

December 20, 2025

Regulatory Coordination Division
Office of Policy and Strategy
Citizenship and Immigration Services
U.S. Department of Homeland Security
5900 Capital Gateway Drive
Camp Springs, Maryland 20746

Re: DHS Docket No. USCIS-2025-0304: Public Charge Ground of Inadmissibility

Thank you for the opportunity to comment on the [notice of proposed rulemaking](#) (NPRM) published in the *Federal Register* on November 19, 2025. We are members of a research team dedicated to understanding the conditions U.S. children experience as the first step toward ensuring that all children have equitable access to the resources they need to thrive. Our research project diversitydatakids.org examines whether children in the U.S. have what they need to grow up healthy and achieve their full potential, and whether social policies are well designed to improve children's lives and how to make them better to improve child wellbeing and equity.

As experts in evaluating the effectiveness of child and family policies and their impacts on economic outcomes and child health and wellbeing, we oppose the proposed regulatory changes to the public charge rule on the grounds that it will decrease participation in safety net programs that are proven to reduce poverty and thus harm the health and development of children in immigrant families, the vast majority of whom are U.S. citizens. Additionally, due to its expansive intent, the proposed rule will likely discourage even immigrant families with legal permanent resident and naturalized citizen adults from participating in programs that they are eligible for. The expansiveness and lack of precision in the proposed rule will create uncertainty, inhibit families from participating in programs that benefit children, and enable its arbitrary application. Therefore, we recommend that DHS immediately withdraw the current proposed changes in favor of regulations that support immigrant families' pathways to economic security and health.

Nearly 10 million children (over 13 percent of children under 18) in the U.S. live in poverty (Shrider & Bijou, 2025). Rigorous causal evidence shows that poverty harms their experiences during childhood, their health and education, and their economic prospects as adults (National Academies of Sciences Engineering and Medicine, 2019). Children in poverty are more likely to have diminished physical health and mental health challenges, as well as lower educational attainment, difficulty obtaining steady and well-paying employment, and a greater likelihood of risky behaviors as adults (National Academies of Sciences Engineering and Medicine, 2019). Social safety net programs provide these children with essential financial, food, health, educational, and housing resources, filling the income gaps they face.

The research evidence suggests that these programs, such as SNAP, Medicaid, Head Start, and housing assistance, not only defray the cost of meeting children's immediate needs, but also support their healthy development across the life course and across generations (East et al., 2023; Hoynes et al., 2016). A strong evidence base shows that the benefits to children and across the life course outweigh the costs of these programs (National Academies of Sciences Engineering and Medicine, 2019).

Children in immigrant families, who make up more than 25% of the U.S. child population, are twice as likely to live in poverty as children in nonimmigrant families (Acevedo-Garcia et al., 2021b) largely because their parents are more likely to work in low-wage jobs (Bureau of Labor Statistics & U.S. Department of Labor, 2025; Haskins, 2009). These children, nearly all (90%) of whom are U.S. citizens themselves (Haley et al., 2025), face additional risks to their health and wellbeing. On top of the increased poverty risk, these children must contend with threats of immigration enforcement and family separation, which have measured negative impacts on their health (Acevedo-Garcia et al., 2021b). For example, during periods of heightened anti-immigrant climates, babies born to immigrant mothers exhibit worse birth outcomes (Gemmill et al., 2019). Detention and family separation have been shown to negatively impact children's physical, mental, cognitive, and developmental health outcomes (Eskenazi et al., 2019; MacLean et al., 2020; Yoshikawa & Kalil, 2011).

Actions to restrict children in immigrant families' access to the health and safety net further harm their health and wellbeing. Research has found that restrictive eligibility rules, reduced benefit levels, high administrative burden, and the public charge rule all limit the benefits that these children receive, despite having higher poverty rates (Acevedo-Garcia et al., 2021a; Acevedo-Garcia et al., 2021c). Notably, these actions hurt not only immigrant children, but U.S. citizen children who are the vast majority (90%) of children in mixed-status immigrant families (Haley et al., 2025).

The public charge rule, especially during periods where there is an attempt to expand its definition, discourages immigrant families from accessing benefits and services their children need, even when these children—and other members of their families—are eligible for those benefits and services. Therefore, an expansion of the public charge rule will constitute undue hardship on U.S. citizen children. Noncitizens can be determined to be a "public charge" if they are primarily dependent on government cash benefits, a determination which can impact their ability to attain legal permanent resident status and eventually U.S. citizenship [Acevedo-Garcia et al 2021b]. The threat of being deemed a public charge discourages immigrants from accessing public services to which they or their children may be entitled. For instance, in 2017, when a Department of Homeland Security rule leaked that expanded public charge determination to include use of in-kind public benefits such as SNAP and Medicaid, many low-income immigrant families opted not to use those programs (Batalova et al., 2018; Capps et al., 2020; Haley et al., 2020). This included even immigrant families with legal permanent residents or even naturalized citizens. Even when this rule was withdrawn in 2021, national surveys showed that legal permanent residents and citizen family members in mixed-status families still opted to forego benefits as a result of widespread confusion and fear (Bernstein et al., 2020a, 2020b; Capps et al., 2020). In sum,

the public charge rule, especially during periods when there is an attempt to expand its reach, reduces access to programs even for those who meet income-eligibility and immigrant eligibility requirements, and harm U.S. citizen children in immigrant families.

Based on the evidence of lower benefits utilization among eligible immigrants and negative effects on child and adult health, we have recommended in several peer-reviewed journal articles and policy briefs that the public charge rule must be reassessed. Our 2021 article in *Health Affairs* reviewed how children in immigrant families have decreased access to three important social and safety net policies (EITC, SNAP, and child care subsidies), resulting in worse health outcomes (Acevedo-Garcia et al., 2021a). At the time of publication, SNAP and Medicaid had been excluded from public charge considerations. We argued that two other programs that supplement family income and reduce poverty, Temporary Assistance (TANF) for Needy Families and Supplemental Security Income (SSI), should also be excluded, and that the utility of public charge in U.S. social policy should be reassessed more generally (Acevedo-Garcia et al., 2021a). That recommendation was one of several focused on including t children in immigrant families in effective social policies that improve their health in the short-term and long-term outcomes.

The latest proposed regulatory changes propose to expand public charge considerations without bounds. The change would severely restrict children in immigrant families' access to vital health-supporting in-kind programs such as SNAP, Medicaid, and even tax credits. In seeking to rescind the 2022 public charge ground of inadmissibility regulations, the NPRM could deny lawful permanent residence status to immigrants based on their family's use of any public health or social program when they need help. Crucially, the NPRM leaves the terms of what constitutes a public charge purposefully ambiguous, leaving immigrant families in the dark about how their interactions with government-funded programs might impact their legal status. At a minimum, the public charge rule should have a clear and explicit definition and apply strictly to long-term dependence on cash benefits, without including in-kind benefits or any other non benefit program such as tax credits.

As indicated by ample evidence of the negative effects of the 2018 proposed expansion of the public charge rule, by removing language in the regulation that safeguards immigrant families from arbitrary or biased application of the immigration law's public charge provision, this proposed rule would deter families from accessing the public resources their children need—and resources to which these children are legally entitled. Children will go without adequate food, health care, or safe housing, which results in higher poverty which is not only costly to these families but results in societal impacts through higher health costs and lower economic productivity. Researchers have estimated that the annual aggregate cost of U.S. child poverty is \$1.0298 trillion—5.4% of the gross domestic product (McLaughlin & Rank, 2018).

The negative impact of the proposed rule will be particularly severe during the present time, due to the severe lack of affordability of basic need facing low-income families. For example, immigrant parents

will be unlikely to apply for SNAP for their children, losing potentially about \$330 per month to spend on food (Monkovic et al., 2025). They will be hesitant to apply for the Child Tax Credit, a key lever in reducing child poverty for tax-paying families (National Academies of Sciences Engineering & Medicine, 2025). Children will lose access to quality early childhood education through Head Start, which has been shown to have positive effects on children's later college enrollment, adult earnings, and health outcomes, as well as on a family's ability to work and secure income while their children are young (Bailey et al., 2021).

The repercussions could stretch much further. Without any guidance on what constitutes a public charge, immigrant families may be hesitant to engage with law enforcement, emergency medical services, public schools, or other public entities that keep all children and families safe from harm.

Public programs grant children the resources they need to live and grow up healthily. One in four U.S. children is a child of immigrants, and they are more likely to live in poverty. Federally funded programs that include children in immigrant families therefore act as an investment in the nation's future. We cannot expect the United States to develop a healthy, engaged workforce and populace if more than 25% of our children do not have access to the social safety net while they are young. Restricting federally-funded programs for children in immigrant families runs against a vast body of research evidence, including causal studies, that child poverty is associated with harms not only during childhood but throughout the life course, in addition to high costs to society at large. Therefore, the proposed public charge rule poses risks not only to millions of children in immigrant families but to the health and safety of the nation.

Sincerely,

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