Hunger or Deportation: Implications of the Trump Administration’s Proposed Public Charge Rule

Sara N. Bleich, PhD1; Sheila Fleischhacker, PhD, JD2

ABSTRACT
Until recently, lawfully present noncitizens participating in the US Department of Agriculture Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) faced no immigration consequences. However, in September, 2018, the Trump Administration proposed a more expansive public charge rule in the Federal Register that would deny lawfully present noncitizens a path to citizenship if they had participated in certain federal safety net programs, including Supplemental Nutrition Assistance Program. This perspective discusses the proposed rule’s implications, particularly for those with professional interests in promoting effective nutrition education and healthy behavior through research, policy, and practice among individuals who will potentially be affected.

Key Words: immigration, public charge, SNAP, hunger (J Nutr Educ Behav. 2019;000:1–5.)

Accepted January 23, 2019.

INTRODUCTION
Undocumented immigrants have never been eligible to participate in the US Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), which is the largest federal food and nutrition assistance program in the domestic hunger safety net.1 In fiscal year 2018, SNAP had an annual total cost close to $65 billion.2 Each month, SNAP typically offers assistance to >40 million citizens or lawfully present noncitizens who satisfy other program eligibility requirements, including income and resource limits. About half of SNAP participants are children (aged ≤17 years).3 Until recently, lawfully present noncitizens participating in SNAP faced no immigration consequences.4

However, in September, 2018, as part of their immigration agenda, the Trump Administration proposed a more expansive public charge rule in the Federal Register that would deny a path to citizenship if immigrants (lawfully present or not) had participated in certain federal safety net programs, including SNAP.5,6 As described by the US Department of Homeland Security (DHS), the proposed rule would “define long-standing law to ensure that those seeking to enter and remain in the US either temporarily or permanently can support themselves financially and will not be reliant on public benefits.”7 In other words, the proposed rule aims to enforce a longstanding statute more strongly that bars individuals who are likely to become a public charge: a person who primarily depends on the government for subsistence.8

The proposed rule greatly expands the 1999 Interim Field Guidance9 put in place under the Clinton Administration, which narrowly defined dependence on government assistance as participation in cash assistance or long-term institutionalized care. Now, for the first time under the proposed rule, the definition of dependence includes a more expansive list of public benefits and government assistance programs: specifically, SNAP, Temporary Assistance for Needy Families (also known as welfare), Medicaid, Medicare Part D (also known as prescription drug subsidies), and Section 8 (also known as housing vouchers). Essentially, the proposed rule could potentially deny a path to citizenship both to people seeking to immigrate to the US permanently and to those who are in the country on temporary visas who want to stay permanently (ie, green card) if they received any assistance from the broad suite of identified government safety net programs.7 The DHS estimates that annually, roughly 382,000 people seeking to adjust their immigration status could be subjected to a public charge review.10,11

The proposed rule will not apply to families earning <15% of the federal poverty line ($1,821 for an individual and $3,765 for a family of 4 in fiscal year 2018) or certain immigrants (eg, refugees or asylum seekers).5 In addition, the proposed rule does not include the Child Health Insurance Program (which provides low-cost coverage to families that earn too much to qualify for Medicaid), subsidies for Affordable Care Act Marketplace coverage, or the USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which provides supplemental foods, health care referrals, and nutrition education for low-income pregnant and postpartum

1Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, Boston, MA
2Georgetown University Law Center, Washington, DC
Conflict of Interest Disclosure: The authors have not stated any conflicts of interest.
Address for correspondence: Sara N. Bleich, PhD, Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, 677 Huntington Ave, Boston, MA 02115; E-mail: sbleich@jhu.edu
© 2019 Society for Nutrition Education and Behavior. Published by Elsevier Inc. All rights reserved.
https://doi.org/10.1016/j.jneb.2019.01.019
women and their children aged ≤5 years.6

Given the controversial nature of the proposed rule, >216,000 comments were submitted to the US DHS during the 60-day public comment period that ended on December 10, 2018, which is significantly more than a typical regulatory proposal.12,13 This perspective discusses the proposed rule’s implications, particularly for the citizen children living with immigrant parents who are among the most vulnerable to facing increased food insecurity and poorer health outcomes as a result of the proposed rule. The authors conclude with potential implications for those with professional interests in promoting effective nutrition education and healthy behavior through research, policy, and practice among individuals and households potentially affected by the proposed rule.

**DISCUSSION**

Expanding the definition of dependence in the proposed rule to include a more expansive list of safety net programs has important potential implications for (1) declining participation in government assistance programs, especially SNAP, and resulting economic instability among nonparticipating eligible individuals and households; (2) increasing food insecurity and worsening health outcomes as a result of the proposed rule for citizen children living with immigrant parents; and (3) straining the charitable food sector and the health care systems because of heightened demand.

**Declining Participation in Government Assistance Programs**

The proposed rule has the potential to decrease participation significantly in the safety net programs, likely exceeding the number of people who are subject to the rule. In fact, the preamble of the proposed rule acknowledges how the new approach might lead to disenrollment or foregone enrollment in safety net programs among foreign-born noncitizens as well as US citizens who are members of mixed-status households.6 Put another way, eligible families may not participate in a range of government assistance programs out of fear or confusion that participation could affect their immigration status or the immigration status of members of their respective household negatively.14,15 Evidence from the 1996 Personal Responsibility and Work Opportunity Reconciliation Act of 199616 (P.L. 104-193; also known as welfare reform) suggested that declines in participation, even among those eligible, may be likely. That is, welfare reform eliminated eligibility for legal immigrants to key safety net programs including cash welfare assistance for families with children, Food Stamps, Medicaid, the Child Health Insurance Program, and Supplemental Security Income, and participation in these programs declined for immigrants compared with native citizens; some of the largest declines were for Food Stamps.16,17 Indeed, 1 analysis examined the impacts of the 1996 welfare reforms using data for 1995–2010 and found that Food Stamp participation among immigrants compared with native citizens declined significantly by 3.9 percentage points.16

The proposed rule also points out that the changes may decrease disposable income and increase poverty. One primary function of SNAP is to lift families out of poverty.18,19 From among the many government programs designed to assist low-income families and individuals, SNAP is the third most important antipoverty program (Supplemental Security Income is first followed by refundable tax credits).20 In 2017, SNAP lifted 3.4 million people out of poverty, half of whom were children.20 The income support from SNAP promotes financial stability, and because SNAP is an entitlement program (serving all eligible participants as they apply), participants can apply for the program and receive assistance relatively quickly.

Moreover, SNAP contributes to financial stability for households by promoting work.21–23 For example, the SNAP Employment and Training program funds training and work activities for unemployed adults who receive SNAP.24 Among families with children that receive SNAP in a given month and include an adult who is not elderly or disabled, most (87%) worked in the prior year or will work the following year. Of note, existing SNAP policy limits participation for childless adults who are not employed ≥20 h/wk for 3 months in any 3-year period, but states can seek waivers from implementing this policy.25 Despite initial inclusion in earlier drafts, stricter work requirements were not ultimately included in the 2018 Farm Bill (which President Trump signed into law on December 20, 2018).26,27 However, shortly after the Farm Bill was passed, the USDA announced a proposed rule that aims to make it harder for states to seek waivers from existing SNAP work requirements for able-bodied adults without dependents.27–29

**Increasing Food Insecurity and Worsening Health Outcomes**

The likely chilling effect of the public charge rule on enrollment may be felt particularly among children. In the US, nearly 20 million children (25%) live in a family with an immigrant parent, and the vast majority of these children are citizens (86%).30 It is common for undocumented immigrants to live in a household that receives SNAP or other safety net programs, because undocumented parents often apply for assistance on behalf of their children. Because unauthorized immigrants are ineligible for nearly all safety net programs, immigrant families may choose to remove their children from safety net programs (or not enroll at all) to keep their families together, which makes these children among the most vulnerable.

Among low-income households with children, immigrant households rely more on earnings and less on the safety net, which has led to larger increases in poverty for children in immigrant-headed households especially during economic downturns.14

Decreased participation in government assistance programs will probably affect the health and financial stability of immigrant families negatively.31 Evidence17,29,32 suggests that increasing immigrants’ public assistance participation (eg, cash benefits, SNAP, or Medicaid) reduces their food insecurity. Furthermore, participation in SNAP was linked to significant improvements in birth outcomes33 and better academic learning during school-aged years,34 and was shown to
lead to significant improvements later in adult health. A falloff in Medicaid enrollment will increase the uninsured rate and reduce access to care, which will likely worsen health outcomes. This is concerning because medical expenses are the largest contributor to increasing the number of individuals in poverty.

Straining the Charitable Food Sector and the Health Care System

Less safety net protection may place greater burden on the charitable food sector and the health care system. The charitable food sector consists of a large network of community-based organizations (food pantries, soup kitchens, shelters, food banks, churches and other faith-based organizations, and food rescue organizations) that provide groceries and necessities to low-income households. Households with children make up 40% of clients who obtained food from these organizations. Participating in SNAP for 6 months is associated with 35% less food pantry use (from 21% to 13%). Therefore, decreased participation in SNAP as a result of the proposed rule is likely to increase reliance on the charitable food sector greatly, which historically occurs during periods when regulatory or budgetary changes reduce SNAP participation.

Similarly, owing to reduced enrollment in Medicaid, higher rates of uninsured individuals will likely strain the health care system. Uncompensated care costs are considerable; in 2016, hospitals alone provided about $38 billion in uncompensated care, a burden disproportionately felt by safety net hospitals that care for a larger share of low-income and uninsured patients. By law, these safety net hospitals are not allowed to turn away patients for inability to pay.

IMPLICATIONS FOR RESEARCH AND PRACTICE

For those with professional interest in promoting effective nutrition education and healthy behavior among individuals who will potentially be affected by the proposed rule, there are a number of possible areas of action. One is to consider incorporating hunger and food insecurity screenings in clinical or community practice or as a part of research and evaluation projects. As an example, the American Academy of Pediatrics and the Food Research and Action Center recently created a variety of tools and resources to help pediatricians and their practice teams, including registered dietitians, to screen for food insecurity, connect patients with nutrition resources, and support policies that aim to increase access to healthy foods and beverages for all children and families. Whether in a practice or research setting, and with the appropriate permissions, food and nutrition professionals could document and track food insecurity among their client or community base, particularly monitoring any changes that may relate to immigrant status of the individual and/or household.

In addition, food and nutrition professionals can have a vital role in educating health care practitioners and teachers, among others, about how to address food insecurity in a culturally, contextually, and sensitive manner and identify relevant food, nutrition, and health resources at the local, state, tribal, or national levels. Particularly among school and child care centers, food and nutrition professionals can have a critical role in helping to develop, implement, evaluate, and disseminate best practices for addressing food insecurity concerns that may result while or after the public charge rule is being considered or enacted as it relates to participation in the USDA National School Lunch Program, Child and Adult Care Food Program, and Summer Meals Program, among other federally supported child nutrition programs.

Traditional and innovative nutrition education and promotion efforts through federal nutrition education programs such as SNAP-Education and the Expanded Food and Nutrition Program or nonprofit and other charitable organizations could be considered to reach those affected about eating healthy on a budget, as well as participating safely in government assistance programs in which there are no demonstrated concerns. Because participation will likely decline in SNAP and SNAP-Education, among other federal assistance programs, educational programming, policy, systems, and environmental change approaches including social marketing in areas that are traditionally high in SNAP participation could be instrumental in reaching high-risk but nonparticipating individuals and households enrolled in SNAP. Although WIC is not included in the proposed public charge rule, efforts may be made to ensure that women who are pregnant or postpartum understand the short- and long-term implications of WIC participation and how they could potentially transition their children safely to participating in other federal food and nutrition assistance programs as they age out of WIC. Another area to consider is maximizing existing or new nutrition education and promotion efforts through the charitable food sector, such as Feeding America, and exploring rigorous but feasible approaches to documenting and tracking any usage changes related to the proposed rule. Similar partnerships could be explored with the health care system, particularly those experiencing noticeably higher burdens as a result of the proposed rule.

Food and nutrition professionals could consider existing or new networks or working groups (including other professional societies or advocacy coalitions) to develop and share best practices relevant to address food insecurity concerns potentially arising as a result of the proposed public charge rule. These networks or groups can also explore approaches needed to address nutrition-related concerns of other emerging immigration-related policies and practices such as breastfeeding implications for migrant infants separated from their mothers or how separation might affect eating behaviors among detained family members. Moreover, food and nutrition professionals can advocate or share relevant research or anecdotal findings through public comment processes, other citizen engagement (eg, educate policy makers), or the Society for Nutrition Education and Behavior processes. For example, on September 18, 2018, the Society released a resolution expressing concerns about how the involuntary separation of minor immigrant/refugee infants and children from their families could affect eating
4 Bleich and Fleischhacker

behaviors negatively. These public policy participation platforms may be used, as appropriate with possible employee restrictions, to highlight the important role SNAP participation has in addressing food insecurity and improving short- and long-term health outcomes, particularly among children who live in a family with an immigrant parent. Another consideration for food and nutrition professionals to be cognizant of is how the proposed rule and the broader Trump Administration’s immigration agenda has hindered trust in seeking government assistance or even help from nongovernmental sources. Identifying and disseminating best practices for building and maintaining trust with those affected could help ensure those lawfully able to participate in federal food and nutrition assistance programs do.

REFERENCES


