

A Look at the Public Charge Final Rule: Are There Implications for HRSA?

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On August 14, the Department of Homeland Security (DHS) published a final rule on public charge. Historically, public charge refers to an individual who is likely to become primarily dependent on the government for subsistence. The final rule provides guidance on how to determine if someone applying for admission to the United States or adjustment of immigration status is likely at any time to become a public charge. The policies go into effect on October 15, 2019. In the proposed rule

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[published in 2018](#), DHS estimated that the policy, when finalized, would affect almost 640,000 immigrants annually.

Under longstanding policy, the federal government can deny an individual entry into the United States or adjustment to legal permanent resident status (green card) if he or she is determined to become a public charge. The final rule changes the definitions for public charge and public benefits, and the standard that DHS uses when determining whether an immigrant is likely to become a "public charge" for purposes of entry into the United States or changes in immigration status. The definition of public charge is revised to refer a person who uses or receives one or more specified public benefits for at least 12 months in a 36-month period. The rule further defines the term "public benefit" to include any cash benefits for income maintenance, Supplemental Security Income (SSI), Temporary Assistance to Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), most forms of Medicaid, and certain housing programs.

Who is subject to or **exempted from public charge determination?**

The public charge determination applies to certain immigrants such as those seeking to become lawful permanent residents (green card) and those seeking to come to the United States. The policy only applies to the individual who receives one or more designated public benefits and not a family member who does not receive the benefits.

The policy does not apply to refugees, asylees, Afghans and Iraqis with special immigrant visas, survivors of trafficking and other serious crimes, self-petitioners under the Violence Against Women Act or special immigrant juveniles. Members of the armed forces and their families are also exempted. The policy also does not apply to immigrants applying for US citizenship.

What benefits are subject to public charge determination?

As discussed in the final rule, the following benefits are subject to the public charge determination:

- Cash benefits
 - Supplemental Security Income Program (SSI) and State Supplementary Income Program
 - Temporary Assistance for Needy Families (TANF)
 - General Assistance
- Non-cash benefits
 - Supplemental Nutrition Assistance Program (SNAP, or "Food Stamps")
 - Section 8 vouchers and project-based rental assistance public housing programs
 - Federally funded Medicaid (with certain exclusions)

What benefits are not subject to public charge determination?

The final rule clarifies that the following benefits are not subject to public charge determination:

- Medicaid coverage for pregnant women and children
- Medicaid services provided pursuant to the Individuals with Disabilities Education Act
- Children's Health Insurance Program (CHIP);
- Medicare Part D low income subsidy;
- Special Supplemental Nutrition Program for Women, Infants and Children Program (WIC);
- Exchange Premium Tax Credits;
- Private or employer health insurance;
- VA benefits and TRICARE;
- Health services including public assistance for immunizations and for testing and treatment of symptoms of communicable diseases;
- Use of health clinics

← i.e., the Ryan White Program

What implications does the new DHS policy on public charge have on HRSA?

In general, receipt of HRSA-funded program benefits such as the Health Center Program, Ryan White HIV/AIDS Programs, and Healthy Start, are excluded from public charge determination. However, it's possible that immigrants may be reluctant to use

HRSA funded program benefits for fear that receipt of these benefits would adversely affect their chances of getting a green card or becoming a citizen. In addition, a [Kaiser brief](#) found that of the 14 million Medicaid/CHIP beneficiaries living in a household with at least one noncitizen, between 2.1 million and 4.9 million Medicaid/CHIP beneficiaries may disenroll. [Another study](#) found that an estimated 8.3 million children in immigrant families currently enrolled in Medicaid, CHIP, and Food Stamp may be disenrolled from coverage. [The study](#) also estimated that immigrant parents may disenroll between 800,000 and 1.9 million children with specific medical needs.

For more information see the [DHS final rule](#).

by Wieand, Elizabeth (HRSA) at 7:29 AM in [Children and Families, Special Populations](#)

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