

Research has confirmed that the lead up to and rollout of the Trump public charge policy created a pronounced and persistent "chilling effect," with immigrants and their family members disenrolling from or failing to enroll in critical health, nutrition, and economic supports for which they were eligible, including Medicaid, the Children's Health Insurance Program (CHIP) and the Supplemental Nutrition Assistance Program (SNAP). This chilling effect is still felt today, despite the common sense Biden rule, as immigrants and their families experience ongoing fear and confusion.

## **CHILDREN AT RISK**

**The public charge policy impacts millions of children, the overwhelming amount of whom are U.S. citizens in mixed-status families.**

One in four children in the U.S. has an immigrant parent. Despite nearly 90% of those children being U.S. citizens themselves, many of them go without critical health care, nutrition, and other supports due to the fear and confusion caused by policies such as the public charge rule.

The Trump public charge rule resulted in:

- **Immigrant participation in TANF, SNAP, and Medicaid rapidly declining for children in immigrant families.** The share of children receiving benefits under TANF, SNAP, and Medicaid fell about **twice as fast** among U.S. citizen children with noncitizen household members as it did among children with only U.S. citizens in their household.
- **Medicaid enrollment decreasing by over a quarter million for children in mixed-status households.** U.S. citizen children with a noncitizen parent are **twice as likely to be uninsured** as U.S. citizen children with U.S. citizen parents.
- **Participation in SNAP among children in mixed-status households dropping by 22.5 percent (more than 718,000 children).** This drop represented a decrease that is **five times** that of the decrease among U.S. children in citizen-only households.
- **National School Lunch Program (NSLP), and National School Breakfast (NSB) program participation among mixed-status households declined.** The chilling effect resulted in decreasing mixed-status households' participation in **NSLP participation by 12.6%, and SBP by 16%**. Pandemic EBT, a program designed to feed children who were receiving free or reduced priced meals at school, as well as other key federal relief programs, **reported a decline in usage from children** after the rule was announced.
- **Immigrant mothers, even those exempt from the public charge rule, began postponing enrolling in prenatal Medicaid coverage and the Women, Infants, and Children program (WIC).** Significant decreases in their infants' birth weight were reported, which is a serious cause for concern as low birth weight is associated with short- and long-term health complications, including an increased risk of diabetes and cardiovascular disease.

- **Adults in immigrant families with children more likely to report chilling effects than their counterparts without children (20.0 percent versus 15.0 percent).** Nonpermanent residents were most likely to report that [they or a family member experienced chilling effects at 42.3%](#).

## **HEALTH CARE PROVIDER BURDEN**

### **Past public charge policies put burdens on hospitals and health care providers.**

The Trump Public charge rule also harmed hospitals, community health clinics, and service providers across the country. The chilling effect of the rule meant lower usage of preventive health coverage for immigrants and their families, which in turn put a higher burden on health care providers. This was particularly impactful for rural and safety net hospitals who already face staffing shortages and closures.

The Trump Public Charge rule was expected to:

- **Lose hospitals up to [\\$17 billion annually](#)** in payments from immigrants disenrolling in health coverage due to chilling effects. An estimated over 13 million Medicaid and CHIP enrollees could have disenrolled due to the rule's chilling effect.
- **Increase usage of emergency room visits**, which are more costly both for the health of immigrants who put off care until they cannot anymore, and to our health care system. In 2018, hospitals were already providing over [\\$40 billion in uncompensated care](#), which the public charge rule would have exacerbated.
- **Have an adverse impact on the revenues of community health centers who receive Medicaid funding.** At least 354,000 health centers nationwide could have lost [\\$346 million](#) if immigrants continued to disenroll from Medicaid. Loss of funding at this amount negatively affects all community members if these centers are forced to close.
- **Result in the closure or cuts to health care facilities**, with economic losses that could have exceeded [\\$30 billion](#) due to disenrollment from public programs and lost jobs.

## **REAL CHILLING EFFECTS**

### **Survey and program data confirm that the chilling effects of public charge policy are real.**

Participation in public benefit programs for which immigrants and U.S. citizens in immigrant households were eligible declined during the Trump Administration due to chilling effects. This resulted in short and long-term harm to immigrant families' and their children's health and economic security. The Trump policy took effect just weeks before the COVID-19 pandemic hit the United States, which amplified the health and economic harm of the pandemic for immigrants as well as U.S. citizens.

- Despite facing disproportionate hardships throughout the pandemic, [more than 1 in 5 adults in low-income immigrant families reported they or a family member avoided noncash benefits or other help with basic needs because of green card or other immigration concerns](#). In 2021, adults in low-income immigrant families had experienced high rates of food insecurity in the past year (36%), had problems paying rent or mortgage (20%), and utility bills (21%) compared to U.S.-born families.

- **The Trump-era public charge regulation likely deterred essential workers from seeking needed care and aid during the COVID-19 pandemic.** Researchers found that the public charge policy likely caused [2.1 million essential workers and household members to forgo Medicaid and 1.3 million to forgo SNAP](#).
- The Trump Administration anti-immigrant policies are also linked to [an increase](#) in anxiety and depression among immigrant communities.
- [More than one-quarter of immigrant parents](#) who were surveyed reported that they stopped using SNAP or other food programs in the last two years.
- [A quarter of low-income adults in California](#) reported avoiding public programs out of fear that participating would negatively impact their own immigration status or that of a family member in 2019. Researchers also found evidence that these chilling effects are associated with adverse health outcomes, including higher food insecurity and uninsured rates. Among those who reported avoiding programs, they were **twice as likely to delay needed medical care and filling prescriptions**.
- From January 2018 to January 2019, **the SNAP caseload for non-citizens fell by more than three times the caseload for citizens** in New York-- dropping 10.9% for non-citizens and 2.8% for citizens.