

December 19, 2025

Submitted via www.regulations.gov

Kristi Noem
Secretary of Homeland Security
Washington, DC 20024

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

I am writing on behalf of Children’s Defense Fund (CDF) to express our strong opposition to the proposed changes regarding the public charge ground of inadmissibility, which were published in the Federal Register on November 19, 2025.

Children’s Defense Fund is the only national, multi-issue child advocacy organization working at the intersection of child well-being and racial justice. We serve and advocate for America’s 74 million children and youth under the age of 18, and 30 million young adults between 18 and 25—a generation that is the most racially and culturally diverse in our nation’s history. Since 1973, CDF has remained committed to addressing the holistic needs of children across the nation, which is why we are deeply concerned by the recent public charge policy proposal.

That is why we are concerned about the devastating impacts that the proposed changes to “public charge” could have devastating impacts on U.S. citizen children in mixed-status households with immigrant family members, eliminating their rightful access to critical resources. Across the United States, an estimated 5.1 million U.S. citizen children live with an undocumented family member, with more than one million of these children living in Texas, and more than 200,000 living in New York.^{1, 2} In Texas alone, 11.4 percent of all U.S. citizen children live with at least one undocumented parent,³ and many more U.S. citizen children live in households with non-citizens who are lawfully present. In New York State, more than 1.4 million children (37 percent of the state’s child population) have at least one immigrant parent, and over 88 percent of these children were born in the United States.⁴ Many of these U.S. citizen children depend on early preventive health care and other government-funded support services like SNAP and early education to thrive.

The proposed rule would remove the regulations that provide “bright line” guidance to immigration officers by making clear that, when it comes to public benefit use, only past receipt of cash assistance for income maintenance or long-term institutionalization at government expense should be considered in the public charge assessment.

Additionally, the proposed rule would also remove the current regulations’ definition of “receipt of public benefits,” which explicitly states that applying for or receiving public benefits on

¹ American Immigration Council. (2024, October). *Mass deportation: Devastating costs to America, its budget and economy*. www.americanimmigrationcouncil.org/research/mass-deportation.

² American Immigration Council. (2025). *Map the impact: Immigrants in Texas*. <https://map.americanimmigrationcouncil.org/locations/texas/>.

³ *Ibid*, 2.

⁴ Vera Institute of Justice. (2023, September). *Profile of the immigrant population in New York*. <https://vera-institute.files.svdcdn.com/production/downloads/publications/profile-of-foreign-born-population-new-york-city.pdf>.

behalf of family members is not considered to be “receipt” of benefits. This change could permit DHS officers to consider use of public benefits by an applicant’s family member as “receipt” of benefits when determining whether the applicant is a public charge. Without a clear prohibition on considering benefits used by family members, the rule will cause families to worry about whether the receipt of benefits by their family members—including U.S. citizen children—will be held against them in a public charge assessment, deterring immigrant parents from enrolling their eligible U.S. citizen children in a wide range of basic needs programs.

The clarity in the current rule has allowed CDF’s state offices, particularly CDF-Texas and CDF-New York, to confidently tell the families we serve, the non-profit organizations and community groups with whom we partner, and the enrollment assisters and health care providers who look to us for guidance that it is safe for eligible individuals to access programs like SNAP, Medicaid, and CHIP. The ambiguity that results from the proposed rule will cause chaos for both families and the advocates and service providers that work alongside them. The proposed rule will also create fear—not only in the immigrant community, but among many U.S. citizens—and will have a chilling effect on U.S. citizen children’s access to health care, nutrition assistance, and other vital resources.

We believe that access to health care is the foundation of optimal child development.

Child development is particularly fragile during the early years of life, especially the first three years, when the brain and body are developing at a rapid pace and are highly responsive to both positive and negative influences. Access to consistent health care helps shape the foundation for lifelong physical health, emotional regulation, learning, and behavior. Consequently, even brief gaps in care can result in missed developmental screenings, delayed diagnoses, or untreated conditions. These gaps can cause a ripple effect that would make it harder for children to stay on track developmentally.^{5, 6}

Access to adequate health care impacts child development in multiple ways:

- **Primary Care:** Primary and preventive care, such as well-child visits and immunizations, not only protects against disease but creates regular opportunities for parents and caregivers to interact with medical providers to discuss potential concerns.⁷
- **Early Intervention:** Currently, more than 440,000 infants and toddlers nationwide receive early intervention services. When children receive timely screening and referrals for early intervention services, they have a much better chance of reaching their developmental milestones. Without health coverage, families are significantly more likely to skip or delay needed care, increasing the risk of preventable complications and missed opportunities for critical support.⁸

⁵ American Academy of Pediatrics. (2022, July 15). *Early Brain Development*. <https://www.aap.org/en/patient-care/early-childhood/early-childhood-health-and-development/early-brain-development/>.

⁶ Lewis, DNP, ARNP, CPNP-AC/PC, CPN, CPEN, CNE, CNE-cl, PMHS, CCRN, VA-BCm M. (2023, October 26). *Access to care*. Society of Pediatric Nurses. https://spn.memberclicks.net/assets/docs/Engage/Position-Statements/SPNPosition%20Statement_Access%20to%20Care.11.2023.pdf#:~:text=Michaela%20Lewis%2C%20DNP%2C%20ARNP%2C%20CPNP%2DAC%2FPC%2C.children%20deserve%20access%20to%20lifelong%2C.

⁷ Oyedele, O., Andrige, C., Hatipoglu, K., Liang, A.J., Putcha, V., Taddese, A. (2025, January 28). Why primary health care has the potential to make a massive difference in child development. *Results for Development*. <https://r4d.org/blog/primary-health-care-potential-massive-difference-child-development/>.

⁸ *Ibid*, 6.

- **Mental and Behavioral Health:** supporting children’s mental and behavioral health helps them learn to manage emotions, build relationships, and become more resilient.⁹

Quality health care strengthens children, the systems and people that support them. For instance, Medicaid/CHIP not only insures children, but those who educate them. Nearly 28 percent of child care workers nationwide are covered by Medicaid, with 12.7 percent in Texas and 39.1 percent in New York. Making sure that child care workers are healthy is important because we know that providing children with healthy, stable caregivers provides a sense of security and facilitates healthy socio-emotional development.¹⁰

Unfortunately, recent data does not reflect these realities.

According to the Georgetown Center for Children and Families, the national uninsured rate for children rose from 5.1 percent in 2022 to 6 percent in 2024, the highest in nearly a decade. This increase means more children and families are forced to make difficult choices between health care and other basic needs, jeopardizing both short- and long-term well-being. Without access to timely, comprehensive health care, the most vulnerable children are at risk of falling behind before they even begin school—with lifelong consequences for health, learning, and economic opportunity.¹¹

Furthermore, children in mixed-status families face additional significant barriers to accessing health care and other vital resources.

Fear of immigration-related consequences already deters immigrant parents in the U.S. from accessing vital nutrition support for their children and causes many U.S. citizens to go without health insurance coverage through Medicaid and CHIP. The lingering effect of the public charge rule briefly enacted under the first Trump administration in 2019 continues to prevent children from accessing health care today.

Below are brief examples from Children’s Defense Fund-New York and Children’s Defense Fund-Texas about the impacts of this chilling effect. We also invite you to read our state-specific letters to learn more about the damage caused by these rules.

In New York, our CDF partners on the ground observe a chilling effect on immigrant families, who are increasingly afraid to access services their children need and for which they are legally eligible. In areas like Rochester, White Plains, Portchester and New York City, partners report widespread fear and a decline in social service and early education enrollment among mixed-status families. One partner agency reported that health centers have seen a significant decline in patients. The agency reports that some immigrant families are hesitant to apply for health care coverage and other public services for fear that their information will be used against them. Another social service agency has also seen a noticeable decline in recent immigrants’

⁹ *Ibid*, 5.

¹⁰ Georgetown University McCourt School of Public Policy Center for Children and Families, National Association for the Education of Young Children, The Center for Law and Social Policy. (2025, April 21). *Medicaid is a critical support for early childhood education workforce*. <https://ccf.georgetown.edu/2025/04/21/medicaid-is-a-critical-support-for-the-early-childhood-education-workforce/#12f83fb0-6d98-424d-ba5d-31864302a800-link>.

¹¹ *Ibid*, 10.

enrollment in its early childhood education and parent engagement programs, as well as their food pantry services.

In a “qualitative study of 32 geographically diverse organizations in Texas,” CDF-TX found that between 2016 and 2019, anti-immigrant policies caused many mixed-status families to “fear enrolling even their citizen children in federal benefits programs for which they qualify.”¹² Texas children face additional barriers to accessing health care due to the fear generated by more recent policy changes related to immigration enforcement, such as the rescission of DHS’ long-standing sensitive locations policy in January 2025 to allow expanded immigration enforcement activity in and around hospitals,¹³ and the sharing of Medicaid enrollees’ personal information with ICE for immigration enforcement purposes.¹⁴ Out of all 50 states, Texas not only continues to have the highest rate of uninsured children in the nation, the rate is increasing.¹⁵ According to data from the U.S. Census Bureau, 13.6 percent of all Texas children lacked health insurance in 2024, an alarming increase from the 11.9 percent of Texas children who were uninsured in 2023.¹⁶

Our Rio Grande Valley outreach and enrollment staff in Texas also have shared negative feedback on the impact of the 2019 final rule and current proposed rule change. Staff assist parents and caregivers, school districts, and other community stakeholders by providing accurate information about their eligibility to receive SNAP and Medicaid/CHIP services as well assisting with applying for these services. Now, the proposed public charge rule has brought back negative memories of the chaos, miscommunication, and fear caused by the 2019 final rule, including families being advised to simply not apply for benefits. As a result, many U.S. citizens and eligible lawful permanent residents were deterred from applying for and receiving benefits.

What our New York and Texas offices have observed on the ground is reflected in national data documenting the widespread harm of immigration policy uncertainty. Recent survey data released by KFF and the New York Times found that since January 2025, roughly one in six immigrant parents (17 percent) nationwide have stopped participating in government programs that help pay for food, housing, or health care “because they did not want to draw attention to their or a family member’s immigration status.”¹⁷ This represents an increase from the share of immigrant parents who avoided applying for benefits programs in 2023.¹⁸ Half of immigrant adults expressed concerns “about health care providers sharing information about immigration status with immigration enforcement officials.”¹⁹ Thirty percent of immigrant parents reported delaying or altogether skipping health care for their children in the past 12 months “due to immigration-related fears, cost or lack of insurance, and/or not being able to find services at a

¹² Anderson, C. (2020, November). Public charge and private dilemmas: Key challenges and best Practices for fighting the chilling effect in Texas. www.childrensdefense.org/wp-content/uploads/2024/10/Public-Charge-and-Private-Dilemmas-TX_FINAL-020.pdf.

¹³ U.S. Department of Homeland Security. (2025, January 20). Memorandum re: Enforcement Actions in or Near Protected Areas. https://www.dhs.gov/sites/default/files/2025-03/25_0120_S1_enforcement-actions-in-near-protected-areas.pdf.

¹⁴ Kind, K. & Seitz, A. (2025, July 17). Trump administration hands over Medicaid recipients’ personal data, including addresses, to ICE. AP News. Jul. 17, 2025. <https://apnews.com/article/immigration-medicaid-trump-ice-ab9c2267ce596089410387bfc40eeb7>.

¹⁵ U.S. Census Bureau. (2025, September). Health insurance coverage by state: 2023 and 2024. <https://www2.census.gov/library/publications/2025/demo/acsbr-024.pdf>.

¹⁶ *Ibid*, 12.

¹⁷ Pillai, Drishti, et al. (2025, November 18). KFF/New York Times 2025 survey of immigrants: Health and health care experiences during the second Trump administration. <https://www.kff.org/immigrant-health/kff-new-york-times-2025-survey-of-immigrants-health-and-health-care-experiences-during-the-second-trump-administration/>.

¹⁸ *Ibid*, 17.

¹⁹ *Ibid*, 3-4.

convenient time or location.”²⁰ Fifteen percent of immigrant parents surveyed—and 27 percent of parents who are likely undocumented—reported having at least one child who is uninsured.²¹

Researchers concluded that the negative health impacts and “increased barriers to accessing health coverage and care” that immigrants are currently experiencing

“will likely contribute to worse health outcomes for immigrant adults and their children, who are primarily U.S.-born citizens. Negative impacts also may have spillover effects on the U.S. economy and workforce given that immigrants play an outsized role in many occupations including health care, construction, and agriculture.”²²

The proposed rule will result in adverse outcomes that shock the conscience.

The proposal states that if the rule is finalized, then forthcoming policy guidance will consider current or past use of any public benefit in determinations of whether someone is a public charge. Without clear guardrails to limit the kinds of public benefits programs that immigration officers may consider in determining whether someone likely to become a public charge, the rule would permit DHS to use past or current receipt of any public benefits—including state and local benefits—as justification to deny an application for lawful permanent residence.

This wide latitude would result in unconscionable public charge determinations that undermine public health and safety and shock the conscience. For example, there is nothing in the proposed rule to prevent DHS from denying a mother’s application for permanent residence under the public charge ground of inadmissibility simply because she sought prenatal care through Medicaid while she was pregnant to ensure the health of her unborn child. Immigrant women in Texas are eligible for prenatal care regardless of their immigration status,²³ and providing prenatal care to undocumented mothers can reduce infant mortality and other complications “while saving thousands of dollars per child” in health care spending.²⁴ Penalizing a woman for seeking regular medical care during pregnancy will result in more pregnancy complications, worse health outcomes and needless suffering for infants and their mothers, and, worst, more deaths.

Moreover, the proposed rule would permit DHS to deny a green card to anyone who calls an ambulance for themselves or a family member in a medical emergency, or to anyone who received a free vaccine as part of a public health initiative to stop the spread of infection during the COVID pandemic. Deterring these kinds of pro-social behaviors would place public health and safety at risk.

²⁰ *Ibid*, 3.

²¹ *Ibid*, 17.

²² *Ibid*, 3.

²³ Texas Health and Human Services Commission. (n.d.). *CHIP perinatal FAQs*. <https://www.hhs.texas.gov/providers/health-services-providers/chip-perinatal-providers/chip-perinatal-faqs>.

²⁴ Anderson, MD., R J. (2008, April). Why we should care for the undocumented. *AMA Journal of Ethics*, 2008;10(4):245-248. Doi: 10.1001/virtualmentor.2008.10.4.oped1-0804.

DHS could potentially deny an immigrant's green card application because at some point in the past, they received advice from an attorney through a country-funded legal aid program to understand their rights or to submit an application for immigration relief that they were entitled to under law. Furthermore, anyone accused of a crime who has been represented by a public defender could be deemed a public charge and denied a green card, even if they are ultimately found not guilty, and even though the right to be represented by an attorney in a criminal case is guaranteed by the U.S. Constitution.

Finally, the new rule would even permit DHS to deny a green card to a parent whose U.S. citizen child qualifies for free school lunches. If immigrant parents are afraid to sign their children up for free meals at school, then their children will go hungry and will struggle to learn as a result. This will compromise the brain development, academic achievement, and overall health of millions of children from low-income families. Such a policy outcome would be both cruel and counterproductive.

Detering eligible U.S. citizens from using public benefits programs is cruel, counterproductive, and contradicts the legislative intent of the public charge ground of inadmissibility.

DHS estimates that the proposed rule will result in approximately \$8.97 billion of annual savings for the federal government due to members of mixed-status households—including U.S. citizens—choosing “to disenroll from or forgo enrollment in a public benefits program” because of this policy change. This language clearly articulates an intent to deter U.S. citizens from accessing public benefits programs. This policy objective goes against the legislative intent of the public charge ground of inadmissibility, which is to ensure that immigrants to the United States have sufficient financial support and will not become primarily reliant on the U.S. government for their subsistence.

A policy of using fear and uncertainty to deter the U.S. citizen spouses and children from accessing critical government programs for which they are eligible is also cruel and counterproductive. If U.S. citizens in mixed-status families disenroll from or avoid enrolling in programs like CHIP and Medicaid, then lack of access to preventative health services or routine medical care will result in delayed medical attention, worse health outcomes, and higher-cost, uncompensated care at emergency rooms. Lack of health insurance could mean that treatable injuries or illnesses result in lifelong disabilities, chronic conditions, or catastrophic health outcomes for children that generate needless medical debt, physical and psychological suffering, and even loss of life.

If a child loses a caregiver—or if that caregiver loses a job or time at work—due to illness or injury, then that child will also struggle with increased food insecurity and housing instability. Hunger and homelessness are also risks for children in families who forgo access to critical resources such as SNAP or housing assistance because of the proposed changes to the ways that public charge determinations are made. Such deprivations compromise children's brain development, academic performance, and psychological well-being.

Lack of access to public benefits programs for U.S. citizens in mixed-status households would create barriers to children’s thriving in all areas of life, compromising their ability to grow into happy, healthy, financially self-sufficient adults who are able to provide a secure, prosperous future for themselves and their families. By undermining young people’s physical and psychological well-being and their opportunities for economic mobility, the changes DHS proposes to its public charge policy will generate significant costs to society over generations. Inadequate food and shelter, untreated medical issues, lack of early childhood education, and unaffordable higher education will result in lower educational attainment for young people in mixed-status families and, eventually, decreased tax revenue and economic contributions for our nation.

These costs will eclipse any supposed short-term savings that the federal government would accrue from preventing eligible individuals from accessing public benefits programs. For example, consider the long-term costs of deterring immigrant parents from enrolling their U.S. citizen children in Head Start programs. Head Start supports the success of all schools, teachers, and students by increasing school readiness among participants. The program also generates a net value of \$1,024 per child and reduces the incidence of poor health in participants 25 years after they leave the program—a significant economic impact considering that the U.S. spends \$144 billion each year on health conditions that limit individuals’ ability to work.²⁵ Moreover, research shows that Head Start participants are 2.7 percent more likely to complete high school, 8.5 percent more likely to enroll in college, and 39 percent more likely to complete college.²⁶

Denying future adjustment of status based on past use of benefits programs that were excluded from public benefits determinations at the time they were received violates families’ reliance interests and basic notions of fairness.

The Executive Summary of the proposed rule that was published to the Federal Register on November 19, 2025, states that DHS proposes “removing limitations on the types of public resources that are relevant for considering whether an alien is dependent, including the references to public cash assistance for income maintenance or long-term institutionalization at government expense.”

In determining how best to care for their children and which benefits programs to enroll in, countless families have relied on assurances from the federal government about the limited scope of the public benefits programs that are considered under the public charge test. Advocates across the country, including CDF, have also relied on these statements from USCIS in communicating about the safety and future consequences of enrollment in programs such as SNAP, Medicaid, and CHIP. For example, in a public-facing Fact Sheet called “How Receiving Public Benefits Might Impact the Public Charge Ground of Inadmissibility,” USCIS publicly gave the following assurances:

- for noncitizens who are exempt from the public charge ground of inadmissibility because they have applied for certain forms of humanitarian immigration benefits, including

²⁵ National Head Start Association. (2024). *Texas: 2024 Head Start & Early Head Start profile*. <https://nhsa.org/wp-content/uploads/2024/01/Texas.pdf>.

²⁶ *Ibid*, 25.

asylees, refugees, and Violence Against Women Act (VAWA) self-petitioners, “DHS will not consider any public benefits the noncitizen received while they were in the immigration category that is exempt from the public charge ground of inadmissibility”;²⁷

- “[w]hen making public charge inadmissibility determinations, DHS generally does not consider the receipt of noncash benefits, except for long-term institutionalization at government expense;”²⁸ and
- specifically, DHS “does not consider cash benefit programs,”²⁹ “[h]ome and community-based services,”³⁰ “[s]ervices related to domestic violence, sexual assault, and other forms of violence,”³¹ housing benefits, food-based benefits such as SNAP or school lunch programs, health care-related benefits such as CHIP or Medicaid, child care or education benefits, or federal cash payments and vouchers.³²

Yet under the new rule, it appears that past receipt of any public benefit program—including programs that were explicitly excluded from consideration in public determinations at the time that families were enrolled in these programs—could potentially be used as grounds to deny permanent resident status to individuals. This outcome would violate basic notions of fairness by penalizing immigrants for decisions they made—in reliance on current government policy and guidance—to enroll themselves and their family members in programs for which they were eligible and which they had no reason to believe would prejudice the outcome of any future immigration applications.

Conclusion

CDF strongly urges the Department to withdraw its current proposal and dedicate its efforts to advancing policies that advance—rather than undermine—the goal of ensuring that all children have access to the nutrition, medical care, and other vital resources they need to thrive, grow up healthy, reach their full potential, and be able to provide for themselves and their families in the future. The Department fails to provide a justification for why the current policy should be eliminated. And past expansion of the public benefits usage considered in public charge determinations created significant barriers to children’s health care access, and current immigration policy is already cutting off children’s access nationwide to the resources they need to thrive.

The proposed rule will only compound those negative effects, preventing millions more across the country from receiving the care they need to grow into healthy adults.

At a minimum, the Department should immediately clarify that any changes will not be retroactive. The 2022 regulations state that the only programs that may be considered in the public charge assessment are cash assistance for income maintenance or long-term institutionalization at government expense, and countless families have relied on this guidance in making important decisions about how to meet their children’s needs and whether to enroll in

²⁷ U.S. Citizenship and Immigration Services. (n.d.). *Fact sheet: How receiving public benefits might impact the public charge ground of inadmissibility*. https://www.uscis.gov/sites/default/files/document/fact-sheets/How_Receiving_Public_Benefits_Might_Impact_the_Public_Charge_Ground_of_Inadmissibility_Fact_Sheet.pdf.

²⁸ *Ibid.*, 27

²⁹ *Ibid.*, 27

³⁰ *Ibid.*, 27

³¹ *Ibid.*, 27.

³² *Ibid.*, 27.

public benefits programs. Therefore, no other benefits should be considered if they were received while these regulations remain in effect.

Further, we ask that our comment, including any articles, studies, or other supporting materials that we have included in our comment as an active link in the text, be included as part of the formal administrative record for the proposed rule for the purposes of the federal Administrative Procedure Act. Please let us know if DHS is unable for any reason to meet our request and include our linked materials, so we will have the chance to otherwise submit copies of the supporting documents into the record.

Thank you for the opportunity to comment on this important matter. If you have any questions about anything in the comments or the materials, please contact Lauren Reliford, MSW, Director of Public Policy, at Children's Defense Fund's National Office by email at lreliford@childrensdefense.org or by phone at 202-662-3623.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lauren Reliford', with a stylized, flowing script.

Lauren Reliford, MSW