



Society for Research in Child Development
1909 K Street, NW, Suite 320, Washington, DC 20006 USA
Tel: 202-800-0677 • Web: www.srcd.org • X: @SRCDtweets

U.S. Citizenship and Immigration Services (USCIS),
Department of Homeland Security (DHS)
RIN: 1615-AD06
Docket ID: USCIS-2025-0304

December 19th, 2025

RE: Notice of Proposed Rule on “Public Charge Ground of Inadmissibility”

On behalf of our membership, the Society for Research in Child Development ([SRCD](#)) is dutifully responding about the impacts that the proposed changes on public charge of inadmissibility could have on U.S. citizen children and families who are eligible for federally funded social welfare programs. We thank the U.S. Department of Homeland Security (DHS) for the opportunity to submit comments.

SRCD is a nonpartisan, multidisciplinary professional membership association representing thousands of developmental scientists. Our members' work seeks to improve the lives of children and families by exploring how individual differences and complex systems influence human behavior. Their research informs policies and practices in homes, early childhood development and education settings, schools, pediatric practices, public policymaking and more.

1. Overall Response from SRCD

The proposed rule rescinds the existing [2022 public charge regulation](#), restoring broad discretion for immigration adjudicators to consider a wide range of factors in determining whether an individual may become dependent on government support in the future. The breadth of evidence demonstrates that DHS policies intended to promote “self-sufficiency” in individuals arriving at U.S. borders create chilling effects, where eligible individuals may avoid enrolling in, or disenroll from, critical programs due to confusion and fear.¹ This chilling effect is particularly concerning for U.S. citizen children and families in mixed-status households, who are legally eligible for public benefits such as Medicaid, the Children’s Health Insurance (CHIP), the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and other federal support programs. DHS itself acknowledges in the proposed rule that implementation is likely to cause confusion among eligible individuals, resulting in

¹ Zallman, L., Finnegan, K. E., Himmelstein, D. U., Touw, S., & Woolhandler, S. (2019). Implications of Changing Public Charge Immigration Rules for Children Who Need Medical Care. *JAMA pediatrics*, 173(9), e191744. <https://doi.org/10.1001/jamapediatrics.2019.1744>

reduced participation in federal benefit programs and a projected \$9 billion annual reduction in federal transfer payments to states.² These consequences underscore that this proposed rule will not only harm children and families, particularly U.S. citizen children and mixed-status households, but also strain state budgets and compromise the delivery of essential services.

Research from the National Academies of Sciences, Engineering, and Medicine has shown that access to nutrition, health care, and housing programs, to name a few, are vital to children’s health, development, educational outcomes, and long-term wellbeing.³ Any deterrence from participation can have broad negative implications for all communities.⁴ For these reasons, we ask DHS to reconsider the proposed changes to the public charge regulation, considering the substantial evidence base demonstrating negative outcomes.

2. Chilling Effects and Impacts on Children and Families

The proposed rule mirrors key features of the 2019 public charge policy, particularly the broad and discretionary evaluation of “self-sufficiency” and the negative weighting of public benefit use.⁵ The 2019 policy illustrates a clear precedent for the likely consequences of this proposal: following its implementation, participation in Medicaid, CHIP, SNAP, WIC, and early childhood education (ECE) programs declined, largely due to confusion and fear among mixed-status households.⁶ Importantly, eligibility rules had not changed for most families. Instead, perceived risk led to avoidance of programs central to children’s development. Research from that period indicates that millions of eligible individuals are disengaged from health and nutrition programs for reasons tied to immigration concerns rather than actual regulatory requirements.⁷ Federally supported

² Department of Homeland Security. (2025, November 19). *Public Charge Ground of Inadmissibility* (Notice of Proposed Rulemaking, 90 FR 52168). Federal Register.

<https://www.federalregister.gov/documents/2025/11/19/2025-20278/public-charge-ground-of-inadmissibility>

³ National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty*. The National Academies Press. <https://doi.org/10.17226/25246>

⁴ National Academies of Sciences, Engineering, and Medicine. (2017). *Communities in action: Pathways to health equity* (Chapter 6: Policies to Support Community Solutions). The National Academies Press. <https://doi.org/10.17226/24624>

⁵ U.S. Department of Homeland Security. (2019, August 14). *Inadmissibility on Public Charge Grounds* (Final rule, 84 FR 41292). Federal Register. <https://www.federalregister.gov/documents/2019/08/14/2019-17142/inadmissibility-on-public-charge-grounds>

⁶ Artiga, S., Garfield, R., & Damico, A. (2019, September 18). *Estimated impacts of final public charge inadmissibility rule on immigrants and Medicaid coverage*. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/estimated-impacts-of-final-public-charge-inadmissibility-rule-on-immigrants-and-medicaid-coverage/>

⁷ *Ibid.*

programs are most effective when access is stable and continuous during the early years of life.⁸ When enrollment is reduced, the benefits of these programs are diminished or lost.⁹

For example, early childhood education programs such as [Head Start](#) represent approximately one in four Head Start enrollees, mostly from mixed-status households.¹⁰

¹¹Access to ECE is linked to a reduction in involvements in the criminal justice system, teen pregnancies, and reliance on public assistance programs.^{12,13} However, when immigration-related policies that elevate fear or confusion are implemented, ECE programs report declines in enrollment of between 10–20 percent.¹⁴ For this reason, evaluations of “self-sufficiency” should be designed and implemented in ways that foster trust and participation in ECE programs rather than create fear that discourages eligible families from accessing services.

Nutrition assistance programs, like SNAP and WIC, are also cost-effective programs that are linked to reducing food insecurity, with reported improvements in nutritional intake and support for healthy prenatal and early childhood growth.^{15,16} Children in families who access stable nutrition support programs like SNAP show stronger physical development

⁸ Reidt-Parker, J., & Chainski, M. J. (2015, November). *The importance of continuity of care: Policies and practices in early childhood systems and programs*. Start Early.

<https://www.startearly.org/app/uploads/pdf/NPT-Continuity-of-Care-Nov-2015.pdf>

⁹ Haley, J. M., Kenney, G. M., Bernstein, H., & Gonzalez, D. (2020, June). *One in Five Adults in Immigrant Families With Children Reported Chilling Effects on Public Benefit Receipt in 2019*. Urban Institute.

<https://www.urban.org/sites/default/files/publication/102406/one-in-five-adults-in-immigrant-families-with-children-reported-chilling-effects-on-public-benefit-receipt-in-2019.pdf>

¹⁰ Society for Research in Child Development. (2023). *Head Start*. <https://www.srcd.org/child-policy-hub/child-policy-briefs/early-childcare-and-education/head-start>

¹¹ Aikens, N., Knas, E., Malone, L., Tarullo, L., & Harding, J. F. (2017). A spotlight on dual language learners in Head Start: FACES 2014 (OPRE Report No. 2017-99). Administration for Children and Families, U.S. Department of Health & Human Services.

¹² Hahn, R. A., Barnett, W. S., Knopf, J. A., Truman, B. I., Johnson, R. L., Fielding, J. E., & Community Preventive Services Task Force. (2016). Early childhood education to promote health equity: A Community Guide systematic review. *Journal of Public Health Management and Practice*, 22(5), E1–E8.

<https://doi.org/10.1097/PHH.0000000000000378>

¹³ Johnson, R. C., & Jackson, C. K. (2019). Reducing inequality through dynamic complementarity: Evidence from Head Start and public-school spending. *American Economic Journal: Economic Policy*, 11(4), 310–349. <https://doi.org/10.1257/pol.20180200>

¹⁴ Lieberman, M. (2025, August 11). *Head Start confronts more funding disruptions and policy whiplash*. Education Week. <https://www.edweek.org/teaching-learning/head-start-confronts-more-funding-disruptions-and-policy-whiplash/2025/08>

¹⁵ Society for Research in Child Development. (n.d.). *Poverty*. Child Policy Hub. Society for Research in Child Development. Retrieved February 28, 2025, from <https://www.srcd.org/child-policy-hub/child-policy-briefs/poverty-and-income-support/poverty>

¹⁶ Sonchak, L. The Impact of WIC on Birth Outcomes: New Evidence from South Carolina. *Maternal Child Health J* 20, 1518–1525 (2016). <https://doi.org/10.1007/s10995-016-1951-y>

and improved cognitive and behavioral outcomes.^{17,18} When the fear of negative consequences deters eligible families in mixed-status households from enrolling, food insecurity increases, leading to developmental risk that is more costly and difficult to mitigate later.^{19, 20} Health coverage programs such as Medicaid and CHIP are proven to support preventive care, immunizations, developmental screenings, and access to behavioral health services.²¹ Evidence links childhood enrollment to improved long-term health outcomes, decreased avoidable hospitalizations, higher educational attainment, and higher income earnings trajectories in adulthood.²²

Research from the 2019 public charge period shows that healthcare programs experienced some of the largest declines due to adverse effects, signaling the sensitivity of medical services to immigration-specific policy shifts.²³ Under the proposed rule, similar deterrence would likely result in delayed care, missed screenings, and untreated conditions among eligible individuals in mixed-status households with U.S.-citizen children.²⁴

The evidence is clear and substantial in showing a consistent causal pattern in how access to early learning, nutrition, and healthcare programs yields significant benefits for children. It also confirms that these deleterious chilling effects, triggered by policies that imply immigration consequences for program use, reduce participation among eligible individuals and families, undermining the purpose and gains of these federally supported public welfare programs.²⁵ The 2019 experience illustrates the scale at which these declines can occur and demonstrates that such effects emerge even without changes to

¹⁷ Center on Budget and Policy Priorities. (2023, December 13). *SNAP is linked with improved health outcomes and lower health care costs*. Center on Budget and Policy Priorities. Retrieved February 28, 2025, from <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-health-outcomes-and-lower-health-care-costs>

¹⁸ Kirkegaard, A., & Manoli, D. A. (2014). *The effect of the Supplemental Nutrition Assistance Program on food security and health*. *American Economic Review*, 104(4), 1301–1335. <https://doi.org/10.1257/aer.20130375>

¹⁹ Cannon, J. S., Kilburn, M. R., Karoly, L. A., Mattox, T., Muchow, A. N., & Buenaventura, M. (2018). Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs. *Rand health quarterly*, 7(4), 6.

²⁰ National Academies of Sciences, Engineering, and Medicine. (2019). *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25466>

²¹ Society for Research in Child Development. (n.d.). *Health care*. Child Policy Hub. <https://www.srcd.org/child-policy-hub/child-policy-briefs/health/health-care>

²² *Ibid.*

²³ Kaiser Family Foundation. (2022, May 5). *2022 Changes to the Public Charge Inadmissibility Rule and the Implications for Health Care*. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/2022-changes-to-the-public-charge-inadmissibility-rule-and-the-implications-for-health-care>

²⁴ *Ibid.*

²⁵ Twersky, S. E. (2022). Do state laws reduce uptake of Medicaid/CHIP by U.S. citizen children in immigrant families: Evaluating evidence for a chilling effect. *International Journal for Equity in Health*, 21(1), 50. <https://doi.org/10.1186/s12939-022-01651-2>

eligibility. As the notice of proposed rulemaking lays out, the implementation of this rule is therefore likely to restrict access indirectly through deterrence, generating foreseeable negative consequences for children’s healthy development and long-term outcomes.

3. Impacts on State’s Economy and Community Well-Being

Reduced participation in federally supported health, nutrition, and early learning programs does not only jeopardize child development—it also generates substantial downstream costs for states and local communities.^{26, 27} As noted in the proposed rule, implementation may result in a projected multibillion-dollar reduction in federal transfer payments to states.²⁸ When eligible families withdraw from benefits due to fear or confusion, states absorb higher uncompensated care costs, and individuals’ reliance on emergency services increases, along with a growing demand for crisis-based social support.^{29,30} This shift places financial strain on public systems and compounds the long-term cost to taxpayers.³¹

The fiscal pressures are not exclusive to safety-net infrastructures as they ripple outward into the broader economy. For example, ECE participation is strongly associated with improved school performance, higher graduation rates, and increased adult earnings.³² Communities with greater access to early learning programs tend to see long-term gains in

²⁶ Ku, L., Kwon, K. N., Nketiah, L., Gorak, T., Krips, M., & Cordes, J. J. (2025, March). *How potential federal cuts to Medicaid and SNAP could trigger the loss of a million-plus jobs, reduced economic activity, and less state revenue*. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2025/mar/how-cuts-medicaid-snap-could-trigger-job-loss-state-revenue>

²⁷ Canning, P., & Stacy, B. (2019, July). *The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier* (Erratum Report No. 265). U.S. Department of Agriculture, Economic Research Service. <https://www.ers.usda.gov/webdocs/publications/93529/err-265.pdf>

²⁸ Department of Homeland Security. (2025, November 19). *Public Charge Ground of Inadmissibility* (Notice of Proposed Rulemaking, 90 FR 52168). Federal Register. <https://www.federalregister.gov/documents/2025/11/19/2025-20278/public-charge-ground-of-inadmissibility>

²⁹ Kaiser Family Foundation. (2021, April 6). *Sources of payment for uncompensated care for the uninsured*. <https://www.kff.org/affordable-care-act/sources-of-payment-for-uncompensated-care-for-the-uninsured>

³⁰ Ku, L., Kwon, K. N., Nketiah, L., Gorak, T., Krips, M., & Cordes, J. J. (2025, May). *Federal cuts to Medicaid could end Medicaid expansion and affect hospitals*. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2025/may/federal-cuts-medicaid-could-end-medicaid-expansion-affect-hospitals>

³¹ National Association of Counties. (2025, July 9). *The Big Shift: An Analysis of the Local Cost of Federal Cuts*. <https://www.naco.org/resource/big-shift-analysis-local-cost-federal-cuts>

³² National Head Start Association. (2025). 2025 Head Start Profile: National. Retrieved from <https://nhsa.org/wp-content/uploads/2025/01/National.pdf>

workforce readiness and economic productivity.³³ On the contrary, when chilling effects cause reductions in ECE enrollment, children lose access to early skill-building necessary for later academic success.³⁴ Over time, this can reduce labor force participation, diminish local economic growth, and weaken the future tax base.³⁵ In addition, reduced participation threatens the financial stability and operational viability of different service providers.³⁶ For example, ECE centers, health clinics, and nutrition programs rely on participation to maintain staffing, expand services, and invest in quality improvements.^{37,38} When enrollment falls sharply, as seen following the 2019 public charge rule, programs face budget shortfalls, classroom closures, and workforce reductions.³⁹

Viewed in aggregate, the proposed rule would predictably harm the public health, nutrition and education servicing infrastructure, causing a direct hit on the economic stability of states and localities. Preventable developmental, medical, and social challenges in children will become more complex and expensive when addressed later in life, undermining the long-term development and strength of all communities.

4. Conclusion

As discussed in this response, a wide body of research clearly demonstrates that when children access ECE, health and nutrition support, they thrive. When in fear and confusion, families avoid using these support programs, as occurred during the 2019 public charge policy shift. When this happens, the damage is both immediate and enduring. DHS's own analysis acknowledges that this proposal may again create chilling effects that will deter U.S. citizen children and eligible families from seeking essential services. Such fear-based

³³ Atmavilas, Y. (2022, March 6). Investing in affordable child care: Good for families, children, and economic impact. *Gates Foundation*. Retrieved from <https://www.gatesfoundation.org/ideas/articles/investing-in-child-care-good-for-economic-growth>

³⁴ *Ibid.*

³⁵ Pillai, A., Pillai, D., & Artiga, S. (2025, February 6). *Potential impacts of mass detention and deportation efforts on the health and well-being of immigrant families* [Issue brief]. Kaiser Family Foundation

³⁶ National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Roundtable on the Promotion of Health Equity, & Roundtable on Population Health Improvement. (2018). *Achieving Rural Health Equity and Well-Being: Proceedings of a Workshop*. National Academies Press (US). <https://doi.org/10.17226/24967>

³⁷ Aigner-Treworgy, S., Osborn, C., & Smith, L. (2022, November). *Using cost modeling to design new solutions for child care* (Bipartisan Policy Center Early Childhood Initiative). Bipartisan Policy Center.

https://www.bipartisanpolicy.org/wp-content/uploads/2022/11/BPC_ECI_Cost-Model-Explainer_RV7.pdf

³⁸ Lauderback, E., Mefford, E., Bose, S., Sandstrom, H., & Greenberg, E. (2023, August). *Child care staffing and enrollment in the wake of the pandemic: Findings from interviews with child care directors in the District of Columbia*. Urban Institute. <https://www.urban.org/sites/default/files/2023-08/Child%20Care%20Staffing%20and%20Enrollment%20in%20the%20Wake%20of%20the%20Pandemic.pdf>

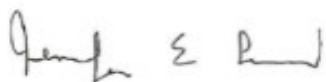
³⁹ *Ibid.*

disengagement would have a cascade impact in classroom settings, health clinics and other public service infrastructures. It would strain public systems, increase long-term costs, and diminish the prospects of the nation's workforce.

For these reasons, we respectfully urge DHS to reconsider the proposed rule. The purpose of policymaking is to strengthen the fabric of society, that is, to address challenges, expand opportunities, and ensure that avoidable harms are prevented. It should elevate our most vulnerable and promising members of society, our children, so that they can grow, play, and imagine their futures without fear and insecurity.

We want to thank you for taking the time to read our response to this notice. Please do not hesitate to reach out to us with any questions. As we continue our work on creating evidence-based policies to improve the lives of children and families, we can connect your office with our experts that can provide nonpartisan advice on the science behind your work.

Sincerely,



Jennifer E. Lansford, PhD,
S. Malcolm Gillis Distinguished Research Professor of Public Policy, Duke University
President
The Society for Research in Child Development
policy@srcd.org



Suzanne Le Menestrel, PhD, CAE
Executive Director
Society for Research in Child Development
policy@srcd.org