COALITION ON HUMAN NEEDS
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December 19, 2025

Ms. Samantha Deshommes
Chief, Regulatory Coordination Division
Office of Policy and Strategy U.S. Citizenship and Immigration Services
5900 Capital Gateway Drive
Camp Springs, MD 20746

Re: DHS Docket No. USCIS-2025-0304; RIN 1615-AD06, Public Charge Ground of Inadmissibility, U.S. Citizenship and Immigration Services

Submitted via: regulations.gov

Dear Chief Deshommes:

I am submitting these comments on behalf of the Coalition on Human Needs (CHN). CHN is an alliance of national organizations founded in 1981 representing human service providers, faith, labor, and civil rights groups, policy experts and other advocates dedicated to meeting the needs of low-income and vulnerable people through federal policies and programs. Because our members serve immigrant families nationwide, we are deeply concerned about the widespread confusion and harm this NPRM would create.

CHN strongly urges DHS to withdraw the proposed rule. The NPRM would rescind nearly the entire 2022 Public Charge Rule without offering a replacement, stripping away the clarity that applicants, adjudicators, and service providers rely upon. In its place, DHS suggests an undefined reinterpretation of "public charge ground of inadmissibility" that could allow adjudicators to consider virtually any past or future benefit use—including programs historically excluded from public charge determinations. The rule also contemplates issuing standards through sub-regulatory guidance without public input, exposing families to unpredictable and potentially inconsistent decisions. Most alarming is the suggestion that past or anticipated benefit use by individuals previously exempt from public charge—or even by their U.S. citizen family members—could later be used against them, a sharp departure from long-standing norms and prior government assurances.

What the Proposed Rule Would Do

The proposed rule would dismantle the 2022 Public Charge Rule without establishing a viable alternative, creating a regulatory vacuum that destabilizes more than a century of established policy. Eliminating existing standards without replacing them would leave applicants and adjudicators without consistent guidance and invite highly variable interpretations of the law. DHS offers only the prospect of future "tools" or "guidance," none of which are defined, leaving families vulnerable to shifting interpretations and discretionary decision-making, and which would not require public comments before being finalized.

The NPRM also signals a dramatic expansion of who could be deemed a public charge. Officers could weigh virtually any past or anticipated use of means-tested benefits, regardless of duration, scale, or purpose—including programs designed to support work, child development, disability access, temporary hardship, or recovery from domestic violence. The rule further removes long-standing protections preventing officers from considering benefits used by family members, raising the possibility that U.S. citizen children, pregnant people, or others legally accessing essential programs could inadvertently jeopardize a loved one's immigration status.

Compounding this uncertainty, DHS indicates that it may rely heavily on sub-regulatory guidance rather than formal rulemaking. This invites inconsistent outcomes across offices and denies families a clear understanding of which programs are safe to use. It also would not be subject to public comment, removing an important source of guidance about the potential harms and benefits of proposed definitions of public charge grounds for inadmissibility. Without transparent, publicly vetted rules, states, service providers, and immigrant families will be unable to make informed decisions—triggering widespread disengagement from programs that support health, nutrition, and housing stability.

DHS itself acknowledges that these changes would worsen health outcomes, increase communicable disease, raise uncompensated care costs, and deepen poverty and housing instability. CHN's decades of experience partnering with community-based organizations make clear who will bear these harms: families already navigating systemic barriers to health care, nutrition, and basic stability. We have repeatedly seen how fear of the public charge designation deters families—including U.S. citizen children—from accessing essential programs such as Medicaid, SNAP, WIC, and housing assistance. The NPRM would amplify these harms on a national scale.

For these reasons, CHN urges DHS to immediately withdraw the NPRM. Eliminating the 2022 Rule without a protective replacement would sow confusion, retraumatize immigrant communities, and jeopardize the well-being of millions. Should DHS revisit public charge regulations in the future, it must do so through transparent notice-and-

comment rulemaking and affirm that any changes will apply only prospectively. Benefits used when families were explicitly told they were safe must not later be held against them.

I. **By removing current effective and lawful regulatory guardrails, the proposed rule expands the public charge concept beyond its historical bounds and creates uncertainty and fear.**

The Proposed Rule's Undefined Terms and Lack of Guidance Will Intensify Fear and Cause Widespread Harm

By refusing to provide clear guidance on which benefits will—and will not—be considered in a public charge assessment, the Administration is deliberately cultivating fear and uncertainty that will predictably drive immigrant families away from essential programs. Throughout the NPRM, DHS invokes multiple, undefined terms to describe what officers may count in a public charge determination— "public benefits," "public benefit programs," "public resources," and "means-tested public benefits"— each appearing dozens of times, each carrying different potential meanings, and none clarified. In one section, DHS explicitly states that it seeks to "eliminate…definitions that limit the benefits" considered, and elsewhere asserts that "the receipt of any type of public benefits…is relevant" to determining self-sufficiency. This sweeping and inconsistent language leaves only one logical response: profound confusion and fear.

The consequences are already visible. As a national coalition including food banks, maternal and child health providers, legal services organizations, and state immigrant coalitions, CHN has heard repeatedly that immigrant families are avoiding food banks, skipping medical care, and declining community services out of fear that any interaction with public systems could affect their immigration future. In Arizona, one provider reported that undocumented women—terrified by the national climate—were foregoing prenatal care entirely and giving birth at home without medical assistance. Refugees and low-wage workers, previously encouraged to use health and nutrition programs, are now withdrawing from them. Mixed-status families are pulling eligible U.S. citizen children out of Medicaid and SNAP, not because they no longer need support, but because they no longer know whether these benefits are safe.

This chilling effect is exacerbated by the proposed rule's refusal to delineate what counts as a "public benefit." Without clear definitions relating to hundreds of federal, state, and local programs, immigration officers would be left to rely on speculation or personal judgment. States, local governments, and service providers would be unable to reassure families that lifesaving programs are safe to use. Even if DHS intended to limit its analysis to "means-tested public benefits," the rule gives no indication of which programs fall under that category—raising the possibility that

officers may take into account large numbers of programs, including those not traditionally associated with poverty or dependence.

This approach stands in stark contrast to previous rules. Even the 2019 final rule—which was widely criticized for its punitive scope—explicitly exempted emergency services, immunizations, education, food banks, and state-funded assistance from public charge consideration. The current proposal rejects even these basic guardrails, opening the door to far more expansive and arbitrary enforcement.

In practice, this means the NPRM would not simply create administrative uncertainty—it would function as another tool of terror. It would rob people of benefits they or potentially even family members are legally entitled to, deter families from accessing health care and nutrition assistance, and force communities into deeper instability, poverty, and fear. CHN's partners have already witnessed the beginning of these harms; the proposed rule would magnify them dramatically. For families who are already navigating a hostile landscape, this rule communicates not just confusion, but hostility—a signal that any contact with public systems, even to meet basic human needs, may put their future in jeopardy.

II. The chilling effect of the proposed rule would cause significant and permanent harm

a. The NPRM's Undefined Scope Will Create a Broad and Dangerous Chilling Effect

i. Vague and Expansive Terminology Will Deter Families from Essential Programs

The breadth of programs immigrants may fear using under the proposed rule extends far beyond anything remotely connected to the historical meaning of "public charge." Because the NPRM refuses to define what constitutes a "public benefit," "public resource," or "public benefit program," immigrant families could reasonably fear that even routine, universally accessible services might jeopardize an immigration application. This includes early childhood programs such as Head Start, Early Head Start, and public pre-K—programs shown to improve long-term educational outcomes, including increasing high school graduation rates by 25% and doubling college attendance (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7567350/). Under the sweeping and undefined language of the NPRM, immigrant parents may avoid enrolling their children in programs proven to reduce future poverty and strengthen workforce readiness.

Enrolling in child care assistance would also likely be discouraged, despite its clear and well-documented role in supporting workforce participation. With center-based

infant care now exceeding $15,000 per year in many states (U.S. Treasury, 2021: https://home.treasury.gov/system/files/136/The-Role-of-Child-Care-in-the-US-Economy.pdf), child care subsidies remain essential for low-income working parents. If immigrant families fear that receiving assistance might be used against them, many may forgo child care altogether—disrupting employment, reducing family income, and disproportionately forcing mothers out of the workforce.

ii. **Chilling Effects on Education, Nutrition, and Maternal and Infant Health**

Education-related supports may also be chilled despite their foundational role in child well-being. Public school enrollment is every child's constitutional right, and school meal programs serve more than 30 million children annually (USDA, 2023: https://www.fns.usda.gov/nslp). If families fear that accessing free or reduced-price school meals or other supports might be construed as negative factors in immigration adjudications, participation could decline—worsening child food insecurity, which already affects 12% of U.S. households with children.

Similarly, WIC—used by about half of all infants born in the United States (https://www.fns.usda.gov/wic)—is among the nation's most effective maternal and infant health programs. WIC participation reduces infant mortality by one-third (NIH: https://pubmed.ncbi.nlm.nih.gov/29400694/). Yet CHN partners already report that pregnant immigrant women are discontinuing WIC or prenatal care entirely due to fear.

iii. **Public Health Consequences and Avoidance of Preventive Care**

Public health protections would also be severely undermined. Preventive care, immunizations, and routine health visits may be avoided if families cannot determine which services DHS intends to include in a public charge determination. CDC reports that more than 250,000 kindergartners nationwide are behind on routine vaccinations (https://www.cdc.gov/mmwr/volumes/72/wr/mm7202a3.htm). A chilling effect among immigrant communities could worsen these trends, increasing the risk of preventable disease outbreaks.

Emergency food assistance—such as food banks, pantries, and community fridges—may likewise be perceived as unsafe, even though they are not government benefit programs. Food insecurity is already disproportionately high among immigrant households, with some Latino immigrant families experiencing rates up to 40% higher than U.S.-born families (Urban Institute, 2022: https://www.urban.org/research/publication/food-insecurity-immigrant-families). CHN

members report that immigrant participation in food banks is already declining due to fear of immigration consequences. The NPRM would intensify this trend.

iv. Fear Spreading to Programs Never Intended to Be Part of a Public Charge Assessment

Perhaps most troubling, the chilling effect could extend to programs no policymaker has ever contemplated including in a public charge determination—domestic violence shelters, mental health services, disaster relief, community centers, and even public libraries. When DHS removes all definitional guardrails and refuses to identify any category of benefits as clearly excluded, families will assume the worst: that any interaction with publicly supported services could carry immigration risk.

This is not merely illogical—it is dangerous. Families in crisis may avoid seeking safety or mental health care. Children may lose access to early childhood programs that shape lifelong opportunity. Parents may exit the workforce because they cannot obtain child care. Such cascading harms are entirely predictable when the federal government signals that no program is unequivocally safe.

v. Supplemental Benefits Support Work and Increase Self-Sufficiency

Even if the Department were to clearly define “means-tested benefits,” it has not justified its departure from the long-standing public charge framework that focused solely on whether a person was likely to become *primarily dependent* on government for subsistence. This principle was included in the Immigration and Naturalization Service’s 1999 field guidance and formalized by the 2022 public charge regulation and was itself based on decades of case law. Only cash assistance for income maintenance and long-term institutionalization have been relevant to that determination; all other benefits—including means-tested ones—are understood as supplemental supports, not indicators of dependency. Medicaid and CHIP exemplify this logic: in many states, children in families earning well above 300% of the federal poverty level qualify for coverage because it is understood that the cost of health coverage is higher than many families can afford, access to health care supports children’s development and enables parents to work. As one federal judge noted during the 2019 litigation, expanding public charge to encompass broad safety-net programs reflects “an absolutist sense of self-sufficiency that no person in a modern society could satisfy.”

Public benefits such as Medicaid, CHIP, SNAP, child care assistance, and housing supports are designed to supplement work, not replace it—and extensive research shows they do exactly that. These programs help families weather temporary hardships, prevent medical debt and economic crises, and sustain long-term employment. Treating these supports as evidence of future dependence

fundamentally distorts their purpose. It would penalize families for using programs that promote stability and mobility—programs used not only by low-income workers but by millions of families with incomes well above poverty.

b. **The Proposed Rule Would Deepen Fear and Significantly Harm the Accuracy of the Census**

The chilling effect created by this proposed rule will not only drive families away from essential services—it will also undermine the accuracy of the census, with long-term consequences for congressional representation, federal funding, and state and local planning. As a national coalition with deep ties to on-the-ground service providers, CHN has already heard widespread reports of immigrant families avoiding any interaction with government agencies out of fear that their information could be used for immigration enforcement. This fear will be expected inevitably to cause lower participation in federal surveys and enumeration efforts.

Research during the debate over adding a citizenship question to the 2020 census showed that even *considering* such a question significantly reduced response intent among immigrant households, and disproportionately suppressed the count of young children—most of whom are U.S. citizens. The proposed public charge rule would amplify these fears dramatically, as families may reasonably believe that any government questionnaire, including the census, poses a risk to their immigration future. CHN's partners have witnessed this firsthand: families already express hesitation about filling out forms, sharing household information, or responding to outreach, precisely because they worry it could be used against them.

The harms do not stop at reduced self-response. The Census Bureau increasingly relies on administrative data to count households that do not respond—**approximately 5% of all households in the 2020 Census were enumerated through administrative records**, and the Bureau plans to expand this approach in 2030. By discouraging immigrant families from using public benefits, the proposed rule would shrink the administrative datasets the Census Bureau depends on, weakening a critical tool for reaching hard-to-count households. Fewer administrative records mean fewer people counted, especially in communities with high immigrant populations.

These combined effects—a drop in direct self-response and a degradation of the administrative records used to fill gaps—would produce a substantial and lasting undercount. Young children, mixed-status families, and immigrant households would be disproportionately impacted, deepening inequities in political representation and funding for a decade. As CHN's partners emphasize, once fear takes hold in communities, it does not dissipate easily. Even if policies change later, families may remain wary of participating in the census or other government surveys for years to come.

For these reasons, the proposed rule poses a serious threat to the accuracy and integrity of the census and other government surveys, and by extension to the fair distribution of resources and representation nationwide.

III. The proposed rule will give USCIS officers boundless discretion that will fundamentally reshape America's immigration system

a. Family-based immigration will be most impacted

The proposed rule would fundamentally reshape the U.S. immigration system by broadening the circumstances under which families could be deemed a public charge, transforming a narrowly tailored determination into a far more punitive and unpredictable barrier to lawful status. This shift directly threatens the long-standing family reunification foundations of U.S. immigration law. Since the Immigration and Nationality Act (INA) of 1965, immediate relatives of U.S. citizens—including spouses, minor children, and parents of adult citizens—have received top priority, with additional categories for adult children and siblings of citizens and for relatives of lawful permanent residents. From 2014 to 2023, nearly two-thirds of individuals obtaining Lawful Permanent Resident (LPR) status did so through family sponsorship. Because humanitarian pathways are not subject to public charge determinations, and because a valid Affidavit of Support would no longer be sufficient to overcome a negative public charge finding, a more restrictive framework would fall most heavily on family-based immigration—the very backbone of the system.

If implemented, this NPRM could result in large numbers of noncitizens being denied LPR status, even among families with strong community ties and financial sponsors. While DHS does not estimate how many more people would be deemed inadmissible, the Department states that the "primary benefit" of the rule is the removal of "overly-restrictive provisions," which will lead to "fewer inadmissible aliens entering the United States." A sense of scale comes from analyses of the 2018 proposed rule—which was narrower than this NPRM and retained limits on which benefits could be considered. That proposal was so sweeping that more than half of all U.S.-born citizens could have been found at risk of becoming a public charge if the standard were applied to them. By casting even lawful, temporary, or minimal benefit use as a negative factor, this rule would convert millions of ordinary acts—seeking medical care during pregnancy, enrolling a child in Medicaid, or seeking nutrition support during a job transition—into grounds for exclusion.

The NPRM is particularly misguided in its treatment of past benefit use. By statute, public charge is a forward-looking assessment of whether a person is *likely to become primarily dependent* on government assistance in the future. Yet DHS

asserts that any past receipt of assistance is relevant, ignoring decades of economic research showing that newly arrived family-based immigrants often begin with lower earnings but experience rapid mobility over time. Citing new research, one analysis noted, "individuals entering as family immigrants start with lower initial earnings but quickly adapt by trying new jobs and investing in skills and education that lead to rapid earnings growth." Immigrants—including those with low incomes—work in essential sectors, contribute to economic growth, and demonstrate remarkable upward mobility: one recent study found that real earnings increased by **76% over 12 years** for immigrants from countries where family sponsorship is the primary pathway, compared to **23%** for similarly aged U.S.-born workers. Their children also experience higher rates of intergenerational mobility than children of U.S.-born parents, a pattern consistent across labor markets and immigrant cohorts.

These changes would fall hardest on populations that already face steep barriers to health and economic security. Research from the Urban Institute and Kaiser Family Foundation shows that fear of immigration consequences leads immigrant families—particularly Latino, Asian American, and Black immigrant households—to avoid essential programs even when their children are eligible. After the 2018 proposal, one in five adults in immigrant families avoided Medicaid, SNAP, or housing programs due to fear, including people not subject to public charge at all. Pregnant women, parents of young children, individuals with chronic conditions, and caregivers in multigenerational households were disproportionately affected. Similar chilling effects would be magnified under this NPRM, pushing families into avoidable hardship and worsening health, nutrition, and housing instability.

Finally, demographic impacts would be profound. According to the Migration Policy Institute's analysis of the 2018 rule, a broadened public charge test would discourage immigration for family reunification purposes and tend to favor immigrants starting out with higher incomes, likely to shift visa issuance away from Mexico and Central America and toward Europe. The new rule—which is even broader—would intensify those trends, reducing the diversity of immigration to the United States while exacerbating family separation among immigrants of color and U.S. citizens already living in the country. The harm would reverberate through entire communities: immigrant parents, grandparents, and siblings often serve as primary caregivers for children, elders, and relatives with disabilities. When families fear accessing essential programs—or are denied lawful status because a household member once used them—the stability of these caregiving networks erodes, with lasting consequences for children's well-being, public health, and community cohesion.

b. The proposed rule improperly weights the subjective opinion of immigration officers.

The NPRM would grant immigration officers unprecedented and unbounded discretion to determine which factors are relevant in assessing whether an applicant is likely to become a public charge. DHS even characterizes this expansive discretion as "the primary source of unquantified benefits of this proposed rule," suggesting that the rule's value lies not in clarity or fidelity to statutory standards, but in empowering officers to make highly individualized and subjective judgments. This approach misinterprets the INA, which assigns the public charge assessment to the "opinion of the Attorney General at the time of application for admission or adjustment of status," not to ad hoc determinations by individual officers. The statute does not authorize DHS to delegate limitless authority to frontline adjudicators, nor to create a system in which applicants face radically different outcomes depending on who reviews their case.

By failing to provide clear guidance, the NPRM would force officers—who are not experts in public benefits policy—to decide which of the hundreds of federal, state, territorial, tribal, and local benefit programs might be relevant to the public charge inquiry. This would inevitably produce inconsistent, opaque, and error-prone decisions. Officers would have no uniform criteria for weighing benefit use, distinguishing short-term assistance from long-term reliance, or understanding programs designed explicitly to support work, caregiving, education, disability access, or public health. Such unstructured discretion is not only unworkable; it is fundamentally incompatible with a legally sound and administratively fair public charge framework.

Unlimited discretion also heightens the risk of discrimination. Research on the implementation of other public programs demonstrates that discretionary standards frequently result in unequal treatment across racial, ethnic, and socioeconomic lines. For example, studies of TANF programs have documented discriminatory application of "good cause" exemptions to work requirements, with families of color more likely to be penalized despite meeting the criteria. In the immigration context, past investigations have revealed disparate outcomes in discretionary adjudications, including asylum and parole decisions, with variation tied to office culture, individual officer bias, and structural inequities. A rule that invites officers to determine for themselves which benefits "count," and how heavily to weigh them, replicates these risks on a much larger scale—placing millions of low-income, mixed-status, and immigrant families of color at heightened vulnerability.

The NPRM compounds these risks by eliminating the 2022 Rule's requirement that USCIS officers articulate the specific factors and reasoning underlying a public charge determination. As the 2022 final rule recognized, written articulation of the basis for denial "will help ensure that public charge inadmissibility determinations will be fair, transparent, and consistent with the law." Removing this safeguard would make it nearly impossible for applicants to understand or challenge adverse decisions, while granting officers broad authority to rely on unstated assumptions or

implicit biases. Without standardized criteria or an explanation requirement, two families with identical circumstances could receive entirely different determinations, eroding public trust and undermining the integrity of the immigration system.

It is possible that the subregulatory tools and guidance to be provided to U.S. Citizenship and Immigration Services (USCIS) officers at some future date will reduce some of the broad discretion that will be in place if the rescission of the 2022 rule takes effect. But such decisions should be subject to a rule, allowing for public comment, since the consequences for families are so grave.

In short, the proposed rule improperly shifts the public charge test away from a forward-looking, legally grounded assessment and toward a discretionary, subjective, and potentially discriminatory regime. DHS offers no compelling justification for why such unfettered officer discretion is necessary, nor how it would enhance accuracy or fairness. Instead, the NPRM creates a system in which the outcome of a public charge determination may depend more on the personal views of an adjudicator than on the law or the facts—a result that conflicts with the INA, threatens due process, and puts immigrant families at unacceptable risk.

c. The Reliance on Public Charge Bonds Is a Tax on Those Who Can Least Afford It; It Is Impractical and Does Not Alleviate the Harm of the Overall Rule

The NPRM's reliance on public charge bonds offers no meaningful safeguard. Because officers may offer a bond only at their discretion, many eligible applicants will never be given the option, making this relief arbitrary from the outset.

Public charge bonds operate as a tax on those least able to pay. There is no evidence they prevent future reliance on benefits; instead, they drain resources families need for housing, transportation, child care, and employment. Borrowing to pay a bond can push families into debt and long-term financial instability.

Experience with cash bail systems shows that wealth—not merit—determines outcomes. Public charge bonds would replicate these inequities, allowing families with resources to move forward while disproportionately harming those without.

Most importantly, bonds do nothing to fix the rule's underlying flaws. They cannot offset the expanded definition of public charge, the sweeping officer discretion, or the chilling effect on essential services. Rather than mitigating harm, they reinforce it.

IV. The Possible Inclusion of Family Members in Determining Public Charge Grounds for Inadmissibility Will Harm Children

The 2022 rule is clearly limited to the individual seeking a green card or admittance to the U.S. This proposed rule suggests that receipt of benefits by family members

may be taken into account, even if those family members are citizens. Immigrant families which include U.S. citizens and lawfully present people, account for 28% of the U.S. population.

According to the Migration Policy Institute, one in four children in the U.S. – 18.3 million children in 2024 – has at least one immigrant (non-U.S.-born) parent. Nearly 85 percent of these children were born here; they are citizens. The chilling effect described in these comments will lead to millions of children who are eligible for vital benefits such as Medicaid, SNAP, WIC, school meals, Head Start, or other services going without them because their parents fear that utilizing these benefits will prevent the parent from gaining a green card, potentially forcing them to be separated from their children. KFF estimates that If the proposed rule leads to disenrollment rates ranging from 10% to 30%, between 1.3 million to 4.0 million people could disenroll from Medicaid or CHIP, including nearly 600,000 to about 1.8 million citizen children. There is a huge body of evidence that children eligible for these basic needs services who receive them have better health outcomes, do better in school, and earn more as adults; if they go without such benefits, their outcomes are worse. Nothing could be more short-sighted than to deter families from signing their children up for the assistance they are eligible for. They will grow up here and it is in the national interest for them to be healthy, well-educated, and successful contributors to our economy. CHN has signed group comments organized by the Children Thrive Action Network focused on the serious impacts on children of this proposed rule; we urge close attention to its thorough description of the impact on children of being deprived of many basic needs programs.

V. Conclusion

The proposed rule would dismantle long-standing protections, destabilize the immigration system, and expose millions of families to arbitrary, inconsistent, and discriminatory decision-making. Rather than advancing clarity or aligning with statutory intent, the NPRM creates a framework that invites confusion, magnifies fear, and undermines the very goals of family unity, economic stability, and public health that Congress has long sought to promote. DHS should withdraw this proposal and return its focus to policies that uphold the law, reinforce transparency, and support the capacity of immigrant families to thrive.

It is worth noting that the consequences of implementing this proposal would cause significant harm, potentially affecting millions of people. Providing only a 30-day comment period, with future guidance and tools for implementation to be developed without benefit of public comment, heightens the likelihood that people will be treated

inequitably and subjected to loss of benefits for which they are eligible. Many of these will be children.

CHN appreciates the opportunity to comment and urges DHS to withdraw this rule and continue to implement the 2022 rule, which provides a regulatory approach that protects families, reflects the best available evidence, and strengthens the nation's commitment to fairness, stability, and the well-being of all communities.

Deborah Weinstein
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