The Impact of Changes to Public Charge Determination for Immigrant Families in the United States

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Purposes/Aims: To evaluate the potential impact of the proposed changes to public charge determination among immigrant families in the United States (U.S.) in 2017-2018, a secondary analysis of the American Community Survey (ACS) dataset will be conducted to: 1) estimate the number of immigrants with U.S. born children who may dis-enroll from public benefit programs even though they qualify and 2) estimate the number of immigrants who would no longer qualify for legal permanent resident (LPR) status.

Background: “Public charge” is a term used by U.S. Citizenship and Immigration Services (USCIS) and historically refers to individuals who rely on government benefit programs that provide cash assistance for their income, such as supplemental security income (USCIS, 2017). If an individual is deemed likely to require public assistance or become a “public charge,” they are inadmissible to the U.S. and ineligible to become a LPR (Batalova et al., 2018; Bojorquez & Fry-Bowers, 2019). Under historical rules, not all publicly funded benefits have been considered as part of public charge determination. Public programs that have not been considered when assessing public charge include: Medicaid; Children’s Health Insurance Program (CHIP); nutrition programs such as the Supplemental Nutrition Assistance Program (SNAP); housing benefits, child care services, energy assistance, foster care and adoption assistance; educational assistance, job training programs, and community-based programs, services, or assistance (USCIS, 2017).

On October 10, 2018, the Department of Homeland Security published a proposed rule redefining the standard of “inadmissibility on public charge grounds” in the Federal Register (83 Fed. Reg. 196). The proposed changes alter long-standing interpretation of public charge determination and will significantly alter immigrants’ ability to obtain LPR status or a “green card” (a prerequisite to U.S. citizenship). The proposed rule mandates consideration of federal benefit programs, such as Medicaid, Medicare Part D, monetizable food assistance programs (SNAP), and housing assistance received by the applicant, the applicant’s children, and other dependents (83 Fed. Reg. 196). As a result, immigrant parents with U.S. born children may dis-enroll from these programs even though they qualify due to fear that use of benefits will disqualify them from obtaining LPR status and/or serve as grounds for their deportation (Page & Polk, 2017).

Methods: According to U.S. Citizenship and Immigration Services (2017), inadmissibility based on public charge is determined by a “totality of the circumstances” test and considers multiple factors including: age, assets, education, health, family size, financial status, and resources. Variables capturing these factors will be extracted from the ACS dataset to estimate immigrant disqualification and qualification for LPR status.

Results: This secondary data analysis will estimate the number of immigrants with U.S. born children who may dis-enroll from public benefit programs although their children continue to qualify as well as estimate rates of immigrants who do not qualify for legal permanent resident (LPR) status. These data are needed to determine healthcare utilization changes following the modifications to public charge determination.

Implications: This secondary data analysis is the first step in examining how changes to public charge determination may impact the health and well-being of immigrant families and their U.S. born children. Publicly funded benefit programs help fill gaps in health coverage for lawfully present immigrants, provide families with access to primary and preventive care, including prenatal care, which promotes economic
stability among first-generation immigrants (Ponce et al., 2018). Pediatric health care providers must be aware of and able to consult with their patients and their families about changes to “public charge.” Changes to public charge determination are likely to reduce access to services that support the well-being of immigrant families and their U.S. born children; thus, pediatric health care providers must challenge policymakers on the potential implications of this action and advocate for child health.

**Title:**
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**Keywords:**
Health Policy, Immigrant Health and Public Charge

**References:**


**Abstract Summary:**
Proposed changes to U.S. public charge policies may impact over 19 million children from immigrant families. U.S Census data will be analyzed to estimate the number of 1) U.S. born children who may dis-enroll from public benefit programs and 2) immigrants who no longer qualify for legal permanent resident status.

**Content Outline:**

1. Introduction
   1. In order to evaluate the potential impact of the proposed changes to public charge determination among immigrant families in the United States (U.S.) in 2017-2018 a secondary analysis of the American Community Survey (ACS) dataset will be conducted.

2. Purpose
   1. To estimate the number of immigrants with U.S. born children who may dis-enroll from public benefit programs even though they qualify
2. To estimate the number of immigrants who no longer qualify for legal permanent resident (LPR) status under the proposed changes to public charge.

2. Learning Objective #1: To background and significance of the current and proposed changes to U.S. public charge policies
   1. Supporting Point #1 – Background
      2. The rule mandates consideration of federal benefit programs, such as Medicaid, Medicare Part D, monetizable food assistance programs (SNAP), and housing assistance received by the applicant, the applicant’s children, and other dependents (83 Fed. Reg. 196).
   2. Supporting Point #2 – Significance
      1. The proposed changes alter long-standing interpretation of the public charge determination and will significantly alter immigrants’ ability to obtain LPR status or a “green card” (a prerequisite to U.S. citizenship) (Bojorquez and Fry-Bowers, 2019)
      2. Immigrant parents with U.S. born children may dis-enroll from these programs even though they qualify due to fear that use of benefits will disqualify them from obtaining LPR status and/or serve as grounds for their deportation (Page & Polk, 2017).

3. Learning Objective #2: To discuss research design and study variables
   1. Supporting Point #1 – Research Design
      1. To evaluate the potential impact of the proposed changes to public charge determination among immigrant families in the United States (U.S.) in 2017-2018, a secondary analysis of the American Community Survey (ACS) dataset will be conducted
      2. The ACS is an on-going survey by the U.S. Census Bureau.
   2. Supporting Point #2 – Study Variables
      1. According to U.S. Citizenship and Immigration Services (2017), inadmissibility based on public charge is determined by a “totality of the circumstances” test and considers multiple factors.
      2. Factors under the “totality of circumstances” framework include: age, assets, education, health, family size, financial status, and resources (U.S.C.I.S, 2017). These factors will be variables extracted from the ACS dataset to estimate immigrant disqualification and qualification for LPR status.

4. Conclusion – Implications
   1. This secondary data analysis is the first step in examining how changes to public charge determination may impact the health and well-being of immigrant families and their U.S. born children.
   2. Publicly funded benefit programs help fill gaps in health coverage for lawfully present immigrants, provide families with access to primary and preventive care, including prenatal care, which promotes economic stability among first-generation immigrants (Ponce et al., 2018).

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