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PSYCHOLOGICAL
ASSOCIATION
Services, Inc.

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Submitted via <https://www.regulations.gov>.

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

RE: DHS Docket No. USCIS-2021-0013, Comments on Public Charge Ground of Inadmissibility

Dear Ms. Deshommes,

The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, with more than 133,000 researchers, educators, clinicians, consultants and students as its members, submits these comments in response to the United States Department of Homeland Security's (DHS) proposed rule on the Public Charge Ground of Inadmissibility (DHS Docket No. USCIS-2021-0013), published February 24, 2022. We support the proposed DHS changes concerning the definition of a "public charge" and its impact on immigration status by moving away from the regulatory construct described in the 2019 Rule. APA applauds the efforts by the Administration to roll back the 2019 Rule by separating the definition of "public benefits" from the definition of individuals "likely to become a public charge", specifically exempting certain non-cash public benefit programs such as Medicaid, CHIP and SNAP from the definition of "public benefits", and exempting public benefits received by the non-citizen's relatives and children. The 2019 Rule raised serious concerns about its impact on the physical and mental health of immigrants and other at-risk for negative health outcomes populations. This revised rule would repeal previous restrictions for some immigrants to obtain green cards if they were dependent on non-cash public assistance such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, or public housing. The proposed rule would also allow immigrants to avoid having to make the impossible choice between becoming a citizen and receiving essential benefits.

The Psychological Impacts of Immigration and Poverty

In addition to the trauma and increased mental distress that those in immigrant communities often face,¹ there is ample evidence indicating the long-term mental health impact of poverty amongst these communities. The evidence is clear that in adulthood, poverty is associated with higher rates of depressive disorders, anxiety disorders, psychological distress, and suicide, while those who experience poverty in early stages of life are at risk of lower cognitive development and worse behavioral outcomes.² By disincentivizing enrollment in public programs intended to help address mental and behavioral health needs, the 2019 Rule compounded the negative mental health impacts of poverty³ and immigration status⁴ often experienced within and among immigrant communities.

As you know, during the COVID-19 pandemic, data shows an unmistakable surge in minor symptoms of mental distress⁵ as well as emergency department (ED) visits attributable to mental and behavioral health crises.⁶ As the nation continues to cope with the pandemic's long-term mental health impact, enabling the ability of all communities—including immigrant communities—to access quality, evidence-based treatment should be the utmost priority for the Administration. Additionally, recent research is demonstrating that immigrants' overall cumulative negative health outcomes during the COVID-19 pandemic were predicted by social determinants of health, such as food insecurity and discrimination, and these negative outcomes were worse for immigrants lacking U.S. citizenship. Hence, access to public services for immigrants that do not interfere with their progress toward becoming citizens represents a necessary public health intervention.⁷

Chilling Effect of the 2019 Rule

Public health programs like Medicaid and the Children's Health Insurance Program (CHIP) are vital mechanisms for ensuring access to mental and behavioral health treatment; this coverage

¹ American Psychological Association, Psychology of Immigration 101, <https://www.apa.org/topics/immigration-refugees/immigration-psychology>.

² Simon K., et al. (June 29, 2018), Addressing Poverty and Mental Illness, *Psychiatric Times*, Vol 35, Issue 6, Volume 35, Issue 6, <https://www.psychiatrictimes.com/view/addressing-poverty-and-mental-illness>.

³ Knifton, L., and Inglis, G. (2020). Poverty and mental health: policy, practice and research implications. *BJPsych bulletin*, 44(5), 193–196. <https://doi.org/10.1192/bjb.2020.78>

⁴ Ferreira, K., and Pedroza J. (2019). "Politics of Exclusion: Implications for the Health of Immigrants and their Children." *Annual Review of Public Health* 40: 147–66.

⁵ American Psychological Association (October 2020), Stress in America 2020: A National Mental Health Crisis, <https://www.apa.org/news/press/releases/stress/2020/report-october>.

⁶ Holland KM, Jones C, Vivolo-Kantor AM, et al. Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic. *JAMA Psychiatry*. 2021;78(4):372–379. doi:10.1001/jamapsychiatry.2020.4402.

⁷ Cadenas, G. et al. (March 3, 2022), The citizenship shield: Mediated and moderated links between immigration status, discrimination, food insecurity, and negative health outcomes for latinx immigrants during the COVID-19 pandemic. *Journal of Community Psychology*. https://onlinelibrary.wiley.com/doi/full/10.1002/jcop.22831?casa_token=doMsSigyTP8AAAAA%3ATdbEYnCxRxDeUJMDFuauCtTE46n9II-PM7ZGGXIsK3dSs6G6gu5Ourt9CAZY1XqP9jM8BChowkJa7mQ

allows low-income families and many individuals with disabilities to access earlier treatment, before minor symptoms escalate into a crisis. Medicaid and CHIP represent the largest source of coverage for individuals in need of mental health, behavioral health, or substance use disorder services.⁸ Medicaid is also the third-largest source of federal funding for all school-based health care services for children⁹, and over ten million individuals qualify for Medicaid on the basis of a disability.¹⁰

Public benefit programs are vitally important to immigrant families, many of whom work in industries that do not offer health coverage. Medicaid provides many non-citizen families access to preventive and primary care that enables early intervention in minor signs of mental distress before they escalate into a crisis. The 2019 Rule led to declines in participation in Medicaid and other programs since participation would have negatively affected immigration status. Therefore, the 2019 Rule raised serious public health concerns that if immigrants were hesitant to enroll in vital health programs, their mental health needs were not being met.

Overall, Medicaid enrollment increased by 17% during the COVID-19 pandemic.¹¹ This phenomenon is attributable to many factors, including the economic impact of the pandemic and greater enrollment flexibilities granted to the general population through Congress' COVID relief efforts. Amongst immigrant communities, however, the 2019 Rule dampened Medicaid/CHIP or SNAP enrollment due to concerns over its impact, even if the individuals deciding not to enroll were technically not subject to the Rule themselves.¹²

Additionally, recent reports demonstrate that immigrants experienced higher unemployment, economic hardship, mental health distress, and health outcomes during the pandemic, compared to U.S. citizens. This is likely due to extensive effects of poverty and the disincentivized access to public services.¹³ Research also suggests that immigrants with fewer legal protections, such as undocumented immigrants and recipients of the Deferred Action for Childhood Arrivals (DACA) program, experienced severe stress related to immigration and health during the

⁸ Medicaid and CHIP Payment and Access Commission (June 2015). Behavioral Health in the Medicaid Program—People, Use, and Expenditures, <https://www.macpac.gov/wp-content/uploads/2015/06/Behavioral-Health-in-the-Medicaid-Program%E2%80%94People-Use-and-Expenditures.pdf>.

⁹ Healthy Schools Campaign (2021). Restart and Recovery: Leveraging Federal COVID Relief Funding & Medicaid to Support Student & Staff Wellbeing & Connection: Opportunities for State Education Agencies, https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Resources/CCSSO_RR_Leveraging_Federal-v3.pdf.

¹⁰ Medicaid & CHIP Payment and Access Commission (2017). <https://www.macpac.gov/subtopic/people-with-disabilities/>.

¹¹ Kaiser Family Foundation (March 1, 2022), The Impact of the COVID-19 Recession on Medicaid Coverage and Spending, <https://www.kff.org/medicaid/issue-brief/the-impact-of-the-covid-19-recession-on-medicaid-coverage-and-spending/>.

¹² Bernstein H., et al. (May 2020), Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019, https://www.urban.org/sites/default/files/publication/102221/amid-confusion-over-the-public-charge-rule-immigrant-families-continued-avoiding-public-benefits-in-2019_3.pdf.

¹³ Grills, C., et al. (August 2021). COVID-19 Communities of Color Needs Assessment, National Urban League, Executive Summary. <https://78ab0743.flowpaper.com/2135NULCovidD9v9/#page=1>

COVID-19 pandemic.¹⁴ The 2019 Rule may have prevented immigrants who needed public services to access them during periods of increased distress and need.

The 2019 Rule also disproportionately harmed vulnerable populations and posed a threat to the health of the general population. The aging population and those with disabilities would also have been deemed a risk for becoming a public charge. For example, with the aging population, nearly 3 million households with older adults experience food insecurity and lack access to nutritious food¹⁵ with negative health consequences.¹⁶ The 2019 Rule placed older immigrant adults at risk of not accessing programs like SNAP for fear of increasing their chances of being considered a public charge. Many individuals with disabilities would also have been screened as likely to become a public charge, since their disability would be considered a heavily weighted negative factor.

If the 2019 Rule were continued, it could also lead to family separations if a non-citizen parent used a public benefit program and was potentially subject to deportation. Psychological research shows that family separation can lead to emotional trauma for children.¹⁷ Also, the data suggests that the longer parents are separated from their children, the greater the reported symptoms of anxiety and depression are for children.¹⁸ Family separation is also associated with other negative outcomes for children, including housing instability, food insecurity, interrupted schooling and behavioral/emotional responses such as fear, anxiety aggression and changes to sleep and appetite.¹⁹

Considerations for Future Rulemaking

APA applauds the efforts by the Administration to roll back the 2019 Rule by separating the definition of “public benefits” from the definition of individuals “likely to become a public charge”, specifically exempting certain non-cash public benefit programs such as Medicaid, CHIP and SNAP from the definition of “public benefits”, and exempting public benefits received by the non-citizen's relatives and children. Together, these measures represent a critical first step in ameliorating the gratuitous harms imposed by the 2019 Rule and ensuring that non-citizens have greater access to necessary public services. APA believes that future rules and guidance from the Administration should include clear guidelines for how to determine a public charge to avoid a biased decision-making process for immigration officials. APA welcomes the

¹⁴ Latinx Immigrant Health Alliance, United We Dream (2021), Mental Health and Wellbeing in United We Dream Community, <https://osf.io/zskvx/>.

¹⁵ Kee, E. (September 13, 2018). *How SNAP Ensures Healthy Aging*. National Council on Aging. Retrieved from: https://www.ncoa.org/blog/how-snap-ensures-healthy-aging/?utm_source=newsletter&utm_medium=email&utm_campaign=09282018_AWU

¹⁶ Kee, E. (September 13, 2018). *How SNAP Ensures Healthy Aging*. National Council on Aging. Retrieved from: https://www.ncoa.org/blog/how-snap-ensures-healthy-aging/?utm_source=newsletter&utm_medium=email&utm_campaign=09282018_AWU

¹⁷ Dreby, J. (2012). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family*, 74, 829-845. doi: 10.1111/j. 1741-3737.2012.00989

¹⁸ Suárez-Orozco, C., Bang, H.J., & Kim, H.Y. (2010). I felt like my heart was staying behind: Psychological implications of family separations and reunifications for immigrant youth. *Journal of Adolescent Research* 26(2).

¹⁹ Dreby, J. (2012). The burden of deportation on children in Mexican immigrant families. *Journal of Marriage and Family*, 74, 829-845. doi: 10.1111/j. 1741-3737.2012.00989.

opportunity to provide evidence-based resources to avoid prejudicial attitudes in the adjudication process.

Thank you for this opportunity to comment on this important issue. Should you have any questions, feel free to contact Serena Dávila at sdavila@apa.org or Andrew Strickland at astrickland@apa.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine B. McGuire". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Katherine B. McGuire
Chief Advocacy Officer
American Psychological Association