CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

Office of the Secretary

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Via Federal eRulemaking Portal

Ms. Samantha Deshommes
Acting Chief, Regulatory Coordination Division
Office of Policy and Strategy
U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security
20 Massachusetts Avenue, NW
Washington, DC 20529-2140

RE: DHS Docket No. USCIS-2025-0304

Dear Ms. Deshommes:

The California Health and Human Services Agency (CHHS), along with the undersigned departments are submitting the following comments for your consideration on the Proposed Rule entitled, Public Charge Ground of Inadmissibility (90 Fed. Reg. 52168 (Nov. 19, 2025), RIN 1615-AD06 (Proposed Rule or Rule).

If finalized in its current form, the Proposed Rule will make United States immigration policy more opaque, arbitrary, and unpredictable while damaging and disrupting access to health care, public health, and social services programs vital to low-income Californians. The Rule will directly and adversely impact the health and well-being of the millions of Californians who are subject to public charge determinations or share a household with someone who is subject to public charge. It will also indirectly and adversely impact the health and well-being of individuals and families who are neither subject to the Rule nor related to individuals who are subject to the Rule. And by harming Californians, the Rule will adversely impact the California economy, which is the fourth largest economy in the world[1], California has a population of nearly 40 million people[2] and a large immigrant population that is critical to the State's economy.

Twenty-seven percent of California's population, nearly 11 million people, are foreign born. One in two children has at least one immigrant parent.[3] In California, more than 3.3 million people, including U.S. citizens and lawful residents, live in mixed-status households with undocumented immigrants.[4]

[1] California, S. of. *California is now the 4th largest economy in the world*. Governor of California. https://www.gov.ca.gov/2025/04/23/california-is-now-the-4th-largest-economy-in-the-world.
[2] United States Census Bureau, https://data.census.gov/all?q=california (last visited December 11, 2025).
[3] Marisol Cuellar Mejia, Cesar Alesi Perez, and Hans Johnson. *Fact Sheet: Immigrants in California*. Public Policy Institute of California, Jan. 2025.
[4] *Mixed-Status Families: Many Californians Live in Households with Family Members Who Have Different Citizenship*

Approximately 960,000 U.S. citizen children and 1,360,000, U.S. citizen adults live in California households where at least one person is undocumented.[5]

Additionally, immigrant workers are an important part of California's robust economy. They contribute approximately 32 percent of California's gross domestic product which amounts to approximately $715 billion.[6] Immigrants account for: more than 35 percent of California's civilian, non-institutional workforce; more than 60 percent of all agricultural workers; almost 50 percent of all workers in the manufacturing industry; and more than 40 percent of all workers in the wholesale trade, construction, and other service industries.[7]

For the reasons explained below, the Rule will have a negative impact on California's immigrant population as well as significant and damaging ripple effects on the health and well-being of nearly all Californians and the overall strength of the California economy.

I. The Rule Conflates a "Self-Sufficiency" Standard with the Actual History and Law for Public Charge, Prioritizes Officer Discretion Over Reliable and Accurate Determinations, and Fails to Account for the Costs Imposed by the Rule.

Under the U.S. Department of Homeland Security's (DHS) current public charge determination process, which was developed by the former Immigration and Naturalization Service (INS) in 1999 and re-established in DHS's 2022 final rule entitled, *Public Charge Ground of Inadmissibility* (87 Fed. Reg. 55472 (Sept. 9, 2022), RIN 1615-AC74 (2022 Final Rule)), a "public charge" is a "noncitizen who Congress has decided is subject to the public charge ground of inadmissibility [who] is likely at any time to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance purposes, or long-term institutionalization for at government expense."[8] In the materials that originally explained this definition, INS made clear that, under this "primarily dependent" standard, an alien's receipt of public benefits other than public cash assistance and institutionalization for long-term care was irrelevant for public charge purposes and would not be considered by immigration officers.[9] The U.S. Citizenship and Immigration Services (USCIS), a component of DHS, applied this standard from 1999 to February 2020, and has continued to apply this standard since March 2021.[10]

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or Immigration Statuses. USC Dornsife Equity Research Institute, California Immigrant Data Portal, https://immigrantdataca.org/indicators/mixed-status-families, Last visited December 16, 2025.

[5] Connor, Phillip. *New Data Analysis Shows 28 Million People, Including 20 Million Latinos, Are at Risk of Family Separation in 2025*, https://immigrantdataca.org/indicators/mixed-status-families, Last visited December 16, 2025.

[6] *The Economic Impact of Mass Deportation in California*, UC Merced and Bay Area Council Economic Institute, June 2025, www.bayareaeconomy.org, Last visited November 25, 2025.

[7] *Who are California's Workers? Fact Sheet*. February 2025. Public Policy Institute of California, https://www.ppic.org/publication/who-are-californias-workers/, Last visited December 17, 2025.

[8] As DHS is aware, this definition is enshrined in the 2022 Final Rule (87 Fed. Reg. 55474, 55474), as well as an INS proposed rule that was never finalized (64 Fed.Reg. 28676, 28681 (May 26, 1999)), and as field guidance directed to immigration officers (Field Guidance). (64 Fed.Reg.28689, 28692 (May 26, 1999).)

[9] 64 Fed. Reg. at 28682 ("The only benefits that are relevant to the public charge decision are public cash assistance for income maintenance and institutionalization for long-term care at Government expense."); *id*. at 28689 ("[O]fficers should not place any weight on the receipt of non-cash public benefits (other than institutionalization) or the receipt of cash benefits for purposes other than for income maintenance with respect to determinations of admissibility or eligibility for adjustment on public charge grounds.").

[10] 90 Fed. Reg. at 52179. DHS proposed a change to the public charged determination rules in 2018 and published it as a final rule on August 14, 2019. Unlike the current Proposed Rule, the 2019 Final Rule named specific public benefits programs that would be considered in public charge determinations. While the 2019 Final Rule began being implemented on February 24, 2020, in March 2021, DHS published a notice in the Federal Register formally removing the 2019 Final

As DHS is aware, the Rule would "remove the regulatory provisions in the 2022 Final Rule with the exception of certain public charge bond provisions and technical corrections."[11] Per the Rule, this approach is intended pave the way for DHS to, in the future, formulate appropriate policy and interpretive tools that will guide DHS officers in making individualized, fact-specific public charge inadmissibility determinations, based on a totality of the alien's circumstances."[12] If adopted as written, the Proposed Rule would remove the bulk of the regulations surrounding public charge determinations, including by removing the definitions of key terms of art, such as "Likely at any time to become a public charge," "Public cash assistance for income maintenance," "Long-term institutionalization at government expense," "Receipt," "Government," and "Household." The Rule would also leave unclear whether benefit use by family members could be considered in public charge determinations, and would remove regulatory limits on the consideration of benefits received while in exempt categories (e.g., refugee, asylee, temporary protected status, as well as benefits received under special humanitarian pathways (e.g., certain Afghan/Ukrainian programs). Overall, the Proposed Rule seeks to eliminate existing, objective regulatory standards for how DHS officers make their fact-specific determinations regarding whether someone is likely at any time to become a public charge. This is despite DHS's repeated statements that it has not formulated "appropriate policy and interpretive tools" to guide its officers' determinations[13] and the Rule's tacit acknowledgement that the lack of such guidance could undermine the accuracy, consistency, and reliability of such determinations.[14]

This proposal represents a significant departure from current public charge policy. For the reasons explained more fully below, these changes are unwarranted and divorced from the Immigration and Nationality Act (INA) text, the other immigration statutes cited in the Proposed Rule, and DHS's experiences as a federal agency.

As DHS notes,[15] under Executive Order 12866, "[f]ederal agencies should promulgate only such regulations as are required by law, are necessary to interpret the law, or are made necessary by compelling public need, such as material failures of private markets to protect or improve the health and safety of the public, the environment, or the well-being of the American people."[16] In order to ensure that regulatory agencies promulgate regulations that are consistent with this principle, Executive Order 12866 states that federal agencies should, among other things, "identify the problem that it intends to address," "design its regulations in the most cost-effective manner to achieve the regulatory objective," and "assess both the costs and the benefits of the intended regulation."[17]

DHS sets out three main reasons for overhauling existing public charge policy in the manner

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Rule from the CFR. (86 FR 14221 (Mar. 15, 2021).) The 2019 Final Rule was ultimately replaced by the 2022 Final Rule, which effectively codified the 1999 Field Guidance.

[11] 90 Fed. Reg. at 52169.

[12] 90 Fed. Reg. at 52169.

[13] 90 Fed. Reg. at 52169, 52183 ("If this proposed rule is finalized, *while DHS works on formulating appropriate policy and interpretive tools* that will guide DHS officers for public charge inadmissibility determinations, *officers will be empowered to consider not only the mandatory statutory factors, but also all evidence and information specific to the alien and relevant to the public charge ground of inadmissibility that is before them* as they determine whether that alien is likely at any time to become a public charge." [emphasis added]).

[14] *See* 90 Fed. Reg. at 52193.

[15] 90 Fed. Reg. at 52193.

[16] Exec. Order No. 12866, 58 Fed. Reg. 51735 (Oct. 4, 1993).

[17] Exec. Order No. 12866, 58 Fed. Reg. 51735 (Oct. 4, 1993).

contemplated by the Proposed Rule: (a) ensuring self-sufficiency; (b) increasing immigration officer discretion; and (c) achieving cost savings. However, the proposed regulatory changes are not rationally tied to evidence or experience. Instead, the Rule conflates one immigration statute for another, treats officer discretion as paramount despite DHS's failure to develop or provide "appropriate policy and interpretative tools" to ensure its officers are making accurate and reliable public charge determinations. The Rule imposes enormous costs on immigrants and their families as well as the wider community and economy by allowing officers to penalize non-citizens (and citizens) for receiving supplemental benefits for which they are eligible under the laws passed by Congress[18] and which do not show that "the burden of supporting the [non-citizen] is likely to be cast on the public."[19]

A. Self-Sufficiency/Economic Integration: The Proposed Rule's Significant Departure from Current Public Charge Policy Is Not Supported by Law, Evidence, or Experience.

DHS indicates that the Proposed Rule is designed to empower its officers "to make public charge inadmissibility determinations that focus on aliens' self-sufficiency and reliance 'on their own capabilities and the resources of their families, their sponsors, and private organizations' rather than depending on the government to meet their needs."[20] DHS identifies the Proposed Rule's purported promotion of "self-sufficiency" as a "compelling need."[21]

However, the relevant enabling provision for public charge determinations, section 212(a)(4) of the INA, does not mention or discuss "self-sufficiency," let alone identify self-sufficiency as a criterion for public charge determinations.[22]

As DHS is aware,[23] the 104th Congress passed both the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) within approximately one month of each other in August and September 1996.[24] IIRIRA codified the minimum mandatory factors considered when making public charge determinations, which include (1) age, (2) health, (3) family status, (4) assets, resources, and financial status, and (5) education and skills,[25] while PRWORA significantly restricted immigrants' eligibility for federal, state, and local public benefits.[26] PRWORA, not IIRIRA, articulated the "self-

[18] *See, e.g.,* 90 Fed. Reg. at 52170 ("Individuals who might choose to disenroll from or forgo future enrollment in a public benefits program include aliens as well as U.S. citizens who are members of mixed-status households."), 52194 ("DHS recognizes that reductions in Federal and State transfers under Federal benefits programs may have downstream and upstream impacts on State and local economies, large and small businesses, and individuals. For example, the rule might result in reduced revenues for healthcare providers, such as hospitals and nonprofits, participating in Medicaid, companies that manufacture medical supplies or pharmaceuticals, grocery retailers participating in SNAP, agricultural producers who grow foods that are eligible for purchase using SNAP benefits, or landlords participating in federally funded housing programs."), 52220 ("Disenrollment or forgone enrollment in public benefits programs could occur whether or not such aliens are directly affected by the provisions of the proposed rule. . .").
[19] 90 Fed. Reg. at 52174, n. 24.
[20] 90 Fed. Reg. at 52200.
[21] *See* 90 Fed. Reg. at 52221.
[22] *See* 8 U.S.C. § 1182(a)(4).
[23] *See* 90 Fed. Reg. at 52177.
[24] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, 110 Stat. 2105; Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Pub. L. No. 104-208, 110 Stat. 3009.
[25] *See* Pub. L. No. 104-208, div. C, § 531, 110 Stat. 3009-546; 90 Fed. Reg. at 52174.
[26] *See* Pub. L. 104-193, § 401, 110 Stat. 2105 (stating that a "qualified alien," as defined by statute, "is not eligible for any public benefit" except as set forth in the statute's exceptions); 83 Fed. Reg. at 51126.

sufficiency" principles on which the Proposed Rule heavily relies, including statements that self-sufficiency "has been a basic principle of United States immigration law since this country's earliest immigration statutes" and that it is U.S. policy that "aliens within the Nation's borders not depend on public resources to meet their needs, but rather rely on their own capabilities and the resources of their families, their sponsors, and private organizations."[27]

Both PRWORA and IIRIRA pre-dated INS's 1999 Field Guidance and were considered by INS when it developed the current public charge policy[28] that was in place from 1999 to 2020 and has applied since 2022. In fact, INS stated that it was promulgating the 1999 Field Guidance and proposed rule precisely because the enactment of PRWORA and IIRIRA had created widespread confusion about whether immigrants would be penalized for receiving benefits for which they remained eligible following the enactment of both laws in 1996.[29] INS also acknowledged that "the *absence* of a clear public charge definition [wa]s undermining the Government's policies of *increasing access to health care and helping people to become self- sufficient*" and that it was promulgating the current public charge policy in order to "remedy this problem."[30]

The Rule does not identify relevant post-1999 or post-2022 laws, data, or experience, e.g., Congressional authorities or other information not already taken into account by INS, USCIS, or any other component or predecessor of DHS when developing the current public charge policy—that informed DHS's Rule. We therefore request that in DHS's next public action on this Rule, DHS identify and describe what legal authorities or other information exist, apart from those that predated the 1999 Field Guidance or the 2022 re-establishment of the 1999 framework that DHS relied on in developing the Rule.

The Rule acknowledges that it is the province of Congress, not DHS, to change the statutory eligibility requirements for various federally administered public benefits programs. The regulatory framework contemplated by DHS's Proposed Rule, which is designed to achieve the same *effects* as changing eligibility requirements—decreased enrollment in public benefit programs[31] by certain populations—

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[27] Pub. L. 104-193, § 400(1)-(2), 110 Stat. 2105; *see also* 90 Fed. Reg. at 52182.

[28] *See* 64 Fed. Reg. at 28676 (identifying both PRWORA and IIRIRA when stating that "[r]ecent immigration and welfare reform laws have generated considerable public confusion about whether the receipt of Federal, State, or local public benefits for which an alien may be eligible renders him or her a 'public charge' under the immigration statutes governing admissibility" and noting that "PRWORA, known as the welfare reform law . . . imposed new restrictions on the eligibility of aliens, whether present in the United States legally or illegally, for many Federal, State, and local public benefits"); *id*. at 28689 (observing that "IIRIRA and the recent welfare reform laws have sparked public confusion about the relationship between the receipt of federal, state, local public benefits and the meaning of 'public charge' under the immigration laws. Accordingly, [INS] is taking two steps to ensure the accurate and uniform application of law and policy in this area. First, [INS] is issuing this memorandum which both summarizes longstanding law with respect to public charge and provides new guidance on public charge determinations in light of the recent changes in law. In addition, [INS] is publishing a proposed rule for notice and comment that will for the first time define 'public charge' and discuss evidence relevant to public charge determinations.").

[29] *See supra*, n. 28; 83 Fed. Reg. at 28692 (asserting that INS proposed the current definition of public charge in part because "confusion about the relationship between the receipt of public benefits and the concept of 'public charge' has deterred eligible aliens and their families, including U.S. citizen children, from seeking important health and nutrition benefits that they are legally entitled to receive. This reluctance to access benefits has an adverse impact not just on the potential recipients, but on public health and the general welfare").

[30] 64 Fed. Reg. at 28677 (emphasis added).

[31] 90 Fed. Reg. at 52193 ("The proposed rule would also result in a reduction in transfer payments from the Federal Government to individuals who may choose to disenroll from or forgo enrollment in a public benefits program. Individuals who might choose to disenroll from or forgo future enrollment in a public benefits program include aliens as

usurps the role of Congress. If Congress wanted to achieve the self-sufficiency or cost-savings goals[32] identified by the Rule, it could alter the eligibility rules for the enumerated programs.[33] As DHS is aware, Congress chose to limit eligibility for public benefits in PRWORA, and reduced the scope of certain public benefits in the One Big Beautiful Bill (OBBB).[34] Apparently unsatisfied with these efforts, the Rule aims to achieve reduced enrollment in public benefits programs by giving DHS officers free rein to consider benefits that have no bearing on the historic meaning of public charge[35] and without providing regulatory standards or even "appropriate policy or interpretive tools" to ensure that its officers' consideration of "all factors and information relevant to an alien's likelihood at any time of becoming a public charge,"[36] are accurate, precise, and reliable.[37]

Although the Rule acknowledges that the 1999 Field Guidance was informed by consultation with federal benefit-granting agencies,[38] DHS does not affirmatively address whether it consulted with federal benefit-granting agencies such as the U.S. Department of Health and Human Services (HHS), the U.S. Department of Agriculture (USDA), and the U.S. Department of Housing and Urban Development (HUD) in abandoning the current "primarily reliant" standard. We request that in the next public action on this Rule, DHS address whether or not it formally consulted federal benefit-granting agencies such as HHS, USDA, and HUD in developing its proposed definition of "public charge," and if so, publicly disclose copies of any written feedback it received from these agencies.[39]

Despite taking issue with the 2022 Final Rule requiring DHS officers to "ignore benefits such as Medicaid, CHIP, SNAP, and housing benefits"[40] when making their public charge determinations, the Proposed Rule provides no *standard* for the circumstances in which the receipt of such benefits could result in an individual being deemed a public charge. Instead, the Rule asserts that "although an alien may receive public benefits for which he or she is eligible, the receipt of those benefits can be properly considered an adverse factor for public charge inadmissibility determination purposes."[41] The Rule also emphasizes that "Congress did not expressly exclude receipt" of benefits like "SNAP or other nutrition programs" or "benefits related to immunizations or testing

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well as U.S. citizens who are members of mixed-status households."); *see also id.* at 52218 (listing various negative impacts that may result from immigrants disenrolling or foregoing enrollment in public benefits programs for which they remain eligible.)

[32] We address the Proposed Rule's statements on cost savings, and the many public health costs not accounted for by the Proposed Rule, elsewhere in this comment. *Infra* Parts I.C. and II.

[33] As DHS is aware, this is what occurred with the enactment of PRWORA. 90 Fed. Reg. at 52217.

[34] 90 Fed. Reg. at 52217, 52220.

[35] *See, e.g.,* 90 Fed. Reg. at 52174 (prior U.S. immigration laws referring to "paupers," "professional beggars," and "vagrants" as persons excluded from the United States on public charge grounds), n. 24 (Attorney General opinion stating, "Some specific circumstance, such as mental or physical disability, advanced age, or other fact showing that *the burden of supporting the alien is likely to be cast on the public*, must be present." [emphasis added].)

[36] 90 Fed. Reg. at 52169.

[37] *See* 90 Fed. Reg. at 52183 ("If this proposed rule is finalized, while DHS works on formulating appropriate policy and interpretive tools that will guide DHS officers for public charge inadmissibility determinations, officers will be empowered to consider not only the mandatory statutory factors, but also all evidence and information specific to the alien and relevant to the public charge ground of inadmissibility that is before them as they determine whether that alien is likely at any time to become a public charge…. DHS notes that it is not proposing to replace the rescinded public charge inadmissibility regulations at this time.").

[38] 90 Fed. Reg. at 52177-78.

[39] This request is based on INS's inclusion of the letters from HHS, USDA, and SSA as part of the appendix to its proposed rule in 1999, 64 Fed. Reg. at 28686-88, and reference to similar letters being written by HHS and USDA in DHS's proposed rule in 2022. 87 Fed. Reg. at 10610.

[40] 90 Fed. Reg. at 52181.

[41] 90 Fed. Reg. at 52177.

for communicable diseases" from consideration as part of a public charge determination.[42] Finally, the Rule states that the "receipt of *any* type of public benefits by a qualified alien is relevant and indeed critical to determining whether an alien is actually self-sufficient."[43] As noted above, "self-sufficiency" is not a standard or criterion under section 212(a)(4)(A) of the INA.[44] Nonetheless, the Rule is seeking to rescind existing, objective standards for how officers make public charge determinations without replacing those standards or providing officers with tools to ensure their determinations are consistent with the INA and the historic meaning of public charge.[45]

Overall, the unfettered discretion the Rule would give DHS officers, combined with DHS's conflation of PRWORA with the INA, would effectively create a new "self-sufficiency" standard for *excluding* immigrants from the United States even though Congress never imposed such a requirement. DHS's attempt to insert a self-sufficiency requirement into the INA when Congress did not cannot be reconciled with Congressional intent, let alone the plain text of the INA. For these reasons, we urge DHS to withdraw the Proposed Rule.

B. Increased Discretion: The Rule Prioritizes Officer Discretion over Existing, Objective Standards Despite DHS's Failure to Provide Officers with a Regulatory Standard or "Appropriate Policy and Interpretive Tools" to Ensure Officers' Determinations Are Accurate, Consistent, and Reliable.

DHS states that the Proposed Rule is intended to give DHS officials "broader discretion to evaluate all pertinent facts," enabling officers "to make highly individualized, fact-specific, case-by-case public charge inadmissibility decisions based on the totality of each alien's individual circumstances."[46] However, DHS also acknowledges that "other important goals" for rulemaking include "clarity, fairness, and administrability"[47] and appears to recognize that the lack of appropriate policy or interpretation tools for its officers will undermine the officers' ability to make accurate, consistent, and reliable public charge determinations.[48] Nonetheless, DHS is seeking to repeal the clear, objective standards currently in regulation because they "straitjacket" officers' ability to consider factors other than those set forth in regulation—including expressions of Congressional intent in PRWORA,[49] an immigration law that is separate and distinct from the INA and the public charge ground of inadmissibility. In doing so, DHS's apparent goal is to give officers unprecedented, unfettered discretion without any guardrails that would adhere to the INA and the historic meaning of public charge.[50] Overall, due to its complete lack of regulatory standards for what makes someone "likely at

[42] 90 Fed. Reg. at 52181.
[43] 90 Fed. Reg. at 52183 (emphasis added).
[44] 8 U.S.C. § 1182(a)(4)(A).
[45] *See* 90 Fed. Reg. at 52183 (indicating that DHS is proposing to rescind the 2022 Final Rule without "replac[ing]" it and that officers will be making public charge determination while DHS is still "formulating appropriate policy and interpretive tools" to guide them).
[46] 90 Fed. Reg. 52168, 52193.
[47] 90 Fed. Reg. 52177.
[48] 90 Fed. Reg. at 52193.
[49] See 90 Fed. Reg. at 52169, 52182.
[50] The Proposed Rule states that "an officer would not conclude that an alien is inadmissible as likely at any time to become a public charge simply because that alien received a means-tested public benefit," but would instead "look at the circumstances surrounding such receipt, for example the nature of the benefit and whether it is the type of benefit that alone or in combination with other benefits meets the alien's basic needs, the recency, duration, and amount of receipt, the reason for the receipt, [and] whether the reason has or is likely to persist." 90 Fed. Reg. at 52188. However, the Rule makes clear that officers will have no regulatory standard or tools from DHS to *ensure* that officers' determinations are consistent, either with other determinations on similar facts or with "past precedent decisions." *See* 90 Fed. Reg. at

any time to become a public charge," the Rule is significantly more complicated, unpredictable, and unclear—to the regulated public and to the immigration officers charged with making public charge determinations—than the current public charge policy.

Under existing public charge policy, immigration officers consider only two public benefits when determining whether an individual is likely at any time to become a public charge because he or she is "primarily dependent on the government for subsistence": cash-assistance benefits and long-term care institutionalization at government expense.[51] These two benefits were chosen because they provide substantial primary support to individuals unable to support themselves at all. No other public benefits are considered.[52] In justifying the exclusion of other public benefits from consideration, INS observed that these other benefits—including Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—are "supplemental" in nature, "provided to low-income working families to sustain and improve their ability to remain self-sufficient," and "frequently support the general welfare."[53]

The 1999 Field Guidance developed by INS, on which the current 2022 Final Rule is based,[54] recognized that the existing simplicity of the public charge rule serves a critical function of ensuring benefits go to those individuals Congress has determined are entitled to them, since "confusion about the relationship between the receipt of public benefits and the concept of 'public charge,'" can deter "eligible aliens and their families, including U.S. citizen children, from seeking important health and nutrition benefits that they are legally entitled to receive."[53]

In the same vein, the 2022 Final Rule continued this policy in order to allow "DHS to faithfully administer the statute without deterring eligible non-citizens and their families, including U.S. citizen children, from seeking important benefits for which they are eligible and which it is in the public interest for them to receive."[55] The Rule fails to explain how allowing officers to consider any and all public benefits—without specifying which benefits will be considered, whose benefits will be considered, or how the nature or duration of the benefits will impact a public charge determination—simplifies or clarifies the public charge process for either immigrants or DHS officials.

The Rule largely sidesteps and dismisses the issue of public confusion about eligibility. Nonetheless, despite giving the harms caused by confusion and fear very little thought, let alone attempting to navigate or mitigating these harms as part of the Rule, the Rule does acknowledge

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52183 (indicating that DHS is proposing to rescind the 2022 Final Rule without "replac[ing]" it and that officers will continue making public charge determination while DHS is "formulating appropriate policy and interpretive" to guide them).

[51] 64 Fed. Reg. at 28682; 64 Fed. Reg. at 28689, 28692.

[52] 64 Fed. Reg. at 28682 ("The only benefits that are relevant to the public charge decision are public cash assistance for income maintenance and institutionalization for long-term care at Government expense. Institutionalization for short periods for rehabilitation purposes will not be considered. Non-cash public benefits are not considered because they are of a supplemental nature and do not demonstrate primary dependence on the Government."); 64 Fed. Reg. at 28693 ("Non-cash benefits (other than institutionalization for long-term care) should not be taken into account in making public charge determinations, nor should special-purpose cash assistance that is not intended for income maintenance. Therefore, past, current, or future receipt of these benefits should not be considered in determining whether an alien is or is likely to become a public charge.").

[53] *See* 64 Fed. Reg. at 28677-79, 28682.

[54] 90 Fed. Reg. at 52182.

[55] 87 Fed. Reg. at 55476.

that "the elimination of certain definitions may lead to public confusion or misunderstanding of the proposed rule, which could result in decreased participation in public benefit programs by individuals who are not subject to the public charge ground of inadmissibility. Therefore, transfer payments from Federal and State governments to certain individuals who receive public benefits may decrease."[56]

The Rule also discusses the serious consequences that such confusion about public charge has caused in the past:

- "Many families reported confusion about the 2022 rule changes or concerns about future changes to the public charge rule, prompting them to forgo services. In an updated 2025 study, Kaiser Family Foundation Research found that fears persisted, with 27 percent of likely illegal alien adults and 8 percent of lawfully present immigrant adults avoiding food, housing, or health care assistance due to immigration-related concern."[57]
- "One academic provided an estimate in a court filing that as many as 3.2 million fewer individuals might receive Medicaid due to fear and confusion surrounding the 2019 Final Rule, potentially leading to 4,000 excess deaths annually."[58]
- "[D]uring the 2022 Final Rule, DHS received comments from several states highlighting the administrative costs associated with the 2019 Final Rule. These disruptions led to increased 'churn,' where eligible individuals and families cycle on and off public benefit programs more frequently enrolling during times of need and disenrolling due to fear or confusion. This churn increased administrative costs for states, which allocated resources for outreach and education to address misconceptions about the Public Charge rule."[59]

However, despite acknowledging these past outcomes, and the strong likelihood that they will repeat themselves if the Rule is finalized in its current form, the Rule includes no provisions that would mitigate these harms.

The Rule describes "clarity, fairness, and administrability" as "important goals" for consideration but nonetheless seeks to impose a public charge framework that is significantly more uncertain, unpredictable, and potentially arbitrary than the existing framework. Means-tested public benefits are administered by several different federal agencies—including HHS, USDA, and HUD—often in partnership with dozens of state and local governments.[60] Ignoring the directives in Executive Order 12866, the Rule fails to account for how these various benefit-granting agencies would inform recipients of the Rule's implications, especially in a uniform and effective manner that would allow families to make informed choices about whether to apply for or receive benefits that Congress has made available to them.[61] The Rule also fails to provide any parameters for non-citizens and their families regarding

[56] 90 Fed. Reg. at 52207-8.
[57] 90 Fed. Reg. at 52209, citing Kaiser Family Foundation (KFF), ''Key Facts on Health Coverage of Immigrants'' (Jan. 15, 2025), https://www.kff.org/racial-equity-and-health-policy/ key-facts-on-health-coverage-of-immigrants/ (KFF 2025).
[58] 90 Fed. Reg. at 52218. Citing Leighton Ku, ''New Evidence Demonstrates That the Public Charge Rule Will Harm Immigrant Families and Others,'' Health Affairs (Oct. 9, 2019), https://www.healthaffairs.org/do/10.1377/ hblog20191008.70483/full, Last visited October. 11, 2025.
[59] 90 Fed. Reg. at 52218.
[60] 90 Fed. Reg. at 52177, 52181
[61] Exec. Order No. 12866, 58 Fed. Reg. 51735, 51736 (Oct. 4, 1993) ("Wherever feasible, agencies shall seek views of appropriate State, local, and tribal officials before imposing regulatory requirements that might significantly or uniquely affect those governmental entities. Each agency shall assess the effects of Federal regulations on State, local, and tribal

when or how the application for or receipt of public benefits, for themselves or for a person who is not subject to public charge grounds of inadmissibility (like a U.S. citizen child), would affect whether the individual could be deemed a public charge.[62]

The Rule cites DHS's "belief" that receipt of virtually *any* government assistance should direct the public charge determination:

"DHS believes…that an alien's dependence on any means-tested public benefit to meet his or her needs—and not just his or her dependence on public cash assistance for income maintenance and long-term institutionalization at government expense—is what that Congress intended to address with the public charge ground of inadmissibility. Indeed, DHS believes that the current and/or past receipt of any means-tested public benefit is a key gauge in determining an alien's likelihood of dependence on the government and therefore to determining whether an alien is inadmissible under section 212(a)(4)(A) of the INA, 8 U.S.C. § 1182(a)(4)(A). DHS has determined that current regulations…prevent officers from making public charge inadmissibility determinations that align with the longstanding national policy that aliens within the Nation's borders are to be self-sufficient and not depend on public resources to meet their needs."[63]

The Rule does not cite any underlying data or legal authority not already in effect when current public charge policy was implemented in 1999—or when it was re-established in 2022—in support of this "belief,"[64] or indicate that this "belief" is informed by a change in law or consultation with federal benefit-granting agencies such as HHS and USDA, as is the case with current public charge policy.[65] And it is difficult to imagine how such a belief could be supported, as it flies in the face of prior federal policy and experience that access to certain government benefits often advances, rather than undermines, the ultimate self-sufficiency of those who may, for a time, need such benefits to get on their feet.

The Rule further muddies the waters by considering the mere application for benefits as relevant to the public charge analysis. The Rule indicates that "DHS would also consider the fact that an alien is trying to receive and/or has been approved or certified to receive in the future means-tested public benefits given this is relevant to the likelihood that an alien will become dependent on means-tested

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governments, including specifically the availability of resources to carry out those mandates, and seek to minimize those burdens that uniquely or significantly affect such governmental entities, consistent with achieving regulatory objectives. In addition, as appropriate, agencies shall seek to harmonize Federal regulatory actions with related State, local, and tribal regulatory and other governmental functions.").

[62] Exec. Order No. 12866, 58 Fed. Reg. 51735, 51736 (Oct. 4, 1993) (specifying that "[e]ach agency shall tailor its regulations to impose the least burden on society, including individuals, businesses of differing sizes, and other entities (including small communities and governmental entities), consistent with obtaining the regulatory objectives..." and "[e]ach agency shall draft its regulations to be *simple and easy to understand, with the goal of minimizing the potential for uncertainty* and litigation arising from such uncertainty.") (emphasis added).

[63] 90 Fed. Reg. at 52189.

[64] We discuss the Rule's reliance on legal authorities that pre-date the 1999 Field Guidance and were accounted for by INS in developing its proposed rule and Field Guidance, in an earlier Part of this comment letter. *Supra* Part I.A.

[65] *See* 64 Fed. Reg. at 28692 (Field Guidance stating that INS arrived decided on the two types of benefits that it would consider for public charge purposes "[a]fter extensive consultation with benefit-granting agencies"), 28677 (noting consultation with HHS, SSA, and USDA), 28686-88 (appendix setting out letters from high-ranking federal officials within HHS, SSA, and USDA); *see also* 90 Fed. Reg. at 52177 (discussing INS's consultation with federal benefit-granting agencies when developing current public charge policy). The Proposed Rule does not include any mention of consultation with these agencies about the propriety of the public charge definition.

public benefits in the future."[66] However, DHS provides no explanation for how the mere application for benefits–without actual receipt of said benefits–indicates likely dependence on means-tested benefits in the future or a future lack of self-sufficiency.

The Rule acknowledges that this change in policy will cause "reduced access to public benefit programs by eligible individuals, including… U.S. citizens in mixed-status households" even though U.S. citizens are not and cannot be subject to the public charge ground of inadmissibility.[67] While the Rule does not explicitly state why this would be the case, it recognizes that the 2022 Final Rule has a "bright-line rule prohibiting consideration of the receipt of public benefits by an alien's dependents, such as a U.S. citizen child in a mixed-status household."[68]

The proposed recission of numerous definitions–including of key terms and phrases such as "Likely at any time to become a public charge," "Receipt," "Government," and "Household,"–would create more uncertainty for immigrants, benefit-granting agencies, and DHS officers alike. Under the Proposed Rule, all affected parties would be left to guess at how public charge determinations would be affected by: the receipt of various public benefits from federal, state, or local governments; the type, amount, or duration of any public benefits received; the receipt of benefits by family members, including U.S. citizen children; or the application for benefits for the individual or a family member. Replacing a clearer framework with one that increases uncertainty and confusion fails to meet the requirements for federal rulemaking outlined in Executive Order 12866.[69]

DHS claims it "plans to provide interpretive and policy tools to guide public charge inadmissibility determinations once DHS has had a chance to fully consider how to best (1) balance the need to conform the implementation of the public charge ground of inadmissibility with the clear congressional intent that aliens be self-sufficient and that the availability of public benefits not create an incentive for immigration, (2) fortify officer discretion, and (3) support accuracy, consistency, and reliability in individual determinations."[70] However, these interpretive and policy tools have not yet been provided. Without such tools, officers will have complete discretion, opening the door to inaccurate, inconsistent, and unreliable public charge determinations. In such an environment, officer morale and public confidence in DHS decisions will be further eroded.

As described in more detail *infra* Part II.A., the Rule's lack of clarity and the resulting uncertainty will likely contribute to disenrollment by citizens and non-citizens alike who are eligible for public benefits yet choose to forego them due to uncertainty or confusion about the potential immigration consequences. Thus, the Rule will undermine rather than advance Congressional intent that eligible immigrants *access* benefits, including medical and nutritional benefits that help them become more self-sufficient and that protect and advance the public health and welfare for the community at large.

Considering DHS's acknowledgement that the Rule is likely to affect enrollment decisions for persons that the rule cannot regulate (like the U.S. citizen children of immigrant parents),[71] DHS's

[66] 90 Fed. Reg. at 52190.
[67] 90 Fed. Reg. at 52218.
[68] 90 Fed. Reg. at 52180.
[69] Exec. Order No. 12866, 58 Fed. Reg. 51735 (Oct. 4, 1993).
[70] 90 FR 52193.
[71] 90 Fed. Reg. at 52208 ("In the 2019 Final Rule, DHS assumed that the population most likely to disenroll from or forgo enrollment in public benefits programs in any year would be public benefits recipients who were members of households (or, in the case of rental assistance, households as a unit) including aliens, adjusting their

decision not to account, and take responsibility, for preventing unwarranted disenrollment due to uncertainty about the Rule's applicability is shortsighted at best. As demonstrated by INS's experiences in the 1990s (described *infra* Part I.A), without clarification from the government, there will be significant confusion and uncertainty among members of the public about what circumstances may result in an individual being deemed a public charge. Relatedly, given DHS's failure to develop and provide its officers with "appropriate interpretive tools that will guide [their] determinations" before attempting to eliminate the tools and standards enshrined in the 2022 Final Rule,[72] this Rule is likely to create confusion and uncertainty among DHS officers as well, undermining the accuracy and reliability of their decisions. Therefore, we request that DHS withdraw the Rule.

C. Cost-Savings: The Rule's Narrow View of Cost-Savings Fails to Account for, or Attempt to Ameliorate, Costs Likely to Result from the Rule Itself, Including Costs Related to Poorer Health Outcomes.

The Rule identifies cost-savings as an additional goal through the targeting of, and decreased enrollment in, public benefits programs.[73] The Rule asserts that its proposed changes would result in a reduction in transfer payments from the federal government to individuals who may choose to disenroll from or forgo enrollment in a public benefits program.[74]According to DHS, "[i]ndividuals who might choose to disenroll from or forgo future enrollment in a public benefits program include aliens as well as U.S. citizens who are members of mixed-status households. DHS estimates that the total reduction in transfer payments from the federal and state governments could be approximately $8.97 billion annually due to disenrollment or forgone enrollment in public benefits programs by members of households that include aliens who may be receiving public benefits."[75] However, if all costs are correctly taken into account, the Rule will result in *cost increases* rather than cost savings.

Separate and apart from its discussion of potential cost-savings achieved by the Rule, DHS acknowledges that the Rule may cause a number of non-monetized potential consequences, including:

- "Worse health outcomes, such as increased prevalence of obesity and malnutrition (especially among pregnant or breastfeeding women, infants, and children), reduced prescription adherence, and increased use of emergency rooms for primary care due to delayed treatment.
- Higher prevalence of communicable diseases, including among U.S. citizens who are not vaccinated.

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immigration status annually. However, this approach may have resulted in an underestimate due to the documented chilling effects of the 2019 Final Rule on other segments of the alien and citizen populations, including those not classified as adjustment applicants, members of households of adjustment applicants, or other aliens outside the adjustment applicant category.") and at 52221 ("DHS has determined that the rule may decrease disposable income and increase the poverty of certain families and children, including U.S. citizen children.").

[72] 90 Fed. Reg. at 52183.

[73] 90 Fed. Reg. at 52170 (stating that "The proposed rule would... result in a reduction in transfer payments from the Federal Government to individuals who may choose to disenroll from or forgo enrollment in a public benefits program. Individuals who might choose to disenroll from or forgo future enrollment in a public benefits program include aliens as well as U.S. citizens who are members of mixed-status households... DHS notes there may be additional reductions... that we are unable to quantify."); 52193 (stating that "E.O. 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. ").

[74] 90 Fed. Reg. at 52193.

[75] 90 Fed. Reg. at 52193.

- Increased rates of uncompensated care, where treatments or services are not paid for by insurers or patients.
- Increased poverty, housing instability, reduced productivity, and lower educational attainment."[76]

Additionally, the Rule acknowledges that it will negatively "affect State and local economies, businesses, and individuals. For example, reduced enrollment in programs like Medicaid and SNAP will likely lead to:

- Lower revenues for healthcare providers participating in Medicaid.
- Reduced income for companies manufacturing medical supplies or pharmaceuticals.
- Decreased sales for grocery retailers participating in SNAP.
- Economic impacts on agricultural producers supplying SNAP-eligible foods.
- Financial strain on landlords participating in federally funded housing programs."[77]

Despite identifying these potential consequences, the Rule does not substantively engage with, let alone suggest, strategies for avoiding or ameliorating the costs *imposed* by the Rule's changes to public charge.[78] It also fails to acknowledge that in some cases, the associated economic losses are significantly greater than the corresponding savings on foregone benefits.[79]

As the Rule notes, INS promulgated the current definition of public charge in order to address "immigrants' fears of accepting public benefits for which they remained eligible, specifically in regards to medical care, children's immunizations, basic nutrition and treatment of medical conditions that may jeopardize public health."[80] In the 2022 Final Rule, DHS similarly acknowledged that a public charge framework that creates uncertainty and confusion burdens the states and harms the "public health and the wellbeing of residents."[81] To aid DHS decision-making, and to support our request that

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[76] 90 Fed. Reg. at 52218.
[77] 90 Fed. Reg. at 52218.
[78] *See* 90 Fed. Reg. at 52170, 52199-52200 (Stating without further explanation, that "it is too early to assess the impact of these policies on public benefit usage, and consequently, on the impact on overall estimates presented in this analysis." "[T]his proposed rule could have indirect effects on small businesses and nonprofits in the form of lower revenues for healthcare providers participating in Medicaid; reduced income for companies manufacturing medical supplies or pharmaceuticals; decreased sales for grocery retailers participating in SNAP; economic impacts on agricultural producers supplying SNAP-eligible foods; and financial strain on landlords participating in federally funded housing programs, among other indirect effects. However, DHS is unable to quantify these effects."
[79] *The Economic Costs of Cutting SNAP: Every $1 in SNAP Cuts to Families with Children Costs Society $14 to $20,* Center on Poverty and Social Policy, https://povertycenter.columbia.edu/publication/2025/economic-costs-cutting-snap, June 5, 2025, Last visited December 17, 2025.
[80] 90 Fed. Reg. 52177; *see also* 64 Fed. Reg. at 28676-77 ("According to Federal and State benefit-granting agencies, this growing public confusion [around the meaning of "public charge" following the enactment of PRWORA and IIRIRA] is creating significant, negative public health consequences across the country. This situation is becoming particularly acute with respect to the provision of emergency and other medical assistance, children's immunizations, and basic nutrition programs, as well as the treatment of communicable diseases. Immigrants' fears of obtaining these necessary medical and other benefits are not only causing them considerable harm, but are also jeopardizing the general public. For example, infectious diseases may spread as the numbers of immigrants who decline immunization services increase. In short, the absence of a clear public charge definition is undermining the Government's policies of increasing access to health care and helping people to become self-sufficient."); *id.* at 28692 (noting that immigrants' uncertainty about the status of public charge law and their resulting reluctance to receive public benefits for which they remained eligible was having "an adverse impact not just on the potential recipients, but on public health and the general welfare").
[81] 87 Fed. Reg. at 55508.

the Proposed Rule be withdrawn, we discuss the Rule's potential adverse impacts on California's residents, economy, and the public's health and general welfare, in addition to some of the likely federal and state costs associated with the Rule, in Parts II and III of this comment letter.

II. The Rule Will Have Broad Detrimental Impacts on the Economy of California and Beyond

Immigrants make significant economic contributions to California through labor, entrepreneurship, and consumption, accounting for a large portion of the workforce and a substantial number of new businesses. They generate billions in tax revenue, have significant spending power, and are essential to key industries like agriculture, technology, and construction. Immigrants contribute billions to California's economy through taxes and are crucial for maintaining economic output, particularly in essential sectors.

Immigrants and children of immigrants make up over half of California's labor force[82]. Immigrants account for a significant portion of workers in essential sectors such as agriculture (63%) and construction (41%).[83]

Immigrants are a driving force in entrepreneurship, accounting for approximately 40% of all entrepreneurs in California.[84] Immigrant-owned businesses generate billions in business income and create local jobs and tax revenue. Many of the State's small businesses are owned by immigrants, and immigrant founders are prevalent in high-growth companies. Yet, despite this track record of contributions of immigrants to the broader economy, the Rule will impede the ability of immigrants to thrive and contribute to the economy in the dynamic way they have historically.

A. Poorer Nutrition and Health Leads to Poorer Educational Outcomes for both Non-Citizen Children and Citizen Children in Mixed-Status Households, Which Will Decrease Economic Gains and the Competitiveness of Next American Generation

Nutrition significantly affects educational attainment by improving focus, energy, and overall brain function. Poor nutrition is linked to lower grades, behavioral issues, and higher absence rates. A balanced diet supports cognitive performance, and adequate nutrition is particularly crucial during early development, as it impacts school readiness and can help break cycles of poverty.[85]

B. Nutrition Assistance Programs Infuse Money into the Economy

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[82] Davalos, Monica, California Budget and Policy Center, *Over Half of All California Workers Are Immigrants or Children of Immigrants*, April 2024, https://calbudgetcenter.org/resources/over-half-of-all-california-workers-are-immigrants-or-children-of-immigrants/. Last visited November 26, 2025.

[83] *The Economic Impact of Mass Deportation on California*, A report by the Bay Area Council Economic Institute in partnership with University of California, Merced, June 2025, https://www.bayareaeconomy.org/files/pdf/Economic%20Impact%20of%20Mass%20Deportation_June%202025.pdf, Last visited 11/26/2025.

[84] *Immigrants in California*, American Immigration Council, https://map.americanimmigrationcouncil.org/locations/california/#, Last visited November 26, 2025.

[85] *The Effects of Child Nutrition on Academic Performance: How School Meals Can Break the Cycle of Poverty*, World Food Program USA, September 21, 2023, https://wfpusa.org/news/effects-child-nutrition-academic-performance-how-school-meals-can-break-cycle-poverty/. Last visited November 26, 2025.

SNAP infuses money into the economy by providing funds for food purchases that stimulate local economies. Each dollar spent generates $1.54 in economic activity, supporting businesses like grocery stores, farmers' markets, and their employees.[86] This creates a multiplier effect, leading to increased jobs and wages within communities. Every $1 lost from SNAP for families with children costs society $14 to $20.[87]

WIC, which serves approximately 1 million eligible women, infants, and children in California, also contributes to the economy. Since the launch of the WIC Card in 2019, approximately $4.8 billion has been infused into the State's economy through WIC transactions. In 2024 alone, WIC food benefits allowed California shoppers to purchase almost $1 billion in food from over 3,700 WIC-authorized food retailers, and hundreds of authorized farmers and farmer's markets, supporting jobs in retail grocery stores and farmers markets as well as in agriculture, food processing, and distribution.

C. Nutritional Assistance Programs Improve Food Security, Which Leads to Lower Healthcare Costs

Studies show that SNAP reduces healthcare costs for participants.[88] By improving food security, SNAP is associated with better health outcomes, leading to fewer hospitalizations, emergency department visits, and other medical costs.

Similarly, WIC saves lives and improves the health of nutritionally at-risk women, infants, and children. Research has shown that WIC improves birth outcomes, leading to savings in health care costs of $1.24 to $6.83 for every $1 spent through the prevention of preterm births.[89] WIC also improves food security, diet and diet-related outcomes, infant feeding practices, cognitive development, preconception nutrition, access to medical care providers, and growth rates. WIC not only improves the lives of participating families but is cost-effective, saving up to $3.50 in future healthcare costs for every dollar spent on the program.[90]

D. Medicaid and SNAP Benefits Keep People Healthy Enough to Work

Medicaid can promote worker productivity by improving health outcomes, reducing missed workdays, and allowing more people to participate in the workforce. When Medicaid provides access to care, workers are better able to manage chronic conditions, recover from illness, and stay employed, leading

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[86] *5 Reasons to Save CalFresh (SNAP),* Food Bank of Contra Costa and Solano, May 9, 2025, https://www.foodbankccs.org/2025/05/5-reasons-to-save-calfresh-snap/, last visited November 26, 2025.

[87] *The Economic Costs of Cutting SNAP: Every $1 in SNAP Cuts to Families with Children Costs Society $14 to $20*, Center on Poverty and Social Policy, June 5, 2025. https://povertycenter.columbia.edu/sites/povertycenter.columbia.edu/files/content/Publications/Economic-Costs-of-Cutting-SNAP-CPSP-2025.pdf, Last visited November 26, 2025.

[88] *SNAP Is Linked With Improved Health Outcomes and Lower Health Care Costs*, Steven Carlson and Joseph Llobrera, Center for Budget and Policy Priorities, December 14, 2022, https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-health-outcomes-and-lower-health-care-costs, Last visited November 26, 2025.

[89] *Economic evaluation of California prenatal participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to prevent preterm birth,* Roch A. Nianogo et al., Preventive Medicine, Vol. 124, July 2019, https://doi.org/10.1016/j.ypmed.2019.04.011, Last visited Dec. 6, 2025.

[90] *The WIC Program*, Johns Hopkins Bloomberg School of Public Health, https://publichealth.jhu.edu/departments/population-family-and-reproductive-health/research-and-practice/life-course-framework/child-and-adolescent-health/women-infants-and-children-program-wic/hpril/about-the-project/background (as of Dec. 6, 2025).

to increased overall productivity.[91] Similarly, receiving SNAP benefits has been shown to reduce the number of days spent sick in bed (and unable to work).[92]

Medi-Cal, California's Medicaid program, provides comprehensive health care services at no or low cost for low-income individuals. Medi-Cal covers physical health, mental health, substance use disorder, pharmacy, dental, and long-term services and supports. As of January 2025, Medi-Cal serves approximately 14.5 million Californians. Medi-Cal covers 3.4 million working Californians, nearly one in five of all California workers.

E. Without Medicaid There Will Be an Increase in Emergency Room Visits

The Rule would likely have a chilling effect which will result in individuals forgoing benefits for which they are eligible or seeking to disenroll themselves and their families from the Medi-Cal program. Foregoing Medicaid coverage would be expected to increase emergency room (ER) visits and overall reliance on emergency medical services because the lack of health insurance creates barriers to primary and preventative care, forcing people to seek treatment for non-emergency issues in the ER. Some people may even avoid emergency medical services, possibly resulting in death or serious injury. Without consistent access to care, patients will delay routine treatment, leading to more serious conditions that require costly emergency care.[93]

Deferring care can result in late-stage disease detection, unintended pregnancy, adverse health effects during pregnancy and childbirth, overdose, and increased morbidity and mortality for late-stage disease. Decreased access to prenatal cases will lead to increased rates of premature births, low birth weight infants, and congenital defects. Deferred or avoided healthcare increases the spread of communicable diseases, impacting public health at large.

These adverse health impacts will further strain California's resources and budget. The average medical cost to States in the first year of life of a premature or low birth weight baby is up to ten times higher than the cost of a full-term baby. To the extent their treatment is left uncompensated, these costs will ultimately be shifted to the broader healthcare delivery system and the State. This shift will reduce resources available for implementation of the Emergency Medical Treatment and Labor Act (EMTALA). California's Medicaid providers have relied on enrollment in emergency Medicaid to meet their obligations to provide emergency care under EMTALA. Some providers may not be able to continue operating if their patients decline coverage or avoid seeking emergency care from them.

These poor health outcomes will also harm the overall health of all Californians, by both straining California's healthcare delivery system as well as increasing the potential risks of the spread of infection and illness. This will ultimately unwind years of California's investment in expanding health coverage and access.

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[91] *Research Update: It's Simple—Medicaid Helps People Work,* Aubrianna Osorio, Georgetown University, McCourt School of Public Policy, Center for Children and Families, , May 22, 2023, https://ccf.georgetown.edu/2023/05/22/research-update-its-simple-medicaid-helps-people-work/, Last visited November 26, 2025.

[92] Does SNAP improve your health? CA Gregory, P Deb, Food Policy, 2015. https://www.sciencedirect.com/science/article/abs/pii/S0306919214001419, Last visited December 17, 2025.

[93] *Higher premiums and lost coverage: How Trump's budget changes health care in California*, Ana B. Ibarra and Kristen Hwang, CalMatters, July 10, 2025, updated July 28, 2025, https://calmatters.org/health/2025/07/federal-budget-health-care-medicaid-medi-cal/, Last visited November 26, 2025.

F. Economic Impacts on Families

When families forgo public benefits like SNAP, WIC, Medicaid, and utility-assistance programs, it can lead to immediate financial instability, increased family stress, and negative long-term consequences for the economy.[94] Families may face difficulties covering basic needs like food, rent, and utilities, forcing them to make difficult choices and potentially leading to health and developmental problems for children. For example, the Low-Income Home Energy Assistance Program (LIHEAP) provides assistance to eligible low-income households with the goal of managing and meeting their immediate home heating and/or cooling needs. The Rule would discourage participation by eligible non-U.S. citizens and their family members. This could result in California households experiencing power shut offs and possible health impacts of having insufficient heating or cooling in their homes. This can result in decreased economic mobility for families and reduced consumer spending, impacting local businesses, and potentially leading to job losses

G. The California Economy Will Be Harmed by Housing Instability Caused by the Rule

Immigrants are vital to California's workforce in most economic sectors that are critical to the State's collective prosperity, including but not limited to agriculture, service industries, and healthcare. Immigrants have propelled California to become the United States' economic engine and the fourth-largest economy in the world.

Moreover, housing assistance involves numerous funding streams. These funding streams are administered by multiple federal, state, and local agencies that use outreach, intake, and eligibility processes to cast a wide net on eligibility, placement and resulting services. The critical component of housing as the basis for other public benefit funding streams allows California to thrive, with a combination of critical benefits to serve the backbone of California's workforce. The Rule undermines housing assistance and all services that flow from such assistance.

The Rule will cause the very immigrants who comprise California's agricultural, service and healthcare workforces to decline to apply for assistance programs, forcing them into homelessness, instability, and poor health.

Housing programs allow families to stay in their homes and in the workforce. Consequently, these programs are integral to the California economy and result in cost savings for all Californians. The Rule undermines housing programs and the link to necessary wraparound services. The Rule will destabilize families and harm California's infrastructure, economic health, and tax base.

Due to the Rule's chilling effects, it is likely that eligible families will withdraw from, or decline to apply to, state administered programs that fund housing projects receiving Section 8 and other federal housing subsidies, forcing them into homelessness. This displacement and homelessness will cause severe disruption to families, communities, schools, and industry throughout California.

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[94] *The Economic Costs of Cutting SNAP: Every $1 in SNAP Cuts to Families with Children Costs Society $14 to $20,* Center on Poverty and Social Policy, June 5, 2025. https://povertycenter.columbia.edu/sites/povertycenter.columbia.edu/files/content/Publications/Economic-Costs-of-Cutting-SNAP-CPSP-2025.pdf, Last visited November 26, 2025.

III. The Rule Will Have Broad Detrimental Impacts on U.S. Citizens and Non-Citizens Alike in California and Beyond

In the 1999 Field Guidance and 2022 Final Rule, INS and DHS recognized that changes to public charge law that cause immigrants to withdraw from or forego enrollment in public benefits programs for which Congress has deemed them statutorily eligible can have significant adverse impacts on the public's health and well-being.[95] This remains as true today as it was in 1999 and 2022. This Part identifies and discusses some of the most important and far-reaching of those adverse impacts.

A. The Rule Will Chill Use of Important Benefits by Those Who Need and Are Entitled to Them, in Contravention of Congressional Intent

The uncertainty and confusion created by the Rule will lead to a chilling effect, causing individuals who are eligible for benefits—including persons subject to the public charge ground of inadmissibility, as well as refugees, asylees,[96] lawful permanent residents (LPRs),[97] and U.S. citizens who are not subject to public charge or regulated by the Rule—to forego benefits to which they are entitled, in contravention of congressional intent. In this respect, the Rule will accomplish an improper purpose: achieving indirectly an outcome that could not be achieved directly without congressional action. DHS lacks the authority to change *eligibility* for the numerous public benefits that a DHS officer could consider if the Rule is finalized in its current form.[98] However, the Rule clearly contemplates that its proposed changes to the current public charge policy will affect eligible immigrants' and nonimmigrants' decisions around *enrollment*, notwithstanding congressional intent to provide the public benefits to these individuals.[99]

Past experience confirms that a chilling effect will occur if the Rule is finalized. When Congress restricted immigrant access to public benefits programs under PRWORA's welfare reform provisions, there were significant decreases in immigrant enrollment in several of the public benefits programs for which certain immigrant populations remained eligible.[100] A 1998 study in Los Angeles County showed that approved applications by legally-present immigrants for California's Medicaid and Temporary Assistance for Needy Families (TANF) programs fell by as

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[95] *See* 64 Fed. Reg. at 28676-77, 28680; 64 Fed. Reg. at 28689, 28692; 87 Fed. Reg. at 55506, 55508..

[96] As DHS acknowledges, by statute, refugees and asylees are exempt from the public charge ground of inadmissibility. *See* 8 U.S.C. § 1157(c)(3); 8 U.S.C. § 1159(c); 90 Fed. Reg. at 52192.

[97] As the Proposed Rule tacitly acknowledges, except in very limited circumstances, LPRs are not considered applicants for admission and generally are not subject to public charge determinations. *See* 90 Fed. Reg. at 52192, 52193.

[98] 90 Fed. Reg. at 52221. ("DHS has determined that the rule may decrease disposable income and increase the poverty of certain families and children, including U.S. citizen children"), 52208 (" the documented chilling effects of the 2019 Final Rule on other segments of the alien and citizen populations, including those not classified as adjustment applicants, members of households of adjustment applicants, or other aliens outside the adjustment applicant category.")

[99] *See* 90 Fed. Reg. at 52177. (" While PRWORA allows certain aliens to receive certain public benefits, Congress, except in very limited circumstances, did not prohibit DHS from considering the receipt of such benefits in a public charge inadmissibility determination under section 212(a)(4) of the INA, 8 U.S.C. 1182(a)(4), or direct DHS to do so."), 52193 (observing that the Proposed Rule may lead to " a reduction in transfer payments from the Federal Government to individuals who may choose to disenroll from or forgo enrollment in a public benefits program.).

[100] *Declining Immigrant Applications for Medi-Cal and Welfare Benefits in Los Angeles County* (July 1, 1998), Wendy Zimmerman & Michael E. Fix, Urban Institute, https://www.urban.org/sites/default/files/publication/70761/407536-Declining-Immigrant-Applications-for-Medi-Cal-and-Welfare-Benefits-in-Los-Angeles-County.pdf. Last visited December 17, 2025.

much as 71 percent between January 1996 and January 1998, despite the fact that there was no decline in approved applications filed by citizens.[101] This drop in approved applications occurred even though there was no legal change to those immigrants' eligibility for California's Medicaid and TANF programs and even though the overall denial rates in Los Angeles County did not change during the time period examined."[102]

More recently, a December 2025 report by the Kaiser Family Foundation observed an effect that the Rule contemplates,[103] but does not quantify or explain: that the current Rule's anticipated changes to current public charge policy are likely to affect not only immigrants who are subject to public charge determinations, but also "a broad group of immigrant families, including citizen children in those families."[104] According to the Kaiser Family Foundation, "[r]esearch indicates that the 2019 Trump administration public charge policy changes contributed to disenrollment from Medicaid and CHIP and other programs among immigrant families, including U.S.-citizen children in these families. The Kaiser Family Foundation's analysis finds that between 2016 and 2019, the share of children receiving Medicaid, SNAP, and TANF fell about twice as fast among U.S.-citizen children with noncitizen household members as it did among children with only citizens in their households."[105]

As drafted, the Rule appears to be *designed* to create chilling effects amongst immigrant communities. This is because the Rule's prioritization of officer discretion comes at the expense of clear, objective standards and therefore creates uncertainty not just for immigrants subject to the public charge ground of inadmissibility, but also for the general public and the DHS officers themselves.

Despite the history and experience of chilling effects associated with public charge frameworks that are unclear, DHS intends to rescind the clarity provided by the 1999 Field Guidance and the 2022 Final Rule. In doing so, DHS is promulgating these changes without any other regulatory standards their its place[106] and without first developing "appropriate policy and interpretive tools that will guide [its officers] public charge inadmissibility determinations…."[107] The Rule also fails to explain how DHS would ensure that officers' determinations are accurate or consistent with past precedential decisions that predate the current, complex public benefits landscape before DHS makes these tools available,[108] which is especially concerning given the Rule's apparent confusion between PRWORA

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[101] *Declining Immigrant Applications for Medi-Cal and Welfare Benefits in Los Angeles County* (July 1, 1998), Wendy Zimmerman & Michael E. Fix, Urban Institute, https://www.urban.org/sites/default/files/publication/70761/407536-Declining-Immigrant-Applications-for-Medi-Cal-and-Welfare-Benefits-in-Los-Angeles-County.pdf. Last visited December 17, 2025.

[102] Id.

[103] 90 Fed. Reg. at 52208, 52221.

[104] Samantha Artiga et al., *Potential "Chilling Effects" of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment,* (Dec. 2, 2025) Kaiser Family Foundation, https://www.kff.org/medicaid/potential-chilling-effects-of-public-charge-and-other-immigration-policies-on-medicaid-and-chip-enrollment/ Last visited December 17, 2025.

[105] Samantha Artiga et al., *Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage,* (Sept. 18, 2019), Kaiser Family Foundation, https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/. *See also* Billy Wynne & Dawn Joyce, *Immigrants and the New Proposed "Public Charge" Rule* (Oct. 2, 2018) CALIFORNIA HEALTH CARE FOUNDATION, https://www.chcf.org/blog/immigrants-new-proposed-public-charge-rule/.

[106] 90 Fed. Reg. at 52180 ("DHS is proposing to rescind the regulations implemented by the 2022 Final Rule related to the public charge ground of inadmissibility…."), 52183 ("DHS notes that it is not proposing to replace the rescinded public charge inadmissibility regulations at this time.").

[107] 90 Fed. Reg. at 52169.

[108] *See* 90 Fed. Reg. at 52183 (explaining that "[u]pon removal of [regulations promulgated by the 2022 Final Rule], and until such time that DHS establishes its new public charge inadmissibility policy and interpretive tools, DHS will ensure

and the INA. Nonetheless, the Rule would "empower" officers to "consider not only the mandatory statutory factors, but also all evidence and information specific to the alien and relevant to the public charge ground of inadmissibility that is before them as they determine whether that alien is likely at any time to become a public charge."[109] Ultimately, because there is nothing "simple or easy to understand"[110] about the Rule's standardless standard for public charge determinations, if adopted in its current form, the Rule is likely to lead to a host of preventable public health concerns due to fear and uncertainty about the immigration implications of seeking public benefits of any kind.

Our agencies are charged with serving citizens and non-citizens alike who are eligible for the public benefits programs that would be subject to the Rule. Given this background, and the uncertainty, confusion, and fear the Rule would create, history will repeat itself if the Rule is promulgated as currently drafted. As described in the Parts below, the Rule's harmful impacts on enrollment and access to public benefits will extend far beyond the non-citizens who are subject to public charge determinations, and will have profound public health, economic, and social consequences for California and beyond.

B. The Rule Will Further Harm Vulnerable Communities

The Rule threatens the health and well-being of the non-citizens subject to public charge determinations as well as their extended families and communities due to the deteriorating life conditions that will result from the loss of public assistance for which they are eligible. The detrimental effects of individuals deciding to go without the health care, nutrition assistance, and other public benefits that Congress, the State, or their local governments have made available to them would be felt across California. A child who arrives at school hungry does not just see his or her education and future earning abilities impacted; the impact is also felt by educators, student peers, and the broader State economy. Many of the vulnerable individuals who would be impacted by this Rule, including children, seniors, and working parents, already face the daily challenges of living in poverty. Given the rising cost of living, including high costs for necessities like housing and groceries, governments at the federal, state, and local levels must focus on providing additional assistance to these communities rather than creating barriers to accessing the public benefits and social services support for which they are eligible.

The many public benefits administered by CHHS and its departments provide a much-needed safety net for the State's low-income communities. California proudly welcomes immigrants, who are a vital part of our State's culture, communities, and economy.

Some Californians benefit greatly from health and nutrition support. SNAP benefits, for example, are crucial to ensuring that low-income children have access to an adequate diet, which in turn can lead to improved reading and math skills among school-aged children and higher graduation

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that public charge inadmissibility determinations are made consistent with the statute and in accordance with the totality of the circumstances including those established by past precedent decisions.").

[109] 90 Fed. Reg. at 52183. The Rule also expresses the goal to allow officers to consider "any empirical data relevant to an alien's self-sufficiency," without ever explaining what this "empirical data" would be, whether or how it would be "individualized," and whether the data would be related to or result from the "integration of immigration records with records from Federal benefit-granting agencies." We are therefore requesting that in DHS's next public action on this Proposed Rule, DHS identify and describe what "empirical data" DHS is referring to and how such data could be used as part of a public charge determination.

[110] Exec. Order No. 12866, 58 Fed. Reg. 51735 (Oct. 4, 1993).

rates.[111] Today, almost half of the State's households receiving SNAP benefits are Latino.[112] This assistance is critically important given that more than one in five Latino families with children (22 percent) have difficulty affording adequate food.[113] SNAP benefits allow low-income seniors, many of whom live on fixed incomes, to afford food so they can cover their housing, transportation, and health care costs.[114] This investment in our State's people and future is both compassionate and prudent, as it reduces poverty and suffering in the short term and increases California's global prosperity in the longer run. If implemented, the Rule would cause large numbers of Californians to forgo using public benefits, resulting in increased poverty and homelessness, along with worsened health and educational outcomes. The effects of the Rule would disproportionately be felt by communities which use public benefits and social services to make ends meet and work towards self-sufficiency.

The Rule would roll back the progress California has made in reducing poverty and ensuring better outcomes for children and families. The State has invested significant resources in designing and administering an extensive safety net aimed at reducing poverty (TANF/CalWORKs), reducing homelessness (Section 8 Housing and other rental assistance), improving health care coverage and public health services (Medicaid/Medi-Cal), and reducing hunger (SNAP/CalFresh and WIC). In addition, California has made significant investments in education and outreach to increase enrollment of eligible populations in these programs. The Rule's chilling effect will lead to devastating levels of disenrollment, harm the populations served by our agencies, increase poverty across the State, and erode the safety net for California's most vulnerable populations. The effects of the Rule would directly contradict Congress's stated purposes and goals for the federal public benefits programs targeted in the Rule.

Existing federal laws, including PRWORA and OBBB, already limit access to public benefits for certain groups of immigrants. And, as recognized by INS when it promulgated the public charge policy upon which the 2022 Final Rule was based, such laws can inadvertently influence the behaviors of persons beyond their reach.[115] Such laws can also "halt or hinder the integration of U.S. citizens and lawful permanent residents in mixed-status families.[116] Laws are often designed to apply to individuals, but their effects ripple through households, families, and communities, with measurable long-term negative impacts on children who are U.S. citizens. The Rule would further exacerbate these inequalities, all in contravention of congressional intent that federal public benefits be accessed by eligible immigrants.

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[111] *Hungry for Success? SNAP Timing, High-Stakes Exam Performance and College Attendance*, Timothy N. Bond et al, Working Paper 28386, National Bureau of Economic Research, http://www.nber.org/papers/w28386 Last visited 12/4/2025; See also *SNAP Helps Millions of Children,* the Center on Budget and Policy Priorities, April 2017 available at https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-children.

[112] *CalFresh Participation by Race/ethnicity*, Kids Data, available at https://www.kidsdata.org.

[113] *SNAP Helps Millions of Latinos,* the Center on Budget and Policy Priorities, February 2018, available at https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-latinos.

[114] *SNAP Helps Millions of Seniors,* the Center on Budget and Policy Priorities, April 2017 available at https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-low-income-seniors.

[115] 64 Fed. Reg. at 28676 ("Although Congress has determined that certain aliens remain eligible for some forms of medical, nutrition, and child care services, and other public assistance, numerous legal immigrants and other aliens are choosing not to apply for these benefits because they fear the negative immigration consequences of potentially being deemed a 'public charge.'").

[116] As DHS is aware, the term "mixed-status" refers to families or households in which members have different immigration statuses, e.g., a household with one immigrant parent who is subject to public charge, one immigrant parent who is an LPR, and two U.S.-citizen children.

C. The Rule Will Negatively Impact Crucial Public Health Programs, Including Communicable Disease Prevention Efforts in California, Leading to Increased Rates of Disease, Birth Defects, and Death for Both Immigrants and U.S. Citizens.

Were it adopted, the Rule's adverse impacts on public health would include increased rates of infection, disease, birth defects, and death in California and across the country. Such impacts would not be limited to individuals who are subject to public charge determinations but would affect all residents regardless of national origin or immigration status. This is for several reasons, including (1) the Rule's anticipated chilling effect, which will deter individuals, including individuals to whom public charge does not apply, from seeking or receiving the preventative, therapeutic, immunization, other public benefits for which they are eligible, and (2) the fact that certain conditions, including communicable diseases, do not discriminate on the basis of immigration status such that a threat to one is a threat to all.

The Rule acknowledges this chilling effect but does not address its wide-ranging consequences on the health and well-being of families. While the Rule notes that persons other than the immigrants who are subject to public charge determinations will disenroll from or decline to enroll in the public benefits programs for which they and their family members remain eligible under the law,[84] the Rule makes no attempt to mitigate or avoid such outcomes. Decreased enrollment in public benefits programs, particularly those programs offering health care and immunizations services, is likely to increase the number of people—citizens and non-citizens—who suffer from and transmit communicable diseases in California.

Not only would the Rule allow DHS officers to consider public benefits provided under the Medicaid program as part of their public charge determinations, including routine doctor's visits and immunizations, the Rule seems to imply that DHS officers could consider the receipt of publicly-funded immunizations in any context—separately from immunizations provided under Medicaid or CHIP—because "Congress did not expressly exclude receipt of such benefits" from consideration.[117] As a result, and in contravention of Congressional intent, including as expressed in PRWORA,[118] we anticipate that the chilling effect described above will result in individuals, including LPRs and U.S. citizens in mixed-status households, deferring or avoiding testing or treatment for dangerous communicable diseases regardless of the Rule's exceptions.

1. The Rule Will Increase Disease Rates for All Californians.

If the Rule is adopted, U.S. citizens and non-citizens alike will face increased risks for transmission of communicable diseases, including, but not limited to, vaccine-preventable diseases.

Immunizations protect both individuals and communities. Community immunity, also known as herd immunity, is achieved only when a sufficient proportion of a population is immune to an infectious disease, making the disease's spread from person to person unlikely.[89] Even individuals

[117] 90 Fed. Reg. at 52181.

[118] As the Proposed Rule recognizes, such a result would be incompatible with congressional intent as expressed in PRWORA, a statute discussed extensively throughout the Proposed Rule despite PRWORA being separate and distinct form the INA and public charge. *See* 90 Fed. Reg. at 52176 (noting that Congress chose to ensure all non-citizens remained eligible to receive "immunizations and treatment of the symptoms of a communicable disease"), 52186 (recognizing and describing "the self-sufficiency goals of PRWORA" as separate from the mandatory factors in section

who cannot be vaccinated due to compromised immune systems, such as newborns and persons with chronic illnesses, are offered some protection because the disease has little opportunity to spread within the community.[90]

We note that despite DHS's acknowledgement of PRWORA's exception for public health benefits such as immunizations and treatment for communicable diseases in the Rule's *preamble*,[119] the Rule never states that public benefits covering immunizations and treatment for communicable diseases will not be considered under the proposed public charge framework. Instead, the Rule implies that officers would consider these public benefits as part of their determinations since Congress did not "expressly prohibit" their consideration.[120] Because it may not be readily discernible to the regulated public whether the receipt of immunization and treatment services for communicable diseases could affect a public charge determination, we request that DHS specifically state in any finalized regulation text that its officers would *not* have discretion to consider public health assistance "for immunizations with respect to immunizable diseases and for testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease."[121] Without such changes, the Proposed Rule is likely to cause unnecessary fear and confusion about seeking immunization or treatment for communicable diseases among immigrants subject to public charge, as well as their LPR or U.S. citizen family members to whom the Rule does not apply. This could lead to lower vaccination rates and weakening of herd immunity, which California has taken intentional steps to protect,[122] putting both immigrants and U.S. citizens at greater risk for infection by vaccine-preventable diseases. Additionally, California law requires that children admitted to public or private school be immunized against a host of communicable diseases in order to prevent their spread.[123] The Rule's potential chilling effect on immunizations, particularly for school-aged children, will not only contravene California law and policy but will also erode the ability of children and their families to achieve self-sufficiency through educational attainment.

According to both the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC), rates of sexually transmitted diseases (STDs) in California have declined in recent years. Between 2022 and 2023, chlamydia cases decreased by one percent, gonorrhea by eight percent, and all stages of syphilis by two percent; congenital syphilis cases decreased by 16 percent during the same time.[124] Due to the anticipated chilling effect described above, we expect the Rule to adversely impact the State's sexually transmitted infection (STI) control and prevention efforts as immigrants and their families, including U.S.-citizen family members, decline to seek routine care, testing, and treatment for STIs and other communicable diseases due to fears that they or a loved one will be found inadmissible under the Rule. This reluctance to access available health care and public

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[119] *See* 90 Fed. Reg. at 52176 (citing 8 U.S.C. § 1611(b)(1)(C)).
[120] *See* 90 Fed. Reg. at 52181.
[121] *See* 90 Fed. Reg. at 52181.
[122] Sen. Bill 277, 2015-2016 Leg. Sess. (Cal. 2015) ("[I]t is the intent of the Legislature to provide… [a] means for the eventual achievement of total immunization of appropriate age groups against the [listed] childhood diseases….").
[123] California Health and Safety Code, § 120335.
[124] *STI Data Report,* (Dec. 12, 2024), California Department of Public Health https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx (as of Dec. 5, 2025); See also *Sexually Transmitted Infections Surveillance 2023* (Sept. 2025) Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, https://www.cdc.gov/sti-statistics/media/pdfs/2025/09/2023_STI_Surveillance_Report_FINAL_508.pdf.

health benefits will directly hinder the ability of state- and county-level communicable disease investigators to locate people with untreated infectious diseases and bring them into local public health clinics for appropriate treatment.

The Rule fails to identify or describe proposed efforts by DHS or federal benefit-granting agencies such as HHS to dispel unwarranted fears about the receipt of immunization services, particularly by U.S. citizens and LPRs who have family members subject to the public charge ground of inadmissibility but themselves are not subject to the public charge ground of inadmissibility.[125] We are respectfully requesting that DHS identify what efforts it or the federal-benefit granting agencies will make to ensure that U.S. citizens and LPRs in mixed-status households, as well as other immigrants not subject to public charge determinations such as refugees and asylees,[126] are *clearly* informed that the Rule does not affect their eligibility for public benefits, including Medicaid and immunization services.

DHS should also explicitly inform the public if the receipt of public benefits of *any kind* by an eligible family or household member who is *not* subject to public charge could nonetheless impact the public charge determination for a relative or household member who is subject to the public charge ground of inadmissibility.[127] The Rule never addresses this issue, despite expressly anticipating that persons who are not subject to public charge determinations, including U.S. citizens, will disenroll or decline to enroll in public benefits programs if the Rule is finalized.[128]

2. The Rule Will Lead to Decreased Prenatal Care and Increased Preventable Maternal and Infant Illnesses and Deaths.

We also anticipate that the Rule will have a chilling effect on the willingness of pregnant women to access prenatal care, increasing the risk of illness and death for mothers and their infants.

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[125] Again, it is worth noting that LPRs are not considered applicants for admission and generally are not subject to public charge determinations. *See* 90 Fed. Reg at 52192, 52193. However, despite acknowledging that other groups of non-citizens like refugees and asylees "are eligible for Federal, State, Tribal, territorial, or local benefits . . . while present in an immigration classification or category that is exempt from the public charge ground of inadmissibility," if those individuals "later apply for an immigration benefit that subjects them to the public charge ground of inadmissibility," the Proposed Rule indicates that DHS officers would consider the receipt of those benefits. 90 Fed. Reg. at 52191. Similar to other types of benefits discussed in the Rule, this suggests that DHS officers would consider any and all public benefits *unless* Congress expressly prohibited their consideration, regardless of the context or clear congressional intent that the individual receive such benefits. *See* 90 Fed. Reg. at 52181.

[126] 90 Fed. Reg. at 52191.

[127] The Proposed Rule never explicitly addresses this issue. As a result, it is unclear if, for example, a DHS officer could consider a U.S.-citizen child's receipt of public benefits as part of the *parent's* public charge determination. This lack of clarity is especially concerning given that the Rule contemplates "disenrollment or forgone enrollment in public benefits programs by members of households that include aliens who may be receiving public benefits"—not just disenrollment or foregone enrollment by the non-citizens subject to public charge—but fails to specify why this would be the case. *See, e.g.*, 90 Fed. Reg. at 52170. The Rule also indicates that the "household" will continue to be relevant to public charge determinations despite the proposed recission of the regulatory definition of household that makes clear to the public *who* would be considered part of the individual's household but never specifies how the individual's household might impact the public charge determination. *See* 90 Fed. Reg. at 52187. This is yet another example of the Rule being less clear, and breeding more uncertainty and confusion for both immigrants, the public, and DHS officers, compared to the "primary dependence" standard under the 1999 Field Guidance and 2022 Final Rule.

[128] *See, e.g.*, 90 Fed. Reg. at 52170, 52193, 52208 ("In addition, the transfers estimated in this analysis relate predominantly to enrollment decisions made by those who are not subject to the public charge ground of inadmissibility. *The consequences of reductions in transfer payments represent significantly broader effects than any disenrollment that would result among people regulated by this proposed rule*." (emphasis added)).

Pregnant women are more susceptible to developing severe influenza, and influenza during pregnancy can result in pre-term birth, low birth weight, and stillbirth of the infant.[129] Influenza immunization during pregnancy helps protect both mothers and infants from influenza and its complications, including illnesses which require hospital care.[130] Additionally, young infants are at the greatest risk of serious pertussis disease, also known as whooping cough, which can result in hospitalization or death.[131] Immunizing pregnant women, which passes protection to their infants, is currently the most effective way to protect young infants from pertussis.[132] Decreased prenatal care would result in fewer women becoming immunized against pertussis or influenza during pregnancy, leading to increased illness and deaths amongst infants and mothers.[133]

Congenital syphilis, also known as syphilis in infants, is a highly preventable disease that infects infants born to mothers with untreated or insufficiently treated syphilis.[134] Congenital syphilis can cause miscarriages, prematurity, and low birth weights.[135] Without complete, timely treatment with antibiotics, up to 40 percent of infants exposed to syphilis during pregnancy may be stillborn or die shortly after birth.[136] Those infants who are born alive will be at high risk for serious complications, including blindness, deafness, severe anemia, deformed bones, brain and nerve problems, meningitis, and death.[137] The Proposed Rule is expected to exacerbate the high rate of congenital syphilis cases already affecting California. CDPH data demonstrates there were 514 congenital syphilis cases reported in California in 2023.[107] Of those 514 cases, 41 were stillbirths or neonatal deaths. The Proposed Rule would likely lead to an even greater increase in stillbirths and other long-term, harmful effects from congenital syphilis as immigrants subject to public charge and their family members avoid accessing the public benefits for which they are eligible, including routine prenatal care that covers testing or treatment for syphilis.[138]

Vaccines Recommendations Before, During, and After Pregnancy (June 24, 2024), Centers for Disease Control and Prevention, https://www.cdc.gov/vaccines-pregnancy/recommended-vaccines/index.html (as of Dec. 9, 2025); *ACIP Recommendations Summary* (Aug. 28, 2025), Centers for Disease Control and Prevention, https://www.cdc.gov/flu/hcp/acip/index.html, Last visited on December 9, 2025.

[130] *Vaccines Recommendations Before, During, and After Pregnancy* (June 24, 2024), Centers for Disease Control and Prevention, https://www.cdc.gov/vaccines-pregnancy/recommended-vaccines/index.html (as of Dec. 9, 2025); *ACIP Recommendations Summary* (Aug. 28, 2025), Centers for Disease Control and Prevention, https://www.cdc.gov/flu/hcp/acip/index.html Last visited of December 9, 2025.

[131] Roger Baxter et al., *Effectiveness of Vaccination During Pregnancy to Prevent Infant Pertussis*, 139 Pediatrics 5 (May 2017), http://pediatrics.aappublications.org/content/pediatrics/139/5/e20164091.full.pdf.

[132] Roger Baxter et al., *Effectiveness of Vaccination During Pregnancy to Prevent Infant Pertussis*, 139 Pediatrics 5 (May 2017), http://pediatrics.aappublications.org/content/pediatrics/139/5/e20164091.full.pdf.

[133] Participation in programs like WIC has been shown to increase early access to prenatal care, which is critical for timely immunizations and other preventive services. U.S. Dept. of Agr., *How WIC Helps,* https://www.fns.usda.gov/wic/helps (as of Dec. 6, 2025). The Proposed Rule's apparent position that any benefits Congress has not expressly excluded from consideration may be considered as part of a public charge determination, 90 Fed. Reg. at 52181, will likely discourage eligible immigrant women from enrolling in WIC, potentially delaying or reducing access to prenatal care. This could further exacerbate risks associated with vaccine-preventable diseases during pregnancy and infancy.

[134] *Congenital Syphilis* – Centers for Disease Control and Prevention, https://www.cdc.gov/syphilis/about/about-congenital-syphilis.html (Dec. 5, 2025)

[135] *Congenital Syphilis* – Centers for Disease Control and Prevention, https://www.cdc.gov/syphilis/about/about-congenital-syphilis.html (Dec. 5, 2025)

[136] *Health Alert Template for Congenital Syphilis* (Jan. 31, 2025), Centers for Disease Control and Prevention, https://www.cdc.gov/sti/php/sti-program-resources/health-alert-template-for-congenital-syphilis.html (Dec. 5, 2025)

[137] *2023 STI Data Report* (Dec. 12, 2024) California Department of Public Health <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx> (as of Dec. 5, 2025).

[138] According to the CDC, "[a]ll pregnant women should be tested for syphilis at the first prenatal visit." (*Congenital Syphilis – CDC Fact Sheet* (Oct. 2016) Centers for Disease Control and Prevention.

3. The Rule Likely Will Lead to an Increase in Tuberculosis Cases.

Tuberculosis (TB) is a highly contagious disease that is spread through the air when a person with active TB disease coughs or sneezes.[139] According to the CDC, in 2017, there were 1.3 million TB-related deaths worldwide and approximately 9,100 cases in the United States.[140] The CDC has indicated that "[e]nding TB requires maintaining and strengthening current TB control priorities while increasing efforts to identify and treat latent TB infection *among high-risk populations*"[141] and has prioritized "collaborating with other national and international public health organizations to improve screening of immigrants and refugees."[142] Of the 2,056 new active TB cases reported in California in 2017, 82 percent of affected persons were born outside of the United States.[143] As DHS is aware,[144] even when enacting far-reaching welfare reform under PRWORA, Congress chose not to restrict immigrant eligibility for public health benefits such as immunizations and treatment for communicable diseases.[145] The Proposed Rule and its anticipated chilling effect are likely to undermine these vital public health benefits as immigrants and their family members decline to seek necessary care due to fear and confusion about the Proposed Rule's applicability.[146] An individual with undiagnosed and untreated TB, on average, may infect another ten to fifteen individuals before their disease is so severe they are forced to seek care.[147] Those at greatest risk for infection are family members, particularly children.[148] Children infected with TB progress to active disease much more rapidly than adults and are at very high risk for severe, lifelong disability and death from tuberculosis.[149] Barriers to early diagnosis and treatment of adults with TB and the children infected by them are likely to reverse the progress made in recent years in decreasing the number of pediatric tuberculosis cases and deaths in California.

D. The Rule Will Negatively Impact Public Health Programs that Promote Maternal, Child, and Family Health.

<https://www.cdc.gov/std/syphilis/cong-syph-feb-2017.pdf> (as of Oct. 16, 2018)).

[139] (*What to Do If You Have Been Exposed to TB* (updated Mar. 21, 2016) Centers for Disease Control and Prevention < https://www.cdc.gov/tb/topic/basics/exposed.htm> (as of Oct. 29, 2018).

[140] *Data and Statistics* (updated Oct. 22, 2018) Centers for Disease Control and Prevention <https://www.cdc.gov/tb/statistics/default.htm> (as of Oct. 29, 2018).

[141] *Data and Statistics* (updated Oct. 22, 2018) Centers for Disease Control and Prevention <https://www.cdc.gov/tb/statistics/default.htm> (as of Oct. 29, 2018).

[142] *Factsheet* (updated Oct. 26, 2016) Centers for Disease Control and Prevention <https://www.cdc.gov/tb/publications/factsheets/specpop/tuberculosis_in_hispanics_latinos.htm> (as of Oct. 29, 2018).

[143] *TB in California: 2017 Snapshot* (Feb. 13, 2018) California Department of Public Health <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-TB-Fact-Sheet- 2017.pdf> (as of Oct. 29, 2018).

[144] 90 Fed. Reg. at 52176.

[145] 8 U.S.C. § 1611(b)(1)(C).

[146] Studies conducted in California and Maryland have also indicated that generalized fear of immigration authorities, especially among immigrants with low English proficiency, commonly results in delays in testing and treatment for TB, which in turn can exacerbate the deleterious health effects associated with the disease. (Asch et al., *Why Do Symptomatic Patients Delay Obtaining Care for Tuberculosis?* (Apr. 1, 1998) American Journal of Respiratory and Critical Care Medicine, Vol. 157, No. 4; Golub et al., *Patient and health care system delays in*

[147] *What is Tuberculosis?*, KNC Tuberculosis Foundation, https://www.kncvtbc.org/en/about-tb/what-is- tuberculosis/ Last visited Nov. 19, 2018.

[148] *Questions and Answers About TB* (Dec. 18, 2014), Centers for Disease Control and Prevention, https://www.cdc.gov/tb/publications/faqs/qa_introduction.htm#tbprobleminus.

[149] Andrea T. Cruz & Jeffrey R. Starke, *Pediatric Tuberculosis*, 31 Pediatrics in Review 1 (Jan. 2010); *TB in Children* (June 21, 2018), Centers for Disease Control and Prevention, https://www.cdc.gov/tb/topic/populations/tbinchildren/default.htm.

The Rule will also negatively impact programs that promote and protect maternal, child, and family health.

CDPH administers several programs directed at promoting maternal, child, and family health that are separate and apart from programs like Medicaid. Because the Proposed Rule places no limits on which public benefits may be considered, non-citizens and their families are likely to be chilled by this uncertainty and may refrain from seeking services for which they or their children are eligible. Fear of participating in programs such as the California Home Visiting Program, and programs funded by Title V block grants that are used to connect women, children, and youth to health care services will contribute to widening disparities in health outcomes between households with immigrant family members and households comprised exclusively of U.S. citizens. This is extremely troubling given the millions of children across the United States who are members of mixed-status families.[150] In California specifically, almost half of children have at least one immigrant parent.[151]

Through California's Children's Health Insurance Program (CHIP), the State provides full-scope coverage of services for pregnant individuals, regardless of immigration status, which covers pregnancy-related and postpartum services for undocumented or non-qualified individuals.

CHIP and Medi-Cal are especially important for children under twenty-one years of age with disabilities enrolled in California's Children's Services (CCS) program which provides diagnostic and treatment services, medical case management, and physical and occupational therapy health care services to children with CCS-eligible conditions (e.g., severe genetic diseases, chronic medical conditions, infectious diseases producing major sequelae, and traumatic injuries) from families unable to afford catastrophic health care costs. CCS currently serves approximately 182,000 children in California, approximately ninety percent of whom receive this service through CHIP and Medi-Cal benefits.

Moreover, the loss of housing assistance will seriously harm affected families. Housing vouchers have been repeatedly shown to improve children's educational and health outcomes. Housing underlies these improved outcomes along with the wraparound health and human services that flow from families' stable placements.

Housing assistance is foundational to pulling women, children and families out of poverty. Children whose families are able to move to higher opportunity neighborhoods due to receipt of housing assistance experience long-term improvements in health, income and educational attainment, as well as reduced homelessness, housing instability, and overcrowding. This benefits not only the families and children who achieve the improved outcomes, but also the entirety of California and its economy. The Rule distorts and indeed negates the very progress that the use of public benefits achieves –

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[150] Jeffrey S. Passel & Jens Manuel Krogstad, *What we know about unauthorized immigrants living in the U.S.*, Pew Research Center (July 22, 2024), https://www.pewresearch.org/short-reads/2024/07/22/what-we-know-about-unauthorized-immigrants-living-in-the-us/ (as of Dec. 6, 2025) (indicating that across the United States, "[a]bout 4.4 million U.S.-born children under 18 live with an unauthorized immigrant parent").

[151] Marisol Cuellar Mejia, Cesar Alesi Perez, & Hans Johnson, *Immigrants in California*, Public Policy Institute of California, January 2025, https://www.ppic.org/publication/immigrants-in-california/ (as of Dec. 6, 2025); see also *Children Living with Foreign Born Parents* (Mar. 2024), Population Reference Bureau, (analysis of U.S. Census Bureau American Community Survey summary files and public use microdata), www.kidsdata.org (children living with foreign-born parents).

improved health and education outcomes, independence and self-sufficiency for California's women, children and families. The Rule poses an untenable risk to such economic and personal gains in California.

The lack of application for and distribution of housing vouchers/assistance will extend well beyond housing. As noted, many housing authorities provide wraparound services to public housing residents, including but not limited to employment, clinical health, mental health, behavioral health, and financial literacy. These wraparound services will be lost to eligible families who withdraw from public housing assistance programs or fail to apply due to fear of impact on their immigration status. This will harm children, families, California communities and all Californians.

Given that the Rule will likely sow doubt among immigrant and mixed-status families about accessing essential health benefits, for which many are eligible under state law, the Rule would undermine the substantial progress that California has made to increase access to healthcare, harming families and communities; weaken the public health; and create public distrust in the State's social welfare institutions. Based on its far-reaching impacts, this Rule will harm both citizen and non-citizen children alike.

E. The Proposed Rule Will Chill SNAP and WIC Enrollment, With Lifelong Impacts on Health, Learning, and Employment.

Nutrition programs such as SNAP (known as "CalFresh" in California) and WIC are designed to meet the nutritional needs of families and improve health outcomes. Children are the majority of SNAP and WIC participants in California. Each month, approximately two million children participate in SNAP (of approximately five and a half million total participants) and approximately 790,000 children participate in WIC (of nearly one million total participants).[152] Both SNAP and WIC allow families with children, especially young children, to combat food insecurity, and associated chronic diseases and mental illnesses, by providing access to nutritious meals.[153]

SNAP is the largest children's nutrition and anti-poverty program in the country, and keeps millions of children out of poverty each year.[154] Addressing food insecurity is posited to lessen the

[152] *Adults and Children Participating in CalFresh*, www.kidsdata.org, Last visited December 17, 2025. See also *WIC November 2025 Estimates*, www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/AboutWIC/CDPHWICDivision/2025-26_WIC_Nov_Estimate.pdf

[153] *SNAP Helps Millions of Children*, Center on Budget and Policy Priorities, April 2027, https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-children#_edn10, See also *Planning a WIC Research Agenda: Workshop Summary* (2011), National Academy of Sciences, https://www.ncbi.nlm.nih.gov/books/NBK209696/pdf/Bookshelf_NBK209696.pdf; Cindy W. Leung et al., *Household Food Insecurity is Positively Associated with Depression among Low-Income Supplemental Nutrition Assistance Program Participants and Income-Eligible Nonparticipants*, 145 J. Nutrition 622 (Mar. 2015); Hilary K. Seligman, *Food Insecurity is Associated with Chronic Disease among Low-Income NHANES Participants*, 140 J. Nutrition 304 (Feb. 2010), https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-children#_edn10 on November 25, 2025; *Planning a WIC Research Agenda: Workshop Summary* (2011), National Academy of Sciences, https://www.ncbi.nlm.nih.gov/books/NBK209696/pdf/Bookshelf_NBK209696.pdf; Cindy W. Leung et al., *Household Food Insecurity is Positively Associated with Depression among Low-Income Supplemental Nutrition Assistance Program Participants and Income-Eligible Nonparticipants*, 145 J. Nutrition 622 (Mar. 2015); Hilary K. Seligman, *Food Insecurity is Associated with Chronic Disease among Low-Income NHANES Participants*, 140 J. Nutrition 304 (Feb. 2010).

[154] *SNAP Helps Millions of Children*. Center on Budget and Policy Priorities, April 2017, https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-children#_edn10, Last visited on Nov. 25, 2025.

risk of developmental delays and improve outcomes such as children's ability to focus and perform at school.[155] By centering on the consumption of healthy foods, SNAP and WIC programs are also designed to prevent obesity and other negative health outcomes associated with poor nutrition.[156]

For children, SNAP drives nutritional health, growth, and learning in two key ways: in addition to the SNAP food benefit used to purchase groceries for meals at home, school-age children enrolled in SNAP are also automatically enrolled in free School Meals and the new SUN Bucks summer nutrition program, without additional paperwork from their schools or families. The Rule and its resulting chilling effect may lead parents to withdraw their families from SNAP food and thereby disenroll their children from School Meals and SUN Bucks even though they remain eligible for these benefits. Parents should not be forced to choose between feeding their children and protecting their family members from possible removal. Severe hunger for children in America was eliminated forty years ago with the creation of SNAP. The Rule threatens to reverse this progress for the children of immigrants, the vast majority of whom (86 percent) are U.S.-citizen children,[157] which will have lifelong impacts on health, learning, and employment. The national goals of economic and social success for all children, including the children of recent immigrants, is undermined if parents disenroll from SNAP, free School Meals and the SUN Bucks programs because of this Rule.

Similarly, the Rule is likely to have significant, adverse impacts on the health and nutrition of women, infants, and children under the age of five who receive WIC benefits.[158] WIC participation improves birth outcomes, increases early access to prenatal care, and reduces rates of low birth weight and infant mortality. Participation in WIC and other public nutrition programs helps reduce the incidence of iron deficiency anemia in children and helps improve dietary intake and diet for women and children. It also supports children's cognitive development and school readiness, laying the foundation for long-term academic and economic success. Economically, WIC is highly cost-effective—every dollar spent on prenatal participation saves up to $3.13 in health care costs within the first sixty days after birth. For more than fifty years, WIC has demonstrated continued success in improving outcomes for the populations it serves, providing young families with the resources to support the healthiest possible start to life. By deterring enrollment through fear of immigration consequences, the Rule risks undermining these benefits, leading to poorer health outcomes and increased public costs.[159] DHS itself acknowledges these potential consequences, noting that decreased enrollment in public benefit programs is anticipated.[160]

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Congress chose to allow the states to exclude certain immigrant groups from PRWORA's restrictions on immigrant eligibility for public benefit programs, including Medicaid, CHIP, WIC,

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[155] *The Effect of Food Stamps on Children's Health: Evidence from Immigrants' Changing Eligibility,* East, Chloe N. (2016). Denver, CO: The University of Denver.
[156] Our Kids, Our Future. (2018). Washington, DC: First Focus and Child Poverty Action Group. Retrieved from https://static1.squarespace.com/static/5783bb3f46c3c42c527e1a41/t/5acf69fa6d2a73de67916fed/1523542529081/OKOF%2B-%2BMaster%2BWeb%2BVersion%2B-%2BApril%2B2018.pdf on November 25, 2025.
[157] Migration Policy Institute, Children in U.S. Immigrant Families, Children in U.S. Immigrant Families | migrationpolicy.org (accessed on December 16, 2025)
[158] *Welfare Reform and Health Insurance of Immigrants*, Neeraj Kaushal & Robert Kaestner, 40 Health Servs. Research 697 (June 2005).
[159] U.S. Dept. of Agr., *How WIC Helps,* https://www.fns.usda.gov/wic/helps (as of Dec. 6, 2025).
[160] 90 Fed. Reg. at 52218

and SNAP, in recognition of the fact that such programs provide essential health care and nutrition services to immigrants and their families, including U.S. citizen children, promote public health, and protect the general welfare.[161] The Proposed Rule, however, sows confusion about immigrants' ability to access these essential benefits and discourages immigrants and their families from receiving the health care, nutrition assistance, and housing benefits for which they remain eligible by law. This contravenes Congressional intent. For the reasons outlined in this letter, we urge DHS to withdraw the Proposed Rule.

Thank you for consideration.

Sincerely,

Kim Johnson
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/Michelle Baass/
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[161] 90 Fed. Reg. at2177 (citing 8 U.S.C. § 1621(d)).

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