

## Collateral Damage: The Administration's Public Charge Immigration Restrictions are Endangering Health Coverage for U.S.-Citizen Children

**Executive Summary:** For more than a generation, Democratic and Republican administrations alike held to two core commitments: Children should have the health insurance they need for a good start in life; and immigrant families should be encouraged to seek essential benefits for which they qualify, including health care for their U.S.-citizen children.

The Trump administration has reversed both of these longstanding commitments. Instead of assuring parents that they can safely seek help for their families, the administration's public charge rules, which become effective on February 24, deny lawful immigration status when families seek or obtain nutrition assistance, housing, or health care for which they qualify. That is one important reason why, for the first time in decades, children are now losing rather than gaining health insurance.

This report is the first to analyze Census Bureau data documenting recent health insurance changes for U.S.-citizen children with immigrant parents. **We find that, while children with and without immigrant parents lost insurance from 2016 to 2018, U.S.-citizen children with immigrant parents experienced particularly great harm:**

- » **Losses in the coverage provided by Medicaid were nearly four times as high for U.S.-citizen children with immigrant parents as for children with native-born parents.**

- » **Increases in the proportion of children without any insurance whatsoever were nearly twice as high for U.S.-citizen children with immigrant parents as for children with native-born parents.**

**We also find that 7.8 million U.S.-citizen children with immigrant parents rely on Medicaid to obtain necessary health care.** They comprise 22% of all children covered through Medicaid. The administration's immigration restrictions slated to take effect on February 24 will have the foreseeable effect of causing many of them to lose health coverage.

Numerous parents understandably fear that continuing to participate in Medicaid could risk the entire family's future by jeopardizing their immigration status. Trusted community groups need resources to educate families about the technical details of these new immigration rules. One critical detail involves the ability of families to safely obtain health coverage for their children. But for a fully effective solution that protects all of these 7.8 million children, Congress must reverse the Administration's unprecedented and harsh immigration restrictions.

## Introduction

This report presents new research showing how the Trump administration immigration restrictions involving “public charge” rules are endangering health coverage for millions of U.S.-citizen children with immigrant parents. We begin by describing those policies and explaining how they depart from decades of bipartisan consensus that promoted children’s health care and supported immigrant parents’ efforts to provide for their families. We then set out new research results finding that, while children have been losing health coverage during the Trump administration regardless of their parents’ birthplace, U.S.-citizen children with immigrant parents have been experiencing such losses at a particularly rapid rate. Our results also show, nationally and by state, the number of citizen children with immigrant parents who rely on Medicaid for access to health care and whose continued coverage is now at risk. We then describe prior research reporting the impact of health insurance on children’s life-long prospects; urge private- and public-sector leaders to counter the administration’s restrictive immigration policies; and explain our research methodology in a brief appendix.

*7.8 million U.S.-citizen children with immigrant parents rely on Medicaid to obtain necessary health care.*

## The Administration Is Abandoning a Bipartisan Consensus That, for Decades, Has Protected and Strengthened Children’s Health Coverage

### The administration is repealing longstanding immigration safeguards that encourage families to provide for their children

The Trump administration has radically changed U.S. immigration policy. One such change involves “public charge” rules, which consider families’ past economic record and future economic prospects in making immigration decisions.

Since 1999, Democratic and Republican administrations alike made clear that eligible immigrant families could safely obtain a range of essential benefits without endangering immigration status. These benefits included:

- » Medicaid and the Children’s Health Insurance Program (CHIP)
- » Nutrition programs like the Supplemental Nutrition Assistance Program (SNAP) and the National School Lunch and School Breakfast Programs
- » Housing assistance that prevents homelessness
- » Energy assistance that prevents utility shut-offs
- » Emergency disaster relief

Only participation in cash assistance programs (such as Temporary Assistance for Needy Families) and publicly-funded nursing-home care could affect immigration status.<sup>1</sup>

The Trump administration abandoned this longstanding bipartisan consensus soon after taking

office. Less than two weeks after President Trump was sworn in on January 20, 2017, a draft executive order threatened to deny lawful permanent residence when immigrants used essential services for which they qualified.<sup>2</sup> In January 2018, the State Department began denying visas based on “past or current receipt of public assistance of any kind.”<sup>3</sup> In regulations that were proposed in October 2018 and finalized in August 2019, the Department of Homeland Security (DHS) called for families to be denied visa extensions and lawful permanent residence if they received most forms of Medicaid, SNAP, or federal housing assistance.<sup>4</sup>

The final regulation contains an exception that excludes Medicaid for children under 21 from public charge consideration, but few immigrant families pay close attention to such regulatory details. As noted below, even immigrant families consisting entirely of naturalized citizens have already been withdrawing from benefit programs for which they qualify, despite the clear legal absence of public charge consequences. Numerous regulatory comments highlighted these foreseeable “chilling effects,” but the administration moved forward, nonetheless. As we suggest later, a top priority for immediate action is providing trusted community groups with the resources they need for effective public education. But a fully comprehensive solution requires stopping the administration’s policy in its entirety.

Six different federal courts sought to accomplish the latter result by striking down DHS “public charge” regulations. Some decisions took effect inside a particular state, while others struck down the new rules nationwide. On January 27, 2020, the U.S. Supreme Court overturned the court orders that were national in scope.<sup>5</sup> The administration’s restrictive policies are now scheduled to take effect in every state but Illinois, starting on February 24, 2020.

## New threats on the horizon

Since July 2019, the Department of Justice has had draft, unpublished regulations pending at the Office of Management and Budget that could lead to the deportation of immigrants based on their families’ use of essential services for which they qualify.<sup>6</sup> According to reporters who saw the draft regulations, they would “dramatically expand ... the category of people who could be subject to deportation on the grounds that they use benefits,” including “cash welfare, food stamps, housing aid, or Medicaid.”<sup>7</sup>

## The administration is reversing a generation’s bipartisan commitment to strengthening children’s health coverage

For the two decades following CHIP’s bipartisan enactment in 1997, the number of uninsured children fell steadily, dropping by two-thirds from 9.9 million in 1997 to 3.3 million in 2015. Even during the Great Recession of 2008 through 2010, the number of uninsured children continued to fall.<sup>8</sup>

This record of sustained, bipartisan accomplishment came to a halt in 2016. From 2016 to 2017 and again from 2017 to 2018, the percentage of children without health insurance rose — the first such two-year increase in over a generation. Altogether, the number of uninsured children rose by more than 10%.<sup>9</sup>

The Trump administration’s restrictive immigration policies, described above, contributed significantly to children’s coverage losses. These policies led some parents to go without essential services for their children, including health care, because they feared

that using these services could block the family's path to citizenship or interfere with the family's ability to remain together in the United States.

According to Urban Institute research, 13.7% of all immigrant households decided to stop participating in benefit programs in 2018 due to concerns about endangering their immigration status.<sup>10</sup> Children suffered disproportionate harm, as immigrant parents of minor children withdrew their families from public programs nearly twice as often as childless adults (17.4% vs. 8.9%).

Researchers found that many of these decisions were driven by generalized fears, not specific regulatory details. In 2018, no public charge rules proposed to affect either lawful permanent residents or naturalized citizens. Nevertheless, in families where all members were lawful permanent residents, 14.7% decided to stop receiving benefits in 2018 due to fears about how the public charge rule could affect them. **Even in families where all members were naturalized citizens, nearly one in ten (9.2%) withdrew from assistance programs for which they qualified.**

*The Trump administration's restrictive immigration policies contributed significantly to children's coverage losses.*

## **New Research Shows the Administration's Restrictive Public Charge Policies Are Endangering Health Coverage for Nearly 8 Million U.S.-Citizen Children**

To assess the impact of administration public charge policy on U.S.-citizen children with immigrant parents, we analyzed data from the American Community Survey, as explained in the methodological appendix below. Coverage for citizen children as a whole grew through 2016. But starting in 2017, a troubling new trend emerged. An estimated 680,000 citizen children lost Medicaid coverage in 2017 and 2018, while the number without any insurance whatsoever rose by 380,000.

U.S.-citizen children of immigrant parents experienced particularly steep coverage losses:

- » **Medicaid coverage for U.S.-citizen children of immigrant parents fell at nearly four times the rate of Medicaid losses experienced by children with native-born parents.** Within the entire population of all U.S.-citizen children of immigrant parents, fully 1.9% lost Medicaid from 2016 to 2018. The number of such children covered through Medicaid declined by 260,000.<sup>11</sup> Among citizen children with native-born parents, 0.5% lost Medicaid coverage, a much smaller (though still highly problematic) relative loss.

*Children are in danger of losing health coverage due to understandable parental fears that continuing to participate in Medicaid could risk the family's future immigration status.*

» **The proportion of children without health insurance of any kind rose nearly twice as quickly for U.S.-citizen children with immigrant parents as for children with native-born parents.** Approximately 120,000 U.S.-citizen children of immigrant parents lost all forms of health insurance as coverage rates declined from 2016 to 2018. This group comprised 0.7% of all citizen children with immigrant parents. The proportion of uninsured among citizen children whose parents were all born in the U.S. increased by 0.4% — a smaller but still troubling coverage loss.

**Coverage is now at risk for 7.8 million U.S.-citizen children with immigrant parents – children who received their health insurance through Medicaid in 2018,** the most recent year for which data are available (Table 1). More than half (4.1 million) live in California, Florida, New York, and Texas. U.S. citizen-children of immigrant parents comprise more than one out of every five children covered through Medicaid nationally (22%). More than three in ten Medicaid-covered children are at risk in California (38%), Nevada (31%), New Jersey (31%), and Texas (31%). The administration's public charge restrictions put these children in danger of losing health coverage due to understandable parental fears that continuing to participate in Medicaid could risk the family's future immigration status.

**Table 1. Medicaid coverage of U.S.-citizen children with immigrant parents, by state: 2018**

State	Medicaid coverage of U.S.-citizen children with immigrant parents	As a percentage of all Medicaid-covered children	State	Medicaid coverage of U.S.-citizen children with immigrant parents	As a percentage of all Medicaid-covered children
Alabama	41,000	6%	Montana	4,400	3%
Alaska	9,000	10%	Nebraska	30,700	19%
Arizona	220,700	n/a	Nevada	93,900	31%
Arkansas	39,900	9%	New Hampshire	9,900	11%
California	1,909,400	38%	New Jersey	263,800	31%
Colorado	121,400	20%	New Mexico	50,500	15%
Connecticut	79,500	24%	New York	636,200	25%
Delaware	21,300	20%	North Carolina	215,100	18%
District of Columbia	9,700	n/a	North Dakota	5,100	12%
Florida	570,100	23%	Ohio	84,700	7%
Georgia	205,400	16%	Oklahoma	64,400	13%
Hawaii	22,900	16%	Oregon	102,400	25%
Idaho	29,300	15%	Pennsylvania	129,200	9%
Illinois	335,900	24%	Rhode Island	24,000	19%
Indiana	66,800	8%	South Carolina	49,800	8%
Iowa	37,700	11%	South Dakota	2,200	3%
Kansas	44,500	16%	Tennessee	81,800	n/a
Kentucky	37,100	6%	Texas	1,061,300	31%
Louisiana	41,600	6%	Utah	35,100	17%
Maine	5,400	5%	Vermont	1,900	3%
Maryland	134,700	22%	Virginia	113,800	16%
Massachusetts	159,900	23%	Washington	215,800	26%
Michigan	109,100	11%	West Virginia	3,000	1%
Minnesota	116,200	22%	Wisconsin	56,300	12%
Mississippi	14,700	3%	Wyoming	2,000	5%
Missouri	35,700	6%	<b>United States</b>	<b>7,756,300</b>	<b>22%</b>

Source: National Center for Coverage Innovation analysis of American Community Survey (ACS) data; “Monthly Child Enrollment in Medicaid and CHIP: January 2018-December 2018,” State Health Facts, Kaiser Family Foundation, accessed on February 12, 2020 from <https://www.kff.org/medicaid/state-indicator/total-medicaid-and-chip-child-enrollment/?activeTab=graph&currentTimeframe=11&startTimeframe=22&selectedDistributions=medicaidchip-child-enrollment&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

Note: To derive the percentages shown in this table, we calculated ACS estimates for Medicaid enrollment of U.S.-citizen children with immigrant parents as a percentage of average total monthly child enrollment in Medicaid and CHIP during 2018, as shown by administrative data reported by the Kaiser Family Foundation. Because Census data tend to undercount Medicaid coverage, these percentages likely understate the actual proportion of Medicaid-covered children comprised by citizen children with immigrant parents.

“n/a” signals a state where no federal administrative data are available showing children’s total Medicaid enrollment.

*Taxpayer savings from the economic and health-status gains that result from children's coverage far exceed the short-term public-sector cost of child health programs.*

## Health Coverage Is Crucial to Children's Long-Term Future

Many of the citizen children with immigrant parents who lose Medicaid because of the administration's public charge restrictions will experience serious, life-long harm. When children are insured, their reading scores, high school graduation rates, and college completion rates all rise. Fewer use government benefits later in life. During their teenage years and adulthood, they are less likely to have chronic health conditions or to need hospitalization. Rates of early death are significantly lower for those who were continuously insured as children.<sup>12</sup> Even in purely financial terms, taxpayer savings from the economic and health-status gains that result from children's coverage far exceed the short-term public-sector cost of child health programs.<sup>13</sup>

## Children and Families Urgently Need Help

Once the administration's harsh new public charge policies take effect on February 24, U.S.-citizen children being raised by immigrant parents are likely to lose health coverage at an accelerating pace unless effective action is taken. The U.S. Supreme Court has barred the federal courts from providing immediate, nationwide relief. It is thus essential for private- and public-sector leaders to move forward on two fronts:

- » **Trusted community groups should receive necessary funding to ramp up public education efforts.** The administration's new rules are complex. Based on past experience, confusion within immigrant communities could prevent the use of essential services that, in truth, are safe for families to obtain, including Medicaid for children. Increased public education is a critically important step to alleviate this confusion. Every child who continues to retain Medicaid, thanks to effective public education, is a child whose future is stronger and brighter.
- » **Congress should stop the administration from continuing to spend taxpayer dollars to implement its punitive and unprecedented public charge rules.** Community education, though essential, is not sufficient. Despite the technical details of final regulations, numerous immigrant parents are likely to feel they can safeguard their family's ability to remain together in the United States only by ending Medicaid coverage for their children. No public education campaign, however well-planned and funded, can fully protect all of the 7.8 million U.S.-citizen children of immigrant parents for whom Medicaid provides health coverage. A comprehensive solution that safeguards all of our children requires a change in immigration policy and practice.



## Conclusion

An iconic American invitation inscribed at the Statue of Liberty's base asks the world to send our country "your tired, your poor, your huddled masses yearning to breathe free."<sup>14</sup> The administration's new policies sound a very different theme. They deny lawful immigration status based solely on immigrants' economic prospects, punishing families if they use public benefits for which they qualify. Not only are these policies harming immigrants, they are inflicting collateral damage on some of America's youngest citizens.

U.S.-citizen children are already being pulled out of essential health programs, as their immigrant parents, concerned about impending restrictions, seek to protect their families' ability to remain together in the United States. This damage will likely worsen when the administration's harsh public charge policies become operational on February 24, 2020. Strong public education efforts are essential to shield as many children as possible from harm, but a fully effective solution requires stopping the administration from continuing to implement punitive immigration restrictions that abandon decades of bipartisan consensus.

## About the authors

Stan Dorn directs the National Center for Coverage Innovation at Families USA. His long record as a children's advocate includes service as Health Division Director at the Children's Defense Fund, where he helped lead the organization's major national campaign to enact CHIP. Stan's work on

behalf of immigrants' health coverage began in the late 1980s, when he led litigation teams at the National Health Law Program that successfully defended undocumented immigrants' right to Medicaid. As part of Stan's more than 30 years of state and federal work on health coverage for low-income families, he served at the Urban Institute's Health Policy Center for 11 years, where he was a senior fellow immediately before coming to Families USA in 2017.

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## Appendix: Methodological Overview

To analyze coverage changes experienced specifically by U.S.-citizen children, we used the Integrated Public Use Microdata Series (IPUMS) USA database, applying the IPUMS function for analyzing American Community Survey (ACS) data online.<sup>15</sup> We analyzed these data for 2010 through 2018.

We then used the Census Bureau's Application Programming Interface (API) to gather ACS data about two distinct sets of citizen children, ages 0-18, during 2016, 2017, and 2018: those with one or more immigrant parents, and those whose parents were all born in the United States.<sup>16</sup> We used those data to estimate, within each group of citizen children, the total number of such children, as well as the number and percentage with Medicaid and without any health coverage. We conducted this analysis for each state and year.<sup>17</sup>



## Endnotes.

<sup>1</sup> U.S. Citizenship and Immigration Services, *Public Charge Fact Sheet*, Released April 29, 2011, Last Reviewed/Updated December 2, 2019, <https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>.

<sup>2</sup> Abigail Hauslohner and Janell Ross, “Trump Administration Circulates More Draft Immigration Restrictions, Focusing on Protecting U.S. Jobs,” *The Washington Post*, January 31, 2017, [https://www.washingtonpost.com/world/national-security/trump-administration-circulates-more-draft-immigration-restrictions-focusing-on-protecting-us-jobs/2017/01/31/38529236-e741-11e6-80c2-30e57e57e05d\\_story.html](https://www.washingtonpost.com/world/national-security/trump-administration-circulates-more-draft-immigration-restrictions-focusing-on-protecting-us-jobs/2017/01/31/38529236-e741-11e6-80c2-30e57e57e05d_story.html); The Association of Asian Pacific Community Health Organizations, *The Trump Administration’s “Public Charge” Attack on Immigrant Families* (Association of Asian Pacific Community Health Organizations, October 2017), <http://www.aapcho.org/wp/wp-content/uploads/2017/11/Fact-Sheet-Public-Charge-10.02.17.pdf>.

<sup>3</sup> U.S. Secretary of State, Unclassified memo dated January 4, 2018, re: *Update to 9 FAM 302.8 Public Charge – INA 212(A)(4)*, <https://www.aila.org/infonet/dos-issued-cable-on-update-to-9-fam-3028-public>. The State Department later issued interim final rules that incorporated many elements of the Department of Homeland Security’s final regulations. Department of State, “Visas: Ineligibility Based on Public Charge Grounds: Interim Final Rule; Request for Public Comment,” *34 Federal Register* 54996-55015 (October 11, 2019).

<sup>4</sup> *Comparison of Key Provisions of Public Charge Policy Changes*, National Immigration Law Center, Last updated September 12, 2019, <https://www.nilc.org/issues/economic-support/key-provisions-of-public-charge-changes-compared/>.

<sup>5</sup> Technically, the Supreme Court decision overturned a single nationwide lower-court order, but its practical effect was to strike down all existing nationwide orders in these cases. *Public Charge Litigation Tracker*, Center on Budget and Policy Priorities, Massachusetts Law Reform Institute, Updated January 23, 2020, [https://docs.google.com/spreadsheets/d/1gdbxw6wusU\\_4ZleAAYG\\_Qu8qrZs-uHrt\\_PLBMa4gMT8/edit#gid=1746889895](https://docs.google.com/spreadsheets/d/1gdbxw6wusU_4ZleAAYG_Qu8qrZs-uHrt_PLBMa4gMT8/edit#gid=1746889895).

<sup>6</sup> *Public Charge & Deportation: FAQ for Advocates and Community Members*, Protecting Immigrant Families, Updated July 10, 2019, <https://protectingimmigrantfamilies.org/wp-content/uploads/2019/07/PIFdeportationFAQjuly.pdf>.

<sup>7</sup> Yeganeh Torbati, “Exclusive: Trump Administration Proposal Would Make It Easier to Deport Immigrants Who Use Public Benefits,” *Reuters*, May 3, 2019, <https://www.reuters.com/article/us-usa-immigration-benefits-exclusive/exclusive-trump-administration-proposal-would-make-it-easier-to-deport-immigrants-who-use-public-benefits-idUSKCN1S91UR?feedType=RSS&feedName=topNews>.

<sup>8</sup> Stan Dorn, Joe Weissfeld, and Emmett Ruff, *America’s Children Are Losing Health Insurance, Putting Their Futures at Risk: How National Lawmakers Can Help* (Washington, DC: Families USA, September 2019), [https://familiesusa.org/wp-content/uploads/2019/10/COV\\_Child-Health-Emergency\\_Report-Part-I-1.pdf](https://familiesusa.org/wp-content/uploads/2019/10/COV_Child-Health-Emergency_Report-Part-I-1.pdf).

<sup>9</sup> Dorn, Weissfeld, and Ruff, *America’s Children Are Losing Health Insurance*; Joan Alker and Lauren Roygardner, *The Number of Uninsured Children Is on the Rise*, (Washington, DC: Georgetown University Center for Children and Families, October 29, 2019), <https://ccf.georgetown.edu/2019/10/29/the-number-of-uninsured-children-in-on-the-rise-acf/>.

<sup>10</sup> Bernstein, Gonzalez, Karpman, and Zuckerman, *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*.

<sup>11</sup> By this, we mean that the proportion of citizen-children who were enrolled in Medicaid fell by 1.9 percentage points from 2016 to 2018.

<sup>12</sup> Laura R. Wherry, Genevieve M. Kenney, and Benjamin D. Sommers, “The Role of Public Health Insurance in Reducing Child Poverty,” *Acad Pediatr.* 16, Suppl 3 (April 2016): S98–S104, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5034870/pdf/nihms815382.pdf>.

<sup>13</sup> A recent study by leading Harvard economists found that each \$1 invested in child health coverage yields \$1.78 in government savings from better health and increased economic self-sufficiency over the course of a lifetime. Nathaniel Hendren and Ben Sprung-Keyser, “A Unified Welfare Analysis of Government Policies,” *National Bureau of Economic Research Working Paper No. 26144* (August 2019), [https://scholar.harvard.edu/files/hendren/files/welfare\\_vnber.pdf](https://scholar.harvard.edu/files/hendren/files/welfare_vnber.pdf).

<sup>14</sup> Emma Lazarus, “The New Colossus” (1883), in Lehman, David, ed. (2006). “The Oxford Book of American Poetry”. Oxford University Press.

<sup>15</sup> Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek, “IPUMS USA: Version 9.0” [dataset] (Minneapolis, MN: IPUMS, 2019), <https://doi.org/10.18128/D010.V9.0>. For the PIUMS online data analysis system, see <https://usa.ipums.org/usa/sda/>.

<sup>16</sup> If a child had an immigrant parent and a native-born parent, we classified the child in the first group.

<sup>17</sup> For information about the Census Bureau’s ACS API, see United States Census Bureau, *American Community Survey 1-Year Data (2011-2018)*, October 17, 2019, <https://www.census.gov/data/developers/data-sets/acs-1year.html>. For the code we used to develop the estimates shown in Figures 2 and 3 and Table 1, see [https://github.com/rebdorn/child\\_insurance](https://github.com/rebdorn/child_insurance).

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