

PolicyLab

TO: Regulatory Coordination Division
Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security

FROM: PolicyLab at Children's Hospital of Philadelphia

RE: Notice of proposed rulemaking to rescind 2022 public charge ground of inadmissibility regulations

DATE: December 16, 2025

As researchers, clinicians, and policy experts at PolicyLab at Children's Hospital of Philadelphia (CHOP), we are concerned by the U.S. Department of Homeland Security's proposal to rescind the 2022 public charge ground of inadmissibility regulations, and the implications of such a change for the children and families we serve and all immigrant children across the country.

Rescinding these regulations and enabling broad interpretation of public charge will result in decreased participation in numerous social programs, which we know are critical to the public health of our country and the cost-effective use of our health care systems. Since immigrant families will be directly affected, this will in turn impact the health and well-being of immigrant children, both those who are citizens and those who are not, and [influence future engagement](#) in these programs and others.

As PolicyLab highlighted during the [2018](#) and [2021](#) rulemaking processes, policies that reduce participation in important public benefit programs can have an overall [chilling effect](#) on preventive health care utilization. Due to confusion and fear about immigration consequences, families or children to whom the rule does not apply may forgo accessing care or services that they need and for which they are eligible.

Research demonstrates how this chilling effect ripples through immigrant communities and eventually impacts the broader public. For example, after the implementation of the 2019 public charge rule, PolicyLab research showed that immigrants, especially those in mixed status households, were [hesitant to seek](#) (even explicitly exempt) support during the pandemic, and this continued [even after the rule's reversal](#) in 2020.

While the rescission of the 2022 rule would directly impact adult immigrants, these changes will have downstream effects on children. [One in four children](#) in the United States live with at least one parent who is an immigrant, and the vast majority of these children—[nearly 90%](#)—are U.S. citizens. Families will likely be reticent to access public benefit programs, including for eligible children, and this will result in poorer health outcomes for both children and adults.

This is acknowledged in the notice, and we would appeal to a shared interest in the health of our nation's children in reconsidering these changes. Research demonstrates, for example, that children's access to Medicaid has been tied to improved [health](#), [educational](#), and [economic](#) outcomes later in life, as well as broader societal level benefits.

The effects of the proposed changes will also be felt through our health care and social systems. For example, research on adults who 'churn,' or transition on and off Medicaid coverage, shows that interruptions or [delays in coverage](#) can result in less use of preventive care, medication non-adherence, and more visits to emergency departments—which can have [costly implications](#) for health systems. There is also mounting evidence demonstrating the link between caregivers' [health](#) and [insurance status](#) and their children's health and well-being.

The proposal to rescind the 2022 rule will create confusion, reduce participation by eligible individuals in important social programs that we know work, and have long-term impacts on the health and well-being of children and families. Furthermore, the rescission would create the opportunity for discriminatory decision-making and ambiguity around the impact of a family member's utilization of public benefits on an individual's determination of public charge.

At a time when immigrant communities in the United States are facing extraordinary challenges, including violence and intimidation, this rulemaking process adds to a policy agenda that is intensifying the daily burdens on immigrant families and caregivers.

We would encourage the agency to instead consider defining “public charge” in a way that will:

- support consistency in public charge determinations
- reduce the fear that many immigrants face in accessing benefits for which they are eligible
- minimize potential adverse outcomes on immigrant communities
- maximize youth participation in programs that support our society's long-term health and productivity

For specific recommendations on structuring public charge policy regulations to mitigate harm and help all children thrive, see [PolicyLab's comments](#) on the 2022 proposed rule.

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The views expressed in this comment are those of contributing PolicyLab members and do not reflect the official positions of CHOP.