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Potential Effects of Public Charge Changes on Health Coverage for Citizen Children

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Key Findings

The Trump Administration is pursuing changes that, for the first time, would allow the federal government to take into account use of Medicaid, CHIP, subsidies for Marketplace coverage and other health, nutrition, and non-cash programs when making public charge determinations. These changes would likely lead to decreased participation in Medicaid, CHIP, Marketplace coverage, and other programs among legal immigrants and their citizen children, even though they would remain eligible. This brief provides an overview of citizen children with a noncitizen parent potentially affected by the changes and analyzes three Medicaid/CHIP disenrollment scenarios to illustrate how the changes could potentially affect their health coverage and uninsured rate.

In 2016, there were 10.4 million citizen children with at least one noncitizen parent. Nearly nine in ten of these children live in a family with a full-time worker, but these workers often are in low-wage jobs, leading to lower family incomes and more limited access to health coverage. As such, over half (56%), or 5.8 million, citizen children with a noncitizen parent had Medicaid or CHIP coverage in 2016. (See Appendix tables for state data.)

We illustrate the potential impact of different Medicaid/CHIP disenrollment rates and show that, if the policy leads to disenrollment rates from 15% to 35%, an estimated 875,000 to 2 million citizen children with a noncitizen parent could drop Medicaid/CHIP coverage despite remaining eligible. The majority disenrolling would become uninsured, increasing their uninsured rate from 8% to between 14% and 22% and the uninsured rate for all children from 5% to between 6% and 7%. Although it is difficult to predict the effect of the policy change, these disenrollment rates illustrate the potential impact and draw on previous research on the chilling effect welfare reform had on enrollment of immigrant families. However, unlike the current draft policy, welfare reform did not affect immigration status. Thus, this illustrative analysis may underestimate the policy's impact on Medicaid/CHIP participation. In addition, this analysis does not account for coverage losses that would result from decreased participation in Marketplace coverage.

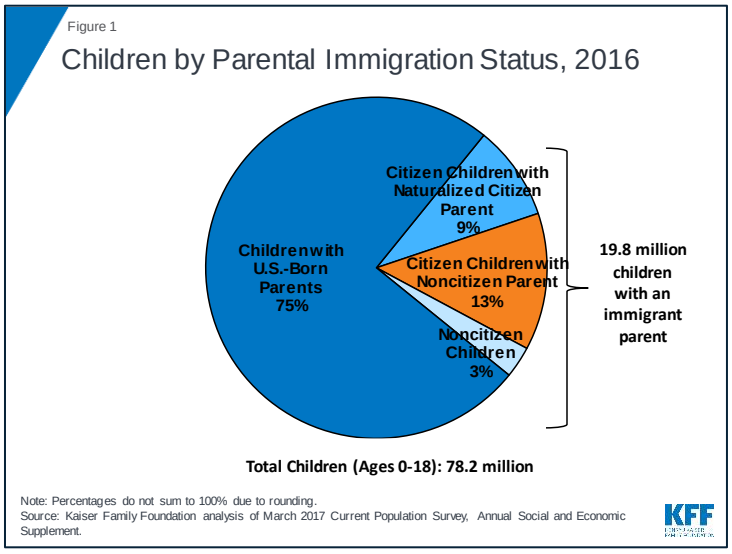
Coverage losses would negatively affect the health of children and their families' financial stability. Coverage losses would reduce access to care, contributing to worse health outcomes. Moreover, reduced participation in nutrition and other support programs that are also proposed to be considered as part of public charge determinations would likely compound these effects.

Introduction

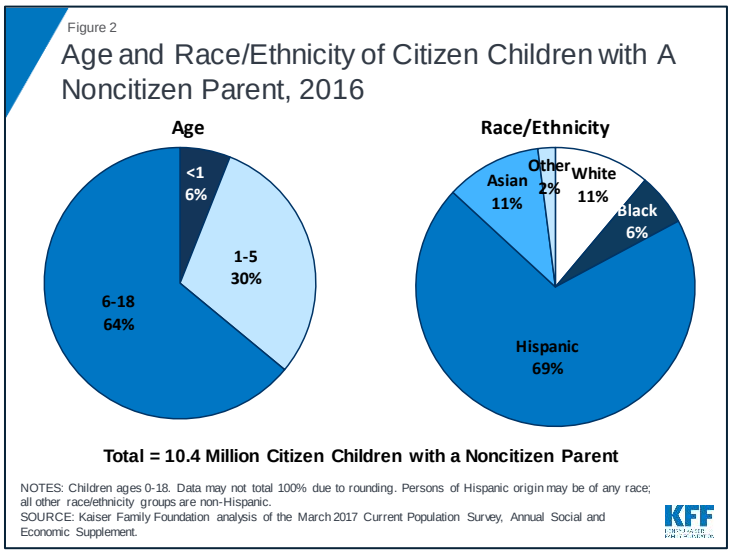
The Trump Administration is pursuing changes that, for the first time, would allow the federal government to take into account use of health, nutrition, and other non-cash programs when making public charge determinations. Under these changes, use of these programs, including Medicaid, CHIP, and subsidies for Marketplace coverage, by an individual or family member, including a citizen child, could result in the federal government denying an individual a "green card" or adjustment to lawful permanent status or entry into the U.S. These changes would likely result in reduced participation in Medicaid, CHIP, Marketplace coverage, and other programs by immigrant families, including citizen children, even though they would remain eligible. Decreases in Medicaid and CHIP enrollment would increase the number of uninsured and reduce access to care, increase financial strains on families, and widen disparities in coverage. This brief provides an overview of citizen children with a noncitizen parent who could potentially be affected by the proposed changes and presents three Medicaid/CHIP disenrollment scenarios to illustrate how the changes could potentially affect their health coverage and uninsured rate. It is based on Kaiser Family Foundation analysis of Current Population Survey Data. (See Methods for more details.) Appendix Tables 2 and 3 provide state-specific data.

Overview of Citizen Children with a Noncitizen Parent

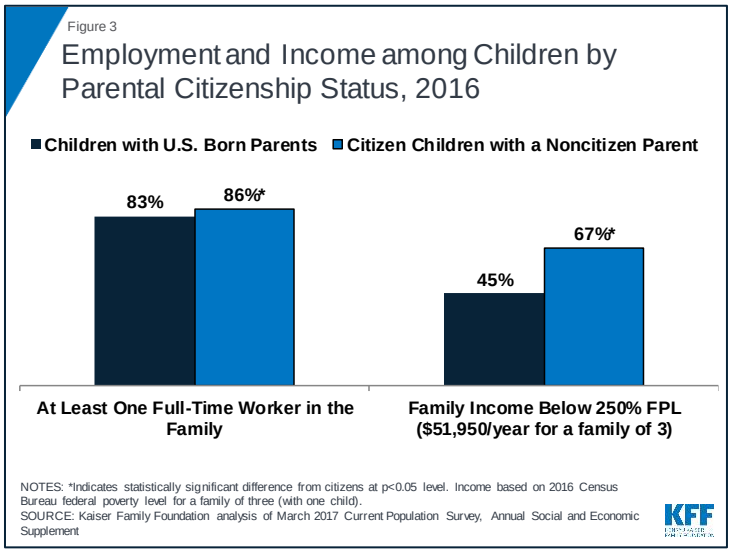
In 2016, nearly 20 million, or one in four, children had at least one immigrant parent, and nearly nine in ten (88%) of these children were citizens (Figure 1). Over half, or 10.4 million, of these children lived in mixed status families, where the child is a citizen and at least one parent is a noncitizen. Citizen children with a noncitizen parent are heavily concentrated in a few states. Over half of children with a noncitizen parent live in California (25%), Texas (16%), New York (7%), and Florida (6%) (Appendix Table 2).



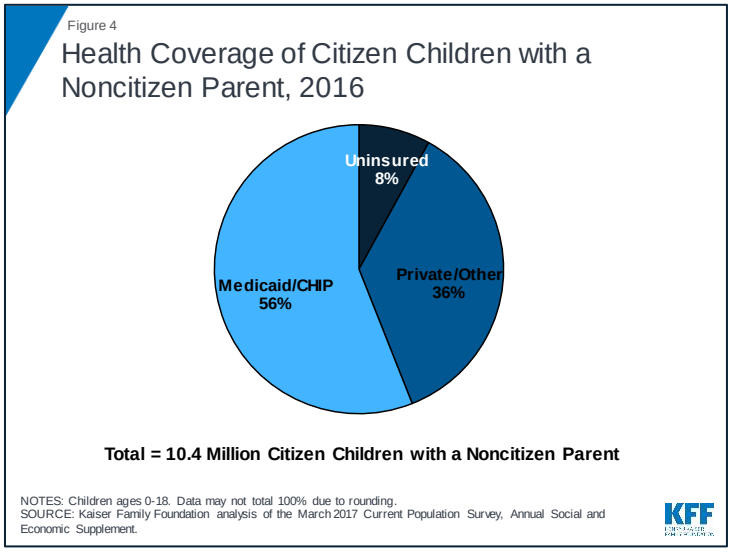
Citizen children with a noncitizen parent range in age and race/ethnicity, although the majority are between ages 6-18 and Hispanic (Figure 2). About one in three (36%) citizen children with a noncitizen parent are below age six; the remaining 64% are between ages 6-18. Over two-thirds (69%) of citizen children with a noncitizen parent are Hispanic and 11% are Asian. The remaining 19% includes 11% who are White non-Hispanic, 6% who are Black non-Hispanic, and 2% who are another or mixed race.



Although citizen children with a noncitizen parent are more likely to live in a family with a full-time worker compared to those with U.S. born parents, they have lower family incomes. Nearly nine in ten (86%) citizen children with a noncitizen parent live in a family with at least one full-time worker (Figure 3). However, over two-thirds (67%) of citizen children with a noncitizen parent have family incomes below 250% of the federal poverty level (FPL), compared to 45% of children with U.S. born parents. This finding reflects that noncitizens are often employed in low-wage jobs and industries.



Reflecting their lower family incomes, Medicaid and CHIP play a key role in covering citizen children with a noncitizen parent, but they remain more likely than those with U.S. born parents to be uninsured. Given that over two-thirds of citizen children with a noncitizen parent have family incomes below 250% FPL, many are within the income eligibility limits for Medicaid or CHIP.[1] As such, Medicaid and CHIP cover over half (56%), or 5.8 million, citizen children with a noncitizen parent. This coverage helps to fill gaps in private coverage since many noncitizen parents work in low-wage jobs that often do not offer health coverage. However, citizen children with a noncitizen parent remain more likely than children with U.S. born parents to be uninsured (8% vs. 5%). Moreover, their parents are more than three times as likely to be uninsured themselves compared to U.S. born parents (24% vs. 7%).



Potential Coverage Losses Due to Public Charge Policies

Under draft changes proposed by the Trump Administration, use of health, nutrition, and other non-cash programs by an individual or a family member, including a citizen child, could result in the federal government denying an individual adjustment to lawful permanent resident status (i.e., a "green card") or entry into the United States.[2] Under longstanding policy, individuals who are determined to be a "public charge" can be denied lawful permanent residence or entry into the U.S. Today, individuals may be determined a public charge if they rely on or are likely to rely on public cash assistance or government funded long-term institutional care. Current policy does not allow the federal government to consider the use of non-cash benefits, such as health and nutrition programs, in public charge determinations. Under the draft proposed changes, the federal government could consider previously excluded health, nutrition, and other non-cash programs in public charge determinations. These programs would include Medicaid, CHIP, and subsidies for Marketplace coverage. In addition, the changes would newly allow the federal government to take into account use of programs by citizen children and other family members in making a public charge determination.

The changes in public charge policy would likely lead to decreased participation in Medicaid, CHIP, Marketplace coverage, and other programs among legal immigrant families, including their citizen children, even though they would remain eligible. Fears of negative consequences on immigration status are a barrier to Medicaid and CHIP enrollment for eligible immigrant families today even though the federal government cannot consider use of Medicaid and CHIP in public charge determinations under current policy.[3] The proposed changes would amplify these fears because use of Medicaid, CHIP, as well as subsidies for Marketplace coverage and other programs could negatively affect immigration status. The preamble to the draft proposed rule notes, "the action provides a strong disincentive for the receipt or use of public benefits by aliens, as well as their household members, including U.S. children." It is expected that the public charge policy change would primarily affect individuals seeking a green card through a family-based petition. However, increased fears would likely extend beyond individuals directly affected by the policy to the broader immigrant community.[4] Due to increased fears, it is likely that fewer eligible individuals would enroll themselves and their children in health coverage and individuals currently enrolled in programs would disenroll themselves and their children despite remaining eligible for coverage.

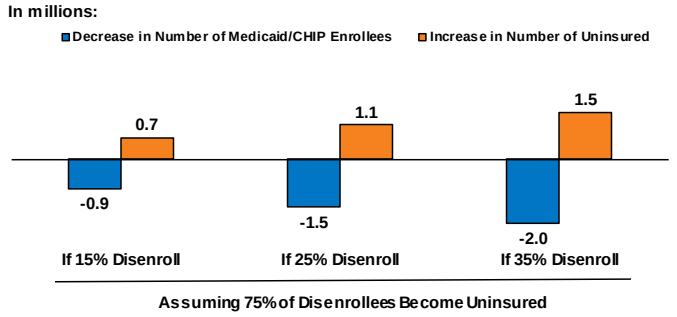
To illustrate potential effects of these changes on health coverage of children, we present three scenarios of disenrollment from Medicaid and CHIP among citizen children with a noncitizen parent. As of 2016, 5.8 million citizen children with a noncitizen parent were enrolled in Medicaid or CHIP (see Appendix 2 for state data), and 790,000 or 8% were uninsured. We applied disenrollment rates from Medicaid and CHIP of 15%, 25%, and 35%. Although it is difficult to predict the effect of the policy change, these disenrollment rates illustrate the potential impact and draw on previous research on the chilling effect welfare reform had on enrollment of immigrant families.[5] However, unlike the current draft policy, welfare reform did not affect immigration status. Thus, this illustrative analysis may underestimate the impact that the policy may have on participation in Medicaid/CHIP. We assume that 75% of children disenrolling from Medicaid and CHIP would become uninsured based on data showing some access to private coverage among this population.[6] However, some families may not be able to afford private coverage even if it is available. As such, this analysis may underestimate the share of children disenrolling from Medicaid/CHIP who would become uninsured. In addition, this analysis does not account for decreased coverage due to fewer individuals enrolling their eligible children in Medicaid or CHIP or coverage losses that would result from decreased participation in Marketplace coverage.

If the public charge policy change leads to Medicaid/CHIP disenrollment rates ranging from 15% to 35%, an estimated 875,000 to 2 million citizen children with a noncitizen parent could drop Medicaid/CHIP coverage despite remaining eligible, and their uninsured rate would rise from 8% to between 14% and 22%. Specifically, as shown in Figures 5 and 6 and Appendix Table 1:

- **A 15% decline in Medicaid/CHIP enrollment among citizen children with a noncitizen parent would result in 875,000 children losing Medicaid/CHIP coverage and 657,000 becoming uninsured.** These losses would increase the uninsured rate for citizen children with a noncitizen parent from 8% to 14%, and the uninsured rate for all children would increase from 5% to 6%.
- **A 25% decline in Medicaid/CHIP enrollment among citizen children with a noncitizen parent would result in 1.5 million children losing Medicaid/CHIP coverage and 1.1 million becoming uninsured.** These losses would increase the uninsured rate for citizen children with a noncitizen parent from 8% to 18%, and the uninsured rate for all children would increase from 5% to 7%.
- **A 35% decline in Medicaid/CHIP enrollment among citizen children with a noncitizen parent would result in 2.0 million children losing Medicaid/CHIP coverage and 1.5 million becoming uninsured.** These losses would increase the uninsured rate for citizen children with a noncitizen parent from 8% to 22%, and the uninsured rate for all children would increase from 5% to 7%.

Figure 5

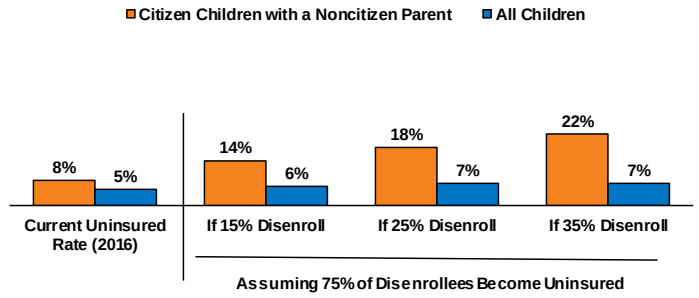
Changes in Coverage for Citizen Children with a Noncitizen Parent Under Different Scenarios of Disenrollment from Medicaid/CHIP



Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement.

Figure 6

Uninsured Rate for Citizen Children with a Noncitizen Parent Under Different Scenarios of Disenrollment from Medicaid/CHIP



Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement.

Coverage losses would negatively affect the health of children and their families' financial stability. Coverage losses would reduce access to care, contributing to worse health outcomes.[7] Reduced participation in nutrition and other programs that are also proposed to be considered in public charge determinations would likely compound these effects. In particular, the Earned Income Tax Credit, free or reduced price lunch program, Supplemental Nutrition Assistance Program, and Women Infant and Children's Program (WIC) provide important sources of support for these households (Appendix 3). Decreased participation in these programs would negatively affect the financial stability of families and the growth and healthy development of their children.[8]

Methods

Findings in this brief are based on Kaiser Family Foundation analysis of the March 2017 Current Population Survey, Annual Social and Economic Supplement. Children include individuals ages 0-18. For the analysis, children are grouped into mutually exclusive categories, including: children with U.S. born parents, citizen children in a household where at least one parent is a naturalized citizen, citizen children in a household where at least one parent is a noncitizen, and noncitizen children.

For estimates of potential changes in coverage due to public charge policies, we present several scenarios using different disenrollment rates for Medicaid and CHIP. These disenrollment scenarios are illustrative of the potential impact of the public charge policy change and draw on previous research on the chilling effect welfare reform had on enrollment of immigrant families. Specifically, Kaushal and Kaestner found 25% disenrollment among children of foreign-born parents.[1] This study was most relevant to our analysis given its focus on children and its inclusion of children who remained eligible after the welfare reform changes. Using this 25% disenrollment rate as a midpoint, we also examined the impact if the disenrollment rate was lower at 15% or higher at 35% to illustrate the impact of alternate disenrollment rates given uncertainty about the actual impact if the policy is implemented. Because, unlike the current draft proposed policy, welfare reform did not affect immigration status, this illustrative analysis may underestimate the impact the policy may have on participation in Medicaid/CHIP.

The estimates also assume that 75% of those disenrolling from Medicaid and CHIP would become uninsured. This assumption is based on Kaiser Family Foundation analysis of Current Population Survey data showing some access to private coverage among this population. However, this analysis may underestimate the share of children disenrolling from Medicaid/CHIP who would become uninsured since some families may not be able to afford private coverage even if it is available. Further, this analysis does not account for decreased coverage due to fewer individuals enrolling their eligible children in Medicaid or CHIP or coverage losses that would result from decreased participation in Marketplace coverage.

[1] Neeraj Kaushal and Robert Kaestner, "Welfare Reform and Health Insurance of Immigrants," *Health Services Research*,40(3), (June 2005), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361164/

This brief was prepared by Samantha Artiga and Rachel Garfield, with the Kaiser Family Foundation, and Anthony Damico, an independent consultant to the Kaiser Family Foundation.

Appendix Table 1: Projected Changes in Children's Coverage Based Assumed Disenrollment of Citizen Children with a Noncitizen Parent from Medicaid/CHIP (in Millions)				
	Current Coverage (as of 2016)	15% Disenrollment Rate	25% Disenrollment Rate	35% Disenrollment Rate
Number Disenrolled from Medicaid/CHIP		**0.9**	**1.5**	**2.0**
Increase in Uninsured (if 75% of disenrollees become uninsured)		**0.7**	**1.1**	**1.5**
Citizen Children with a Noncitizen Parent				
Medicaid/CHIP	5.8	5.0	4.4	3.8
Uninsured	0.8	1.4	1.9	2.3
Uninsured Rate	8%	14%	18%	22%
Total Children				
Medicaid/CHIP	29.8	28.9	28.4	27.8
Uninsured	4.2	4.9	5.3	5.7
Uninsured Rate	5%	6%	7%	7%
Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement.				

Appendix Table 2: Medicaid/CHIP Coverage for Citizen Children With a Noncitizen Parent, 2016				
	All Children	Citizen Children with a Noncitizen Parent		
		Total	Income <250% FPL	Medicaid/CHIP Coverage
United States	78,150,000	10,398,000	6,985,000	5,836,000
Alabama	1,155,000	59,000	44,000	34,000
Alaska	202,000	11,000	NA	NA
Arizona	1,715,000	312,000	264,000	168,000
Arkansas	742,000	38,000	26,000	20,000
California	9,678,000	2,559,000	1,815,000	1,567,000
Colorado	1,318,000	136,000	NA	84,000
Connecticut	804,000	83,000	42,000	45,000
Delaware	215,000	25,000	15,000	12,000
DC	128,000	12,000	6,000	5,000
Florida	4,450,000	638,000	416,000	308,000
Georgia	2,666,000	315,000	238,000	204,000
Hawaii	319,000	37,000	23,000	17,000
Idaho	473,000	49,000	42,000	NA
Illinois	3,048,000	442,000	251,000	224,000
Indiana	1,694,000	NA	NA	NA
Iowa	756,000	46,000	39,000	29,000
Kansas	763,000	65,000	50,000	NA
Kentucky	1,104,000	NA	NA	NA
Louisiana	1,176,000	36,000	NA	NA
Maine	272,000	NA	NA	NA
Maryland	1,428,000	190,000	113,000	91,000
Massachusetts	1,480,000	208,000	105,000	102,000
Michigan	2,280,000	118,000	46,000	55,000
Minnesota	1,383,000	131,000	NA	NA
Mississippi	768,000	19,000	NA	NA
Missouri	1,479,000	63,000	NA	NA
Montana	241,000	6,000	NA	NA
Nebraska	500,000	56,000	39,000	26,000
Nevada	729,000	140,000	94,000	61,000
New Hampshire	283,000	NA	NA	NA
New Jersey	2,077,000	362,000	194,000	150,000
New Mexico	522,000	65,000	53,000	46,000
New York	4,397,000	678,000	406,000	392,000
North Carolina	2,450,000	300,000	221,000	197,000
North Dakota	188,000	NA	NA	NA
Ohio	2,792,000	126,000	81,000	70,000
Oklahoma	1,023,000	121,000	97,000	90,000
Oregon	933,000	162,000	127,000	110,000
Pennsylvania	2,836,000	165,000	86,000	97,000
Rhode Island	217,000	25,000	NA	NA
South Carolina	1,183,000	76,000	44,000	NA
South Dakota	229,000	NA	NA	NA
Tennessee	1,550,000	104,000	82,000	58,000
Texas	7,731,000	1,644,000	1,170,000	966,000
Utah	963,000	76,000	56,000	NA
Vermont	131,000	NA	NA	NA
Virginia	2,013,000	243,000	151,000	93,000
Washington	1,721,000	262,000	164,000	157,000
West Virginia	398,000	NA	NA	NA
Wisconsin	1,396,000	NA	NA	NA
Wyoming	153,000	6,000	4,000	NA

NA: Estimate not reported; Relative Standard Error is greater than 30%. FPL is Federal Poverty Level.
Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement.

Appendix Table 3: Household Use of Selected Programs for Citizen Children with a Non-Citizen Parent, 2016				
	Earned Income Tax Credit	Free or Reduced Price Lunch	Supplemental Nutrition Assistance Program	Women, Infant, and Children's Service
United States	5,849,000	5,267,000	2,644,000	1,932,000
Alabama	38,000	29,000	NA	NA
Alaska	NA	NA	NA	NA
Arizona	241,000	195,000	123,000	88,000
Arkansas	20,000	22,000	NA	NA
California	1,554,000	1,507,000	715,000	573,000
Colorado	64,000	47,000	NA	NA
Connecticut	33,000	39,000	NA	NA
Delaware	13,000	11,000	NA	NA
DC	6,000	4,000	NA	NA
Florida	321,000	279,000	159,000	102,000
Georgia	201,000	162,000	NA	NA
Hawaii	18,000	16,000	NA	NA
Idaho	38,000	28,000	20,000	NA
Illinois	194,000	181,000	94,000	NA
Indiana	46,000	NA	NA	NA
Iowa	25,000	24,000	NA	NA
Kansas	50,000	47,000	NA	21,000
Kentucky	20,000	23,000	NA	NA
Louisiana	19,000	18,000	NA	NA
Maine	NA	NA	NA	NA
Maryland	103,000	89,000	NA	NA
Massachusetts	82,000	71,000	NA	41,000
Michigan	44,000	NA	NA	NA
Minnesota	76,000	76,000	NA	NA
Mississippi	10,000	NA	NA	NA
Missouri	33,000	36,000	NA	NA
Montana	NA	NA	NA	NA
Nebraska	36,000	32,000	NA	NA
Nevada	87,000	77,000	NA	NA
New Hampshire	NA	NA	NA	NA
New Jersey	171,000	127,000	NA	NA
New Mexico	42,000	32,000	31,000	13,000
New York	352,000	296,000	194,000	73,000
North Carolina	171,000	200,000	88,000	103,000
North Dakota	5,000	NA	NA	5,000
Ohio	61,000	62,000	60,000	NA
Oklahoma	78,000	55,000	45,000	54,000
Oregon	102,000	107,000	61,000	NA
Pennsylvania	63,000	63,000	54,000	NA
Rhode Island	14,000	15,000	12,000	NA
South Carolina	37,000	37,000	NA	NA
South Dakota	6,000	5,000	NA	NA
Tennessee	62,000	59,000	36,000	NA
Texas	987,000	856,000	395,000	289,000
Utah	42,000	26,000	NA	NA
Vermont	NA	NA	NA	NA
Virginia	119,000	79,000	NA	38,000
Washington	117,000	145,000	91,000	78,000
West Virginia	NA	NA	NA	NA
Wisconsin	33,000	27,000	NA	NA
Wyoming	NA	NA	NA	NA

NA: Estimate not reported; Relative Standard Error is greater than 30%.
Source: Kaiser Family Foundation analysis of March 2017 Current Population Survey, Annual Social and Economic Supplement.

ENDNOTES

[1] The median Medicaid/CHIP eligibility level for children across states is 255% FPL as of January 2018. Tricia Brooks, Karina Wagnerman, Samantha Artiga and Elizabeth Cornachione, Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2018: Findings from a 50-State Survey, (Washington, DC: Kaiser Family Foundation, March 2018), https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2018-findings-from-a-50-state-survey/.

[2] Similar criteria would also be applied to people seeking to extend or change their temporary nonimmigrant status in the U.S.

[3] Oscar C. Gomez, Liberty Day, and Samantha Artiga, Connecting Eligible Immigrant Families to Health Coverage and Care: Key Lessons from Outreach and Enrollment Workers, (Washington, DC: Kaiser Family Foundation, October 2011), https://www.kff.org/disparities-policy/issue-brief/connecting-eligible-immigrant-families-to-health-coverage/ and Samantha Artiga and Petry Ubri, Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health, (Washington, DC: Kaiser Family Foundation, December 2017), https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/.

[4] Findings show that recent immigration policy changes have increased fears and confusion among broad groups of immigrants beyond those directly affected by the changes. See Samantha Artiga and Petry Ubri, Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health, (Washington, DC: Kaiser Family Foundation, December 2017), https://www.kff.org/disparities-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/. Similarly, earlier experiences show that welfare reform changes increased confusion and fear about enrolling in public benefits among immigrant families beyond those directly affected by the changes. See. Neeraj Kaushal and Robert Kaestner, "Welfare Reform and Health Insurance of Immigrants," *Health Services Research*,40(3), (June 2005), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361164/;

[5] Neeraj Kaushal and Robert Kaestner, "Welfare Reform and Health Insurance of Immigrants," *Health Services Research*,40(3), (June 2005), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361164/; Michael Fix and Jeffrey Passel, *Trends in Noncitizens' and Citizens' Use of Public Benefits Following Welfare Reform 1994-97* (Washington, DC: The Urban Institute, March 1, 1999) https://www.urban.org/sites/default/files/publication/69781/408086-Trends-in-Noncitizens-and-Citizens-Use-of-Public-Benefits-Following-Welfare-Reform.pdf; Namratha R. Kandula, et. al, "The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants, *Health Services Research,* 39(5), (October 2004), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361081/; Rachel Benson Gold, *Immigrants and Medicaid After Welfare Reform*, (Washington, DC: The Guttmacher Institute, May 1, 2003), https://www.guttmacher.org/gpr/2003/05/immigrants-and-medicaid-after-welfare-reform.

[6] Kaiser Family Foundation analysis of March 2017 Current Population Survey data.

[7] Julia Paradise, Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid, (Washington, DC: Kaiser Family Foundation, March 23, 2017), https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/

[8] SNAP Helps Millions of Children, (Washington, DC: Center on Budget and Policy Priorities, April 2017), https://www.cbpp.org/research/food-assistance/snap-helps-millions-of-children, "About WIC-How WIC Helps," United States Department of Agriculture, Women, Infants and Children (WIC), https://www.fns.usda.gov/wic/about-wic-how-wic-helps, accessed May 10, 2018; and Chuck Marr, et al, EITC and Child Tax Credit Promote Work, Reduce Poverty, and Support Children's Development Research Finds, (Washington, DC: Center on Budget and Policy Priorities, October 2015), https://www.cbpp.org/research/federal-tax/eitc-and-child-tax-credit-promote-work-reduce-poverty-and-support-childrens.