

Research Estimating Impact of Proposed Public Charge Rule: What Study to Use?

Description

On October 10, the Department of Homeland Security (DHS) posted a proposed public charge regulation in the federal register, asking the public to submit comments by December 10, 2018, before it becomes final. After DHS considers public comments received on the proposed rule, DHS will likely issue a final public charge rule that will include an effective date at least 60 days after the date the *final rule* is published. In the meantime, and until a final rule is in effect, DHS will continue to apply the current public charge policy.

The proposal weighs a range of factors in deciding whether a person is likely to use certain public benefits in the future and would make it much more difficult for low and moderate-income immigrants to get a green card, extend or change their temporary status in the US. The proposed test would weigh each of the following *negatively* in public charge decisions: earning less than 125% of the federal poverty level (FPL), being a child or a senior, having certain health conditions, limited English ability, less than a high school education, a poor credit history, and other factors. The only factor weighing as “heavily positive” is a household income of 250 percent of the Federal Poverty Level.

This document is a running summary of demographic and economic research estimating the impact of the proposed public charge rule. The document includes information on each research product’s key findings and data sources and suggests best uses for each product while describing the limitations of each research product. The estimates focus on two different universes: directly impacted individuals based on current estimates of benefit utilization and disenrollment scenarios, and chilled populations, which are likely to be chilled from accessing benefits, even if they are not current benefits recipients or directly impacted by the proposed rule. Based on the experience post-1996, following the last major transformation of federal laws governing immigrants and public benefits, we have data that indicates that large populations will be chilled from using benefits, even if the use of benefits will have no impact on their immigration status.

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CENTER ON BUDGET AND POLICY PRIORITIES

Title	Center on Budget and Policy Priorities: Trump Administration’s Overbroad Public Charge Definition Could Deny Those Without Substantial Means a Chance to Come to or Stay in the U.S.
Date Published	May 2019
Measurement	To illustrate just how radical the proposed public charge rule is, Center on Budget and Policy Priorities examines the impact of the proposal on U.S.-born citizens – if the public charge test were applied to them. The proposed rule does not apply to U.S. citizens.
Key Findings	<p>Looking at the U.S.-born population in 2017, the paper finds:</p> <ul style="list-style-type: none"> • If one considers benefit receipt of the U.S.-born citizens over the 1997-2017, some 43 to 52 percent received on the benefits included in the proposed public charge definition. • In just a single year, 3 in 10 U.S.-born citizens receive a benefit included in the proposed public charge definition. • If data allowed to look at U.S.-born citizens over their course of their full lifetimes, benefit receipt would exceed 50 percent of the population. • A significant share of individuals working in the United States – 16 percent – receive one of the benefits included in the proposed definition in just a single year. • The current definition is far narrower. In a single year, just 5 percent of U.S.-born citizens and 1 percent of individuals working in the United States meet the current benefits-related criteria for public charge determination.
Best Use of Resource	The best use of this resource is for those who are interested in describing the impact of the proposed public charge rule on U.S. citizens, if it were applied to them, to illustrate just how broad and extreme the proposal is. The study also has estimates based on workers’ occupation type (e.g., construction, manufacturing, mining). The resource is not intended for those looking for subnational estimates or estimates by race or ethnicity. Also, this resource does not provide estimates on the directly or chilled population as it focuses on an illustrative example of applying the proposal on U.S.-born citizens.
Data available by subnational level?	No.
Data available for children?	The paper finds that 59 percent of children born during 1999-2017 (in non-immigrant households) received one of the five benefits over the period, making clear that a majority of U.S.-born citizens will receive one of these benefits at some point in their lives.
Data available by race/ethnicity?	No.
Data Source	2016 Current Population Survey
Hyperlink	https://www.cbpp.org/research/poverty-and-inequality/trump-administrations-overbroad-public-charge-definition-could-deny

URBAN INSTITUTE

Title	Urban Institute: One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018
Date Published	May 2019
Measurement	The Urban Institute provides the first estimates of self-reported chilling effects on participation in public benefit programs associated with the proposed public charge rule. Chilling effects discourage eligible immigrant families from applying for and receiving public benefits because of immigration-related consequences.
Key Findings	<p>The Urban Institute finds:</p> <ul style="list-style-type: none"> • About one in seven adults in immigrant families (14%) reported “chilling effects,” in which the respondent or a family member did not participate in a noncash government benefit program in 2018 for fear of risking future green card status. • Though the proposed rule would only directly affect adults who do not yet have a green card (i.e., lawful permanent residence), we observed chilling effects in families with various mixes of immigration and citizenship statuses, including 15% of adults in families where all noncitizen members had green cards and 9% of those in families where all foreign-born members were naturalized citizens. • Hispanic adults in immigrant families were more than twice as likely (21%) as non-Hispanic white and non-Hispanic nonwhite adults in immigrant families (9% and 6%, respectively) to report chilling effects in their families. • Though the proposed rule would only directly apply to adults, many households with children experienced chilling effects. Adults in immigrant families living with children under age 19 were more likely to report chilling effects (17%) than adults without children in the household (9%). • Most adults in immigrant families reported awareness of the public charge rule (63%). Adults who had heard “a lot” about the proposed rule were the most likely to report chilling effects in their families (31%).
Best Use of Resource	The best use of this resource is for those looking for estimates of the chilling effect already happening in immigrant families associated with proposed changes to public charge. The resource also has chilling effect estimates by public benefit type, such as SNAP, Medicaid, and housing assistance. The resource is not intended for those looking for direct impacts of the proposed rule. The resource does not have tabulations by other races/ethnicities outside of Hispanic.
Data available by subnational level?	No.
Data available for children?	Yes.
Data available by race/ethnicity?	Yes, tabulations are available for Hispanics and non-Hispanic white respondents.
Data Source	December 2018 round of the Well-Being and Basic Needs Survey
Hyperlink	https://www.urban.org/sites/default/files/publication/100270/one_in_seven_adults_in_immigrant_families_reported_avoiding_public_benefit_programs_in_2018.pdf

CHILDREN'S HEALTHWATCH

Title	Children's HealthWatch: Trends in Food Insecurity and SNAP Participation among Immigrant Families of U.S.-Born Young Children
Date Published	April 2019
Measurement	The paper systematically examines quantitative data comparing time trends in food security and SNAP participation among immigrant and non-immigrant families. The study aims to document 10-year trends in household and child food security status and SNAP participation among families with young children disaggregated by maternal nativity and, for mothers born outside the U.S., tenure of U.S. residence. The study also aims to understand trends in food security status, SNAP participation, employment, and demographics difference across these years.
Key Findings	<p>The paper finds:</p> <ul style="list-style-type: none"> • 21.4% of mothers were immigrants, including 3.8% in the U.S. <5 years (“<5 years”) and 17.64% ≥ 5 years (“5+ years”). • SNAP participation among <5 years families increased in the period of 2007–2017 to 43% and declined in the first half of 2018 to 34.8%. For 5+ years families, SNAP participation increased to 44.7% in 2017 and decreased to 42.7% in 2018. • SNAP decreases occurred concurrently with rising child food insecurity. • Employment increased 2016–2018 among U.S.-born families and was stable among immigrant families. After steady increases in the prior 10 years, SNAP participation decreased in all immigrant families in 2018, but most markedly in more recent immigrants, while employment rates were unchanged.
Best Use of Resource	The best use of this resource is for those interested in the chilling effects associated with harsh immigration rhetoric and actions. In particular, the study provides SNAP participation rates for immigrants residing in the U.S. for less than five years and those residing five years or more. The resource is not intended for those looking for data on other public benefit programs, such as Medicaid and housing assistance, or subnational estimates.
Data available by subnational level?	No.
Data available for children?	Yes.
Data available by race/ethnicity?	Yes.
Data Source	The study is based on approximately 38,000 interviews of caregivers of young children (0-4) in emergency rooms and primary care clinics in Boston, Baltimore, Philadelphia, Minneapolis, and Little Rock and U.S. Department of Agriculture's Food Security Survey.
Hyperlink	https://childrenshealthwatch.org/trends-in-food-insecurity-and-snap-participation-among-immigrant-families-u-s-born-young-children/

UC BERKELEY LABOR CENTER

Title	UC Berkeley Labor Center: Towards Universal Health Coverage: Expanding Medi-Cal to Low-Income Undocumented Adults
Date Published	February 2019
Measurement	UC Berkeley Labor Center seeks to determine the impact of expanding Medi-Cal, California's health insurance system, to undocumented adults with respect to uninsured rates, particularly in light of the proposed public charge rule and its chilling effect.
Key Findings	Under a scenario in which all restricted-scope enrollees are automatically transitioned to full-scope Medi-Cal coverage and additional eligible individuals newly enroll, approximately 1.05 million undocumented adults would be predicted to enroll. Under a scenario in which the proposed "public charge" rule is finalized and the disenrollment rate among undocumented adults is relatively high (35 percent), the expansion would extend full Medi-Cal benefits to approximately 680,000 undocumented adults.
Best Use of Resource	The best use of this resource is for those interested in how the proposed public charge rule could limit the impact of positive state and local initiatives. The resource is not intended for those interested in national estimates, research on the direct impact of changes to public charge, or benefit-specific information on SNAP, housing assistance, and Medicare Part D.
Data available by subnational level?	Yes, only California.
Data available for children?	No.
Data available by race/ethnicity?	No.
Data Source	California Health Interview Survey; UCLA - UC Berkeley California Simulation of Insurance Markets (CalSIM)
Hyperlink	http://laborcenter.berkeley.edu/medi-cal-undocumented-adults/

LOCAL INITIATIVES SUPPORT CORPORATION (LISC)

Title	LISC: Supporting the Resilience of America’s Immigrant Communities: How Community Organizations are Responding to Federal Policy Changes
Date Published	January 2019
Measurement	This research seeks to understand, through interviews with practitioners in five cities, the impact of federal policy changes—recent and proposed—such as those related to DACA, refugee and asylum-seekers, persons with Temporary Protected Status (TPS), and, particularly, public charge not just on immigrants, their families, and the communities in which they live but upon local institutions that support them.
Key Findings	The interviews conducted for this research project found that recent changes in federal immigration policy have negatively impacted immigrant communities; impacted the work of community organizations; increased the role of community organizations; energized organizations resolve to respond to new community needs effectively.
Best Use of Resource	The best use of this resource is for those interested in gaining a deeper understanding of how immigrant communities and the organizations whom they serve are reacting to federal policy changes such as public charge. The resource is not intended for those interested in national estimates, research on chilling effect, or benefit-specific information.
Data available by subnational level?	Some interview excerpts available by location site.
Data available for children?	Yes.
Data available by race/ethnicity?	No.
Data Source	The paper is based on interviews conducted with practitioners in Chicago, Houston, Kansas City, Los Angeles, and New York.
Hyperlink	http://www.lisc.org/media/filer_public/3c/d6/3cd6c801-6931-4e1b-93a7-7a0e825719b4/011419_research_whitepaper_immigration.pdf

UCLA POLICY CENTER FOR HEALTH POLICY RESEARCH

Title	UCLA Policy Center for Health Policy Research: Proposed Changes to Immigration Rules Could Cost California Jobs, Harm Public Health
Date Published	December 2018
Measurement	The research estimates the population affected by and economic impact of the proposed change in the public charge rules for California and local areas.
Key Findings	<p>The fact sheet finds that:</p> <ul style="list-style-type: none"> • The chilling effect could impact up to 2.2 million Californians in immigrant families enrolled in SNAP and/or Medicaid. Children make up most people who would be impacted by the chilling effect, and Latinos and Asians would be most significantly impacted. • If 35 percent of Californians impacted by the chilling effect disenroll from Medicaid and SNAP, 765,000 people would lose benefits. • As a result of this disenrollment, California would lose up to \$1.67 billion in federal benefits. The economic ripple effect would cost \$2.8 billion and eliminate 17,700 jobs. • State and local governments could lose up to \$151 million in state and local tax revenue.
Best Use of Resource	The best use of this resource is for those who want California-specific estimates on the potentially chilled population, disenrollment from Medicaid and SNAP, reduction of Medicaid and SNAP receipts, economic implications of reductions in Medicaid and SNAP receipts, and potential health outcomes and food insecurity. The research is not intended for those looking for estimates at the national-level, research on other states outside of California, direct impact estimates, or research on housing assistance.
Data available by subnational level?	Yes, state-wide, region, and county estimates available for California only.
Data available for children?	Yes.
Data available by race/ethnicity?	Yes.
Data Source	2015-2016 California Health Interview Survey
Hyperlink	http://laborcenter.berkeley.edu/proposed-changes-immigration-rules-cost-california-jobs-harm-public-health/

CENTER FOR MIGRATION STUDIES (CMS)

Title	Center for Migration Studies: Proposed Public Charge Rule Would Significantly Reduce Legal Admissions and Adjustment to Lawful Permanent Resident Status of Working Class Persons
Date Published	November 2018
Measurement	The report analyzes how two populations—undocumented immigrants and nonimmigrants who would otherwise be eligible for LPR (Legal Permanent Resident) status based on a legally qualifying relationship to a U.S. citizen or LPR living in their household—would fare under the proposed public charge rule in 2016.
Key Findings	<p>The Center for Migration studies finds:</p> <ul style="list-style-type: none"> • 2.25 million undocumented persons and 212,000 nonimmigrants would be directly affected by the proposed rule because they live with a US citizen or LPR family member who can petition for them. • These two groups live in households with an additional 5.32 million and 456,000 persons respectively, who would be indirectly impacted by the rule. • A large percentage of the 2.25 million undocumented persons examined would be found inadmissible under the rule, although this population overwhelmingly consists of working-class persons. • Far lower rates of nonimmigrants—who earn more than the undocumented and have higher levels of education—would be found inadmissible under the rule.
Best Use of Resource	The best use of this resource is for those looking for estimates of the directly impacted population. In particular, the research provides estimates of the size of the directly affected population – undocumented persons and nonimmigrants with a qualifying family relationship that makes them eligible for a visa or LPR status. The research also provides estimates of the directly impacted population that have characteristics that would weigh against them in the expanded totality of circumstances test in the proposed rule. The research is not intended for those looking for public benefit-specific information or economic or fiscal impact estimates.
Data available by subnational level?	Yes, data is available for California, Texas, New York, Florida, Illinois, and New Jersey.
Data available for children?	Yes.
Data available by race/ethnicity?	Yes.
Data Source	2016 American Community Survey (ACS)
Hyperlink	https://cmsny.org/publications/2018-proposed-public-charge-rule/

MIGRATION POLICY INSTITUTE

Title	Migration Policy Institute: Gauging the Impact of DHS' Proposed Public-Charge Rule on U.S. Immigration
Date Published	November 2018
Measurement	MPI models how many recent green-card recipients had negative factors and, had the proposed rule been in place, may have been at risk of denial as a result. The sample is limited to lawful permanent residents (LPRs) who had been in the US for fewer than five years and who were not refugees and other humanitarian admissions.
Key Findings	Most recent green-card recipient had at least one negative factor, but few had all five. MPI finds that: (a) 69 percent had at least one negative factor; (b) 43 percent had at least two negative factors; (c) 17 percent had at least three negative factors; (d) 4 percent had four or more negative factors; and (e) 1 percent was negative on all five factors. Overall, the analysis shows that women, children, and the elderly would be disproportionately affected by the rule.
Best Use of Resource	The best use of this resource is for those interested in how many people may be affected by the public charge test, including tabulations by age, income, and region of birth. In particular, the research provides information about the share of recent green-card recipients who have one of the five negative factors measured in the study. The resource is not intended for those interested in sub-national estimates, research on chilling effect, or benefit-specific information.
Data available by subnational level?	No.
Data available for children?	Yes.
Data available by race/ethnicity?	Data is available by region of birth.
Data Source	2012-2016 American Community Survey
Hyperlink	https://www.migrationpolicy.org/research/impact-dhs-public-charge-rule-immigration

GEIGER GIBSON / RCHN COMMUNITY HEALTH FOUNDATION

Title	Geiger Gibson / RCHN Community Health Foundation: How Could the Public Charge Proposed Rule Affect Community Health Centers?
Date Published	November 2018
Measurement	Research provides low- and high-end estimates of the effects of the public charge rule on community health center revenue, staffing, and patient care capacity over one year.
Key Findings	<p>Approximately 709,000 Medicaid beneficiaries served by health centers can be expected to be legal immigrants who are not yet citizens and might disenroll from Medicaid. Overall, the chilling effect could impact 2.6 million patients, including legal immigrant patients and their legal immigrant family members.</p> <p>In the high-end estimate, approximately 646,000 individuals would no longer be covered by Medicaid. As a result, the research finds that community health centers would experience a loss of approximately \$624 million in Medicaid revenue, 538,000 fewer patients would be served by the reduction in capacity, and 6,100 medical staff jobs would be lost.</p>
Best Use of Resource	<p>The best use of this resource is for those interested in Medicaid and community health center-specific information. Further, this resource provides estimates of the effects of the public charge rule on community health center revenue, staffing, and patient care capacity for all fifty states and DC.</p> <p>The resource is not intended for those interested in estimates by race/ethnicity. The resource also focuses on Medicaid and is not intended for those looking for information on SNAP, housing, or other named benefits.</p>
Data available by subnational level?	Yes.
Data available for children?	No.
Data available by race/ethnicity?	No.
Data Source	2017 Uniform Data System; 2014 Health Center Patient Survey; Migrant Policy Institute data; 2016 American Community Survey data
Hyperlink	https://publichealth.gwu.edu/sites/default/files/downloads/GGRCHN/Public%20Charge%20Brief.pdf

THE CHILDREN'S PARTNERSHIP

Title	The Children's Partnership: Potential Effects of Public Charge Changes on California Children
Date Published	November 2018
Measurement	The Children's Partnership estimates the number of children in immigrant families in California that would be affected by the public charge rule if changes lead between 15% and 35% disenrollment rates from Medicaid/CHIP and SNAP.
Key Findings	<p>If changes to public charge lead to Medicaid/CHIP disenrollment rates between 15% and 35% among children in immigrant families in California, an estimated 269,000 to 628,000 children would lose coverage despite remaining eligible. The uninsured rate among all children statewide would rise from 3% to between 5.2% and 8.2%.</p> <p>If changes to public charge lead to SNAP disenrollment rates between 15% and 35% among children in immigrant families in California, an estimated 113,000 to 311,000 children would lose food assistance despite remaining eligible.</p>
Best Use of Resource	<p>The best use of this resource is for those interested information on the chilling effects of the rule on California children. Further, this resource provides California county-specific estimates, including number of children living with non-citizen parents, number of non-citizen children, and scenarios of estimated Medicaid/CHIP and SNAP disenrollment among children in immigrant families.</p> <p>The resource is not intended for those interested in estimates outside of California or estimates by race/ethnicity. The resource also focuses on Medicaid/CHIP and SNAP and is not intended for those looking for information on housing assistance or other named benefits in the proposed rule.</p>
Data available by subnational level?	Yes, California state and counties.
Data available for children?	Yes.
Data available by race/ethnicity?	No.
Data Source	2014-2016 American Community Survey
Hyperlink	https://www.childrenpartnership.org/wp-content/uploads/2018/11/Potential-Effects-of-Public-Charge-Changes-on-California-Children-Brief.pdf

GEORGE WASHINGTON UNIVERSITY

Title	George Washington University: The Economic Mobility of Immigrants: Public Charge Rules Could Foreclose Future Opportunities
Date Published	November 15, 2018
Measurement	Paper discusses how the proposed public charge rule conflicts with immigrants' economic mobility and may ultimately harm not only immigrants, but the broader economy.
Key Findings	The analysis found that immigrants start out with lower incomes than their native-born counterparts but catch up overtime (Figure 1). Further, immigrants with low education close the income gap even faster with their native-born counterparts (Figure 2), catching up within six to seven years on average.
Best Use of Resource	<p>This research provides evidence of immigrants' substantial economic mobility, describing how immigrants overtime increase their social capital and job skills to the point that their income catches up to non-immigrants. Further, the research links these findings to the ways in which the proposed rule would deny immigrants opportunities and hurt the overall economy.</p> <p>The paper is not intended for those interested in impact estimates, sub-national estimates, or estimates by race/ethnicity. Also, the paper does not include data on any of the named benefits.</p>
Data available by subnational level?	No.
Data available for children?	Yes.
Data available by race/ethnicity?	No.
Data Source	2016 American Community Survey
Hyperlink	https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3285546

MANATT HEALTH

Title	Manatt Health: Medicaid Payments at Risk for Hospitals Under Public Charge
Date Published	November 11, 2018
Measurement	The research estimates overall Medicaid/CHIP enrollment, funding, and hospital payments that are subject to the chilling effect created, if the proposed rule is finalized.
Key Findings	Manatt Health estimates that the potentially affected Medicaid/CHIP population stands at 13.2 million, including 4.4 million noncitizen adults and children and 8.8 million citizen adults and children with Medicaid/CHIP coverage. This population accounted for an estimated \$68 billion in Medicaid/CHIP health services in 2016. The hospital payments at risk under the proposed rule total an estimated \$17 billion in 2016 (\$7 billion for noncitizen enrollees and \$10 billion for citizen enrollees who have a noncitizen family member).
Best Use of Resource	<p>The best use of this resource is for those interested in estimates of the chilling effect on Medicaid/CHIP enrollees and hospitals, including the Medicaid/CHIP spending and hospital payments subject to chilling effect. The research also provides data by state and for children.</p> <p>The resource is not intended for those interested in estimates by race/ethnicity. The resource also focuses on Medicaid and is not intended for those looking for information on SNAP, housing, or other named benefits.</p>
Data available by subnational level?	Yes, state and area.
Data available for children?	Yes.
Data available by race/ethnicity?	No.
Data Source	2016 American Community Survey Public Use Microdata Sample; Medicaid and CHIP administrative data; Medicare cost report data
Hyperlink	https://www.manatt.com/Insights/White-Papers/2018/Medicaid-Payments-at-Risk-for-Hospitals-Under-Publ

NEW AMERICAN ECONOMY

Title	New American Economy: Economic Impact of Proposed Rule Change: Inadmissibility on Public Charge Grounds
Date Published	October 2018
Measurement	The brief examines which classes of immigrants would be impacted by the proposed public charge rule, including estimates on workers' industry. NAE defines a person as a possible public charge if they directly receive one or more of the following benefits: cash assistance, long-term care at government's expense, Medicaid, Medicare, SNAP, and housing assistance.
Key Findings	<p>New American Economy finds:</p> <ul style="list-style-type: none"> • More than 91 percent of all adults active in the labor force who would be affected by the public charge rule are employed. • The total annual income of workers who would be affected by the public charge rule is more than \$96.4 billion. Should they leave the United States, our economy would suffer negative indirect economic effects of more than \$68 billion dollars. The total cost to the U.S. economy could therefore amount to \$164.4 billion. • The public charge rule change will have a destabilizing effect for several major industries in particular, including construction, where about 5 percent of all workers (almost 540,000 people) are likely to be affected; natural resource and mining industries, where more than 6 percent of all workers (more than 200,000 people) would be affected; and hospitality, recreation, and food services, where about 4.4 percent of all workers (more than 525,000 people) would be affected.
Best Use of Resource	The best use of the research is for those looking for the industries that would be most impacted by the proposed public charge rule. The research is not intended for those looking for public benefit-specific information or estimates at the subnational level.
Data available by subnational level?	No.
Data available for children?	No.
Data available by race/ethnicity?	No.
Data Source	2017 Current Population Survey (CPS)
Hyperlink	https://research.newamericaneconomy.org/report/economic-impact-of-proposed-rule-change-inadmissibility-on-public-charge-grounds/

CALIFORNIA HEALTH CARE FOUNDATION

Title	California Health Care Foundation: Changing Public Charge Immigration Rules: The Potential Impact on Children Who Need Care
Date Published	October 2018
Measurement	Impact of proposed rule change on Medicaid and CHIP program enrollment among a particularly vulnerable group: low- and moderate-income children “in need of medical attention,” defined as children with a current or recent medical diagnosis, disability, and/or need for specific therapy.
Key Findings	An estimated 4.8 million children in need of medical attention live in households with at least one noncitizen adult and are insured by Medicaid or CHIP. Approximately 700,000 to 1.7 million of these children are likely to be disenrolled from Medicaid or CHIP if the rule is changed. This includes (among others) approximately: (a) 143,000 to 333,000 children with at least one potentially life-threatening condition, including asthma, influenza, diabetes, epilepsy, or cancer; (b) 122,000 to 285,000 children on prescribed medications; (c) 102,000 to 238,000 newborns; and (d) 53,000 to 124,000 children with musculoskeletal and rheumatologic conditions like fractures and joint disorders.
Best Use of Resource	<p>The best use of this resource is for those interested in health-specific information, including the number of children who are at risk of disenrolling and the type of medical attention needed by these children. Further, this resource provides evidence of the potential impact of the rule on children with special health care needs and for the argument that Medicaid is a lifeline for children and families.</p> <p>The resource is not intended for those interested in sub-national estimates or estimates by race/ethnicity. The resource also focuses on Medicaid/CHIP and is not intended for those looking for information on SNAP, housing, or other named benefits.</p>
Data available by subnational level?	No.
Data available for children?	Yes.
Data available by race/ethnicity?	No.
Data Source	2011 Medical Expenditure Panel Survey and National Health Interview Survey
Hyperlink	https://www.chcf.org/publication/changing-public-charge-immigration-rules/

FISCAL POLICY INSTITUTE

Title	Fiscal Policy Institute: “Only Wealthy Immigrants Need Apply” How a Trump Rule’s Chilling Effect Will Harm the U.S.
Date Published	October 2018
Measurement	<p>People who may experience a chilling effect: The number of people who are likely to be nervous or confused about whether they should apply for benefits if they qualify and may either refrain from accessing benefits or disenroll from benefits. For this paper, it is defined as everyone who lives in a family with at least one non-citizen immigrant, and where someone in that family has received one of the public benefits named in the public charge rule.</p> <p>Disenrollment from programs and economic loss: Among the people who experience a chilling effect, the portion that would go so far as to disenroll from programs in which they are eligible (i.e., scenarios of 15, 25, and 35 percent disenrollment from Medicaid and SNAP).</p> <p>Economic loss: Estimates loss of health care and food supports, economic ripple effects to businesses and workers, and jobs lost, as a result of disenrollment from assistance programs.</p>
Key Findings	<p>Resource estimates that approximately 24 million people, including 9 million children, who would be affected by the chilling effect of the proposed rule.</p> <p>At the higher disenrollment scenario (35%), the resource estimates approximately \$17.5 billion in loss of health care and food supports, \$33.8 billion in potential economic ripple effects of this lost spending, and 230,000 in potential jobs lost because of this reduction in federal spending.</p>
Best Use of Resource	<p>The best use of this resource is for those interested in national and state data on the chilling effect based on use of public benefits and the associated economic loss of the proposed rule, including reduction in health and food benefits, potential economic ripple effect, and jobs lost.</p> <p>The resource does not provide information on the race/ethnicity or other characteristics of the estimated chilled population.</p>
Data available by subnational level?	Yes.
Data available for children?	Yes, only for people who may experience a chilling effect.
Data available by race/ethnicity?	No.
Data Source	Current Population Survey (2015 national, 2013-2015 state-level); disenrollment estimates developed by Kaiser Family Foundation; economic ripple effects developed by Economic Policy Institute (see pages 7-8)
Hyperlink	http://fiscalpolicy.org/public-charge

MANATT HEALTH

Title	Manatt Health: Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard
Date Published	October 2018
Measurement	Manatt estimates the universe of people who may experience a chilling effect, which either discourages them from accessing resources or leading them to disenroll from benefits, regardless of whether or not they are directly impacted by the rule change. This impact is estimated by calculating the number of individuals and family members with at least one non-citizen in the household who do not meet the criteria for the one “heavily weighted factor” in the public charge totality of circumstances test, which is having less than 250% Federal Poverty Level (FPL) in earned income. This is calculated by family income, as opposed to household income, as the former estimate is more conservative. The proposed public charge rule stipulates that, relative to immigrants with incomes above 250% FPL, immigrants with income below 250% FPL are more likely to be deemed a public charge, and those with income below 125% FPL are significantly more likely to be deemed a public charge.
Key Findings	Manatt estimates that approximately 26 million people, including 9.2 million children, would be potentially chilled by the rule change. In addition, this resource demonstrates that the proposed rule change will have a disproportionate impact on communities of color, impacting: 18.3 million Latinos (33% of all Latinos) 3.2 million Asians (17% of all APIs), 1.8 million Black residents (4% of all Black residents), and 2.5 million white residents (1% of all white residents).
Best Use of Resource	<p>The best use of this resource is for those interested in subnational estimates of the potentially chilled population or estimates of impact by age and race/ethnicity. The resource allows for granular geographic estimates of the potentially chilled population, including by state, metro area, and county.</p> <p>As a broad estimate of the potentially chilled population, the resource does not account for specific factors in the totality of circumstance test. Therefore, the resource is not intended for those interested in factoring the use of specific public benefits, projecting disenrollment from public benefits, or measuring future immigration flows.</p>
Data available by subnational level?	Yes, data by age and race available at state-level. Data by income available at metro area- and county-level.
Data available for children?	Yes, at both the national- and state-level.
Data available by race/ethnicity?	Yes, at both the national- and state-level.
Data Source	2012-2016 5-Year American Community Survey Public Use Microdata Sample
Hyperlink	https://www.manatt.com/insights/articles/2018/public-charge-rule-potentially-chilled-population

KAISER FAMILY FOUNDATION

Title	Kaiser Family Foundation: Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid
Date Published	October 2018
Measurement	Share of noncitizens who originally entered the U.S. without Lawful Permanent Resident (LPR) status who have characteristics that DHS could potentially weigh negatively in a public charge determination. Number of individuals who would disenroll from Medicaid under different scenarios.
Key Findings	Nearly all (94%) noncitizens who originally entered the U.S. without LPR status have at least one characteristic that DSH could potentially weigh negatively in a public charge determination. If the proposed rule leads to Medicaid disenrollment rates ranging from 15% to 35% among Medicaid and CHIP enrollees living in a household with a noncitizen, between 2.1 to 4.9 million Medicaid/CHIP enrollees would disenroll.
Best Use of Resource	The best use of this resource is for those interested in characteristics that DHS could consider in public charge determination, including age, family size, health status, family income, health coverage, public benefits, employment, education, and English proficiency, by citizenship status. See Appendix B for a list of characteristics that DHS could potentially weigh negatively or positively in a public charge determination. Further, the resource is intended for those looking for Medicaid/CHIP-specific information, including impact on disenrollment. Also, the resource provides a summary of DHS's Medicaid estimates and the assumptions associated with their estimated number of Medicaid disenrollees and reduction in Medicaid expenditures. The resource is not intended for those interested in sub-national estimates. The resource also focuses on Medicaid/CHIP and is not intended for those looking for information on SNAP, housing, or other named benefits.
Data available by subnational level?	No.
Data available for children?	Yes, as a share of noncitizens who entered the U.S. without LPR status.
Data available by race/ethnicity?	Yes, as a share of noncitizens who entered the U.S. without LPR status.
Data Source	2014 Survey of Income and Program Participation (SIPP)
Hyperlink	https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/

Questions

If you have any questions about the resources, please contact Protecting Immigrant Families (PIF) Research Work Group Co-Leads Renato Rocha (rrocha@clasp.org) and David Dyssegaard Kallick (ddkallick@fiscalpolicy.org). Also, please visit the [PIF website](https://protectingimmigrantfamilies.org) for quick access to continually updated research, campaign resources, fact sheets, partner resources, community education resources, state-specific materials, and campaign events at <https://protectingimmigrantfamilies.org/analysis-research/>.