## Early Childhood Education Template for Commenting on the “Public Charge” Proposed Rule

*Thank you for standing up for immigrant children and families by opposing the Trump Administration’s proposed rule on public charge. This template is intended to be used by early childhood educators and advocates. Please read the following guidance before drafting your comments. If you have questions about public charge, its impact on young children and early childhood education, or would like assistance in drafting comments, please contact* *Hannah Matthews* *or* *Rebecca Ullrich**. Comments should be submitted* [*online to the federal register*](https://www.regulations.gov/document?D=USCIS-2010-0012-0001) *before December 10, 2018.*

### Directions

**DOs**

* **Use this template to draft a unique comment in opposition to the proposed public charge rule.** We encourage you to modify this template to reflect your own thoughts, expertise, and experience. We have indicated in the yellow text areas where you may consider including unique data or perspective. You may want to put additional sections into your own words. Please remember to delete the notes highlighted in yellow before submitting your final comments.
* **Pick the arguments that are most relevant to your work and/or expertise.** You may receive several template comments from different organizations reflecting different perspectives on the proposed rule. We encourage you to use the template or template sections that best reflect your experience or perspective. This is a large and complex proposal; you do not need to respond to everything in it.
* **Personalize your comments.** If you are an early childhood educator, you might talk about how public benefit programs improve children’s lives and how critical anti-poverty programs are in children’s early education. If you work directly with immigrants, you can describe why they usually come to the country; how they use government benefits, what it means for the well-being of them and their children; and how they contribute to their families and community. If you have participated in a basic needs program like SNAP, Medicaid or housing assistance, you can also talk about the role that access to benefits has played in your own life. If you or your staff would be impacted by this proposal, you might explain the impact and what the effect would be on children in your care.
* **Submit separate comments.** Don’t sign on to others’ comments; submit your own. Comments with multiple sign-ons will only “count” as one comment. The federal government must read and consider every unique comment. Ask organizations and individuals in your networks to submit their own comments. Individuals can also submit comments [here](file:///C%3A%5CUsers%5Chmatthews%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CQ8FS4SB5%5Cprotectingimmigrantfamilies.org).
* **Share your comments with the Protecting Immigrant Families Campaign after you submit them to the federal register.** Please upload a copy here or email them to co-chairs@protectingimmigrantfamilies.org with your organization’s name in the email title. But don’t forget to submit them to the [federal register](https://www.regulations.gov/document?D=USCIS-2010-0012-0001) first.

**DON’Ts**

* **Don’t suggest corrective language.** Our ultimate goal is to stop this rule from moving forward. Therefore, while it is important to raise concerns, we do not recommend suggesting ways that the agency can “fix” the proposed language.
* **Don’t discuss programs that aren’t specifically mentioned in the NPRM.** Highlighting programs that are not specifically mentioned could give the agency cover to include those programs in the final rule, even though they aren’t in the NPRM. Remember, early childhood education programs are NOT included in the proposed rule.

### Comment template:

[DATE]

*Submitted via www.regulations.gov*

Samantha Deshommes, 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: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Sir/Madam:

I am writing on behalf of [organization name] to express our strong opposition to the Department of Homeland Security’s Notice of Proposed Rulemaking (NPRM) on inadmissibility on public charge grounds. The proposed rule would cause major harm to the health and wellbeing of young children in immigrant families—a significant share of the young child population—without justification. [Add a few sentences summarizing why you oppose this rule.] **We urge that the rule be withdrawn in its entirety.**

[INSERT paragraph describing your organization and why this is an important issue for you, plus the expertise that you have on issues raised. If you are a service provider, consider including data on the populations you serve. If you are a state/local organization, consider including demographic information.]

**The proposed rule would dramatically alter the “public charge” test with harmful consequences for young children and their parents.** The rule proposes to change the definition of who may be deemed a public charge and, as a result, denied entrance to the United States or lawful permanent residency. Under the proposal, the Department of Homeland Security would consider an applicant’s use of benefits beyond the existing standards of cash assistance and long-term institutional care to include Medicaid, the Supplemental Nutrition Assistance Program (SNAP), housing assistance and, Medicare Part D subsidies. This would likely lead individuals—including parents of US citizen children—to withdraw or disenroll from benefit programs that support their health, wellbeing, and financial security. The proposal would also add speci­fic standards for income, health, English language proficiency, and other factors making it even harder for low-income immigrant parents to obtain long-term stability for their families.

While only the use of benefits by an individual would be considered under the proposed rule—and not their dependents—there is simply no way to implement this rule without direct harm to children, including US citizen children. Parents’ own wellbeing is an important determinant of children’s health and development.[[1]](#endnote-1) Children do better when their parents are healthy and economically stable. The destabilizing effect of this rule would harm parents who lose access to benefits and their children who will be directly impacted. [Insert specific examples of impact to children here]

**Children of immigrants represent a large and growing share of young children in the United States.** Roughly 9 million young children under age 8—approximately 26 percent of all young children—in the United States live with one or more immigrant parent. The vast majority of these children—94 percent—are U.S. citizens.[[2]](#endnote-2) As a large segment of our young child population, the experiences, development, and education of children of immigrants are consequential for our entire country. Our future is tied to their health and wellbeing, as well as their success in school and later careers. [Consider tailoring this paragraph with demographic information about children of immigrants in your state/local community.]

**The proposed rule would exacerbate widespread fear of accessing public programs and services to millions of children and adults, beyond those subject to the “public charge” test.** The proposed regulation would make immigrant families more afraid to seek programs that support their basic needs including for their US citizen children. An estimated 26 million people may potentially disenroll or refuse public benefits because of this proposed rule, including approximately 9.2 million children in immigrant households, representing approximately 13% of our nation’s child population.[[3]](#endnote-3)

The widespread “chilling effect” that causes families to withdraw from benefits due to fear is already evident as a result of rumors of the rule. Health and nutrition service providers noticed an increase in canceled appointments and requests to disenroll from means-tested programs in 2017.[[4]](#endnote-4) Early childhood education programs have reported drops in attendance and applications as well as reduced participation from immigrant parents in classrooms and at events, along with an uptick in missed appointments at health clinics.[[5]](#endnote-5) If you have examples from your community of drops in participation in preschool enrollment, public benefit participation, changes in health care use or other please include examples here. If immigrant parents have expressed fear signing up for programs or services, please describe.

**Critical public benefit programs—such as Medicaid, SNAP and housing assistance—contribute to the healthy development of young children.** Early childhood is a formative period of development, and children need access to enough healthy foods, safe and stable housing, and adequate health care to grow up healthy and strong.[[6]](#endnote-6) Decades of research show the positive impact of public benefits—such as Medicaid, and SNAP—on children’s long-term health and their economic security.[[7]](#endnote-7) When children get access to these programs, they are both healthier and their families have more money in their budgets to spend on other basic needs. [Personalize with your first-hand knowledge of the benefit of these programs on young children. Or, provide data on children’s enrollment in these programs in your state. You don’t need to discuss every program in detail. Emphasize the areas where you have most familiarity.]

*Medicaid.* Medicaid, along with the Children’s Health Insurance Program (CHIP), covers 45 percent of children ages 5 and younger.[[8]](#endnote-8) Historic gains in health coverage over the last three years have resulted in the lowest uninsured rates on record for children and their parents, and these rates must be preserved. 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.[[9]](#endnote-9)

*SNAP.* Good nutrition is an important part of a healthy lifestyle for children because it improves their ability to grow and develop. Nutrition assistance programs effectively reduce food insecurity by helping people purchase healthy food they would not otherwise be able to afford, thereby increasing healthy eating. A robust research base shows that SNAP improves food security, dietary intake, and health, especially among children, and with lasting effects.[[10]](#endnote-10)

*Housing Assistance.* Families who receive housing assistance are less likely to live in overcrowded homes, become homeless, and move frequently.[[11]](#endnote-11) When families receive housing assistance, they have more resources to cover the cost of nutritious foods, health care, and other necessities.[[12]](#endnote-12) This leads to better health and developmental outcomes for young children.[[13]](#endnote-13)

**Forgoing critical health and nutrition programs would harm children’s development.** The consequences of parents forgoing basic needs programs for themselves—and/or their children—would be deeply damaging for children. The proposed rule would dramatically weaken the economic status of millions of families and put the health and nutrition of millions of children and adults at risk. Parents’ stress and health challenges— which can be caused by unstable housing, not having enough to eat, poor health, or financial insecurity— impede prot­ective caregiving and can undermine children’s development.[[14]](#endnote-14) Reduced access to public benefit programs would lead to adverse health outcomes for children. The proposed rule would increase poverty, hunger, and illness with profound negative outcomes for children during childhood and into adulthood.[[15]](#endnote-15) [Tailor this paragraph with your knowledge about the consequences of reduced access to benefits and child poverty; provide stories of families who struggle and what it means for children’s life outcomes.]

**The proposed rule would have adverse impacts on pregnant women, infants, and toddlers.** The proposed rule would create barriers to accessing health care and nutrition assistance for pregnant women. Medicaid covers almost half of all births in the United States.[[16]](#endnote-16) Medicaid coverage improves access to care and overall health and reduces mortality rates.[[17]](#endnote-17) If pregnant women decline to enroll in Medicaid and lose access to pregnancy-related health services, there would likely be serious health implications for mothers and their children, affecting their birth and early health outcomes. Similarly, fear of enrolling children in Medicaid or CHIP would result in fewer regular doctor visits. The first months and years of a child’s life are marked by rapid growth and brain development and especially important for consistent health care. [[18]](#endnote-18) Similarly, nutrition assistance is vital prenatally and in early childhood. Research over decades has demonstrated that nutrition assistance directly targeted at young children and pregnant women is effective in improving child health. [Tailor this paragraph with facts about births, infants and toddlers in your state. If your state has chosen to expand health insurance coverage to lawfully present children and pregnant women under CHIPRA , you can talk about why this is important. ]

**Response to Administration’s request for comments on the Children’s Health Insurance Program.** [Note: the proposed rule does NOT include CHIP as a benefit to be considered under public charge, but asks for public comments on *whether* it should be included.]We strongly oppose the proposed rule and request that it be withdrawn in its entirety. The proposal to expand the public programs to be considered in a public charge test is deeply misguided; in response to the questions posed to the public, no additional programs should be considered in the public charge determination as that would only increase harm to children, families and communities. [Note: please do not explicitly name any other programs to be excluded other than those that DHS asks about.] For many of the same reasons that we oppose the inclusion of Medicaid, we adamantly oppose the inclusion of CHIP, which would exacerbate the problems with this rule by extending its reach further. Including CHIP in a public charge determination would likely lead to many eligible children foregoing health care benefits, both because of the direct inclusion in the public charge determination as well as the chilling effect detailed elsewhere in these comments. [Tailor with importance of CHIP to families you know and/or your state or locality.]

Here are some additional arguments you might include:

* Impacts on early childhood programs, schools, and communities. Children in immigrant families do not live in isolation. They live and grow up in communities. What would the impact of this rule be on your larger community?
* Economic impact arguments. Do you have economic impact studies of investments in young children and have data on the benefit of investing in children’s health, wellbeing and early development? Do you have data that show negative economic impacts of adverse early childhood experiences?
* Exacerbating racial disparities. The proposed rule will have a disproportionate impact on people of color. Of the 25.9 million people who would be potentially chilled by the proposed rule, approximately 90% are people from communities of color (23.2 million).[[19]](#endnote-19) What would the impact of worsened racial disparities be in your state/community?

For all the above reasons, we urge you to withdraw this harmful rule in its entirety. Thank you for your consideration of these comments.

Sincerely,

[name]

[organization]

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2. Migration Policy Institute tabulation of 2014 American Community Survey (ACS) and 2008 Survey of Income and Program Participation (SIPP) by Bachmeier and Van Hook. [↑](#endnote-ref-2)
3. 2012-2016 5-Year American Community Survey Public Use Microdata Sample (ACS/PUMS); 20122016 5-Year American Community Survey (ACS) estimates accessed via American FactFinder; Missouri Census Data Center (MCDC) MABLE PUMA-County Crosswalk. Custom Tabulation by Manatt health, 9/30/2018. Found online at: <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>. [↑](#endnote-ref-3)
4. Jennifer Laird et al*, Foregoing Food Assistance Out of Far Changes to “Public Charge” Rule May Put 500,000 More U.S. Citizen Children at Risk of Moving into Poverty*,” Columbia Population Research Center, 2018, [https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/5af1a2b28a922db742154bbe/1525785266892/Poverty+and+Social+Policy+Brief\_2\_2.pdf](https://static1.squarespace.com/static/5743308460b5e922a25a6dc7/t/5af1a2b28a922db742154bbe/1525785266892/Poverty%2Band%2BSocial%2BPolicy%2BBrief_2_2.pdf). [↑](#endnote-ref-4)
5. Hannah Matthews et al, *Immigration Policy’s Harmful Impacts on Early Care and Education*, The Center for Law and Social Policy, 2018, <https://www.clasp.org/sites/default/files/publications/2018/03/2018_harmfulimpactsece.pdf>. [↑](#endnote-ref-5)
6. Jack P. Shonkoff and Deborah A. Phillips, eds., From Neurons to Neighborhoods: The Science of Early Childhood

Development, National Research Council and Institute of Medicine, 2000. [↑](#endnote-ref-6)
7. Maya Rossin-Slater, “Promoting Health in Early Childhood” Future of Children 25 (2015); Hilary Hoynes, Diane Whitemore Schazenbach, Douglas Almond, “Long-Run Impacts of Childhood Access to the Safety Net,” American Economic Review 106 (2016); David Murphey, Health Insurance Coverage Improves Child Well-Being, Urban Institute, 2017, <https://www.childtrends.org/publications/health-insurance-coverage-improves-child-well>. [↑](#endnote-ref-7)
8. Georgetown University Health Policy Institute, Center for Children and Families, *Medicaid's Role for Young Children*, 2017, <https://ccf.georgetown.edu/wp-content/uploads/2017/02/MedicaidYoungChildren.pdf>. [↑](#endnote-ref-8)
9. Rourke O’Brien, 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](http://www.nber.org/papers/w22899). [↑](#endnote-ref-9)
10. Heather Hartline-Grafton, *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*, Food Research & Action Center, 2013. [↑](#endnote-ref-10)
11. Michelle Wood, Jennifer Turnham, Gregory Mills, “Housing Affordability and Family Well-Being: Results from the Housing Voucher Evaluation,” *Housing Policy Debate* 19 (2008), <https://www.researchgate.net/publication/252968087_Housing_Affordability_and_Family_Well-Being_Results_from_the_Housing_Voucher_Evaluation> ; Janet Currie, Aaron Yelowitz, “Are Public Housing Projects Good for Kids?” *Journal of Public Economics* 75 (2000), [www.yelowitz.com/CurrieYelowitzJPubE2000.pdf](http://www.yelowitz.com/CurrieYelowitzJPubE2000.pdf); [↑](#endnote-ref-11)
12. Nabihah Maqbool, Janet Viveiros, and Mindy Ault*, The Impacts of Affordable Housing on Health: A Research Summary*, Center for Housing Policy, 2015, <http://www.housingpartners.com/assets/creating_change/http___app.bronto.pdf> [↑](#endnote-ref-12)
13. Kathryn Bailey, Elizabeth March, Stephanie Ettinger de Cuba, et al., *Overcrowding and Frequent Moves Undermine Children’s Health*, Children’s HealthWatch, 2011, [www.issuelab.org/resources/13900/13900.pdf](http://www.issuelab.org/resources/13900/13900.pdf). [↑](#endnote-ref-13)
14. Megan Sandel, Richard Sheward, Stephanie Ettinger de Cuba, et al.,“Unstable Housing and Caregiver and Child Health in Renter Families,”Pediatrics 141 (2018); Katie K. Tseng, Su Hyun Park, Jenni A. Shearston, et al.,“Parental Psychological Distress and Family Food Insecurity: Sad Dads in Hungry Homes,” Journal of Developmental and Behavior; Caroline Ratcliffe, Signe-Mary McKernan, *Child Poverty and Its Lasting Consequence*, Urban Institute, 2012, <http://www.urban.org/UploadedPDF/412659-Child-Poverty-sand-ItsLasting-Consequence-Paper.pdf> . [↑](#endnote-ref-14)
15. American Psychological Association, *Effects of Poverty, Hunger and Homelessness on Children and Youth*, 2018, <https://www.apa.org/pi/families/poverty.aspx>; Caroline Ratcliffe, Signe-Mary McKernan, Child Poverty and Its Lasting Consequence, Urban Institute, 2012, <http://www.urban.org/UploadedPDF/412659-Child-Poverty-sand-ItsLasting-Consequence-Paper.pdf> ; Greg J. Duncan, Katherine Magnuson, *The Long Reach of Early Childhood Poverty* ; Robert D. Putnam, Our Kids: The American Dream in Crisis, New York, New York, 2015. [↑](#endnote-ref-15)
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17. Stan Dorn, John Holahan, “The Benefits of Medicaid Expansion: A Reply To Heritage’s Misleading Use Of Our Work” Health Affairs Blog, 2013, <http://healthaffairs.org/blog/2013/05/03/the-benefits-of-medicaid-expansion-a-reply-to-heritages-misleading-use-of-our-work/> . [↑](#endnote-ref-17)
18. Elisabeth Wright Burak, *Promoting Young Children’s Healthy Development in Medicaid and the Children’s Health Insurance Program (CHIP),* Georgetown Center for Children and Families, 2018,<https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf>. [↑](#endnote-ref-18)
19. 2012-2016 5-Year American Community Survey Public Use Microdata Sample (ACS/PUMS); 20122016 5-Year American Community Survey (ACS) estimates accessed via American FactFinder; Missouri Census Data Center (MCDC) MABLE PUMA-County Crosswalk. Custom Tabulation by Manatt health, 9/30/2018. Found online at <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population>. [↑](#endnote-ref-19)