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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 Sir/Madam:

I am writing on behalf of Connecticut Voices for Children to express our strong opposition to the Department of Homeland Security's Notice of Proposed Rulemaking (NPRM) on inadmissibility on public charge grounds. The proposed rule would cause harm to children and families in Connecticut and across the nation without justification. **We urge that the rule be withdrawn in its entirety.**

Connecticut Voices for Children is a nonpartisan, research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. One aspect of this work includes coordinating the Covering Connecticut's Kids & Families (CCKF) project. For nearly two decades CCKF has brought together state health insurance programs like Medicaid, CHIP, and the Access Health CT insurance exchange with health and social services community partners to share information to improve health coverage and access to care.

Connecticut is home to a growing population of immigrant families, with 26% of the state's children (about 190,000 children) living in families with one or more family members born outside the United States.¹ It is in the best interest of our state and our nation that we do all we can to maximize the opportunities all families have to be as healthy as possible. This is not only the right thing to do, it is smart economic policy because it increases the opportunities residents of our state have to work steadily, parent well, and succeed in their new home. The proposed rule would undermine this goal.

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

While only the use of benefits by an individual—and not their dependents— would be considered under the proposed rule, there is simply no way to implement this rule without direct harm to children, including US

citizen children. Parents' wellbeing is an important determinant of children's health and development.² Children do better when their parents are healthy and economically stable because they have parents who are healthy enough to work and to parent effectively. Further, when parents are uninsured, children who are eligible for coverage are more likely to go uninsured and less likely to see a doctor.³ Ultimately, a child's access to health services can have lifelong impact on their health and learning.

The proposed rule would aggravate widespread fear of accessing public programs and services, beyond those subject to the "public charge" test. The proposed regulation would make immigrant families more afraid to seek programs that support their basic needs including for their US citizen children. An estimated 26 million people may potentially disenroll or refuse public benefits because of this proposed rule, including approximately 9.2 million children in immigrant households, representing approximately 13% of our nation's child population.⁴

The widespread "chilling effect" that causes families to withdraw from benefits due to fear is already evident as a result of rumors of the rule. Health and nutrition service providers noticed an increase in canceled appointments and requests to disenroll from means-tested programs in 2017.⁵ Early childhood education programs have reported drops in attendance and applications as well as reduced participation from immigrant parents in classrooms and at events, along with an uptick in missed appointments at health clinics.⁶ Early childhood programs have a sevenfold return on investment and are key to Connecticut's success as early health promotion and education lead to a productive and healthy population of adults.⁷

Critical public benefit programs—such as Medicaid, SNAP and housing assistance—contribute to the healthy development of children. Children need access to enough healthy foods, safe and stable housing, and adequate health care to grow up healthy and strong.⁸ Decades of research show the positive impact of public benefits—such as Medicaid and SNAP—on children's long-term health and their economic security.⁹ When children get access to these programs, they are healthier and their families have more money to spend on other basic needs. While we do not have recent data on children in families with mixed citizenship status receiving SNAP, over 57% of the state's SNAP recipients live in families with children. In Connecticut, an estimated 87,000 children with at least one immigrant parent (11 percent of Connecticut's children) are enrolled in at least one state benefit.

Medicaid. Medicaid, along with the Children's Health Insurance Program (CHIP), covers 45 percent of children ages 5 and younger nationwide.¹⁰ Connecticut's Medicaid and CHIP programs cover 29 percent of the state's children overall.¹¹ Historic gains in health coverage over the last three years have resulted in the lowest uninsured rates on record for children and their parents, and these rates must be preserved. The American Community Survey shows that the number of children and families going without insurance in Connecticut is already increasing. While we cannot connect this data definitively to either a chilling effect or recent changes to Medicaid eligibility for parents, both are likely factors in this worrying trend.¹² As compared to children without health insurance, children enrolled in Medicaid in their early years have better health, educational, and employment outcomes not only in childhood but as adults.¹³

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

The proposed rule would have adverse impacts on pregnant women, infants, and toddlers. Medicaid covers 47 percent of newborns in Connecticut.¹⁶ The first months and years of a child’s life are marked by rapid growth and brain development and especially important for consistent health care.¹⁷ Medicaid coverage improves access to care and overall health and reduces mortality rates.¹⁸ Since lawfully present pregnant women and children are eligible for Medicaid without a five-year waiting period in Connecticut, this proposed rule change poses a risk to residents of our state. If pregnant women decline to enroll in Medicaid and lose access to pregnancy-related health services, there would likely be serious health implications for mothers and their children, affecting their birth and early health outcomes. Similarly, fear of enrolling children in Medicaid or CHIP would result in fewer regular doctor visits. Further, nutrition assistance directly targeted at young children and pregnant women is effective in improving child health and this rule would force families to forgo such assistance.

Response to Administration’s request for comments on the Children’s Health Insurance Program. No additional programs should be considered in the public charge determination. Doing so harms children, even those not targeted by this rule. We strongly oppose the proposed rule and request that it be withdrawn in its entirety. In response to the specific request for comments on CHIP, we adamantly oppose the inclusion of CHIP for many of the same reasons that we oppose the inclusion of Medicaid. Ultimately, including the use of public health insurance in public charge determinations—whether Medicaid alone or including CHIP –will likely lead to a loss of health care benefits for many eligible children for the reasons noted above.

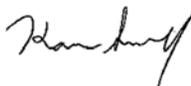
Impact of the proposed rule on children of color living in Connecticut. Connecticut is one of the nation’s most racially segregated states with dramatic disparities in health outcomes due to unequal treatment experienced by the state’s Black and Brown families.¹⁹ Of the 25.9 million people who would be potentially dissuaded from utilizing services by the proposed rule, approximately 90% are people from communities of color (23.2 million).²⁰ By spreading fear and distrust of state supports among Connecticut’s immigrant residents these disparities are likely to grow as families disenroll from vital health and nutrition programs in an effort to preserve their path to citizenship.

The proposed changes to the public charge determination would be detrimental to the health and wellbeing of families in Connecticut. Again, we urge you to withdraw this harmful rule in its entirety. Thank you for considering our comments.

Sincerely,



Sharon Langer
Acting Executive Director



Karen Siegel
Health Policy Fellow

¹ Kids Count Data Center. “Children in Immigrant Families.” Available at: <https://datacenter.kidscount.org/data/tables/115-children-in-immigrant-families#detailed/2/8/false/870,573,869,36,868,867,133,38,35,18/any/445,446>

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