



December 8, 2018

Sent via Electronic Submission at <https://www.regulations.gov>

Samantha Deshommes, Chief
Regulatory Coordination Division, Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

Re: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes:

We are writing on behalf of Citizens' Committee for Children of New York, Inc. (CCC), in response to the Department of Homeland Security's Notice of Proposed Rulemaking, to express CCC's strong opposition to proposed changes to the "public charge" rule, as published in the Federal Register on October 10, 2018. The proposed rule creates barriers to legal immigration, using threats to immigration status to deter immigrants from seeking life-saving health, nutrition, and social supports they and their families are eligible for. The long-term impact on the health and wellbeing of children, as well as the economic wellbeing of families and communities, will be devastating. **We urge the Department to withdraw the rule in its entirety, and that long standing principles clarified in the 1999 field guidance remain in effect.**

CCC is an independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe. In its more than 70-year history as a nonprofit, nonpartisan child advocacy organization, CCC has developed expertise in conducting research and advancing policies that improve the wellbeing of children and families. The proposed rule runs counter to decades of research on child health and development and promises to do enormous harm to immigrant children and families.

This proposed rule dramatically changes long-standing immigration policy, expanding the definition of public charge to include any individual who simply "receives one or more public benefits." The proposed changes to the public charge rule would have devastating impacts on the health and wellbeing of children and families in New York, forcing families to choose between meeting basic needs for their families, or jeopardizing their immigration status. If this rule were finalized, it would mean more children experiencing homelessness, food insecurity, poor health, and poverty. The changes in these rules will hurt parents' ability to meet basic needs for their

families, and the repercussions on children's health and development will be serious and long-lasting.

Proposed Changes to the Public Charge Would Fundamentally Change Long-Standing Immigration Policy

A public charge determination is made by U.S immigration officials to determine legal entry into the U.S. or adjustment of green card status. Under the current public charge rule, individuals can be deemed a public charge if they are "primarily dependent on the government for subsistence." The proposed rule change makes sweeping changes to the current rule by expanding public charge determination to anyone who "receives one or more public benefits." This means that the public charge would no longer consider whether an individual uses certain benefits as a primary source of support and would instead penalize those who use even a modest amount of certain benefits to help supplement their income.

The proposed rule adds new benefits to the list considered in public charge determination. It also negatively weights factors such as being a child or a senior, having a low income, and having certain health conditions without insurance. Some of the major changes to the proposed rule are discussed below:

- The proposed rule substantially expands the types of public benefits are considered as part of public charge determination. Current policy only considers use of cash assistance (such as Supplemental Security Income and Temporary Assistance for Needy Families) and government-funded long-term institutional care when they represent a majority of a person's supports. Under the proposed rule, the list of considered benefits has dramatically expanded to include use of the Supplemental Nutrition Assistance Program (SNAP), Medicaid (with limited exceptions including emergency Medicaid and certain disability services related to education), Medicare Part D subsidies for prescription drugs, and housing assistance (including rental assistance and Section 8 housing vouchers). As a result, many immigrant families could no longer seek these essential food, housing, health, and nutrition resources without fear that it will affect their immigration status.
- The rule creates new barriers for low and moderate income immigrants and favors those with higher incomes. The only heavily weighted positive factor for applicants is having an income or resources above 250% of the Federal Poverty Level (FPL). Incomes below 250% FPL, and particularly those below 125% FPL, count against applicants.
- The proposed rule adds new factors that might harm an individual's immigration prospects, including being a child or a senior, having limited English proficiency or less than a high school degree, having a large family, or having a major illness or disability without insurance coverage.

The proposed rule will have a discriminatory impact on populations including people with disabilities, seniors, and those with limited English proficiency. An analysis by the Migration Policy Institute (MPI) found that the public charge rule would disproportionately impact women, children, and the elderly. MPI analyzed recent green card recipients, finding that 45% of children had two or

more negative factors outlined in the proposed rules.¹ If finalized, the rules would have a profound direct impact on children seeking green card status. As discussed below, the effects of the public charge rule would extend well beyond those directly subject to the rule. We request that the Agency review all of the materials referenced and linked in these comments, and consider them part of the administrative record.

The proposed rule would have widespread negative impacts on children and families in New York and throughout the country

If this rule is finalized, the harm to children would be substantial and long-lasting. Many parents will be forced to choose between declining essential food, medical, and housing supports for their families, or jeopardizing their path to legal immigration or their ability to be reunited with family members. Widespread evidence has shown that confusion and fear around this rule will lead many immigrant families to forego services, even if they are not directly impacted by the rules.²

After the proposal was released, New York's immigration hotline experienced spikes from immigrants concerned that accepting SNAP and other public benefits would hurt their immigration status. Many callers would not have been directly impacted by the rules but were still concerned about its effects. Other callers were afraid to continue accessing even those services not referenced in the proposed rules. Reports throughout the city indicate widespread confusion regarding who would be impacted by the rules, leading many immigrants to disenroll from services even though the rule has not yet been finalized.³

The impact of this fear and confusion has already been felt in New York City. Public Health Solutions, which provides an array of health and social services to vulnerable communities throughout New York, has recorded a drop in enrollment in WIC nearly every time the Trump administration has threatened the legal status of immigrants due to their use of public benefits. These losses have continued with each version of the public charge proposal that was leaked. These concerns are not unique: health providers throughout the city have reported declines in program enrollment out of fears and concerns related to the public charge rule.⁴ Throughout the country,

¹ Capps, Randy et al. "Gauging the Impact of DHS' Proposed Public-Charge Rule on U.S. Immigration." Migration Policy Institute. November 2018. <https://www.migrationpolicy.org/research/impact-dhs-public-charge-rule-immigration>.

² Evich, Helena Bottemiller. "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>; Laird, Jennifer et al. *Foregoing Food Assistance Out of Far Changes to "Public Charge" Rule May Put 500,000 More U.S. Citizen Children at Risk of Moving into Poverty* (2018). Columbia Population Research Center. April 5, 2018. <https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/5af1a2b28a922db742154bbe/1525785266892/Poverty+and+Social+Policy+Brief+2+2.pdf>.

³ Jorgensen, Jillian. "Calls to Immigration Hotline About Benefits Increase After President Trump's 'Public Charge' Proposal Published." *New York Daily News*. October 26, 2018. <http://www.nydailynews.com/news/politics/ny-pol-immigration-hotline-public-charge-20181026-story.html>

⁴ De La Hoz, Felipe. "Enrollment in Benefits Drop in Response to Trump Rules, Data Shows." *Documented*. September 23, 2018. <https://documentedny.com/2018/09/23/new-trump-rules-may-force-immigrants-to-drop-legal-benefits-like-food-assistance/>; Baumgaertner, Emily. "Spooked by Trump Proposal, Immigrants Abandon Public Nutrition Services." *The New York Times*. March 6, 2018. <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>

regions with high immigrant populations are experiencing canceled appointments and requests for disenrollment.⁵

This “chilling effect,” causing immigrants to fear using public benefits even if they are not directly impacted by the rule, will have widespread consequences for children and families in New York and across the country.

According to estimates by Manatt, approximately 25.9 million people nationally would potentially experience the chilling effect if the rule were finalized, representing approximately 8% of the U.S. population. Of these 25.9 million people, approximately 9.2 million are children under 18 years of age who are family members of at least one noncitizen, or who are noncitizens themselves.⁶

This rule would disproportionately impact people of color, reflecting a pattern of discriminatory policies that have originated from the Trump Administration. Of the 25.9 million people who might be “chilled” from accessing services nationwide as a result of this rule, approximately 90% of them are from communities of color. Among those experiencing the chilling effect, an estimated 70% are Latino, 12% are Asian American and Pacific Islander, and 7% are Black.⁷ According to MPI, this rule could also significantly reshape the demographics of our country by shifting the origins of immigrants obtaining green cards away from Mexico and Central America and towards other world regions, especially Europe.⁸

New York is one of the five states with the largest proportion of individuals who will be impacted by the chilling effect. In New York state, approximately 2.1 million people could be affected by the rule, either dropping out or not applying for benefits because they are certain they will be affected or believe they might be affected by the new rule. Of these, 645,000 are children who would be particularly vulnerable to losing access to essential benefits if they or a household member disenrolls from services.⁹

Certain counties in in New York will face the greatest impact from the public charge rule:¹⁰

County	Total Population	Estimated Number of Potentially Impacted	Estimated Share of County Population
Queens	2,310,000	502,000	22%
Kings	2,607,000	482,000	18%
Bronx	1,437,000	363,000	25%

⁵ Baumgaertner, Emily. “Spooked by Trump Proposal, Immigrants Abandon Public Nutrition Services.” *The New York Times*. March 6, 2018. <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>.

⁶ 2012-2016 5-Year American Community Survey Public Use Microdata Sample (ACS/PUMS); 2012-2016 5-Year American Community Survey (ACS) estimates accessed via American FactFinder; Missouri Census Data Center (MCDC) MABLE PUMA-County Crosswalk. Custom Tabulation by Manatt health, 9/30/2018.

<https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

New York	1,635,000	181,000	11%
Westchester	969,000	114,000	12%

In New York City, 54% (almost one million) children have at least one foreign-born parent.¹¹ The Mayor’s office has estimated that up to 75,000 immigrant New Yorkers would face a choice between accessing benefits to which they are legally entitled, and possible future adverse immigration consequences. The rule would also result in up to 400,000 immigrant New Yorkers who are not currently eligible to receive benefits but would face possible future adverse immigration consequences because of their age, health, education and employment history, income and assets, or other factors. Hundreds of thousands of New Yorkers would withdraw from or forgo public benefits out of fear and confusion about the potential impact of the proposal on their immigration status.¹²

If finalized, the proposed rule will have long-term negative repercussions for children.

The Department has itself admitted that the proposed rule “has the potential to erode family stability and decrease disposable income of families and children because the action provides a strong disincentive for the receipt or use of public benefits by aliens, as well as their household members, including U.S. children.”

Moreover, the rule acknowledges that disenrollment or foregoing public benefits as a result of the rule could lead to an array of negative outcomes, including:

- Worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence;
- Increased use of emergency rooms and emergent care due to delayed treatment;
- Increased prevalence of communicable diseases, including among members of the U.S. citizen population who are not vaccinated;
- Increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient;
- Increased rates of poverty and housing instability; and
- Reduced productivity and educational attainment.¹³

The health and wellbeing of parents is inextricably linked to that of children. Decades of research show how critical Medicaid, SNAP, and other public benefits are to children’s long-term health and economic security.¹⁴ If implemented, this rule will deeply limit the housing, nutrition, health, and economic resources available to families in New York.

¹¹ U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016 and 2017.; NYC Mayor’s Office of Immigrant Affairs. “State of Our Immigrant City: Annual Report.” March 2018.

¹² Office of the Mayor of New York City. “Mayor Announces Up to 475,000 Immigrant New Yorkers Could be Harmed by Trump’s ‘Public Charge’ Proposal.” October 11, 2018. <https://www1.nyc.gov/office-of-the-mayor/news/507-18/mayor-up-475-000-immigrant-new-yorkers-could-be-harmed-trump-s-public-charge->

¹³ Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51114 (proposed October 10, 2018) (to be codified at 8 CFR Parts 103, 212, 213, 214, 245 and 248).

¹⁴ Murphey, David. “Health Insurance Coverage Improves Child Well-Being.” Urban Institute. 2017. [https://www.childtrends.org/publications/health-insurance-coverage-improves-child-well-;](https://www.childtrends.org/publications/health-insurance-coverage-improves-child-well-) Schazzenbach, Douglas Almond. “Long-Run Impacts of Childhood Access to the Safety Net.” *American Economic Review*: 106. 2016.

The Department has asked for input on public charge determinations for non-citizen children under age 18 who receive one or more public benefit programs (FR 51174). **CCC strongly opposes any effort to take children's receipt of benefits into consideration of public charge determination.** Rather than being an indicator of becoming a future public charge, receipt of public benefits is often what enables children in struggling families to grow and thrive during formative periods of their lives. Research has shown that supports like SNAP and Medicaid can help children succeed in school and overcome intergenerational poverty.¹⁵ In addition to being cruel, this proposal is also deeply counter-productive by driving vulnerable young New Yorkers away from services that would most help them succeed later in life.

The proposed rule shows a deep callousness towards the health and wellbeing of children. The rule considers age under 18 to be a negative factor in public charge determination because children are considered unable to work. It is beyond appalling that the Department should consider denying children entry into the U.S. or adjustment of their immigration status, simply because they are too young to work.

The proposed rule would harm children across an array of domains, which are explored in more detail below.

The proposed rule would harm children's health.

- **The proposed rule threatens health outcomes for entire families.**

The health of parents is fundamentally important to the health of children. When parents enroll in health care, it is more likely that their children will too.¹⁶ Decreasing health coverage for adults has serious negative repercussions for children. Moreover, children cannot thrive when their parents lack access to basic health care, nutritional services, or economic stability. Extensive research has shown that toxic stress caused by adversity during childhood has long-lasting repercussions on children's health, mental health, and economic success when they become adults.¹⁷

Evidence in New York and throughout the country has already shown that the proposed rule has led immigrants to stop seeking essential health services. These effects will be even harsher if the rule is implemented. According to Kaiser Family Foundation, an estimated 2.1 million to 4.9 million Medicaid/CHIP enrollees could disenroll if the proposed rule is finalized.¹⁸ Parents who are afraid

¹⁵ Page, Marianne, "Safety Net Programs Have Long-Term Benefits for Children in Poor Households", Policy Brief, University of California, Davis, 2017. https://poverty.ucdavis.edu/sites/main/files/file-attachments/cpr-health_and_nutrition_program_brief-page_0.pdf

¹⁶ Hudson, Julie and Asako Moriya. "Medicaid Expansion for Adults Had Measurable 'Welcome Mat' Effects on Their Children." *Health Affairs* (36:9). September 2017. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0347>.

¹⁷ Shonkoff, Jack et al. "The Lifelong Effects of Early Childhood Adversity and Toxic Stress." *Pediatrics*: January 2012, Volume 128:1. <http://pediatrics.aappublications.org/content/129/1/e232>

¹⁸ Artiga, Samantha. "Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid." Kaiser Family Foundation. 2018. <https://www.kff.org/report-section/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaide-key-findings/>.

to access health services will face greater likelihood of untreated illness, and both the long-term health and financial repercussions this will have for their families.

This impact has been made clear in a recent analysis by NYC Health + Hospitals (H+H), which operates public hospitals in clinics in New York City that serves over one million patients. H+H estimates that the public charge rule could impact 350,000 of their patients, and that 62,000 patients could abandon Medicaid and other insurance as a result. In addition, more than one million patient visits could be skipped. The cost to the hospital system could be around \$362 million.¹⁹

H+H has already seen the impact of the proposal, witnessing patients decline to enroll in Medicaid or opt out of WIC.²⁰ As noted by the H+H analysis, disenrollment from health services has a particularly harsh impact on the health of women. Because of the chilling effect, many women may choose to avoid accessing crucial prenatal care or postpartum care after they deliver. This in turn puts more women at greater risk of complications in pregnancy or maternal death. These effects will disproportionately impact African American women, who experience higher rates of maternal mortality nationwide, and in New York State are almost four times more likely to die during childbirth than white women.²¹

Reductions in prenatal care will lead to greater likelihood of poor birth outcomes, including greater risk of prematurity, low birthweight, and infant mortality.²² When women skip postpartum visits, they miss crucial screenings and referrals for health conditions, including postpartum depression. These visits are also critical opportunities for addressing the health and nutritional needs of infants.

- **The proposed rule would have a devastating impact on children’s health coverage and health outcomes.**

In addition to themselves disenrolling, many parents may choose to avoid or disenroll their children from health programs that are essential to children’s healthy growth and development. This promises to have deep and long-lasting repercussions for children’s health. Children with health insurance coverage are more likely to receive regular health care and are less likely to have unmet healthcare needs. Research shows that access to Medicaid improves educational outcomes in

¹⁹ “NYC Health + Hospitals, Immigration and Labor Groups Rally New Yorkers to Fight Public Charge and Continue to Seek Care Without Fear.” NYC Health + Hospitals. December 5, 2018.

<https://www.nychealthandhospitals.org/pressrelease/people-shouldnt-have-to-choose-between-health-care-and-a-green-card/>

²⁰ Ibid.

²¹ New York State Maternal Mortality Review Team. *New York State Maternal Mortality Review Report: 2012-2013*. New York State Department of Health. August 2017.

https://www.health.ny.gov/community/adults/women/docs/maternal_mortality_review_2012-2013.pdf

²² Willems Van Dijk, Julie et al. “The Impact of Prenatal Care Coordination on Birth Outcomes.” *Journal of Obstetrics, Gynecologic and Neonatal Nursing*. January-February 2011: 40:1. [https://www.jognn.org/article/S0884-2175\(15\)30513-X/fulltext#s0110](https://www.jognn.org/article/S0884-2175(15)30513-X/fulltext#s0110).; Balayla, Jacques and Haim Arie Abenheim. “Inadequate Prenatal Care Utilization and Risks of Infant Mortality and Poor Birth Outcome: A Retrospective Analysis of 28,729,765 U.S. Deliveries over 8 Years American Journal of Perinatology.” *American Journal of Perinatology*. 2012.

elementary, high school, and college; protects families from financial hardship; leads to increased employment in adulthood; and improves lifelong health.²³

The proposed public charge rule could undo decades of progress in children’s health coverage. In fact, the Department has specifically requested input on whether the Children’s Health Insurance Program (CHIP) should be included in a public charge determination. **CCC adamantly opposes any movement towards including CHIP as part of the public charge determination.**

First authorized by Congress in 1997, CHIP provides healthcare to working families whose income makes them ineligible for Medicaid. This program has had an enormous impact on the health coverage and health outcomes of children in New York. It has helped reduce the children’s uninsured rate in New York from 12% in 1997 to approximately 2% in 2016.²⁴ Nearly 390,000 children get their health and mental health insurance through New York’s Child Health Plus Program.²⁵

If CHIP were included as part of the public charge determination, it would have a devastating impact on the health of children. Many citizen children would disenroll or avoid CHIP if their parents felt it would impact their status as a public charge. The chilling effect would expand the rule’s effect well beyond those children who would be directly covered by the rule.

The long-term health repercussions would be substantial. Like Medicaid, CHIP helps reduce disparities in coverage that affect low-income children and children of color. CHIP protects families from out-of-pocket costs, which can be particularly important for children with special needs. Children with Medicaid and CHIP have much better access to primary and preventive care, and fewer unmet needs than uninsured children. Medicaid and CHIP expansions have led to an array of positive health outcomes, including reductions in avoidable hospitalizations and child mortality, as well as improvements in educational outcomes.²⁶

If CHIP were included as part of the public charge determinations, it would hurt vulnerable children in New York and nationwide, reversing much of the progress that has been made to cover more children. We adamantly oppose any movement to include CHIP as part of public charge determination.

- **Anti-immigrant policies are detrimental to the health of children and families.**

The stress of anti-immigrant policies can itself have serious physical and mental health implications. The Kaiser Family Foundation has found that immigrant families are experiencing

²³ Wagnerman, Karina et al. *Medicaid is a Smart Investment in Children*. Georgetown University Center for Children and Families. March 2017. <https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf>

²⁴ Shih, Anthony and Chad Shearer. “Child Health Plus Enrollment: The Curve Bends Back Up, Sharply.” United Hospital Fund. September 2017. <https://uhfnyc.org/assets/1610>

²⁵ “Child Health Plus Program: Table of Enrollment by Insurer.” New York State Department of Health. November 2018.

²⁶ Paradise, Julia. “The Impact of the Children’s Health Insurance Program (CHIP): What Does the Research Tell Us?” Kaiser Family Foundation. July 17, 2014. <https://www.kff.org/medicaid/issue-brief/the-impact-of-the-childrens-health-insurance-program-chip-what-does-the-research-tell-us/>

increased levels of fear and uncertainty, particular those from Latinx and Muslim communities. The impact on children is likely to have lifelong consequences for their health and well-being.²⁷

A recent study supported by the NYC Department of Health and Mental Hygiene analyzed trends in New York City births since the election of President Trump and found that rates of preterm birth increased in the period after the inauguration. The increase was particularly high among Hispanic women. The authors suggest that acute increases in severe stressors, including sociopolitical stressors and hate crimes tied to the election, may contribute to increased rates of prematurity.²⁸ Federal policies like the proposed public charge rule, particularly those that target access to social services, will only exacerbate these deeply troubling trends in health outcomes.

The proposed rule will hurt children's nutrition and food security.

Children of immigrants are already at higher risk for food insecurity than non-immigrant children, and more children will see their household's nutritional resources drop because of this rule. When one member of a household loses access to basic medical, food, or housing supports, the entire household suffers. Many low-income families rely on SNAP to help them meet nutritional needs of the whole family. As a result of this rule, many parents or household members will choose to decline the SNAP benefits they qualify for, reducing the available resources for the entire families.

Families with children who participate in SNAP are more likely to have positive health outcomes and be financially self-sufficient as adults. Substantial research shows that SNAP improves children's short and long-term wellbeing. SNAP improves short- and long-term health outcomes, improves food security, reduces poverty, and reduces overall healthcare costs.²⁹

Immigrant families have disproportionate difficulty accessing enough food for all family members, and face heightened barriers accessing necessary public assistance programs. In fact, immigrant families report child food insecurity more than twice as often as families with U.S.-born mothers. For these families, nutritional supports can make an enormous difference. U.S.-born children of immigrants participating in SNAP are more likely to be in good or excellent health, reside in stable housing, and live in a family that is food secure.³⁰

²⁷ Artiga, Samantha and Petry Ubri. *Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health*. Kaiser Family Foundation. 2017. <https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>.

²⁸ Krieger, Nancy et al. "Severe Sociopolitical Stressors and Preterm Births in New York City: 1 September 2015 to 31 August 2017." *Epidemiology & Community Health: Volume 72, Issue 12*. 2018. <https://jech.bmj.com/content/72/12/1147>

²⁹ Carlson, Steven and Brynne Keith-Jennings. "SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs." Center on Budget and Policy Priorities. January 17, 2018. <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>.

³⁰ "Report Card on Food Security and Immigration: Helping Our Youngest First-Generation Americans to Thrive." Children's HealthWatch. February 2018. <http://childrenshealthwatch.org/wp-content/uploads/Report-Card-on-Food-Insecurity-and-Immigration-Helping-Our-Youngest-First-Generation-Americans-to-Thrive.pdf>

Food insecurity can have serious cognitive, emotional, and physical repercussions for children, and can substantially impact their ability to thrive at home and in school.³¹ During their most formative period, many New York children may find themselves without health care or adequate nutritional support as a result of this rule.

- **The proposed rule threatens the economic stability of immigrant families.**

This rule threatens access to the types of programs that help struggling families and communities thrive and help make sure kids can grow up in healthy and secure environments. The impact on the health and economic wellbeing of New York’s immigrant families is hard to overstate.

If implemented, this rule will only increase housing instability in a city where one in ten students are homeless.³² Children and families comprise nearly 70% of the City’s Department of Homeless Services shelter system.³³ If immigrant families are driven out of affordable housing through fear of accessing housing assistance, this will only exacerbate the homelessness crisis, increasing life-long risks to the physical and emotional wellbeing and educational success of children. Research has shown how essential stable housing is to children’s wellbeing.³⁴

Taken together, the public charge rule threatens the core economic stability of immigrant families by depriving them of critical basic resources designed to help support them towards greater economic mobility. As a result, this rule will increase the poverty rate among children. As research has shown, children who experience poverty for an extended period in their early life are at risk for a wide range of adverse health and developmental outcomes that can impact them across their life course.³⁴ In contrast, children who have access to public supports like SNAP, Medicaid, and housing assistance are more likely to grow, thrive, and contribute to the community.

Additionally, the arbitrary income cutoffs of the proposed rule disproportionately favor those with higher incomes, ignoring the importance of upward mobility. The use of a 125% threshold disregards the value of low wage work. An individual who works full-time uninterrupted for a full year and receives federal minimum wage would *still* fall below the 125% threshold proposed in the rule. This rule penalizes hardworking families working in low or moderate wage work, clearly favoring those with greater resources.

Conclusion

³¹ Carlson, Steven and Brynne Keith-Jennings. “SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs.” Center on Budget and Policy Priorities. January 17, 2018. <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>.

³² Chapman, Ben. “New Record for Number of Homeless Students in NYC.” *New York Daily News*. October 15, 2018.

<http://www.nydailynews.com/new-york/education/ny-metro-nyc-sees-record-homeless-students-20181015-story.html>

³³ New York City Department of Homeless Services Data Dashboard. December 2015.

<https://www1.nyc.gov/site/dhs/about/stats-and-reports.page>

³⁴ Kathryn Bailey et al., Children’s HealthWatch, *Overcrowding and Frequent Moves Undermine Children’s Health* (2011), www.issuelab.org/resources/13900/13900.pdf.

The proposed rule will cause deep, long-lasting harm to children, families, and communities in New York and throughout the country. Again, we urge the Department to withdraw the rule in its entirety, and that long standing principles clarified in the 1999 field guidance remain in effect.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jennifer March". The signature is fluid and cursive, with a large initial "J" and "M".

Jennifer March
Executive Director
Citizens' Committee for Children of New York