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Submitted via www.regulations.gov

Samantha Deshombres, 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: USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking:
Inadmissibility on Public Charge Grounds

Dear Ms. Deshombres:

I am writing on behalf of The Children's Partnership in response to the US Department of Homeland Security's (the Department) Notice of Proposed Rulemaking to express our strong opposition to the changes regarding "public charge," published in the Federal Register on October 10, 2018.

The Children's Partnership (TCP) is a California children's advocacy organization committed to improving the lives of underserved children where they live, learn, and play with breakthrough solutions at the intersection of research, policy, and community engagement. Since 1993, TCP has been a leading voice for children and a critical resource for communities across California and the nation, working every day to champion policies that provide all children with the resources and opportunities they need to thrive. For 25 years, we have worked to ensure that every child has access to the resources and opportunities they need to thrive. Much of this work was focused on expanding access to health coverage for every child, regardless of background, and today, California has the lowest uninsured rate in the nation, with less than 3 percent of children without access to coverage.¹ Unfortunately, the current climate of fear and uncertainty for millions of immigrant families is causing detrimental concerns about health care access for children in immigrant families and threatening the progress made to support overall children's wellbeing.

The Children's Partnership believes the proposed regulation would cause serious harm to not only immigrants themselves but also to the health and wellbeing of millions of children that the proposed changes to the public charge rule will have, and submits the following comments to urge the Department to withdraw this proposed rule.

In California, approximately 6.8 million people, 35 percent of whom are children, may be impacted as a result of changes to public charge.ⁱⁱ In today's environment, immigrant families are already afraid to seek programs that support their basic needs.ⁱⁱⁱ The proposal could further prevent immigrants and their citizen family members from using the programs their tax dollars help support, preventing access to health care, nutritious food and secure housing. It would make poverty worse by discouraging enrollment in programs that address health, hunger and economic security, with profound consequences on families' wellbeing and long-term success. The fear created by these rules would extend far beyond any individual who may be subject to the "public charge" test, harming entire families and communities as well as the infrastructure that serves all of us. Community providers have already reported changes in health care use, including decreased participation in Medicaid, SNAP, and other programs due to community fears stemming from the leaked draft regulations.^{iv}

Investing in nutrition, health care, and other essential needs keep children learning, parents working, families strong, and allows all of us to contribute fully to our communities. The policies articulated in the proposed rule would terrify immigrant families, discourage or prevent hard-working people from immigrating or seeking permanent residence, and deter immigrant families, most of which include U.S. citizen children, from seeking the help they qualify for and need to lead a healthy and productive life. By the Department's own admission, the 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."*^v Targeting low-income families will only exacerbate hunger and food insecurity, unmet health care needs, poverty, homelessness, and other serious problems. If it moves forward, the rule will have ripple-effects on the health, development, and economic outcomes of generations to come.

It is for these reasons and the following impacts on children and Americans that we urge the Department to withdraw this proposed regulation:

- 1. A significant portion of California's (as well as America's) children live in immigrant families.** Citizen children with immigrant parents are a large and growing segment of the United States child population. Nearly 16 million citizen-children under age 18 in the United States—one out of every four children—have one or more parents who are foreign-born.^{vi} Our child population is growing increasingly diverse. As such, the rule change would particularly harm the future of states like California because it directly impacts a significant portion of California's children.
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California has 27 percent of immigrants in the United States, the largest share of immigrants compared to all other states,^{vii} and the most legal permanent residents in the country at approximately 3.3 million.^{viii} In California, nearly half of children in the state – 4.5 million – have at least one parent who is foreign born.^{ix} In order to ensure the best for California and the nation, attending to the health of children in immigrant families is critical, yet this rule change would accomplish the opposite.

- 2. The “chilling effect” of the proposed regulation will have a far larger detrimental impact than just those directly impacted.** Under current policy, only receipt of cash “welfare” assistance for income maintenance and government funded long-term institutional care representing the majority of an applicant’s support can be taken into consideration in the “public charge” test. The proposed rule would alter the test dramatically, abandoning the longstanding meaning of a public charge as a person who primarily depends on the government for subsistence and changing it to anyone who simply receives one or more public benefits. This change in definition, coupled with the anti-immigrant sentiment of this Administration, has already created a “chilling effect,” causing eligible individuals and their family members to forgo enrollment or disenroll from needed services for fear their children’s enrollment will affect their own or other family members’ likelihood of being subject to a public charge determination.^x The proposed rule’s scope will expand this chilling effect, with many more eligible individuals depriving themselves of health care, nutrition and affordable housing in order to protect their ability to stay together as a family. It will also cause a chilling effect on services that are not explicitly listed in the proposed rule as subject to public charge. These chilling effects will undermine access to other public programs that are critical to helping children lead healthier lives and perform better in school.^{xi} Since the first draft of the public rule was leaked earlier this year, there were disturbing reports of immigrants choosing not to enroll themselves or their children in public benefits programs despite being eligible because they are afraid that enrollment will undermine their ability to remain in the United States.^{xii} In a survey conducted by The Children’s Partnership, two-thirds of providers reported an increase in families concerns about enrolling in Medi-Cal, WIC, CalFresh or other public programs (n=101, 66.9 percent).^{xiii}
- 3. Access to essential public health benefits demonstrably improves lives and strengthens communities at large, and many families would potentially be impacted by changes to public charge.**

If the rule is finalized, immigration officials could consider a much wider range of government programs in the “public charge” determination. These programs include most Medicaid programs, housing assistance such as Section 8 housing vouchers, Project-based Section 8, or Public Housing, SNAP (Supplemental Nutrition Assistance Program) and even assistance for seniors who need help paying for prescription drugs. By denying Californians the ability to continue to access health, nutrition, and housing programs, the proposed

regulation would upend almost two decades of established practice, supported by both Republican and Democratic state administrations, that recognize the vital importance of these programs to the health, well-being, and success of these future Americans and their children, and their inextricable connection to the health, wellbeing, and success of our state and our nation.

By making health insurance accessible to children and parents, Medicaid keeps families healthy and also protects them from financial hardship. For millions of families, Medicaid is a lifeline that keeps them living above the poverty threshold.^{xiv} Children in immigrant families with health insurance coverage are more likely to have a usual source of care and receive regular health care visits, and are less likely to have unmet care needs.^{xv} Children with access to Medicaid have fewer absences from school, are more likely to graduate from high school and college, and are more likely to have higher paying jobs as adults.^{xvi} 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.^{xvii}

These benefits extend to women during and after pregnancy. The Center on Budget and Policy Priorities warns that if more mothers decline to enroll in programs such as Medicaid due to fears of being deemed a public charge and lose access to essential pregnancy and postpartum-related services, children will go without the health coverage and food assistance they need to succeed.^{xviii} This could ultimately lead to “higher rates of poor birth outcomes — including higher rates of infant and maternal mortality — as well as poorer health, education, and financial outcomes for children of all ages.”^{xix}

Manatt Health estimates that 22.2 million non-citizens and a total of 41.1 million non-citizens and their family members currently living in the United States, which represents 12.7 percent of the total U.S. population, could potentially be impacted as a result of the proposed changes in public charge.^{xx} Of citizen family members, more than half (10.7 million) are citizen children living in families with one or more non-citizen family members. There are 13.9 million non-citizens below the 250 percent of the federal poverty line and 25.9 million non-citizens and their family members who are likely to experience chilling impacts. The group at greatest risk is the 7.5 million non-citizens, and the total universe of 14 million non-citizens and their family members.

Further, The Children's Partnership released a brief that estimated the impact of the changes to public charge on children's enrollment in public coverage programs in California. If changes to public charge lead to disenrollment rates between 15 percent and 35 percent among children in immigrant families in California, an estimated 269,000 to 628,000 children would lose coverage from Medicaid, CHIP, or other means-tested public health insurance, despite remaining eligible. The uninsured rate among all children statewide would rise from 3 percent to 5.2-8.2 percent.^{xxi}

America's future depends on ensuring that all children succeed. We need to invest in children, rather than put their healthy development and education at risk by destabilizing their families. Forcing parents to choose between their ability to remain with or reunite their family and their children's access to critical benefits is short-sighted and will harm all of us.

- 4. The proposed rule would have the effect of limiting children and other dependents' access to SNAP and housing benefits, which are critical for improving health and mitigating poverty.** Research demonstrates that safety net programs such as SNAP, Medicaid and housing have short and long-term health benefits and are crucial levers to reducing the intergenerational transmission of poverty.^{xxii} For example, when families have access to housing assistance, they have more resources to cover the cost of nutritious foods, health care, and other necessities.^{xxiii} Children whose families receive housing assistance are more likely to have a healthy weight and to rate higher on measures of wellbeing—especially when housing assistance is accompanied by food assistance.^{xxiv} Where families live is also directly tied to where they work. If parents lose access to affordable housing, they may also be at risk of losing their jobs.

Access to services such as nutrition access to healthy foods, such as food supported by programs such as the Supplemental Nutrition Assistance Program (SNAP) is directly connected to health and wellbeing.^{xxv} While existing SNAP rules may be challenging to understand for many families, they will be further complicated by the changes in this proposed rule, generating increased fear and confusion for families. Although the rule excludes the use of SNAP benefits by dependents, the inclusion of SNAP as a means tested benefit in the new rule may increase the likelihood that families will disenroll from SNAP. SNAP eligibility rules any member of the household to choose not to provide information regarding their status. If a family considers this option, it limits the benefit level for the household and exacerbates food insecurity. Those who are legally present in the country and eligible for SNAP, may wish to withdraw from the program in order to protect their chances of gaining a green card, implicating children and other dependent's access to food.

According to the California Department of Education, California currently “directly certifies 2,661,974 children to receive free and reduced-price National School Lunch Program and School Breakfast Program meals through the automated direct certification process, which includes households participating in SNAP, TANF, and Medicaid programs. Children living in households that choose not to participate in SNAP, TANF, or Medicaid, for fear of impacting their immigration status, will not automatically qualify for free or reduced-price school meals, and many will not complete the income-based household meal application, resulting in the neediest children not meeting the minimum dietary requirements.”^{xxvi} Given the impact on both children and schools, California Superintendent of Public Instruction sent a letter to the Department of Homeland Security opposing efforts to change the public charge rule, highlighting how nutrition programs such as SNAP, TANF, and Medicaid are

essential in assisting low-income families that struggle with food insecurity to help their children reach their full potential.

In 2016, more than 1.3 million U.S. households included citizen children participating in SNAP living with non-citizen parents, even though their non-citizen parents were not enrolled in SNAP themselves.^{xxvii}

In California, over 417,000 children have been kept out of poverty as a result of being enrolled in CalFresh, the state's SNAP benefit.^{xxviii} Access to CalFresh also helped to move over 800,000 Californians out of poverty, including over 360,000 children.^{xxix} Two-thirds of households in the state that participate in CalFresh are feeding and caring for children—that's over 2.5 million children who benefit from the program every year.^{xxx} If changes to public charge lead to SNAP disenrollment rates between 15 percent and 35 percent among children in immigrant families in California, an estimated 113,000 to 311,000 children would lose access to SNAP/food stamps, despite remaining eligible.^{xxxi}

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.^{xxxii} An additional year of SNAP eligibility for young children with immigrant parents is associated with significant health benefits in later childhood and adolescence.^{xxxiii}

Similar to SNAP, the structure of housing benefits will also mean that some families will have to choose between all family members accessing the benefit of living in subsidized housing or none. While the law allows ineligible family members to live with their eligible family members and does not consider them recipients of the benefit, eligible family members would have a portion of the value of the housing subsidy count towards their public charge calculation. As a practical matter, families will be unwilling to risk any amount of public charge calculation because it threatens permanent family separation, and so every family member will lose the benefit including children, most of whom will be citizen children.

- 5. The proposed rule would negatively impact the financial status of health systems as well as national and local economies.** The rule would have adverse effects on the financial health and viability of many hospitals, due to the significant increase in people who lack health insurance and come to emergency rooms for their medical care.^{xxxiv} Manatt Health estimated the overall Medicaid and CHIP funds and hospital payments at risk if the proposed DHS rule is finalized.^{xxxv} Medicaid and CHIP enrollees accounted for an estimated \$68 billion in Medicaid and CHIP health care services in 2016, including enrollees who are non-citizens (\$26 billion) and those who are citizen family members of a non-citizen (\$42 billion). Given that hospitals provide a substantial share of the care delivered to Medicaid and CHIP enrollees, their payments at risk under the public charge proposed rule total an

estimated \$17 billion in 2016 (\$7 billion for non-citizen enrollees and \$10 billion for citizen enrollees who have a non-citizen family member).

In California, \$718 million to \$1.67 billion federal benefits would be lost due to chilling effect under proposed public charge rule.^{xxxvi} These federal dollars would have been cycled through California's economy multiple times. Other detrimental effects include 7,600 to 17,700 lost jobs, \$1.2 to 2.8 billion lost economic output, and \$65 to 151 million lost state/local tax revenue.

6. The proposed rule would have a devastating impact on particularly vulnerable individuals. Children in immigrant families are more likely to face certain hardships and are already less likely to secure help due in part to flawed eligibility rules that create barriers for immigrant families.^{xxxvii} However, like all children, children in immigrant families benefit when they have access to programs and services that promote their development. In particular, the following subpopulations of vulnerable individuals would face specific hardships:

a. Young adults and the U.S. workforce: It is estimated that in 2016, 710,000 immigrant young adults had Medicaid, which is 22.7 percent of all immigrant young adults and 11.3 percent of all young adults receiving Medicaid; and 446,000 immigrant young adults received SNAP, which is 14.5 percent of all immigrant young adults.^{xxxviii} In addition, 45,000 immigrant young adults were in a household that received Housing Assistance.^{xxxix} Public benefits support the health and wellbeing of immigrant youth and their families and help low-income students succeed in college.

The fear generated by the rule will deter greater numbers of low-income, U.S.-citizen youth with U.S. non-citizen parents and lawful permanent residents from applying to college and applying for federal student aid, even though the current version of the rule does not include federal student aid, because of fear that this benefit will be added later.^{xl} Research studies have shown that a postsecondary education can increase economic mobility and improve lives.^{xli} Over a career, an average high school graduate earns at least \$1.4 million; an Associate's degree earns at least \$1.8 million, and a bachelor's degree holder earns \$25 million; a master's degree holder earns \$2.9 million; and a PhD holder earns \$3.5 million; and a professional degree earns at least \$4 million.^{xlii} Furthermore, research has found that a college degree improves health status.^{xliii} Since 2008, the majority of the new jobs created in the economy are going to college-educated individuals.^{xliv}

Ultimately the changes in workforce defined by the rule will undermine our nation's global competitiveness. A highly-educated workforce spurs economic growth and strengthens state and local economies.^{xlv} The rule will decrease the number of U.S.-citizen youth with U.S. non-citizen parents, lawful permanent residents, and undocumented immigrant youth completing college degrees and pursuing areas of national need, including the fields of science, technology, engineering, and mathematics (STEM). In short, public charge would

weaken the STEM educational pipeline at a time when the United States needs STEM professionals and thwart efforts to increase educational attainment levels.^{xlvi}

- b. Latino children:** The proposed changes to limit the use of critical anti-poverty programs by lawfully residing and eligible immigrants would significantly harm our nation's Latino community and future. Today, California's Latino population stands at 15.5 million.^{xlvii} Among Latino children, who account for a quarter of all U.S. children, the majority (52 percent) have at least one immigrant parent.^{xlviii} Despite contributions by Latinos to the economy following the Great Recession, some Latinos continue to struggle to meet basic needs. However, access to federal programs like SNAP, Medicaid, and affordable housing have allowed millions of Latinos to lift themselves out of poverty.
- c. Asian-Pacific Islander children:** There would also be significant harm to California's Asian-Pacific Islander (API) community because of the proposed changes to limit lawfully residing and eligible immigrant families' use of essential public programs. Today, the California API population stands at 4.9 million.^{xlix} Among API children, who account for 5 percent of all U.S. children, 17 percent have at least one immigrant parent.^l In California, API children account for 11 percent of the child population^{li} and 28 percent have at least one immigrant parent.^{lii}
- d. Children with special health care needs, such as those living with disabilities:** According to estimates from the National Survey of Children's Health, roughly 2.6 million children in immigrant families have a disability or special health care need.^{liii} In California, there are over one million children and youth with special health and developmental needs tend to require medical, behavioral, and/or educational services above and beyond what typical children receive to keep them healthy and promote positive development.^{liv} Forty-five percent of these children and youth are Hispanic or Latino, 33.4 percent are white and 11 percent are African American/Black.^{lv}

These special needs make children with disabilities in immigrant families vulnerable to hardship due to the economic burdens associated with requiring specialized care. Parents of children with disabilities typically work fewer hours and ultimately earn less income due to their children's caregiving needs.^{lvi} As a group, children with disabilities are more likely to live in low-income households and to experience food insecurity and housing instability, making programs like SNAP, Medicaid, and housing assistance vital to their wellbeing.^{lvii} Restricting immigrant families' access to other public anti-poverty programs would further exacerbate the economic hardships that children with disabilities and other special needs already experience.

While many children in the U.S.—both in immigrant and native-born families—depend on public health insurance programs, Medicaid is uniquely critical for children with disabilities. Roughly half of all children with a disability or other special health care rely on public insurance for a variety of services and supports, including respite care; occupational, physical, or speech therapies; and prescription drugs.^{lviii} These services are critical to keep children healthy and thriving, but they are typically costly—even with insurance—and are out of reach for families who lack coverage. The proposed rule would undermine immigrant families' access to Medicaid and force families to pick and choose which services they can pay for on their own while still putting a roof over their heads and food on their tables. At minimum, forgoing critical services could hamper children's developmental progress. For some families, the stakes are even higher: comprehensive coverage through these programs is necessary to keep their children alive.

- 7. The proposed regulation is estimated to have a significant impact on families seeking legal permanent residency status.** When Migration Policy Institute applied the administration's expanded "totality of circumstances" test to immigrants who had received legal permanent residence within the past five years, they found 69 percent had at least one negative factor under the administration's proposed expanded test, while just 39 percent had one of the heavily weighed positive factors: income at or above 250 percent of the federal poverty level.^{lix} This demonstrates that many families would be forced to decide between supporting their families with health care and nutrition services and keeping their families together. This impossible choice for millions of families further highlights that extremeness of this rule. Furthermore, if this rule applied to U.S.-born citizens, the Center on Budget and Policy Priorities estimates that one-third of citizens would struggle to meet standard of proposed public charge rule for immigrants.^{lx} (Looking at just one year of program participation shows that nearly one-third of U.S.-born citizens receive one of the main benefits that the rule targets.)
- 8. In focus groups on the topic of public charge, immigrant parents have expressed concern regarding the proposed rule.^{lxi}**

During November 2018, our organization, in partnership with Lake Research Partners, a public opinion and political strategy research firm, conducted focus groups among Latino, Black, and Asian Pacific Islander (API) immigrant parents across California to learn how immigrant families are faring in today's political climate, particularly with regard to pending changes to public charge. This research effort served as an opportunity to better understand their current knowledge of public charge and the pending rule change and learn about their key questions, concerns, and perceptions on the proposed rule. The focus groups among California immigrant parents were segmented as:

1. Latino immigrant parents in Fresno
2. Latino immigrant parents in Los Angeles
3. Black immigrant parents in Los Angeles
4. Black immigrant parents in San Diego
5. API immigrant parents in Los Angeles
6. API immigrant parents in San Diego

Most of the respondents had heard of public assistance programs like Medi-Cal, CalFresh, and CalWORKs. They generally felt positively toward these programs and either use them currently or have used them in the past, and they cannot imagine these benefits not being available to people in need. One API immigrant mother from San Diego shared, "I feel like they are very helpful, especially for those families that really need it and they can get access to them." Another participant, a Latina immigrant mother from Fresno expressed, "I am in the CalWORKs program and I am very appreciative because in that program they send you to school...if I weren't in that program, I wouldn't have had any other possibility to be able to go back to school."

The concept of public charge was familiar to the majority of respondents, but they did not know specific details. Most had been warned to disenroll from public programs through word of mouth, from friends, relatives, or ethnic media. After reading the public charge definition, the majority of respondents thought the proposed rule was a bad idea and did not think that one's immigration status should be linked to benefits. Many also viewed the proposed rule as an attack on immigrants, with one Latina immigrant mother from Los Angeles stating, "They are attacking immigrants with this public charge. It's very clear."

Some respondents also viewed this proposed rule as "mean-spirited," "ruthless," and "uncaring." They believe that the government is trying to dictate the "right" immigrants that come into the country, which they said does not include immigrants of color. One Black immigrant father from Los Angeles expressed, "It is an attack on certain immigrants. I feel like dark-skinned people are attacked at a higher rate," and another participant from the API immigrant group in San Diego stated, "I feel like they only want a certain type of immigrant that will contribute maybe like to the society more like financially." The majority of respondents felt that the proposed rule would go against American values. One API immigrant father in San Diego shared, "The reason America is strong compared to other countries [is] because of the immigrants like us. This country is like a melting pot and other people from different countries that come here make this country stronger."

Lastly, the majority of respondents believe that if this proposed rule were to go into effect, it would harm families and communities and result in higher costs to see the doctor, fewer immigrants seeking out health care, more self-medicating, and people no longer applying for help even when they need it. One API immigrant mother in San Diego expressed, "Taking away the ability to use these public services would cause harm to my family and the community...it would be hard for us to start better lives here in America. These programs are helpful for families that are starting over and everyone has to be given a chance to improve their lives." Other respondents across all groups expressed similar sentiments. "Don't pass," one API immigrant mother from Los Angeles urged, "as this will harm my family and community. It's unfair for the people come to USA who want work hard and build a better life. USA should be for all the people wherever he/she has money or not."

The proposed regulation would worsen the lives of countless families across the United States. Children in immigrant families do not live in isolation. They live and grow up in communities where their individual success is critical to the strength of the country's future workforce and collective economic security. Our lives are profoundly interconnected with the lives of the individuals most impacted by this regulation. Children who are hungry will be unable to focus in class, and the entire class will make less educational progress. Children who are not able to see a regular doctor for lack of insurance will end up in emergency rooms more often, which will make it more difficult for everyone who really needs emergency health care to be seen. These proposed changes will dissuade many families from enrolling or keeping their coverage and services for their children, limiting access to critical health and social services and disrupting healthy development for potentially millions of children.

For these reasons, the Department should withdraw its current proposal, and dedicate its efforts to advancing policies that strengthen—rather than undermine—the ability of immigrant parents to support themselves and their children. It is in all of our best interest to protect the wellbeing of children in immigrant families in order to strengthen the nation's future for every person that calls this country home.

Thank you for the opportunity to submit comments on the NPRM. Please do not hesitate to contact me to provide further information.

Sincerely,



Mayra E Alvarez, MHA

President

The Children's Partnership

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ⁱ In 2016, 97% of California children ages 0-17 were estimated to have some form of health insurance coverage, as cited in kidsdata.org. "Child and Youth Health Care in California." Lucile Packard Foundation for Children's Health, 2018. Accessed June 15, 2018. <https://www.kidsdata.org/export/pdf?cat=51>

ⁱⁱ "The Trump Administration's Public Charge Proposal Could Impact 6.8 Million People in the Golden State." November 2018. Accessed November 20, 2018. https://www.clasp.org/sites/default/files/2018_CApif.pdf.

ⁱⁱⁱ Fish-Parcham, Cherly, and Sinsi Hernández-Cancio. "Trump Administration 'Public Charge' Rule Threatens Health Care for Immigrant Families, Including U.S. Citizen Children." Families USA. May 07, 2018. Accessed November 20, 2018. <https://familiesusa.org/product/trump-administration-threatens-health-care-immigrant-families-including-us-citizen-children>. See also Kearney, Gavin, Madison Hardee, Gabrielle Lessard, and Sonya Schwartz. "The Trump Administration's Next Attack on Immigrant Families." State Options in Expanding Access to Education in TANF Programs | Sargent Shriver National Center on Poverty Law. May 2018. Accessed August 23, 2018. <http://povertylaw.org/clearinghouse/articles/pif>. See also Baumgaertner, Emily. "Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services." The New York Times. March 06, 2018. Accessed August 23, 2018. <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>.

^{iv} Ibid.

^v 83 FR 51114, Page 370

^{vi} Migration Policy Institute tabulations of data from Steven Ruggles, Matthew Sobek, Trent Alexander, et al., "Integrated Public Use Microdata Series: Version 4.0" (Machine-readable database, Minnesota Population Center [producer and distributor], 2011).

^{vii} United States Census Bureau, American Community Survey 5-Year Estimates. "Community Facts; Selected Characteristics of Native and Foreign-Born Populations 2012-2016." American FactFinder. October 05, 2010. Accessed May 15, 2018. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>.

^{viii} Ponce, Ninez, Laurel Lucia, and Tia Shimada. "How Proposed Changes to the 'Public Charge' Rule Will Affect Health, Hunger and the Economy in California." Press Releases | UCLA Center for Health Policy Research. November 7, 2018. Accessed November 20, 2018. <http://healthpolicy.ucla.edu/newsroom/press-releases/pages/details.aspx?NewsID=263>.

^{ix} kidsdata.org. "Children Living with One or More Foreign-Born Parent." Lucile Packard Foundation for Children's Health, 2018. Accessed June 15, 2018. <https://www.kidsdata.org/topic/573/foreign-parents250/table#fmt=786&loc=2,127,331,171,345,357,324,369,362,360,337,364,356,217,328,354,320,339,334,365,343,367,344,366,368,265,349,361,4,273,59,370,326,341,338,350,342,359,363,340,335&tf=79>.

^x "Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services." The New York Times. March 06, 2018. Accessed August 23, 2018. <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>.

^{xi} "Health and Academic Achievement." The Centers for Disease Control and Prevention. Accessed August 23, 2018. https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf.

^{xii} Kearney, Gavin, Madison Hardee, Gabrielle Lessard, and Sonya Schwartz. "The Trump Administration's Next Attack on Immigrant Families." State Options in Expanding Access to Education in TANF Programs | Sargent Shriver National Center on Poverty Law. May 2018. Accessed August 23, 2018. <http://povertylaw.org/clearinghouse/articles/pif>. See also Baumgaertner, Emily. "Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services." The New York Times. March 06, 2018. Accessed August 23, 2018. <https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html>.

^{xiii} The Children's Partnership, California Program on Access to Care, and California Primary Care Association. *Emerging Health Needs of Immigrant Families in California*. Report. July 2018. Accessed October 26, 2018. https://cpac.berkeley.edu/sites/default/files/cpac_immigrant_health_brief_final_071018.pdf.

^{xiv} https://www.google.com/url?q=https://ccf.georgetown.edu/2017/03/09/medicaid-how-does-it-provide-economic-security-for-families/&sa=D&ust=1523976445924000&usq=AFQjCNHIToXJa7GU74QX8tap3owWzUW_kg

^{xv} Christine Percheski and Sharon Bzostek, "Public Health Insurance and Health Care Utilization for Children in Immigrant Families," *Maternal and Child Health Journal* 21 (2017).

^{xvi} Karina Wagnerman, Alisa Chester, and Joan Alker, *Medicaid is a Smart Investment in Children*, Georgetown University Center for Children and Families, March 2017, <https://ccf.georgetown.edu/2017/03/13/medicaid-is-a-smart-investment-in-children/>.

^{xvii} Rourke O'Brien and Cassandra Robertson, *Medicaid and Intergenerational Economic Mobility*, University of Wisconsin—Madison, Institute for Research on Poverty, 2015, <https://search.library.wisc.edu/catalog/9910223409002121>; Andrew Goodman-Bacon, *The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes*, NBER Working Paper No. 22899, 2016, www.nber.org/papers/w22899.

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