UCLA Latino Policy & Politics Initiative

FORGOING HEALTHCARE IN A GLOBAL PANDEMIC

THE CHILLING EFFECTS OF THE PUBLIC CHARGE RULE ON HEALTH ACCESS AMONG CHILDREN IN CALIFORNIA

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APRIL 07, 2021

Acknowledgements

This report was made possible by generous support from the Commonwealth Fund. The Latino Policy and Politics Initiative (LPPI) is grateful to all our funders that make our work possible. The authors are also grateful for LPPI Research Analyst Kassandra Hernández's assistance with reviewing different stages of the project. The authors would also like to thank Andrea Cannon for the report layout and design.

As a land grant institution, the UCLA Latino Policy and Politics Initiative acknowledges the Gabrielino and Tongva peoples as the traditional land caretakers of Tovaangar (Los Angeles basin, Southern Channel Islands) and that their displacement has enabled the flourishing of UCLA.

About the UCLA Latino Policy and Politics Initiative

The UCLA Latino Policy and Politics Initiative addresses the most critical domestic policy challenges facing Latinos and other communities of color through research, advocacy, mobilization, and leadership development to expand genuine opportunity for all Americans.

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EXECUTIVE SUMMARY

In 2018, the Trump administration announced changes to the "public charge rule" that made it more difficult for immigrants to get a green card. These changes, which took effect in 2020, expanded the list of publicly funded programs that would potentially disqualify immigrants from getting a green card to include the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. The new rule also gives immigration officials broad discretion to subjectively assess whether green card applicants will rely on public assistance in the future. After multiple appeals, the U.S. Citizenship and Immigration Services will, as of March 9, 2021, no longer apply the changes to the public charge rule that took effect in 2020.[1] This means that the public charge determination will be based again on the guidelines established in 1999, which do not include health and nutrition programs as criteria to consider a person as a "public charge." Notwithstanding, confusion about the criteria that disqualify people from more permanent immigration status –on the grounds of becoming a "public charge"– can still lead immigrants and their families to disenroll from public assistance programs or refrain from using public services such as healthcare. Disenrollment from, and reduced utilization of, public benefits due to immigration concerns is known as the "chilling effect."

In this policy brief, we estimate the potential chilling effects of the approved changes to the public charge rule on children in the state of California who are living with at least one parent without a green card. First, we calculate the number of children who live with at least one parent without a green card (and are therefore potentially subject to the chilling effect) across seven regions in California. Second, for U.S.-born Latino children who live with at least one parent without a green card, we estimate the following potential impacts of chilling effects:

1. The number of children who would lose access to a usual source of care other than the emergency room (ER),
2. The number of children who would stop receiving a yearly doctor visit, and
3. The number of children forgoing care.

We use three different disenrollment rates to illustrate three possible assumptions regarding the percentage of individuals who might change their behavior in response to the changes to the public charge rule.

We find that Los Angeles County would be the most affected of the seven regions we studied, as between 42,911 and 65,458 children in that county could lose access to public programs due to chilling effects. In addition, up to 132,062 Latino children in California could lose access to a usual source of care if someone in their household refrains from participating in public health programs out of immigration concerns. We also found that there are currently 98,840 children living with a non-green card-holding parent who did not visit a doctor in the past year. We found that this number could more than double (as it could increase by at least 107,359 children) due to the chilling effect of changes to the public charge rule.

Our findings highlight the vulnerability of non-green card holders and their children in the face of immigration and public assistance reform. These individuals might lose their usual source of care or forgo care as a result of the public charge rule and potential chilling effects. This situation could become particularly harmful as the U.S. faces COVID-19, which has disproportionately affected Latinos and immigrants in California. The chilling effect would aggravate existing health disparities that stem from citizenship, migratory status, and ethnicity. Moreover, it could deter individuals from seeking care even in the presence of COVID-19 symptoms and further aggravate disparities already existing between Latinos and non-Latino whites. In this sense, the changes to the public charge rule could have both immediate and long-term effects on the health of noncitizens.
Based on our results, we make three policy recommendations:

1. **The Biden administration should completely eliminate the public charge rule.**
2. **State and local government agencies should establish partnerships with legal organizations to provide legal orientation regarding changes in immigration status.**
3. **State, county, and city agents should disseminate specific information about the definition of public charge, especially its recent changes as of March 9, 2021, and its implications to avoid the chilling effect.**

Considering how little information exists about the implications of new public charge regulations on vulnerable children, our study provides useful and timely evidence for the ongoing debate on the impact of public charge rules on immigrant households and its implications on children's access to and use of health care.

INTRODUCTION

In September 2018, the federal government proposed changes to the inadmissibility rule to the United States (U.S.) on the grounds of public charge. These changes could bar an individual's entrance to the U.S. on a visa or impede their obtention of a green card. After a period of public comment and multiple injunctions, the Department of Homeland Security (DHS) issued a rule that went into effect in February 2020. The main changes in the final rule included:

1. The redefinition of public charge as any noncitizen who receives one or more of designated public benefits for more than 12 months over a three-year period, such as federally funded Medicaid, Temporary Assistance for Needy Families (TANF), or Supplemental Nutrition Assistance Program (SNAP), and
2. Immigrants might be unable to receive a visa or a green card if they are deemed likely to become a public charge under the new rules.[2]

After multiple appeals, the changes to the public charge rule were reversed. As of March 9, 2021, the U.S. Citizenship and Immigration Services will no longer apply the rule approved during the Trump administration.[3] This means that the public charge determination will be based again on the guidelines established in 1999, which do not include health and nutrition programs as criteria to consider a person as a "public charge" but still include TANF and state cash assistance. Federal law still requires individuals seeking permanent residence to prove they will not be a public charge, and they can still be deported or unadmitted to the U.S. if they become primarily dependent on government assistance. Despite the reversal of the changes that went into effect in 2020, the public charge rule continues to have important implications for California. In 2018, one in four individuals in the state was born outside the U.S., and Latinos made up half of the foreign-born population. Citizenship and migratory status put individuals at a disadvantage across different domains, such as health care. Immigrants are highly vulnerable to inadequate health care; they are less likely to have health insurance and access to health care. Consequently, they have poor health outcomes compared to U.S.-born or naturalized citizens.[4] The proportion of uninsured individuals in California is highest among Latinos (13.7 percent), compared to 5.3 percent for whites and 6.1 percent for Asian Americans, Native Hawaiians or other Pacific Islanders.[5]

The changes to the public charge rule are likely to exacerbate immigrant vulnerabilities by potentially expanding the share of noncitizens considered a public charge from three to 47 percent.[6] In addition, these changes could discourage utilization of public benefits among mixed-status families out of fear that others' reliance on government assistance, regardless how small, may impact family members' eligibility for a green card. This reaction to restrictive immigration policies is known as the "chilling effect." In the face of fear, confusion, and misinformation, immigrants are discouraged from using health programs, nutrition programs, and other public benefits. Despite their eligibility, they forgo care out of fear of immigration consequences. Researchers observed the chilling effect in 1998 when the noncitizen applications to Temporary Assistance for Needy Families (TANF) and Medi-Cal fell dramatically, despite the fact that many applicants were still eligible to use these programs.[7, 8, 9] Even with the Biden administration's recent reversal of the 2020 changes to the public charge rule, chilling effects are likely to linger.

A handful of documents published during the public comment stage of the new public charge determination used disenrollment rates[10] from the 1996 welfare reform to estimate the potential chilling effects of the changes to the inadmissibility rule.[11, 12] These documents estimate that nationwide, the chilling effect could impact up to 4.9 million Medicaid/Children's Health Insurance Program (CHIP) enrollees living in a household with at least one noncitizen. Moreover, up to 34 percent of the 5.5 million U.S.-born children with immigrant parents have specific medical needs, such as asthma, influenza, epilepsy, cancer or diabetes, and could be disenrolled from Medicaid, CHIP, or SNAP.[13] Following the implementation of the new public charge rule in February 2020, there was a nationwide decrease of approximately 260,000 enrollees in child Medicaid and 21,000 enrollees in the Special Supplemental Program for Women, Infants, and Children (WIC).[14] In addition, a study in California pointed out that the negative consequences of the public charge rule could lead to negative impacts on food security and health, potentially resulting in economic losses in the state.[15]

Most of this research, however, uses data sources that can potentially misclassify immigrants from noncitizen households due to lack of specificity in the way most surveys record legal status for immigrants. Most datasets classify immigrants as "citizens" or "noncitizens." However, a variable that is key to identifying the impact of the new public charge regulations in immigrant households is that of "Lawful Permanent Resident" status –better known as "green card holders." This variable is critical when analyzing the potential chilling effect of the new changes to the public charge regulation because the primary barrier erected by the change affects those applying for "permanent residence" (green cards) in the U.S. Unlike current literature on the topic, we use recently published disenrollment rates on data that allow us to distinguish between noncitizens who have a green card and noncitizens who do not.[16, 17] Further details on this are available in the Appendix.

In this policy brief, we first estimate the number of children with at least one parent without a green card (and therefore could be impacted by the chilling effect) in each of the seven regions in California. Second, we estimate the potential chilling effects of the approved changes to the public charge rule on the following:

1. The number of Latino children who would no longer have a usual source of care other than the emergency room (ER),
2. The number of Latino children who would no longer receive a yearly doctor visit, and
3. The number of Latino children who would forgo care.

METHODOLOGY

We use data from the California Health Interview Survey 2013-2019 to carry out analyses for two groups: (1) U.S.-born children of all racial/ethnic groups aged zero to 11 years old who live with at least one parent without a green card across seven regions in California, and (2) U.S.-born Latino children aged zero to 11 years old who live with at least one parent without a green card. For each analysis, we build three different disenrollment scenarios based on percentages observed in surveys or datasets from previous studies on public charge. These scenarios are ordered from most to least conservative, first assuming that smaller percentages and then larger percentages of individuals modify their behavior as a result of the public charge determination.

For scenario 1, we use the 17.7 percent disenrollment rate for California participants found in the 2019 Well-Being and Basic Needs Survey.[18] For scenario 2, we use the 20.4 percent disenrollment rate from a nationally representative internet survey conducted by the Urban Institute in December 2018.[19] Finally, in scenario 3 of the regional analysis, we assume that 27 percent of children could modify their behavior based on the drop in Medi-Cal applications observed among undocumented immigrants in Los Angeles County between 1996 and 1998.[20] In scenario 3 of the Latino children analysis, we assume that 20.6 percent of Latinos would modify their behavior, based on a nationally representative internet survey conducted in December 2018.[21]

RESULTS

We estimate that there are 731,900 children of all racial/ethnic groups under 11 years old who live with at least one immigrant parent without a green card in California. Over 60 percent of them are in Southern California, either in Los Angeles County (33 percent) or in other counties of that region (30 percent). Statewide, under the most conservative scenario (scenario 1), 129,546 children with a parent who is not a green card holder could lose public benefits from programs such as CHIP, WIC, or CalFresh, if their parents or someone in their family refrains from using government programs due to immigration concerns. Under scenario 3, close to 200,000 children in California could lose public benefits (See Table 1). The region with the highest number of children affected by the public charge rule change would be Los Angeles County, where we estimate that between 42,911 and 65,458 children might disenroll from non-cash government benefits. The second most affected region is the Other Southern California region, which includes Imperial County, Orange County, Riverside County, San Bernardino County, and San Diego County.

Table 1. Number of children with parents who are U.S. citizens or green card holders and chilling effects for children who have parents who are non-green card holders across regions in California

PARENTS' DOCUMENTATION STATUS	CITIZENS	GREEN CARD HOLDERS	NON-GREEN CARD HOLDERS	NON-GREEN CARD HOLDERS		
REGION	***Sub-total population of children***	***Sub-total population of children***	***Sub-total population of children***	**Scenario 1 (17.7%)**	**Scenario 2 (20.4%)**	**Scenario 3 (27%)**
CENTRAL COAST	*220,574*	*30,000*	*57,523*	10,182	11,735	15,531
GREATER BAY AREA	*728,889*	*45,254*	*85,791*	15,185	17,501	23,164
LOS ANGELES	*811,298*	*120,689*	*242,436*	42,911	49,457	65,458
NORTH/SIERRA COUNTIES	*103,952*	*7,241*	*11,891*	2,105	2,426	3,211
OTHER SOUTHERN CALIFORNIA	*1,000,813*	*112,277*	*219,651*	38,878	44,809	59,306
SACRAMENTO AREA	*227,798*	*8,249*	*18,342*	3,247	3,742	4,952
SAN JOAQUIN VALLEY	*316,432*	*90,258*	*96,265*	17,039	19,638	25,991
TOTAL	***3,409,757***	***413,968***	***731,900***	**129,546**	**149,308**	**197,613**

Source: California Health Interview Survey, 2013-2019.
Notes: The columns corresponding to children whose parents are citizens or green card holders are only included as a baseline reference. The numbers in each of the three scenario columns indicate the number of children that could be disenrolled from public benefits. Each of the three scenarios are potential increases that might result from a chilling effect. The Appendix details how we developed the disenrollment scenarios and the counties included in each region.

Lack of access to a usual source of care other than the emergency room is a major driver of health disparities between Latinos and non-Latino whites.

Lack of access to a usual source of care other than the emergency room is a major driver of health disparities between Latinos and non-Latino whites.[22] A chilling effect could aggravate this disparity. Assuming that 17.7 percent of Latino children who currently have a usual source of care stop using healthcare out of immigration concerns, 113,471 children would join the current 64,307 children that do not have a usual source of care, yielding more than 175,000 children that would not have a usual source of care other than the ER (See Table 2). The number of Latino children without a usual source of care could increase by 132,062 under scenario 3 (where 20.6 percent of children refrain from public health programs). In terms of health care use–whether or not children had a doctor's visit in the past year–there are currently 98,840 children with a non-green card-holding parent who did not visit a doctor in the past year. Under the first scenario, the number of children living with a non-green card-holding parent and who do not receive a yearly office visit could increase by 107,359. This number could reach nearly 125,000 children under scenario 3.

In addition, there are currently 125,242 Latino children who have two important medical needs–defined as two mental, physical, or behavioral medical conditions–and live with a non-green card-holding parent. Assuming that 17.7 percent of these children abstain from seeking care due to family members' immigration concerns, the number of children who forgo care could increase from 5,519 to at least 27,687. For Latino children with three medical conditions, the number forgoing care could be above 5,000 under scenario 3. Our findings highlight the vulnerability of Latino non-green card holders and their children. These individuals may lose their usual source of care or forgo care even when it is critically needed (See Table 2).

Table 2. Number of Latino children with parents who are U.S. citizens, green card holders and chilling effects for children who have parents who are non-green card holders in California

PARENTS' DOCUMENTATION STATUS	CITIZENS	GREEN CARD HOLDERS	NON-GREEN CARD HOLDERS	NON-GREEN CARD HOLDERS		
	Sub-total population of children	*Sub-total population of children*	*Sub-total population of children*	Scenario 1 (17.7%)	Scenario 2 (20.4%)	Scenario 3 (20.6%)
Has a usual source of care other than ER						
Yes	*1,106,684*	*317,393*	*641,079*	113,471	130,780	132,062
No	*49,269*	*30,070*	*64,307*	-	-	-
At least one doctor visit in the past year						
Yes	*1,058,686*	*302,913*	*606,546*	107,359	123,735	124,949
No	*97,268*	*44,549*	*98,840*	-	-	-
Number of reported medical conditions						
1	*188,488*	*55,609*	*131,644*	23,301	26,855	27,119
2	*238,438*	*64,637*	*125,242*	22,168	25,549	25,800
3	*47,328*	*4,259*	*25,748*	4,557	5,253	5,304
Had to forgo or delay care in the past year	*15,417*	*6,246*	*5,519*	-	-	-

Source: California Health Interview Survey, 2013-2019.
Notes: A detailed description of the construction of the scenarios can be found in the Appendix. The Number of reported medical conditions is the addition of positive responses to having asthma, Attention Deficit Hyperactivity Disorder (ADHD), mental health, physical, behavioral or mental and functional limitation, or needs therapy. The columns corresponding to children whose parents are citizens or green card holders are only included as a baseline reference. The numbers in each of the three scenario columns indicate the number of children that could be disenrolled from public benefits. Each of the three scenarios, are potential increases that might result from a chilling effect. The Appendix details how we developed the disenrollment scenarios.

CONCLUSION

The public charge determination will likely aggravate the existing health disparities between children who live with a noncitizen parent without a green card and children who do not in California. Our findings highlight the vulnerability of non-green card holders and their children, as they may lose their usual source of care, refrain from seeking health care services, and forgo care even when it is critically needed. This situation can become particularly harmful as the U.S. faces COVID-19, which has disproportionately affected Latinos in California.[23] The chilling effect would aggravate existing health disparities that stem from citizenship, migratory status, and ethnicity. Moreover, it could deter individuals from seeking care even in the presence of COVID-19 symptoms and further aggravate disparities. In this sense, the changes to the public charge rule could have both immediate and long-term effects on the health of noncitizens. Considering how little information exists about the implications of public charge regulations on vulnerable children, our study provides useful and timely evidence for the ongoing debate on the impact of public charge rules on immigrant households and its implications on children's access to and utilization of health care.

POLICY RECOMMENDATIONS

The Biden administration signed an executive order announcing the creation of a task force to review the public charge rule[24, 25] and reversed the changes that went into effect in 2020. However, existing misinformation is still likely to produce a chilling effect. In this context and based on our results, we propose the following policy recommendations:

1. **Completely eliminate the public charge rule.**

   - Even though the Federal administration reversed the changes to the public charge rule, there are states like Arizona and Texas that are seeking to uphold the 2020 public charge determination.[26] The continued discussion of this rule has the potential to maintain the chilling effects as migrants are reminded that their eligibility for a more permanent immigration status might be jeopardized if they enroll in public programs. Moreover, even though the health and nutrition programs were removed as criteria, the long-standing rule of inadmissibility on the grounds of public charge has always had detrimental effects to the wellbeing of immigrants. Until the public charge rule is entirely eliminated, it will continue to have negative consequences on the health of immigrants.

2. **Increase provision of legal orientation to navigate migratory processes.**

   - State and local government agencies should partner with legal organizations such as the Immigrant Legal Resource Center (ILRC), the American Civil Liberties Union (ACLU), the National Immigration Law Center and The Coalition for Humane Immigrant Rights (CHIRLA), and foreign consulates to provide *pro bono* or low-cost legal services to immigrants who are eligible to file for permanent residence and determine whether or not they are impacted by the public charge rule. Even though immigrants eligible for naturalization are not affected by the public charge rule, they could potentially be impacted by the fear and misinformation related to the rule, which could also be prevented with this action.

3. **Disseminate specific information pertaining to the definition of public charge, especially its recent changes as of March 9, 2021, and its implications to avoid the chilling effect.**

   - State, county, and city agents should provide clear and specific information regarding what public charge *really* is and who is subject to these rules under the past and current determination. This could include the public charge factors, as well as the public benefits that were included in the 2020 rule that have been removed –e.g. SNAP and Medicaid– and the ones that are still included in the 1999 guidelines, such as TANF, state cash assistance and benefits provided for institutionalized long-term care. Particular attention should be paid to populations with limited internet access; outreach to them could be achieved through trusted partners such as faith-based organizations, radio stations, unions, community clinics and immigrant-serving organizations.

APPENDIX: CONSTRUCTION OF CHILLING EFFECT SCENARIOS

We used three different documents from the Urban Institute to build the chilling effect scenarios in Tables 1 and 2 of this policy brief. Each document provided disenrollment rates with varying degrees of specificity. The 1998 document used Los Angeles County data to assess the drop in monthly approvals for TANF and Medi-Cal, among other programs.[27] The 2019 document provides projected national disenrollment rates and distinguishes by Hispanic and Non-Hispanic ethnicity and documentation status of household members.[28] Finally, the 2020 document distinguishes by documentation status and adjusts by sociodemographic characteristics of Californian families.[29]

We combined the methodological advantages from each of these documents to build three scenarios that best fit each of our subsets of analysis: children stratified by Californian regions (Table 1) and children in Latino households with at least one non-green card-holding parent (Table 2). The following tables provide a detailed description of the chilling effect scenarios used for each table in the policy brief. Disenrollment rates were ordered from most to least conservative (smallest to largest expected disenrollment/forgoing percentage).

TABLE 1.1. DISENROLLMENT RATES AND SOURCES FOR EACH SCENARIO FOR CHILDREN WITH AT LEAST ONE NON-GREEN CARD-HOLDING IMMIGRANT PARENT IN *TABLE 1 NUMBER OF CHILDREN WITH PARENTS WHO ARE U.S. CITIZENS, GREEN CARD HOLDERS AND CHILLING EFFECTS FOR CHILDREN WHO HAVE PARENTS WHO ARE NON-GREEN CARD HOLDERS ACROSS REGIONS IN CALIFORNIA*

SCENARIO NUMBER	DISENROLLMENT RATE	DESCRIPTION	SOURCE
1 (most conservative)	17.7%	Adjusted percentage of Californians who responded **that they had not applied or stopped participating in a noncash government benefit in 2019 due to immigration concerns**	Hamutal Bernstein, Dulce Gonzalez, Sarah McTarnaghan, Michael Karpman and Stephen Zuckerman , *One in Six Adults in California Immigrant Families Reported Avoiding Public Benefits in 2019,* (Urban Institute, 2020), available online.
2	20.4%	National percentage of adults in immigrant families who responded that **they or someone in their family had not applied or stopped participating in a noncash government benefit between 2017 and 2018 due to immigration concerns** (one or more noncitizen family members in their household are not permanent residents)	Hamutal Bernstein, Dulce Gonzalez, Michael Karpman and Stephen Zuckerman, *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*, (Urban Institute, 2019), available online.
3 (least conservative)	27%	Percentage of undocumented individuals in Los Angeles County who disenrolled from Medi-Cal between January 1996 and January 1998	Wendy Zimmerman and Michael Fix, "Declining Immigrant Applications for Medi-Cal and Welfare Benefits in Los Angeles County" (Urban Institute, July 1998), available online.

TABLE 1.2 CALIFORNIAN COUNTIES IN EACH REGION USED IN *TABLE 1. NUMBER OF CHILDREN WITH PARENTS WHO ARE U.S. CITIZENS, GREEN CARD HOLDERS AND CHILLING EFFECTS FOR CHILDREN WHO HAVE PARENTS WHO ARE NON-GREEN CARD HOLDERS ACROSS REGIONS IN CALIFORNIA*

REGION	COUNTIES
Northern and Sierra counties	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba Counties
Sacramento	Sacramento County, El Dorado, Placer and Yolo Counties
Bay Area region	Alameda County, San Francisco County, San Mateo County, Santa Clara County, Solano County, Sonoma County, Contra Costa, Marin and Napa Counties
Central Coast region	Monterey County, Ventura County, San Benito, San Luis Obispo, Santa Barbara Santa Cruz Counties
San Joaquin region	Fresno County, Kern County, Kings County, Madera County, Merced County, San Joaquin County, Stanislaus County, Tulare County
Los Angeles County	--
Other Southern California region	Imperial County, Orange County, Riverside County, San Bernardino County, San Diego County

Source: Ninez A. Ponce, Lucia Laurel and Tia Shimada, Proposed Changes to Immigration Rules Could Cost California Jobs, Harm Public Health, (UCLA Center for Health Policy Research, 2018), available online.

TABLE 2.1. DISENROLLMENT RATES AND SOURCES FOR EACH SCENARIO FOR HOUSEHOLDS WITH AT LEAST ONE NON-GREEN CARD-HOLDING LATINO IMMIGRANT PARENT IN *TABLE 2. NUMBER OF LATINO CHILDREN WITH PARENTS WHO ARE U.S. CITIZENS, GREEN CARD HOLDERS AND CHILLING EFFECTS FOR CHILDREN WHO HAVE PARENTS WHO ARE NON-GREEN CARD HOLDERS IN CALIFORNIA*

SCENARIO NUMBER	DISENROLLMENT RATE	DESCRIPTION	SOURCE
1 (most conservative)	17.7%	Adjusted percentage of Californians who responded that **they had not applied or stopped participating in a noncash government benefit in 2019 due to immigration concerns**	Hamutal Bernstein, Dulce Gonzalez, Sarah McTarnaghan, Michael Karpman and Stephen Zuckerman, *One in Six Adults in California Immigrant Families Reported Avoiding Public Benefits in 2019*, (Urban Institute, 2020), available online.
2	20.4%	National percentage of adults in immigrant families who responded that **they or someone in their family had not applied or stopped participating in a noncash government benefit between 2017 and 2018 due to immigration concerns** (one or more noncitizen family members in their household are not permanent residents)	Hamutal Bernstein, Dulce Gonzalez, Michael Karpman and Stephen Zuckerman, *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*, (Urban Institute, 2019), available online.
3 (least conservative)	20.6%	National percentage of Hispanic adults in immigrant families who responded that they or **someone in their family had not applied or stopped participating in a noncash government benefit between 2017 and 2018 due to immigration concerns**	Hamutal Bernstein, Dulce Gonzalez, Michael Karpman and Stephen Zuckerman, *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*, (Urban Institute, 2019), available online.

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[17] Hamutal Bernstein, Dulce Gonzalez, Sarah McTarnaghan, Michael Karpman and Stephen Zuckerman, *One in Six Adults in California Immigrant Families Reported Avoiding Public Benefits in 2019*, (Urban Institute, 2020), available online.

[18] Ibid.

[19] Hamutal Bernstein, Dulce Gonzalez, Michael Karpman and Stephen Zuckerman, *One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*, (Urban Institute, 2019), available online.

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