Globally
End Child Poverty CA powered by GRACE
Equality California
EveryChild California
Family Focus
Family Forward Oregon
Family Partnership Associates
Family Resource Center
First Up
Florida Head Start Association
Frontier Centre For Community Empowerment
Good Child Transitional Center
H-CAN Immigration and Refugees Action Group
Hawai'i Children's Action Network
Head Start WEST
Healthier Colorado
Healthy Child Care Colorado
Houston Immigration Legal Services Collaborative
Illinois Head Start Association

Immigrant Alliance for Justice and Equity
Immigrant Children Advocates' Relief Effort (ICARE)
Infant Development Association of California
Invest in Louisiana
Iowa ACEs 360
Kin and Kids Consulting, LLC
Latino Child Care Association of Maryland
Latino Community Fund Georgia (LCF Georgia)
Latino Policy Forum
Legal Council for Health Justice
Maine Association for the Education of Young Children
Maine People's Alliance
Mansfield Discovery Depot, Inc.
Mary Crane League
Michigan Council for Maternal and Child Health
Michigan League for Public Policy
Michigan Poverty Law Program
Minnesota Budget Project
Minnesota Head Start Association
Minnesota Prenatal to Three Coalition
Missouri Head Start Association
Mothering Justice
National Association of Social Workers - Louisiana Chapter
National Association of Social Workers - Oklahoma Chapter
National Association of Social Workers - Texas Chapter
Nebraska Head Start Association
Nevada Head Start Association
New Jersey Consortium for Immigrant Children
New Jersey Head Start Association
New Mexico Voices for Children
Nourish California
Oklahoma Head Start Directors Association
Oklahoma Institute for Child Advocacy
OLE
Oregon Head Start Association
Our Children Oregon
Pacific Northwest Annual Conference UMC
Parent Voices CA
Parent Voices Oakland
Pennsylvania Association for the Education of Young Children
Pennsylvania Head Start Association
Personal Disability Consulting, Inc.
Refugee Women's Alliance
Region VI Head Start Association
Region VII Head Start Association
Rhode Island KIDS COUNT
San Diego for Every Child
Sankofa Safe Child Initiative
Schuyler Center for Analysis & Advocacy
Seattle/King County Coalition on Homelessness
Seedlings to Sunflowers Non Profit Child Care and Family Center

Serving at-risk families everywhere, Inc.
Silver State Equality
Sisters of St. Joseph Healthcare Foundation
South Bay People Power
South Carolina Program for Infant/Toddler Care
Texas Immigration Law Council
The Children's Partnership
The Door - A Center of Alternatives, Inc.
The Los Angeles Trust for Children's Health
The Riverfront Children's Center
Trying Together
Vermont Head Start Association
Virginia Organizing
Voices for Utah Children
Voices for Vermont's Children
Washington Parent Ambassadors
Washington State Association of Head Start and ECEAP
West Virginia Head Start Association, Inc.
Wisconsin Head Start Association
Wyoming Head Start Association