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Fabián Torres-Ardila

University of Massachusetts Boston, fabian.torres-ardila@umb.edu

Phillip Granberry

University of Massachusetts Boston, phillip.granberry@umb.edu

Iris Gómez

Massachusetts Law Reform Institute

Vicky Pulos

Massachusetts Law Reform Institute

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The Effect of Proposed Changes in Federal Public Charge Policy on Latino U.S. Citizen Children in Massachusetts

by Fabián Torres-Ardila PhD, Phil Granberry PhD (The Mauricio Gastón Institute for Latino Community Development and Public Policy, University of Massachusetts Boston)
Iris Gómez, Vicky Pulos (Massachusetts Law Reform Institute, Boston)

August, 2018

**THE MAURICIO GASTÓN INSTITUTE
FOR LATINO COMMUNITY DEVELOPMENT
AND PUBLIC POLICY**



The Effect of Proposed Changes in Federal Public Charge Policy on Latino U.S. Citizen Children in Massachusetts¹

Fabián Torres-Ardila PhD, Phil Granberry PhD

The Mauricio Gastón Institute for Latino Community Development and Public Policy, University of Massachusetts Boston

Iris Gómez, Vicky Pulos

Massachusetts Law Reform Institute, Boston

Summary

We estimate the number of U.S.-born Latino children that could be potentially affected by proposed Trump Administration changes greatly expanding the scope of the “public charge” test as a basis for denying noncitizens admission to the U.S. or adjustment to lawful permanent resident status. In addition to reducing family-based immigration, the proposed rule’s association of public benefits with adverse immigration consequences is widely expected to cause a drop in public benefit participation not just by noncitizens but by their U.S. citizen children as well. If this proposed change is implemented, Latino families – which include both noncitizen families and “mixed status” families composed of U.S. citizens and noncitizens – will be disproportionately affected. Our estimates show that between 7,000 and 17,000 U.S.-born Latino children could be expected to drop MassHealth² coverage in Massachusetts were this proposed policy to take effect. A drop in coverage of this magnitude could increase the percentage of uninsured U.S.-born Latino children in Massachusetts from 2.6% to a figure between 16% and 35%.

Introduction

The Trump Administration has announced plans to adopt far-reaching changes in the “public charge” immigration test that applies to noncitizens seeking lawful permanent resident status (i.e., a “green card”) based on a marriage or other family relationship, as well as to noncitizens in certain other situations.³ A non-citizen subject to the “public charge” test will generally not be able to obtain a green card if immigration officials find that he or she is likely to become a “public charge.”⁴ However, federal guidance in place since 1999 has narrowly defined a “public charge” as a person who is likely to become “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance or institutionalization for long-term care at government expense.”⁵

¹ The Gastón Institute and the Massachusetts Law Reform Institute contributed equally to this work.

² In Massachusetts, the federal Medicaid program and the Children’s Health Insurance Program (CHIP) are both referred to as MassHealth

³ A leaked copy of the planned “public charge” rule is available at:

<https://apps.washingtonpost.com/g/documents/world/read-the-trump-administrations-draft-proposal-penalizing-immigrants-who-accept-almost-any-public-benefit/2841/>

⁴ “Public charge” rules do not apply to certain noncitizens including asylees and refugees. For a more complete list, see MLRI Basic Benefits Training materials at:

<https://www.masslegalservices.org/system/files/library/Immigration%20Basics%20for%20Benefits%20Purposes%20%28SLIDES%29.pdf>

⁵ A USCIS “public charge” fact sheet and link to the 1999 federal guidance can be found at: <https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>

The Administration's plans for a new rule, which has not yet been formally proposed, would abandon these well-established limitations rooted in the history of the "public charge" doctrine and would fundamentally change the rules in at least the following three ways:

- 1) Instead of being limited to considering only cash benefits for subsistence or institutionalization at government expense, immigration officials would be allowed to consider a noncitizen's past or likely receipt of a wide range of supplemental cash and noncash benefits that are not now relevant to "public charge" determinations. Officials could then consider receipt of benefits such as affordable housing, home heating assistance, health coverage, nutrition assistance, the earned income tax credit, and other essential services and anti-poverty programs as "heavily weighted negative factors."
- 2) Immigration officials would also be allowed to consider whether a dependent family member, including a U.S. citizen child or spouse, has received any such benefits – in contrast to current guidance, which does not consider a dependent's use of cash assistance evidence of "public charge" unless the benefit is the intending immigrant's sole source of support.
- 3) Immigration officials would also apply a more restrictive set of income, health, age, family status, and other criteria, besides the past receipt of benefits, in the "public charge" determination. The planned rule would make it more difficult for children, the elderly, those with a medical condition, and those with income below 250% of the poverty level to satisfy the test.

The planned rule adopts such a sweeping revision of "public charge" criteria that a third of the U.S. population, if subject to such a test, would fail.⁶ The planned rule change would make it more difficult for family-based immigrants to obtain a green card and would have a broad "chilling effect" on the willingness of noncitizen family members to apply for public benefits for which they are qualified.⁷ To avoid a negative legal consequence, such as a status denial, or preserve the opportunity to attain status in the future, noncitizens will likely dis-enroll themselves and their family members, including U.S. citizen children, from benefit programs such as the Massachusetts Medicaid and Children's Health Insurance Program, MassHealth, the Supplemental Nutrition Assistance program (SNAP), and other benefits that were established to support families struggling to make ends meet in order to help them improve their financial circumstances over time.

The planned changes have not yet been formally proposed. However, at some point soon, the federal Department of Homeland Security is expected to publish for public comment a proposed rule in the Federal Register. The public will then have a period of time, generally expected to be 60 days, in which to submit comments. After reviewing the comments it receives, the agency may publish a final rule. The most recently leaked version of the planned rule indicates that receipt of benefits not previously considered evidence of "public charge," such as Medicaid, SNAP, WIC, housing assistance, other non-cash benefits, and supplemental cash benefits will not be considered unless such benefits are used after the effective date of the final rule. The effective date is expected to be 60 days from the date the final rule is published but could be longer or shorter. (See the text box at the end of this brief for more information on how to comment.)

⁶ See Center for American Progress issue brief at:

<https://www.americanprogress.org/issues/poverty/reports/2018/07/19/453174/trumps-immigration-plan-imposes-radical-new-income-health-tests/>

⁷ See, 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), at <https://www.urban.org/research/publication/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform>, and 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) at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361081/>

This report examines the effects of the planned “public charge” rule change on Latino U.S. citizen children in Massachusetts, by estimating the number of potential Latino U.S. citizen children with a non-citizen parent who may disenroll from Medicaid/MassHealth benefits after these policy changes are implemented. Our report builds on work by the Kaiser Family Foundation on the effects of the planned rule on U.S. citizen children living with at least one non-citizen parent nation-wide and by state.⁸ However, the consequences of the rule will not be limited to health programs. Many other benefits that have been shown to decrease poverty, improve health outcomes and increase self-sufficiency in adulthood, such as the Earned Income Tax Credit, Section 8 housing, fuel assistance, WIC, and SNAP, can also expect to see decreased participation by immigrant families.⁹

Table 1. Massachusetts cities and surrounding areas where approximately 74% of all Latinos in the state are located (out of 800,897 Latinos.)

Region	PUMA*	Cities or Towns	Latino Population
Boston	3301-3305	City of Boston	127,107
Lawrence	701	Lawrence, Haverhill & Methuen Town Cities	85,479
Springfield	1900	Springfield City	66,352
Chelsea	3306	Chelsea, Revere, & Winthrop Town Cities	45,267
Worcester	300	Worcester City	40,587
Lynn	704	Lynn City, Swampscott & Nahant Towns	36,327
Framingham	504	Framingham Town, Marlborough City & Natick Town	29,691
Holyoke	1901	Westfield & Holyoke Cities	28,162
Somerville	507	Somerville & Everett Cities	25,897
Lowell	501	Lowell City	25,860
New Bedford	4500	New Bedford City & Fairhaven Town	18,965
Brockton	4000	Brockton City, Stoughton & Avon Towns	13,032
Salem	703	Salem, Beverly, Gloucester & Newburyport Cities	12,969
Malden	508	Malden & Medford Cities	12,564
Waltham	503	Waltham City, Lexington, Burlington, Bedford & Lincoln Towns	11,259
Fall River	4302	Fall River City & Somerset Town	11,052
		Total	590,570

*Public Use Microdata Area

Source: 2012 - 2016 American Community Survey, Gastón Institute Analysis

⁸ Samantha Artiga, Anthony Damico, and Rachel Garfield, *Potential Effects of Public Charge Changes on Health Coverage for Citizen Children*, May 2018, Issue Brief, Kaiser Family Foundation at <https://www.kff.org/disparities-policy/issue-brief/potential-effects-of-public-charge-changes-on-health-coverage-for-citizen-children/>

⁹ See, Krista M. Perreira, Hirokazu Toshikawa, and Jonathan Oberlander, *A New Threat to Immigrants’ Health-The Public Charge Rule*, Aug. 1, 2018 at <https://www.nejm.org/doi/full/10.1056/NEJMp1808020>

Methods and Data Sources

This policy brief uses American Community Survey (ACS) data, which is an on-going survey of the U.S. population. The Census Bureau releases 1-year and 5-year ACS Public Use Microdata Samples (PUMS) person and household files. Our Massachusetts estimates use 2016 ACS data, and our city and region estimates use 2012-2016 ACS data. We merged these person and household files to identify the number of people in households who have access to public benefits. In this process, we identified if any person in the household has access to public benefits and the citizenship status (e.g., U.S. born, naturalized citizen, noncitizen) of household members. For children, we are able to identify the nativity of their parents for the majority but not all of the population under age 18 because some children live in group quarters. The nativity of the parent is identified only for the household population.

For our analysis, we identified four public benefits. The ACS asks if a person has one of several different kinds of health insurance coverage, and our MassHealth category comes from persons who selected the kind of coverage described as “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability.” The SNAP category comes from responses to a question asking if people in a household were food stamp/Supplemental Nutrition Assistance Program recipients. In addition to these two public benefits, we create a category of individuals with any family member having access to any of four public benefits. The two additional benefit categories identify people who said they received public assistance income or Supplemental Security Income (SSI) in the last 12 months. The ACS also asked if people age 16 and older were employed, unemployed and not in the labor market. From this question, we can identify if a family household has at least one person employed.

For purposes of this report, Brazilians are included in the category “Latino,” though most Brazilians self-report using a racial category – white or black – rather than identifying with an ethnicity of “Latino.” In addition, Massachusetts differs from other states because of its large Puerto Rican population. The Jones Act of 1917 gave all Puerto Rican U.S. citizenship. Therefore, Puerto Ricans make up nearly half of all U.S.-born Latinos in Massachusetts.

Table 2. Labor Force Participation in Massachusetts

	Latino*			Non-Latino		
	Noncitizen	Naturalized Citizen	U.S. - Born	Noncitizen	Naturalized Citizen	U.S. - Born
All ages, all individuals	189,746	125,033	543,075	341,758	469,655	5,142,618
16+	176,972	121,583	323,808	316,795	456,229	4,204,362
16+ in labor force	135,234	93,595	202,153	205,078	307,812	2,819,003
Percentage 16+ in labor force	76.4%	77.0%	62.4%	64.7%	67.5%	67.0%

***Data includes Brazilian population**

Source: 2016 American Community Survey, Gastón Institute Analysis

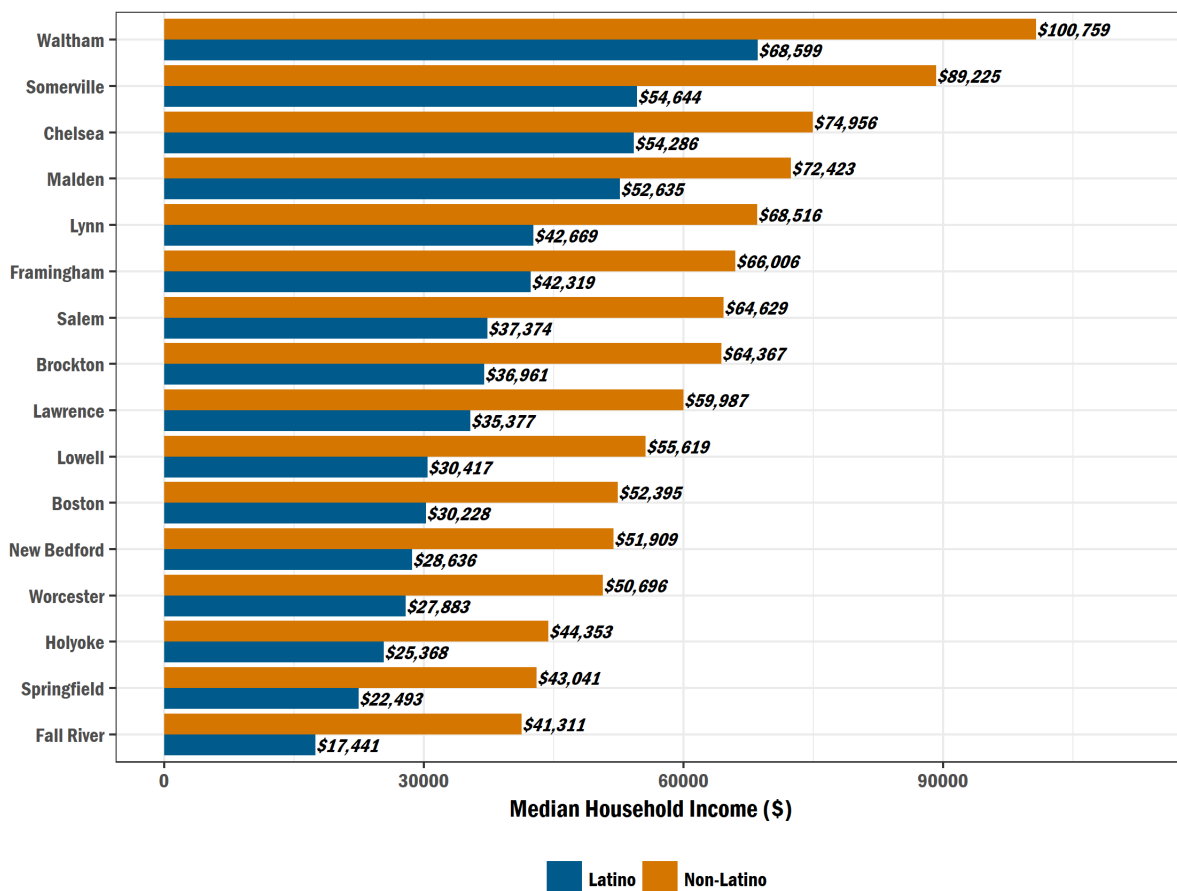
Latinos in Massachusetts

The population of Latinos in Massachusetts has steadily increased in the past decades. In 1970, Latinos represented 1% of the total population in Massachusetts, in 2016 they represented 12.6%, and estimates predict that in 2035 they will represent 14.3% of the total population.¹⁰ This population is not distributed uniformly across the state, as almost three quarters (73.7%) of the Latino population is located in only 16 cities and surrounding areas in the state (see Table 1). In fact, as the table shows, half of the 800,897 Latinos in Massachusetts are located in only five cities and surrounding areas.¹¹

Despite this important demographic Latino growth, and its contribution to the economy of Massachusetts, Table 2, many Latinos experience serious economic hardships. For example, the poverty rate for Latinos in Massachusetts in 2016 is extremely high, 24% compared to non-Latinos, 8%. For children, the disparity is even larger with 31% of Latino children living in poverty compared to 9% of non-Latino children.¹²

There is as well a severe income disparity between Latinos and non-Latinos. Statewide, Latino median household income, \$55,417, is about two thirds of the non-Latino median household income, \$82,673.

Figure 1. Median Household Income for Selected Areas in Massachusetts.
Source: 2012 - 2016 American Community Survey, Gastón Institute Analysis



¹⁰ Source: 2016 American Community Survey, Gastón Institute Analysis

¹¹ *Ibid.*

¹² U.S. Census Bureau (2018). Public Use Microdata Samples, 2016 American Community Survey 1-year estimates.

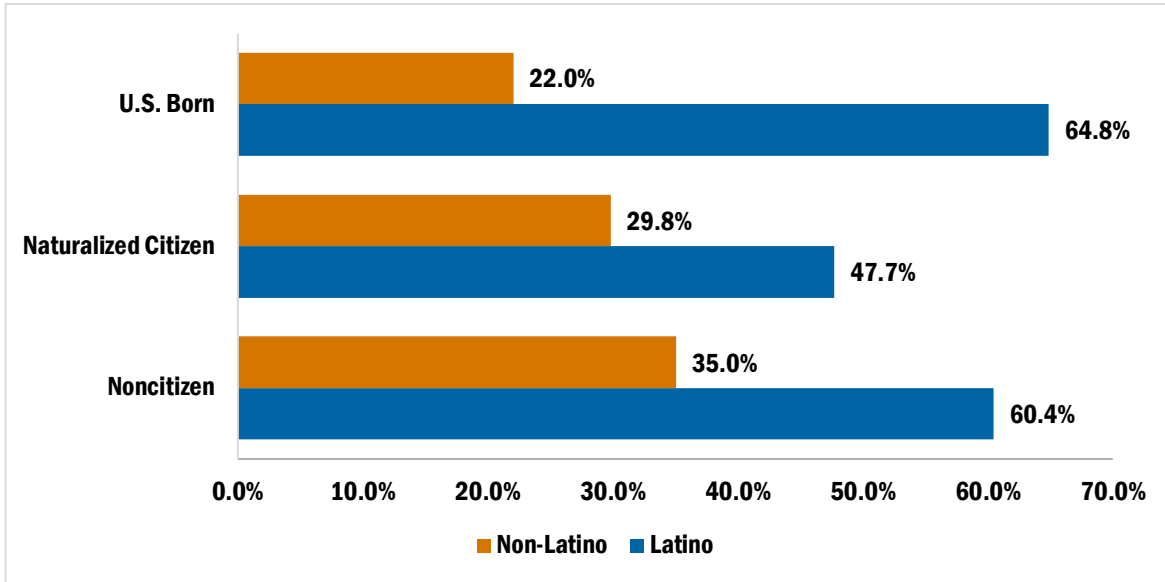


Figure 2. Share of Individuals in MA Families Receiving Public Benefits
Source: 2016 American Community Survey, Gastón Institute Analysis

Median household income figures for Latinos show a large and persistent gap between Latinos and non-Latinos in areas with large Latino presence (Figure 1). For example, in the city of Boston, the gap in median household income between Latino and non-Latino is \$ 22,167. In other words, in the city of Boston, the Latino median household income is about 58% of the median household income for the non-Latino population. This is not far from percentages in less wealthy areas such as Lynn where Latino median household income is 61% of non-Latino median household income, or New Bedford where the Latino median household income is 54% of the median household income for non-Latino.¹³

This huge household income gap appears despite data that show a proportionally larger participation of Latinos in the labor market than non-Latinos, even considering different citizenship status (Table 2.) For example, non-citizen Latinos 16 years old or older have a higher rate of labor force participation, 76.4%, than their corresponding non-Latino counterparts, 64.7%.

This disparity in income, despite high rates of employment, is one of the factors that explains why Latino families receive means-tested public benefits at higher rates than non-Latinos. A larger share of Latino families received public benefits compared to non-Latinos across all citizenship statuses as illustrated in Figure 2. Figure 2 also shows that among Latinos, U.S.-born Latinos use public benefits at a higher rate than foreign-born Latinos. These findings about public benefits were also true for each of the four types of public benefits, except SSI, which had a lower rate of use among foreign-born Latinos than foreign-born non-Latinos. (Table 3).

¹³ The staggering wealth gap between minorities of color and white populations in the city of Boston is thoroughly documented in the report by the Federal Reserve Bank of Boston, <https://www.bostonfed.org/publications/one-time-pubs/color-of-wealth.aspx>

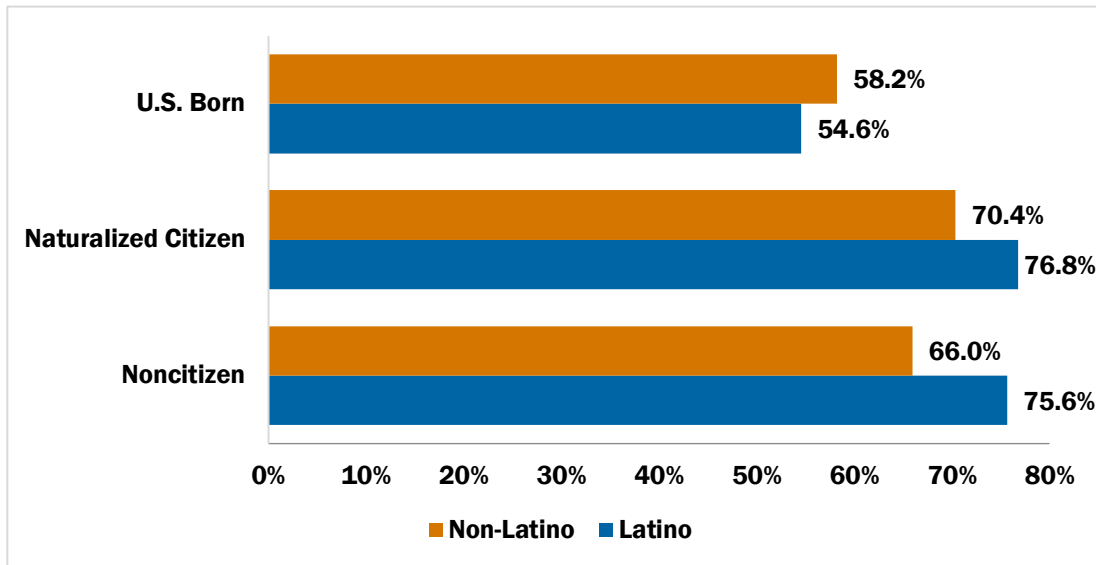


Figure 3. Share of Workers Ages 16-64 in MA Families Receiving Public Benefits.
Source: 2016 American Community Survey, Gastón Institute Analysis

The data illustrated in figure 3 show that labor force participation of individuals in families receiving benefits is larger for Latinos than for non-Latinos. Non-citizen Latinos in families receiving benefits have a proportionally larger labor force participation rate (75.6%) than almost any other immigration status group, except for naturalized Latino individuals (76.8 %.) These data go against a pervasive narrative that public benefits are being “taken advantage of” by people, particularly Latinos, not willing to work. The census data support a different narrative, that a large share of Latino families receive public benefits, not because Latino families are not willing to work, but because, despite working at high rates, Latinos earn substantially less than non-Latinos, as shown in income amounts from figure 1.

Table 3. Use of Public Benefits in Massachusetts

	Latino			Non-Latino		
	Noncitizen	Naturalized Citizen	U.S. -Born	Noncitizen	Naturalized Citizen	U.S. -Born
SNAP (Food stamps)	20.6%	26.7%	38.5%	13.0%	14.5%	9.0%
Medicaid/CHIP	54.5%	38.2%	59.1%	29.9%	24.0%	18.6%
TANF/GA (Public cash assistance or welfare)	6.2%	7.5%	9.4%	3.5%	3.5%	2.2%
SSI (Supplemental Security Income)	2.5%	5.4%	14.1%	2.7%	5.8%	3.8%

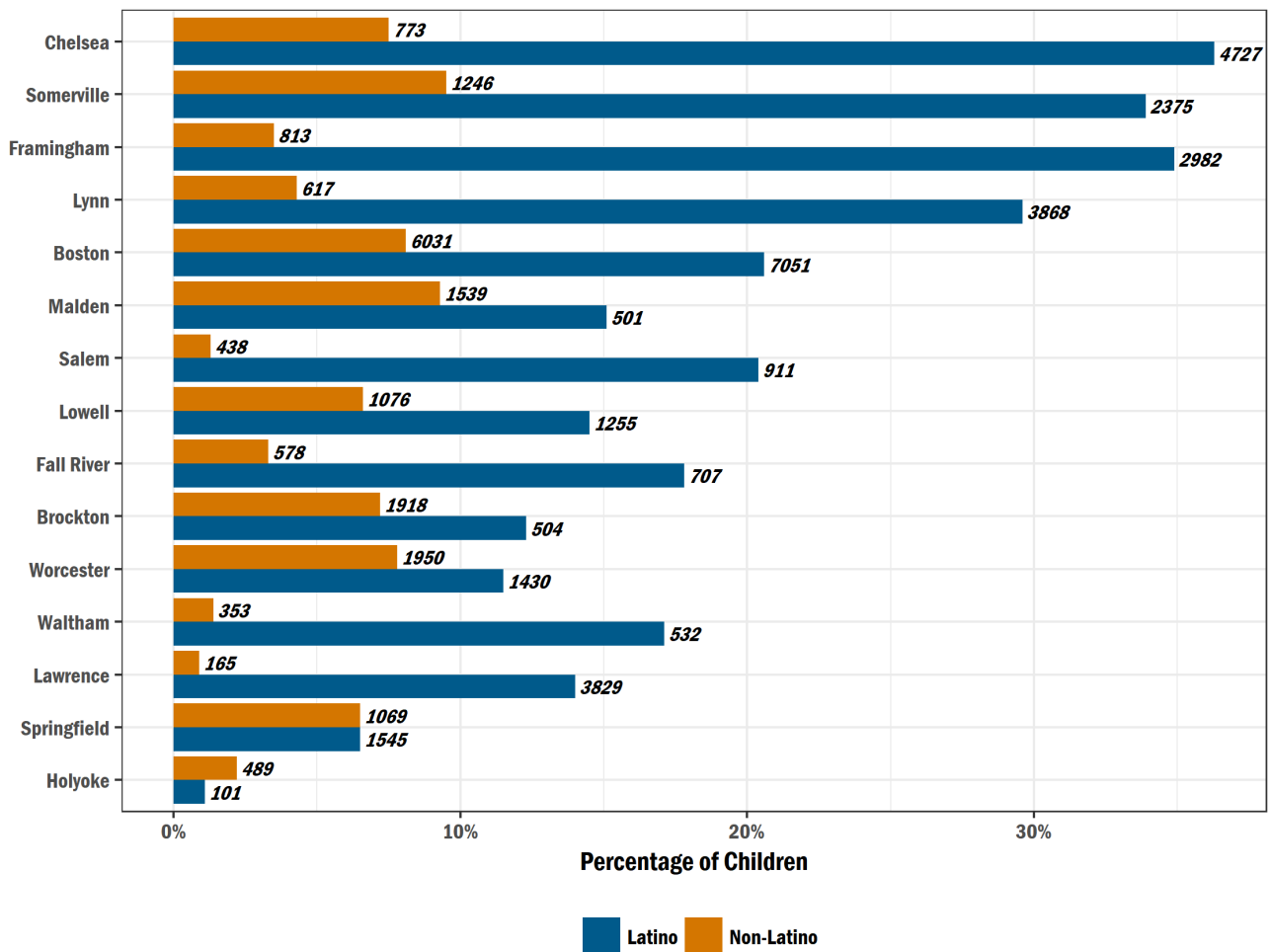
Source: 2016 American Community Survey, Gastón Institute Analysis

Effects on MassHealth Enrollment for U.S.-Born Latino Children

We focus on health benefit programs as an example of the impact of the planned “public charge” rule change on both individuals affected as well as the state of Massachusetts. With high rates of employer-sponsored insurance and high rates of participation in MassHealth, Massachusetts has the lowest rate of uninsured individuals of any state in the nation.¹⁴ Children in families with income up to 300% of the federal poverty level (FPL) (\$62,340 per year for a household of three in 2018) are eligible for MassHealth.¹⁵ Based on MassHealth enrollment data, over 690,000 children were enrolled in MassHealth in June 2018.

MassHealth is both an important source of health coverage and an important source of revenue for local health care providers such as community health centers as well as for local government. For example, the school-based MassHealth program provides over \$100,000,000 in direct federal revenue to school districts

Figure 4. Distribution of U.S.-born children with a Non-citizen Parent Participating in Medicaid/MassHealth. Percentages shown are computed with respect to the total number of U.S.-born Latino and non-Latino children in the given city and surrounding areas. Source: 2012 - 2016 American Community Survey, Gastón Institute Analysis



¹⁴ U.S. Census, *Health Insurance Coverage in the United States: 2016*, Table 6, Current Population Reports (Sept. 2017) <https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-260.pdf>

¹⁵ Families with income over 150% FPL (\$31,176 for a household of three in 2018) pay a sliding scale premium for their children’s MassHealth coverage up to 300% FPL or higher for children with disabilities.

to reimburse them for special education related health services provided to Medicaid-enrolled children.¹⁶ Reimbursement for Medicaid is by far the largest source of federal revenue in the state budget.¹⁷

Massachusetts has been a leader in expanding subsidized health coverage. A high rate of insurance coverage enables more individuals to receive timely and necessary health care and increases workforce productivity. It also has positive implications that extend well beyond the health of those who gain coverage by also relieving financial distress in families and communities.¹⁸ For children, the long-term positive effects are striking.¹⁹ Studies have found that increased participation in Medicaid and CHIP is associated with improved reading scores, decreased high school dropout rates, and increased college attendance and completion.²⁰ Childhood Medicaid also produces economic benefits in adulthood including increased employment, and higher tax payments.²¹ Thus, the evidence shows that participation in public benefit programs like Medicaid and CHIP help families struggling to make ends meet become more self-sufficient.

As explained in the introduction, the effects of the “public charge” policy changes will be felt not just by non-citizens seeking to become lawful permanent residents but also by their dependents, including their U.S. citizen children. In figure 4 we display the use of MassHealth benefits by citizen children with at least one non-citizen parent among Latino and non-Latino children across the 16 cities in our study. For example, the figure shows that in the city of Boston, 7051 U.S.- born Latino children (about 22% of all U.S.- born Latino children in the city) receive MassHealth benefits, compared to 10% of non- Latino U.S. children in the city (or 6031 children).

Overall, figure 4 shows that a larger share of U.S.- born Latino children with at least one non-citizen parent receive Medicaid/MassHealth benefits, when compared to the same population of U.S.-born non-Latino children. Out of all Latino U.S.-born children with a non-citizen parent in Massachusetts (52441), they represent 77.6% (40699 children), see Table 4.

To estimate how the “public charge” policy changes may lead to reduced participation in MassHealth, we applied the disenrollment rates of 15%, 25%, and 35% used in a previous Kaiser Family Foundation report

Table 4. Health Coverage of U.S.-born Latino Children with a Non-citizen Parent

Private Insurance	9,243	17.6%
Medicaid	40,699	77.6%
Both Medicaid & Private Insurances	1,116	2.1%
Uninsured	1,383	2.6%
Total	52,441	

Source: 2016 American Community Survey, Gastón Institute Analysis

¹⁶ <https://www.mass.gov/masshealth-school-based-medicaid-program>

¹⁷ http://massbudget.org/report_window.php?loc=What-Is-the-Actual-State-Cost-of-MassHealth-in-2018.html

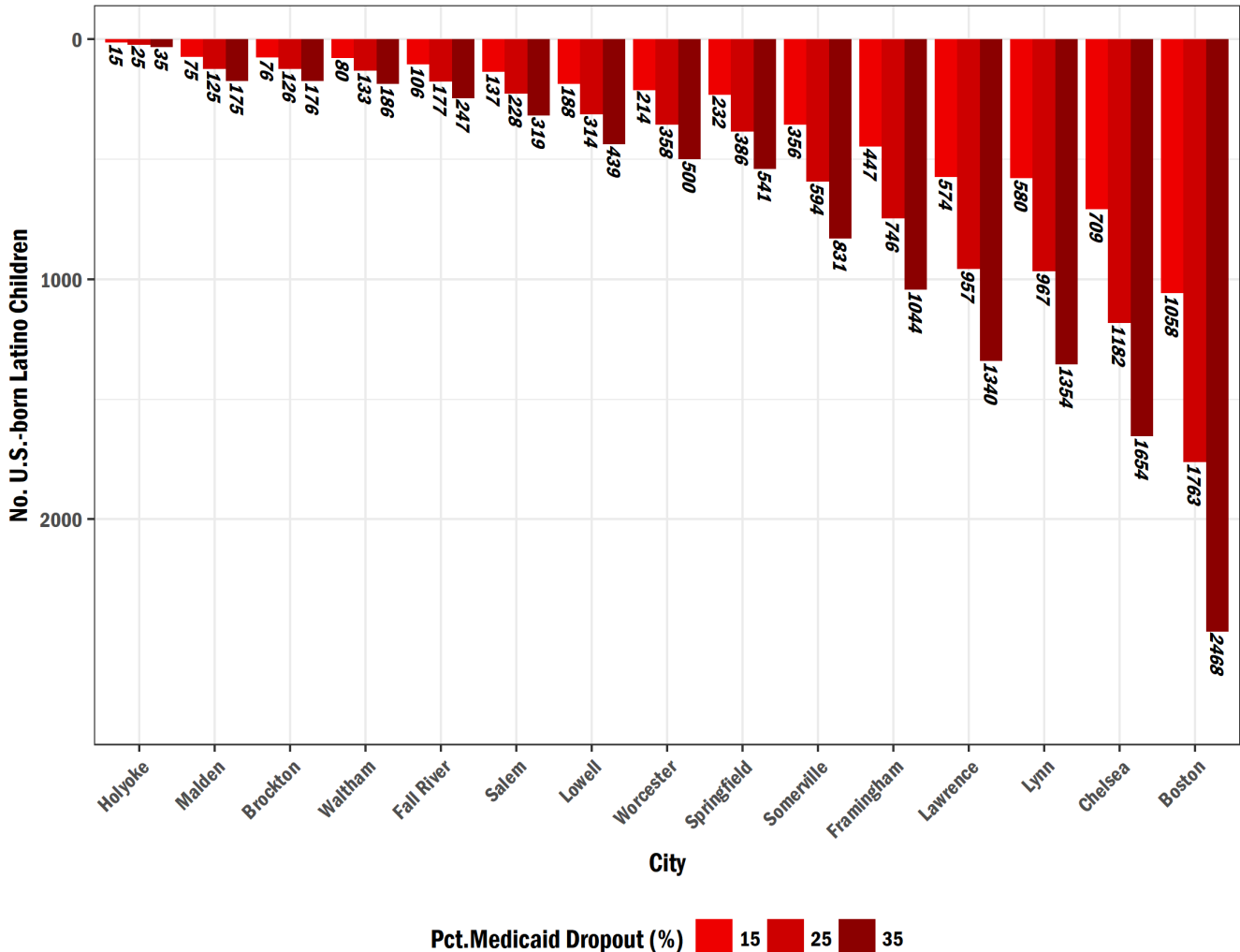
¹⁸ Bhashkar Mazumder and Sarah Miller, *The Effects of the Massachusetts Health Reform on Household Financial Distress*, *American Economic Journal: Economic Policy* 2015, 8(3): 284-313, <https://www.aeaweb.org/articles?id=10.1257/pol.20150045>

¹⁹ See studies cited by Karina Wagnerman, Alisa Chester and Joan Alker, *Medicaid Is A Smart Investment in Children*, Georgetown University Health Policy Institute, Center for Children and Families, March 2017, fn. 10, 11, 15-17. <https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf>

²⁰ *Ibid*

²¹ *Ibid*

Figure 5. Medicaid Un-enrollment of Latino U.S.-born Children with a Non-citizen Parent. Estimates of the number of MassHealth un-enrolled children in the case that “public charge” policy changes are implemented. The 15, 25, and 35 % dropout rates come from analysis of 1996 welfare reform effects. Source: 2012 - 2016 American Community Survey, Gastón Institute Analysis



on the potential effects of the proposed public charge rule on health coverage for U.S.-born children.²² These disenrollment rates draw on previous research on the chilling effect that 1996 welfare reform changes had on the enrollment of U.S. born children in immigrant families²³.

Figure 5 illustrates the number of U.S.- born children who may potentially be affected by the policy changes at each of these estimated disenrollment rates. Accordingly, our estimates show that the total number of U.S.-born Latino children with a non-citizen parent who could be expected to drop out of MassHealth coverage is a figure between 7,000 and 17,000 (Figure 5.) Combining the data from figure 5 with the figures on Table 4, we estimate that this drop in enrollment would increase the percentage of uninsured U.S.-born Latino Children in Massachusetts from 2.6%, to a figure in a range from 16% to 35%.

²² Artiga, S., Damico, A., & Garfield, R. (2018), *Potential Effects of Public Charge Changes on Health Coverage for Citizen Children*, Kaiser Family Foundation Brief, <https://www.kff.org/disparities-policy/issue-brief/potential-effects-of-public-charge-changes-on-health-coverage-for-citizen-children/>

²³ *Ibid.*

Conclusions and Policy Recommendations

The “public charge” rule changes, if implemented as planned, will disproportionately affect U.S. citizen Latino children, as well as Latino non-citizens in Massachusetts, particularly in the 16 cities in which they are concentrated. As the data show, although Latinos participate in the labor force at higher rates than non-Latinos do, they have lower incomes, which results in a higher poverty rate and disproportionately fewer wealth-building assets to prevent intergenerational poverty. Public benefits such as Medicaid help these families achieve self-sufficiency and improve their financial self-sufficiency, including by lifting up the future economic status of their children, whose college education and employment opportunities improve.

Policies that promote disenrollment from such benefit programs, by contrast, such as the planned public charge rule changes, do the opposite. With disproportionately lower incomes to begin with, and more of the household income required for covering a reduced level of essential health care and other expenses, the impact of public charge rule changes on opportunities for Latino children to achieve economic self-sufficiency could be dire. In addition, the added strain placed on US-born Latino children could cause the racial wealth gap to expand even further, affecting future generations to come.

Recommendations

1. **The “public charge” rule should not be changed by the Trump Administration.** All public officials, community and social service organizations, academic and business institutions, and individual members of the public should make ample use of the “public comment” process to raise objections to the rule and about its anticipated negative impact on Latino children in Massachusetts. There should be strong and sustained community mobilization that engages the Massachusetts U.S. Congressional Delegation to ensure that the voices of the Latino and other affected communities are heard.
2. **Strategies to combat income inequality, along with wealth-building strategies, should be strengthened, not weakened.** Public officials, community and social service organizations, academic and business institutions, and individual members of the public should identify how potential changes to the “public charge” rules will impact the development of economic opportunities, as well as the overall health and well-being of immigrant communities. Resources and strategies should be developed at the state, municipal, and community level to mitigate the negative effects of the rule changes, if they are ultimately implemented as planned. More research should be undertaken to assess the impact of immigration-related policies on poverty rates for Latino families and whether the policies are widening the Latino racial wealth gap.

How to File Public Comments on the “Public Charge” Rule

When the proposed “public charge” rule is published in the Federal Register, the web site of the Protecting Immigrant Families Campaign will provide information about what the rule says, the deadline for submitting public comments to the federal agency in charge, and the electronic and mail address where the comments must be submitted:

<https://www.protectingimmigrantfamilies.org/>

Links to research and data about the rule’s potential impact will also be posted for use in the preparation and submission of comments. This link from the Sargent Shriver National Center on Poverty Law provides a video about the draft rule and additional information about using the rulemaking process:

<http://povertylaw.org/clearinghouse/webcast/PIF>

This U.S. Dept. of Health and Human Services website includes a rulemaking toolkit and videos explaining how to file public comments generally:

<https://www.hhs.gov/regulations/regulations-toolkit/index.html>

This link provides an interactive diagram about the rule-making process:

<https://www.regulations.gov/?tab=learn>

Technical assistance to those who assist low-income people in Massachusetts is available at the Massachusetts Law Reform Institute (<http://www.mlri.org/>) or by contacting:

Iris Gomez, igomez@mlri.org

Vicky Pulos, vpulos@mlri.org.

Deirdre Giblin, dgiblin@mlri.org

The Mauricio Gastón Institute for Latino Community Development and Public Policy informs policy-makers about issues vital to the state's growing Latino community and provides the information and analysis necessary for effective participation in public policy development. Ever since it was established at UMass Boston in 1989, the institute has consistently documented the Latino experience in Massachusetts through research

and publications directed at policy makers, scholarly audiences, and Latino community leaders and institutions.

One of the goals of the Gastón Institute is to be responsive to the needs of the Latino and policy communities through the research we undertake. Please feel free to contact us with suggestions or requests for specific information.

About the Authors

Phillip Granberry is a social demographer. He worked with various community-based organizations assisting recently arrived U.S. immigrants before earning a Ph.D. in Public Policy from the University of Massachusetts Boston. He has published several articles on the accumulation and use of social capital among Latinos and the sexual health communication of Puerto Rican mothers with their children. In addition to his research and teaching in the Gastón Institute and Economics Department at UMass Boston, he is Senior Researcher in demography for the Boston Planning and Development Agency.

Fabián Torres-Ardila is the Associate Director of the Mauricio Gastón Institute. Dr. Torres-Ardila holds a PhD in mathematics from Boston University. He has many years of experience providing professional development workshops to STEM teachers who work with English Language Learners. At the institute, his work focuses on strengthen the institute's research on the ways that current educational policies affect the inclusion of Latino communities in Massachusetts.

Iris Gomez is a national-recognized immigration rights attorney who directs the Immigrants Protection Project at Massachusetts Law Reform Institute, where she engages in impact litigation and systemic advocacy on behalf of low-income immigrants. In addition to her professional accomplishments, she is the author of the Boston Globe best-seller TRY TO REMEMBER, a Colombian immigrant coming-of-age novel that won an International Latino Book Award in popular fiction and praise from prominent national magazines such as O, The Oprah Magazine.

Victoria Pulos is the health law attorney at the Massachusetts Law Reform Institute (MLRI) where she has worked since 2000. Her work concentrates on assuring immigrants, people with disabilities and other low-income people access to health care. Her publications include a MassHealth Advocacy Guide and articles on Massachusetts' health reform law. Prior to joining MLRI she managed children's health work at Families USA in Washington D.C and before that practiced poverty law at New Hampshire Legal Assistance. She received both her law degree and a master's degree in public administration from Harvard University.