



The Impact of Changes to the Public Charge Rule on Undocumented Immigrants Living in the U.S.

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Executive Summary

On August 12, 2019, the U.S. Department of Homeland Security (DHS) filed its “Inadmissibility on Public Charge Grounds” final rule and officially published it on August 14, 2019.¹ This codifies changes to the public charge rule, which affects who is allowed to enter the U.S., as well as who is allowed to adjust their immigration status. It has been rightly noted that changes to the public charge rule have the potential to dramatically affect legal admissions into the U.S. Significantly less attention, however, has been paid to how changes to the public charge rule will affect undocumented immigrants currently living in the U.S., particularly undocumented immigrants attempting to adjust their immigration status (for example, should Congress pass legislation that provides legal status). This policy and data brief presents new survey experimental data on how changes to the public charge rule will impact undocumented immigrants currently living in the U.S.

The data show:

- Undocumented immigrants are 15.1 percent less likely to get emergency healthcare services for themselves when needed when they are told about proposed changes to the public charge rule ($p < .001$);
- Undocumented immigrants are 18.3 percent less likely to get preventive healthcare services for themselves when they are told about proposed changes to the public charge rule ($p < .001$);
- Undocumented immigrants are 9.1 percent less likely to get free immunization services, such as flu shots, at County Public Health Centers when they are told about proposed changes to the public charge rule ($p = .040$);
- Undocumented immigrants with children are 6.6 percent less likely to get emergency healthcare services for their children when needed when they are told about proposed changes to the public charge rule ($p = .058$);
- Undocumented immigrants with children are 8.6 percent less likely to get preventive healthcare services for their children when they are told about proposed changes to the public charge rule ($p = .043$);
- Undocumented immigrants with children are 12.4 percent less likely to get free immunization services, such as flu shots, at County Public Health Centers for their children when they are told about proposed changes to the public charge rule ($p = .003$);
- Undocumented immigrants with children are 9.1 percent less likely to get free or reduced-price school meals for their children when they are told about proposed changes to the public charge rule ($p = .049$);
- Undocumented immigrants with U.S. citizen children are 7.7 percent less likely to get emergency healthcare services for their children when needed when they are told about proposed changes to the public charge rule ($p = .032$);

¹ For final rule (filed August 12, 2019), see here (last accessed August 12, 2019):

<https://www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds>

- Undocumented immigrants with U.S. citizen children are 9.6 percent less likely to get preventive healthcare services for their children when they are told about proposed changes to the public charge rule ($p = .032$);
- Undocumented immigrants with U.S. citizen children are 12.8 percent less likely to get free immunization services, such as flu shots, at County Public Health Centers for their children when they are told about proposed changes to the public charge rule ($p = .004$);
- Undocumented immigrants with U.S. citizen children in public K-12 education are 9.5 percent less likely to get free or reduced-price school meals for their children when they are told about proposed changes to the public charge rule ($p = .041$); and
- It is important to note that these results likely underestimate the impact of changes to the public charge rule. The survey experiment was fielded before the proposed public charge rule became final. The survey experiment thus uses the language, “There is currently a proposal,” when describing the proposed public charge rule. If the final rule becomes official policy, we expect that the effects will be much more acute.

Public Charge Inadmissibility

The Immigration and Nationality Act (INA) states that a person seeking admission into the U.S. or seeking to adjust status to that of a person lawfully admitted for permanent residence (i.e., a green-card holder) is inadmissible if the person is deemed likely to become a public charge. Inadmissibility based on public charge is determined by the “totality of the circumstances,” which includes, at minimum, consideration of the following factors: age; health; family status; assets, resources, and financial status; and education and skills. When making public charge determinations, U.S. Citizenship and Immigration Services (USCIS) also evaluates whether a person is “likely to become primarily dependent on the government for subsistence as demonstrated by either the receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense.”²

The emphasis on “public cash assistance for income maintenance” has meant that non-cash assistance and special-purpose cash assistance have generally not been taken into account for the purposes of making public charge determinations. As USCIS explains, “Non-cash or special-purpose cash benefits are generally supplemental in nature and do not make a person primarily dependent on the government for subsistence.”³ According to USCIS, non-cash assistance and special-purpose cash assistance include: Medicaid and other health insurance and health services other than support for long-term institutional care, including public assistance for immunizations and for testing and treatment of symptoms of communicable diseases, use of health clinics, short-term rehabilitation services, and emergency medical services; Children’s Health Insurance Program (CHIP); nutrition programs, including Supplemental Nutrition Assistance Program (SNAP, formerly “Food Stamps”), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch and School Breakfast Program, and other supplementary and emergency food assistance programs; housing benefits; childcare; energy assistance; emergency disaster relief; foster care and adoption assistance; educational assistance; job-training programs; and on-kind, community-based programs, services, or assistance, including soup kitchens, crisis counseling and intervention, and short-term shelter.⁴

Changes to the Public Charge Rule

On October 10, 2018, the U.S. Department of Homeland Security (DHS) published a proposed rule in the Federal Register entitled, “Inadmissibility on Public Charge Grounds.”⁵ During the public comment period, DHS received 266,077 public comment submissions. As DHS describes, “While some commenters provided support for the rule, the vast majority of commenters opposed the rule.”⁶

² For USCIS FAQs on public charge, see here (last accessed August 12, 2019): <https://www.uscis.gov/greencard/public-charge>

³ *Ibid.*

⁴ *Ibid.* The programs listed above can be found in a section entitled, “What publicly funded benefits may not be considered for public charge purposes,” on the FAQ page about public charge on the USCIS website.

⁵ For proposed rule (published October 10, 2018), see here (last accessed August 12, 2019):

<https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds>

⁶ U.S. Department of Homeland Security (DHS). August 12, 2019. *Inadmissibility on Public Charge Grounds*. Washington DC: U.S. Department of Homeland Security. See Section III(A).

On August 12, 2019, DHS filed its “Inadmissibility on Public Charge Grounds” final rule and is set to officially published it on August 14, 2019. This document codifies changes to the public charge rule, which are set to take effect on October 15, 2019. Major changes to the public charge rule include the creation of significant new definitions. For example, Public Charge would mean, “an alien who receives one or more public benefit for more than 12 months in the aggregate within any 36-month period.”⁷ The definition of Public Benefit would also expand to include new programs, including: the Supplemental Nutrition Assistance Program (SNAP, or formerly called “Food Stamps”); federally funded Medicaid (with certain exclusions); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); and Public Housing under Section 9 of the Housing Act of 1937.

Table 1 compares previous language in a section entitled, “What benefits are included in public charge inadmissibility determinations,” which appeared on the Frequently Asked Questions (FAQ) page about public charge on the USCIS website, with the updated language based on the new final rule.⁸

Table 1

(Previous language): “Which benefits are included in public charge inadmissibility determinations?”	(New language): “Which benefits are included in public charge inadmissibility determinations?”
<p>Cash assistance for income maintenance and institutionalization for long-term care at government expense may be considered for public charge purposes. However, receipt of such benefits must still be considered in the context of the totality of the circumstances before a person will be deemed inadmissible on public charge grounds.</p> <p>Public benefits that are received by one member of a family are also not attributed to other family members for public charge purposes unless the cash benefits amount to the sole support of the family.</p> <p>Acceptance of the following types of assistance may lead to the determination that the individual is likely to become a public charge:</p> <ul style="list-style-type: none"> • Supplemental Security Income (SSI) under Title XVI of Social Security Act • Temporary Assistance for Needy Families (TANF) cash assistance (part A of Title IV of the Social Security Act--the successor to the AFDC program) (Note: Non cash benefits under TANF such as subsidized child care or transit subsidies cannot be considered and 	<p>DHS will only consider public benefits as listed in the rule:</p> <ul style="list-style-type: none"> • Any federal, state, local, or tribal cash assistance for income maintenance • Supplemental Security Income (SSI) • Temporary Assistance for Needy Families (TANF) • Federal, state or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names) • Supplemental Nutrition Assistance Program (SNAP, or formerly called “Food Stamps”) • Section 8 Housing Assistance under the Housing Choice Voucher Program • Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) • Public Housing under section 9 the Housing Act of 1937, 42 U.S.C. 1437 et seq.

⁷ Ibid. See Section I(D)(1).

⁸ For the new language, see here (last accessed August 12, 2019): <https://www.uscis.gov/legal-resources/final-rule-public-charge-ground-inadmissibility>

<p>non-recurrent cash payments for crisis situations cannot be considered for evidence of public charge)</p> <ul style="list-style-type: none"> • State and local cash assistance programs that provide benefits for income maintenance (often called "General Assistance" programs) • Programs (including Medicaid) supporting individuals who are institutionalized for long-term care (e.g., in a nursing home or mental health institution). (Note: costs of incarceration for prison are not considered for public charge determinations) <p>This is not an exhaustive list of the types of cash benefits that could lead to a determination that a person is likely to become primarily dependent on the government for subsistence, and thus, a public charge. Receipt of any such cash benefits not listed above will continue to be assessed under the "totality of the circumstances" analysis described above.</p>	<ul style="list-style-type: none"> • Federally funded Medicaid (with certain exclusions) <p>This rule also clarifies that DHS will not consider the receipt of designated public benefits received by an alien who, at the time of receipt, or at the time of filing the application for admission, adjustment of status, extension of stay, or change of status, is enlisted in the U.S. armed forces, or is serving in active duty or in any of the Ready Reserve components of the U.S. armed forces, and will not consider the receipt of public benefits by the spouse and children of such service members. The rule further provides that DHS will not consider public benefits received by children, including adopted children, who will acquire U.S. citizenship under INA 320, 8 U.S.C. 1431 or INA 322, 8 U.S.C. 1433.</p> <p>DHS also will not consider:</p> <p>The receipt of Medicaid for the treatment of an emergency medical condition;</p> <p>Services or benefits funded by Medicaid but provided under the Individuals with Disabilities Education Act;</p> <p>School-based services or benefits provided to individuals who are at or below the oldest age eligible for secondary education as determined under state or local law;</p> <p>Medicaid benefits received by an alien under 21 years of age; or</p> <p>Medicaid benefits received by a woman during pregnancy and during the 60-day period beginning on the last day of the pregnancy.</p> <p>The final rule also clarifies that DHS will only consider public benefits received directly by the applicant for the applicant's own benefit, or where the applicant is a listed beneficiary of the public benefit. DHS will not consider public benefits received on behalf of another as a legal guardian or pursuant to a power of attorney for such a person. DHS will also not attribute receipt of a public benefit by one or more members of the applicant's household to the applicant, unless the applicant is also a listed beneficiary of the public benefit.</p>
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Undocumented Immigrants and Changes to the Public Charge Rule

It has been rightly noted that changes to the public charge rule have the potential to dramatically affect legal admissions into the U.S. (and may already be affecting legal admissions into the U.S.). Significantly less attention, however, has been paid to how changes to the public charge rule will affect undocumented immigrants currently living in the U.S.

Public charge applies to any person who is applying for admission into the U.S. or who is applying for adjustment of immigration status to that of a lawful permanent resident (i.e., a green-card holder). The latter includes undocumented immigrants currently living in the U.S. For example, should Congress pass legislation that provides legal status to undocumented immigrants, those who are eligible would be applying for adjustment of their immigration status. Indeed, DHS describes how the public charge rule affected undocumented immigrants after the passage of the Immigration Reform and Control Act (IRCA) in 1986.

“In 1986, Congress passed the Immigration Reform and Control Act (IRCA), providing eligibility for lawful status to certain [undocumented] aliens who had resided in the United States continuously prior to January 1, 1982. No changes were made to the language of the public charge exclusion ground under former section 212(a)(15) of the Act, but IRCA contained special public charge rules for aliens seeking legalization under 245A of the Act. Although IRCA provided otherwise eligible aliens an exemption or waiver for some grounds of excludability, the aliens generally remained excludable on public charge grounds.”⁹

Undocumented immigrants currently living in the U.S. thus have significant stakes involved when it comes to changes to the public charge rule. This not only includes decisions about potential participation or disenrollment from public programs, but also includes how the language of the new public charge rule will be interpreted. For example, when evaluating household income, the final rule states, “DHS has revised the rule to clarify that household income from illegal activity or sources will not be considered as part of the income, assets, or resources factor in the public charge inadmissibility determination.”¹⁰ Whether “illegal activity” includes income earned while working without authorization is unclear, but this makes even more vivid how changes to the public charge rule can affect undocumented immigrants currently living in the U.S.

⁹ U.S. Department of Homeland Security (DHS). October 10, 2018. *Inadmissibility on Public Charge Grounds*. Washington DC: U.S. Department of Homeland Security. See p. 51125.

¹⁰ U.S. Department of Homeland Security (DHS). August 12, 2019. *Inadmissibility on Public Charge Grounds*. Washington DC: U.S. Department of Homeland Security. See Section I(D)(4).

Evaluating the Impact of the Proposed Public Charge Rule

Between January 2019 and May 2019, the U.S. Immigration Policy Center (USIPC) at UC San Diego fielded a survey experiment using a probability-based sample of undocumented immigrants in San Diego County.¹¹ The survey included 506 respondents and is the fifth in the USIPC's Undocumented in America series.¹² In the survey, we embedded an experiment in order to better understand how changes to the public charge rule will impact undocumented immigrants currently living in the U.S. In the experiment, respondents were randomly assigned to one of two groups. In one group ($n = 256$ respondents), questions were prefaced with language about the existing public charge rule. In the second group ($n = 250$ respondents), questions were prefaced with language about the existing public charge rule and additional language about the then-proposed rule change. The table below provides the exact text of the survey experiment.

Table 2

<p>Currently, immigration officials can deny an application to become a legal permanent resident (i.e., get a green card) if they think that someone is likely to become a public charge, meaning someone who is primarily dependent on the government for support. To determine whether someone is likely to become a public charge, immigration officials look at whether green card applicants have received cash assistance from the government, among other factors...</p> <p>[There is currently a proposal to add more programs to the list of programs that immigration officials look at to determine whether someone is likely to become a public charge. This includes using food stamps (in California, this is called CalFresh), receiving rental assistance for low-income families (these are called Section 8 Housing Vouchers), and obtaining some healthcare services using Medicaid (in California, this is called Medi-Cal).]</p>
<p>For each of the following, please tell me how likely you are to do the following if needed...</p> <ul style="list-style-type: none"> - Get emergency healthcare services - Get preventative healthcare services, such as regular doctor's visits - Get free immunization services, such as flu shots, at County Public Health Centers - Use food stamps (in California, this is called CalFresh) - Use the welfare-to-work program, which helps parents obtain employment and provides services such as childcare and transportation <p>(for those with children)</p> <ul style="list-style-type: none"> - Get emergency healthcare services for your children - Get preventative healthcare services, such as regular doctor's visits, for your children - Get free immunization services, such as flu shots, at County Public Health Centers for your children <p>(for those with children in public K-12 education)</p> <ul style="list-style-type: none"> - Get free or reduced-price school meals for your children

¹¹ Through a partnership between the USIPC and the Mexican Consulate in San Diego (the Consulate), Wong created a sample frame of undocumented Mexican nationals in San Diego County. The sample frame is comprised of individuals who receive consular services unique to those living in the U.S. without authorization. Consulates provide a broad range of services to their nationals abroad. The sample frame, which includes approximately 73,000 people, accounts for nearly the entire universe of undocumented Mexican nationals who currently live in San Diego County. The Center for Migration Studies (CMS), for example, estimates that there are currently 82,406 undocumented immigrants who were born in Mexico who live in San Diego County (CMS 2015). Working with staff at the Consulate, Wong assigned random ID numbers to each record and then cut the sample frame into random draws of approximately 5,000 records for each survey module in the Undocumented in America project. Call sheets with limited information about each respondent—the random ID number assigned to each record, first name, and phone number—are then printed out. Phone numbers are manually dialed by enumerators trained by Wong. Phone numbers are dialed once with no additional follow up. After each paper call sheet is completed, it is immediately reviewed and then destroyed. All surveys are conducted in Spanish, unless the respondent prefers to speak in English.

¹² See the USIPC website for the previous four surveys in the Undocumented in America series.

All respondents were asked about their likelihood of using the following: emergency health services; preventive health services, such as regular doctor’s visits; free immunization services, such as flu shots, at County Public Health Centers; food stamps (in California, this is called CalFresh); and the Welfare-to-Work program, which helps parents obtain employment and provides services such as childcare and transportation. Those with children were also asked about their likelihood of using the following: emergency healthcare services for your children; preventive healthcare services, such as regular doctor’s visits, for your children; and free immunization services, such as flu shots, at County Public Health Centers for your children. Those with children in public K-12 education were also asked about their likelihood of getting free or reduced-price school meals for their children.

An experiment such as this is superior to analyzing observational survey data (i.e., survey data that is not based on an experimental design) because asking respondents about one scenario is insufficient for determining how their behavior may or may not change based on the second scenario. Asking respondents about one scenario and then the second scenario would likely produce biased results because responses related to the first scenario would likely influence responses to the second scenario (e.g., “I said I would do this in the first scenario, so maybe I should say I wouldn’t do that in the second scenario”). Random assignment to one of the two groups balances the two groups across the broad range of covariates (e.g., age, gender, etc.) that need to be controlled for in observational analysis. Additionally, random assignment to one of the two groups means that differences in responses can be casually attributed to the variation in the two scenarios (i.e., the treatment effect that results because of the proposed public charge rule).

Results

Table 3 summarizes the results.

Table 3

	Existing Rule	Existing + Proposed Rule	Difference	p-value
Emergency healthcare services	71.5%	56.5%	-15.1%	< .001
Preventive healthcare services	50.6%	32.3%	-18.3%	< .001
Free immunization services	48.6%	39.5%	-9.1%	.040
Food stamps	24.1%	17.7%	-6.4%	.080
Welfare-to-Work	18.6%	18.9%	0.3%	.915
(w/children)				
Emergency healthcare services for children	88.7%	82.1%	-6.6%	.058
Preventive healthcare services for your children	79.8%	71.2%	-8.6%	.043
Free immunization services for your children	81.8%	69.3%	-12.4%	.003
(w/children in K-12 education)				
Free or reduced-price school meals	81.2%	72.1%	-9.1%	.049

Regarding emergency health services, when respondents are told about the existing public charge rule, 71.5 percent are “likely” or “very likely” to get emergency healthcare services when needed. When respondents are told about the existing public charge rule and the proposed changes, 56.5 percent are “likely” or “very likely” to get emergency healthcare services when needed. In other words, respondents are 15.1 percent less likely to get emergency healthcare services when needed when they are told about the proposed changes to the public charge rule ($p < .001$). This result is highly statistically significant.

Regarding preventive health services, when respondents are told about the existing public charge rule, 50.6 percent are “likely” or “very likely” to get preventive healthcare services. When respondents are told about the existing public charge rule and the proposed changes, 32.3 percent are “likely” or “very likely” to get preventive healthcare services. In other words, respondents are 18.3 percent less likely to get preventive healthcare services when they are told about the proposed changes to the public charge rule ($p < .001$). This result is highly statistically significant.

Regarding free immunization services, when respondents are told about the existing public charge rule, 48.6 percent are “likely” or “very likely” to get free immunization services, such as flu shots, at County Public Health Centers. When respondents are told about the existing public charge rule and the proposed changes, 39.5 percent are “likely” or “very likely” to get free immunization services, such as flu shots, at County Public Health Centers. In other words, respondents are 9.1 percent less likely to get free immunization services, such as flu shots, at County Public Health Centers when they are told about the proposed changes to the public charge rule ($p = .040$). This result is also statistically significant.

Regarding CalFresh, when respondents are told about the existing public charge rule, 24.1 percent are “likely” or “very likely” to use food stamps (in California, this is called CalFresh). When respondents are told about the existing public charge rule and the proposed changes, 17.7 percent are “likely” or “very likely” to use food stamps (in California, this is called CalFresh). In other words, respondents are 6.4 percent less likely to use food stamps (in California, this is called CalFresh) when they are told about the proposed changes to the public charge rule ($p = .080$).

When respondents are told about the existing public charge rule, 18.6 percent are “likely” or “very likely” to use the Welfare-to-Work program. When respondents are told about the existing public charge rule and the proposed changes, 18.9 percent are “likely” or “very likely” to use the welfare-to-work program. In other words, respondents are neither statistically more nor statistically less likely to use the welfare-to-work program when they are told about the proposed changes to the public charge rule ($p = .915$).

For those with children, when respondents with children are told about the existing public charge rule, 88.7 percent are “likely” or “very likely” to get emergency healthcare services for their children when needed. When respondents with children are told about the existing public charge rule and

the proposed changes, 82.1 percent are “likely” or “very likely” to get emergency healthcare services for their children when needed. In other words, respondents with children are 6.6 percent less likely to get emergency healthcare services for their children when needed when they are told about the proposed changes to the public charge rule ($p = .058$). This result borders on statistical significance.

When it comes to preventive health services for those with children, when respondents with children are told about the existing public charge rule, 79.8 percent are “likely” or “very likely” to get preventive healthcare services for their children. When respondents with children are told about the existing public charge rule and the proposed changes, 71.2 percent are “likely” or “very likely” to get preventive healthcare services for their children. In other words, respondents with children are 8.6 percent less likely to get preventive healthcare services for their children when they are told about the proposed changes to the public charge rule ($p = .043$). This result is statistically significant.

When it comes to immunization services for those with children, when respondents with children are told about the existing public charge rule, 81.8 percent are “likely” or “very likely” to get free immunization services, such as flu shots, at County Public Health Centers for their children. When respondents with children are told about the existing public charge rule and the proposed changes, 69.3 percent are “likely” or “very likely” to get free immunization services, such as flu shots, at County Public Health Centers for their children. In other words, respondents with children are 12.4 percent less likely to get free immunization services, such as flu shots, at County Public Health Centers for their children when they are told about the proposed changes to the public charge rule ($p = .003$). This result is highly statistically significant.

Last, when respondents with children in public K-12 education are told about the existing public charge rule, 81.2 percent are “likely” or “very likely” to get free or reduced-price school meals for their children. When respondents with children in public K-12 education are told about the existing public charge rule and the proposed changes, 72.1 percent are “likely” or “very likely” to get free or reduced-price school meals for their children. In other words, respondents with children are 9.1 percent less likely to get free or reduced-price school meals for their children when they are told about the proposed changes to the public charge rule ($p = .049$). This result is statistically significant.

Moreover, the pattern of results described above hold when focusing the analysis on respondents with U.S. citizen children. A total of 370 respondents have U.S. citizen children. Respondents with U.S. citizen children are: 7.7 percent less likely to get emergency healthcare services for their children when needed when they are told about the proposed changes to the public charge rule ($p = .032$); 9.6 percent less likely to get preventive healthcare services for their children when they are told about the proposed changes to the public charge rule ($p = .032$); and 12.8 percent less likely to get free immunization services, such as flu shots, at County Public Health Centers for their children when they are told about the proposed changes to the public charge rule ($p = .004$). Moreover, a total of 318 respondents have U.S. citizen children in public K-12 education. Respondents with U.S. citizen children in public K-12 education are 9.5 percent less likely to get free or reduced-price school meals for their children when they are told about the proposed changes to the public charge rule ($p = .041$).

Conclusion

These data show that changes to the public charge rule will negatively and significantly affect the participation of undocumented families, including families with U.S. citizen children, across a broad range of public programs, including programs that are not directly implicated in the new policy. When undocumented immigrants are told about proposed changes to the public charge rule, they are significantly less likely to get emergency healthcare services for themselves when needed, are significantly less likely to get preventive healthcare services, and are significantly less likely to get free immunization services. These patterns hold when focusing the analysis on respondents with U.S. citizen children. Undocumented immigrants with U.S. citizen children are significantly less likely to get emergency healthcare services for their children when needed, are significantly less likely to get preventive healthcare services for their children, and are significantly less likely to get free immunization services, such as flu shots, at County Public Health Centers for their children when they are told about the proposed changes to the public charge rule. Respondents with U.S. citizen children in public K-12 education are significantly less likely to get free or reduced-price school meals for their children when they are told about the proposed changes to the public charge rule. Moreover, it is important to note that these results likely underestimate the impact of changes to the public charge rule. Our survey experiment was fielded before the proposed public charge rule became final and uses the language, “There is currently a proposal,” when describing the then-proposed public charge rule. If the final rule becomes official policy, we expect that the effects will be much more acute.



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