How the Federally Proposed Rule Change for Public Charge Determination Could Negatively Impact Los Angeles County

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EXECUTIVE SUMMARY

On October 10th 2018, the U.S. Department of Homeland Security released a proposal to implement an expansion of who could be deemed a public charge and what benefits could be considered in a public charge determination. This change is important because a public charge determination has long been used in consideration of immigrants’ ability to enter the U.S. or to change their status. According to the current United States Citizenship and Immigration Services definition, “in determining inadmissibility to the U.S., public charge is defined as an individual who is likely to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense.”

The policy change proposed by the administration, would greatly expand how a public charge is defined by more closely scrutinizing immigrant use of life-saving public benefits and adding additional non-cash benefit programs, such as: non-emergency Medicaid; Medicare Part D low income subsidy; Supplemental Nutrition Assistance Program (SNAP); and rental/housing assistance. These changes will have expansive impacts on immigrants, their families, and communities they live in across Los Angeles County and the nation.

Research analysis conducted by the University of Southern California, Center for the Study of Immigrant Integration (CSII) details the potential impacts and implications of the proposed changes to the public charge definition to the residents in Los Angeles County. Based on a review of existing literature and data from a customized dataset that better indicates which residents are lawful permanent residents (LPRs), we share three main findings:

1. The proposed change is likely to have a significant negative impact on mixed-status families, which include U.S.-born children to immigrant parents.
2. The change could erode trust of public agencies and services, leading to a decline in crime reporting, threatening public safety for all L.A. County residents.
3. The change could lead to a decline in usage and enrollment to health care and other L.A. County services, creating challenges for immigrants and U.S.-born alike.

In addition to the impacts this change will have in limiting the ability of immigrants to come to the U.S. or to adjust their status, this rule change has the following implications to our greater communities in Los Angeles County:

1. Eligible non-citizen enrollment to Medi-Cal would likely decrease. Medi-Cal is an important access point for pregnant women, and with an overall enrollment drop in the program, the impacts will directly affect the well-being of U.S.-born babies.
2. There will be negative and expensive effects on the economy and overall community. Reduced participation in preventative programs and services will impact the healthcare system, as people without insurance or access to a primary care doctors will delay...
healthcare until they are in crisis. Therefore, there will likely be increases to emergency room visits, adding more costs to taxpayers.

3. Although this determination does not apply to refugees, asylees, and others under protected visas, an expanded rule may lead to confusion in these populations about eligibility, thus leaving an even larger portion of the population vulnerable to poverty, including a lack of nutritious food and accessible healthcare.

4. A change in public charge might advance the process of deporting Lawful Permanent Residents (LPRs) for using benefits. Under current interpretation, green-card holders may become deportable as public charges only if they use cash welfare or are institutionalized in long-term care funded by the government.

5. As an increased number of people may be subject to deportation, this could lead to an increased number of U.S.-born children landing or being stuck in the foster care system, which will in turn lead to increased costs and burdens to the foster care system.

6. If Los Angeles County is forced to abide by the proposed rule change on public charge, the County will potentially have sicker, poorer and more fearful communities, as immigrants steer away from benefits in order to keep a clear path to naturalization.

7. As portions of the population are barred from full inclusion, the rest of Los Angeles County residents will also bear the burden by being left vulnerable to untreated communicable diseases, poverty stricken neighborhoods, and future generations facing restricted economic mobility.

With nine percent of all of America’s immigrants residing in Los Angeles County, the County has a special interest in this and many other issues having to do with immigrant integration. While offered as a seeming technical change in rule-making in immigration policy, many believe that the proposed shift in public charge seems to reflect racial and class biases about who should live and thrive in Los Angeles – and such a rule change runs directly opposite to experience in this County suggesting that providing opportunities, encouraging civic engagement, and being open to immigrants and their families, means healthier and safer communities for all. Now, more than ever, we need to guide our decisions and rule-making with factual analyses that can better inform how to most effectively integrate immigrants and their families in ways that benefit everyone.
INTRODUCTION

The likelihood that an immigrant would use public services for income or long-term care, and therefore deemed a “public charge,” has long been a consideration for whether or not government officials will grant admission to the U.S. or allow someone to become a lawful permanent resident (LPR). In October of 2018, the U.S. Department of Homeland Security officially released a proposal to implement an expansion of who could be deemed a public charge and what benefits could be considered in a public charge determination. This change in the rule would have expansive impacts on immigrants, their families, and the communities they live in across the nation.

The following brief detail the specifics considered in a public charge determination, what the proposed change by the current administration would entail, and how immigrants, their families, and the broader community of Los Angeles are likely to be affected. The brief concludes with a discussion of why this issue is so important for Los Angeles County – and how the current proposal would run against the County’s own experience with and commitment to successful immigrant integration.

What is public charge?

Government officials use a variety of indicators to determine whether an immigrant is eligible to get or renew visas or lawful permanent residency in the United States. One of these indicators is whether the person is likely to become a “public charge.” The current definition established by the United States Citizenship and Immigration Services (USCIS) states that, “in determining inadmissibility, ‘public charge’ is defined as an individual who is likely to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense.”

In determining whether a noncitizen meets this definition for “public charge” inadmissibility, a number of factors are considered, including age, health, family status, assets, resources, financial status, education, and skills. As a result, people who apply for a change in immigration status, such as obtaining lawful permanent residency, may be denied if they use Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), state/local cash assistance programs, or public assistance for long-term institutional care (Kaiser Family Foundation 2018). The only exceptions under federal law for public charge determination include refugees; asylees; survivors of trafficking, domestic violence, or victims of crimes listed under T or U visas; Violence Against Women Act self-petitioners; special immigrant juveniles; and certain people paroled into the U.S.
If the administration’s proposed policy changes are implemented, it would greatly expand how a public charge is defined in two major ways:

1. The new definition will add additional programs that could bar immigrants from adjusting their status. These include specifically those programs that provide non-cash benefits, such as: non-emergency Medicaid; Medicare Part D low income subsidy; Supplemental Nutrition Assistance Program (SNAP); and rental assistance which includes Section 8 housing vouchers. Thus, the new definition would more closely scrutinize immigrant use of life-saving public benefits.

2. The change would consider the size of an immigrant’s household—including U.S. born children—as a factor in determining inadmissibility.

An expanded definition would likely increase poverty rates, worsen health care, and further exacerbate financial instability among immigrant families. For instance, if immigrant families opt out of SNAP, a non-cash food assistance program, this would lead to an estimated 6 percent increase in the national Supplemental Poverty Measure (SPM) and an estimated 3 percent increase in the deep poverty rate—which is 50 percent below the Federal Poverty Level. Approximately 300,000 children nationwide would be pushed into deep poverty (Laird et al. 2018).

Health care usage through Medicaid, CHIP, and marketplace coverage among lawful immigrant families could also see a decline (Kaiser Family Foundation 2018). The rate of uninsured among legal immigrant families would significantly rise, negatively affecting the health and long-term financial stability of families, as well as the health and development of their children who are predominately U.S. born. This decline in coverage could be particularly dramatic in California since the state has sought to aggressively expand health coverage under the Affordable Care Act and a series of other efforts with very positive results: the percent of non-citizen immigrants who lack health insurance fell from 44 percent to 24 percent between 2013 and 2016.

The implications of this potential change can be compared to what took place when welfare reform was introduced by the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). The act restricted access to public benefits by lawful immigrants who had been able to receive services; the most significant change was a time restriction requiring that immigrants have lawful residence for at least five years before eligibility (Fix 2009; Pastor 2011). But in both this historical case and in the contemporary era, it is not just a question of who is technically eligible or not: Policy changes such as the PRWORA and the shifts underway in Washington tend to discourage immigrants from applying to programs for which they are actually eligible and can induce enrolled immigrants to drop from public benefits programs (Greenberg 2018); in the literature, this is labeled a “chilling effect.”

Initial reports from around the country suggest that the chilling effect has already affected immigrant families’ use of public benefits (Artiga and Ubri 2017).
Therefore, if the proposed definition change from this administration is formalized, it would continue to cause fear and confusion over the potential repercussions to seeking a change in immigration status, leading many to opt-out. Because of the chilling effect, the rule change would impact not just immigrants but also their U.S.-born children; even if the rule change does not explicitly say that use by U.S.-citizen children will be a negative factor in the public charge determination, it is reasonable to assume that immigrants will still clear of social services.

While the chilling effect is a driver of immigrant household isolation from U.S. safety net structures, it can also cause distrust of those institutions responsible for public safety. For instance, when restrictionist or anti-immigrant policies are in place, Latinos are less inclined to become involved with U.S. institutions, including failing to report crimes to police (Solomon, Jawetz, and Malik 2017). This includes both immigrant Latinos, as well as those born in the U.S. (Menjívar et al. 2018). The proposed policy change introduces a similar restrictive tone against immigrants in an already challenging political context. As such, similar results can be expected.

The administration stated that a motivating reason for the change is to ensure that “the availability of public benefits do not constitute an incentive for immigration to the United States” (U.S. Citizenship and Immigration Services, DHS. 2018). This “welfare magnet” effect is not generally supported by existing research, including work conducted after PRWORA to see whether shifts in benefit eligibility by state induced inter-state moves by immigrants (Kaushal and Kaestner 2005). Moreover, compared to U.S. citizens, various research has shown that noncitizens are less likely to access public benefits even when they or their citizen children are eligible (Capps et al. 2015). When immigrant families do participate, they most frequently receive non-cash benefits, which is the type of benefit currently targeted by the proposed change in the public charge definition (Greenberg 2018).

<table>
<thead>
<tr>
<th>Relevant Terms</th>
<th>Definitions</th>
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<tr>
<td>U.S. Citizens</td>
<td>Include those people who are U.S. born and those who have naturalized.</td>
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<tr>
<td>Non-Citizens</td>
<td>Includes everyone who has not become a citizen—from those holding temporary lawful status (TPS, DACA); holding work, school or other visas; refugees; those with lawful permanent residency or LPRs; and undocumented immigrants.</td>
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<tr>
<td>Mixed-status families</td>
<td>Families with U.S. born or naturalized citizens living with at least one person who is a non-citizen—including LPRs or others with temporary lawful status.</td>
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METHODOLOGY TO ASSESS IMPACTS

To examine the effects that a change in the definition of public charge would have on the residents of Los Angeles County, we:

- reviewed existing literature, both academic and popular, to draw findings and determine the framing and practical basis of public charge, and what effects an expansion of its definition would cause; and

- analyzed data from the American Community Survey (ACS) to examine the demographics of the immigrant population that would be potentially impacted by the discussed policy changes in Los Angeles County (Ruggles et al. 2017).

One wrinkle to our data analysis was the use of an augmented ACS in which we include estimates of which individuals in the survey are undocumented immigrants and which are LPRs. The estimates presented here apply the same methodology described in a document available on the website of the Center for the Study of Immigrant Integration (see http://dornsife.usc.edu/assets/sites/731/docs/CSII_Elig_Naturalize_Methodology_Final.pdf); here we updated the ACS data to cover the years 2012 through 2016 and also utilized an updated set of probability coefficients derived from the 2014 Survey of Income and Program Participation from the U.S. Census Bureau.

Throughout this document, we discuss the impacts of the proposed change to the public charge definition on LPRs and other noncitizens, when in fact this change may have a greater direct impact on future flows to the U.S. (and Los Angeles) than on current non-citizen Angelenos. However, given the well-documented “chilling effect” that changes in policy can have on use of services by current immigrant residents (even when not directed at them), along with the fact that we do not have data on immigrants who have not yet arrived in the U.S., looking at the potential impact of the proposed change on use of services among non-citizen immigrants and their families is a sensible approach.
IMPACTS IN LOS ANGELES COUNTY

The County of Los Angeles is the largest in the nation, with over 10 million residents. Of these residents, 3.6 million or 36 percent are foreign born; perhaps as significant, 58 percent of all children under 18 in Los Angeles County have at least one immigrant parent. While nearly half of L.A. County immigrants are naturalized and hence not subject to the public charge rule, 9.9 percent of the total County population are LPRs and 8.7 percent are undocumented (see Figure 2).

Figure 2. Immigrants Living in Los Angeles County by Immigration Status

L.A.’s immigrants are very diverse: while over half (54 percent) are from Mexico and Central America, about 30 percent are from Asia, with the rest hailing from Europe, the Middle East, and other regions. Immigration issues affect every population group in L.A. County: for example, seven percent of Black Angelenos are immigrant, with 42 percent from Africa, 22 percent from Central America, 18 percent from the Caribbean, 6 percent from Mexico, and the rest from other parts of the world. As such, rule changes of the sort proposed can significantly impact Black, Latino, Asian American Pacific Islander, and other communities of immigrants who are working diligently to create a better life for their families.
If the public charge rule change is implemented, immigrant families and their communities would face the difficult decision of either accessing programs they and their children are entitled to or forgoing these benefits because they do not want to risk either their current status or a possible adjustment of status.

Choosing between the two paths—accessing or foregoing benefits—is problematic because both, adjusting status and receiving public benefits, provide families with immediate short-term benefits such as health and well-being, as well as long-term benefits such as future socioeconomic mobility.

Just as important, Los Angeles County as a whole stands to benefit a great deal from having healthy, thriving, and active immigrant community members. Allowing immigrant families to access necessary public benefits without fear of being unable to adjust their status could lead to higher numbers of immigrants who eventually adjust their status and further contribute to the County’s prosperity. With time and full integration into their communities, naturalized immigrants earn more than their non-citizen counterparts, thus enabling them to participate and contribute more to their families and communities (Pastor and Scoggins 2012).

Likely Outcomes

Figure 3 shows a wide variety of non-cash benefits that will be affected by the rule changes to public charge.

**Figure 3. Types of Non-Cash Benefits Affected**

<table>
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<tr>
<th>Non-Cash Benefits Affected by the Rule</th>
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<tr>
<td>Low income subsidy for medication under Medicare Part D</td>
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<tr>
<td>Medicaid – non-emergency</td>
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<tr>
<td>Section 8 housing vouchers and Project-Based Section 8</td>
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<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
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Overall, we anticipate that any changes to the definition of public charge would likely negatively affect immigrants and U.S.-born citizens as it relates to public health and safety, access to healthcare, and mixed citizenship status families living in Los Angeles.
Finding #1: The change in the public charge interpretation is likely to have a significant negative impact on mixed-status families, which include U.S. born children to immigrant parents

What are traditionally termed “mixed-status” families—that is, families with at least one undocumented member and another member that is LPR or citizen—make up 16 percent of all families in the County. Another approach perhaps more relevant to this public charge question is the percent of families with a “mix” that includes at least one LPR and one citizen; that is around 21 percent of all families in the County (some of these families also include an undocumented family member). The numbers therefore suggest that most immigrants in the County have strong ties to families and communities, and that policies affecting immigrants by extension affect citizens, oftentimes children (for example, 92 percent of children living with an immigrant parent are themselves U.S. citizens).

Before detailing the use of different public benefits by immigrants and their LPR or citizen family members, it should be clear what the proposed rule intends to implement. The proposal indicates that “the direct receipt of public benefits by [an applicant’s] children would not factor into the [the applicant’s] public charge inadmissibility determination” (U.S. Citizenship and Immigration Services 2018). However, the U.S. Department of Homeland Security (DHS) does propose to consider an immigrant’s household size as part of the “family status” factor as well as an immigrant’s assets, resources, and financial status—both of which are points of consideration in the test used to determine if an immigrant is or is likely to become a public charge. Thus, an immigrant’s children, including U.S. born children, would still indirectly factor into their parents’ inadmissibility determination (as a member of the immigrant’s household) if they are financially dependent on the parent.

So what is the actual pattern of use of public benefits in Los Angeles County? Figure 4 shows rates of public assistance use for certain cash and non-cash benefits by citizenship status. Overall, U.S. citizens use Medi-Cal and SSI at a slightly higher rate than noncitizens (including LPRs, visa holders, undocumented residents, etc. Please see Figure 1 for definitions).
However, if we look deeper into use of the non-cash benefit of Medi-Cal, by breaking down the data by family income, we see that among those with lower levels of family income, noncitizens use Medi-Cal at a much lower rate than citizens. In fact, among the bottom half of the income bands shown, U.S. citizens’ use of Medi-Cal is at least 10 percentage points higher than it is for noncitizens.

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1 Universe includes all persons in households, excluding group quarters. For data on CalWorks and SSI, the universe is further restricted to persons ages 15 or older. Use of public benefits is determined at the individual level.
Looked another way, Figure 5 examines recipients of Medi-Cal by citizenship status among those living in households headed by noncitizens in the County. It shows that even when we restrict our attention to non-citizen headed households, the majority of Medi-Cal recipients (62 percent) are in fact U.S. citizens. Although the proposed change states that U.S. born children’s use of public benefits will not automatically decide their LPR parent’s public charge determination, the consequence of the proposed change is likely a chilling effect on all eligible beneficiaries of public programs. For example, a large number of citizen beneficiaries will no longer access life-saving programs like Medi-Cal due to fear their LPR parents have that accessing these services will put their status in jeopardy.

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2 Universe includes all persons in households, excluding group quarters. Use of public benefits is determined at the individual level.
It is important to understand in the context of this rule change because even though the proposed rule will not bar a parent from adjusting their status based on their children’s use of benefits, this change is still likely to inhibit parents from interacting with government staff and programs due to fear of implicating themselves in the process.

Furthermore, the increased risk of deportation that the new policy may bring, will have negative consequences on mixed-status families. Capps, et al. (2015) show that deporting a family member, especially a parent, has serious detrimental impacts on children. In addition to the loss of a parent and the immeasurable security that comes with having a stable family, deportations often leave children in the foster care system. Children encounter multiple negative experiences: they suffer from psychological trauma, especially when they witness a parent’s arrest; their family is separated; and they are likely to experience housing insecurity and economic instability.
Finding #2: The change in the public charge interpretation is likely to erode trust of public agencies and services, leading to a decline in crime reporting, threatening public safety for all L.A. County residents.

A government with strict guidelines barring noncitizens from accessing resources safely encourages mistrust and disengagement. Law enforcement and other governmental agencies heavily rely on the public to report issues. Without this trust and cooperation, crimes will go unreported and victims will continue to suffer. Evidence based on a survey of law enforcement officials, judges, and prosecutors suggests that crime reporting by undocumented immigrants has already declined significantly in the wake of perceived anti-immigrant actions on the part of the current administration (Daniels 2018).

Information on reporting by Latino survivors of domestic violence to several of California’s largest police departments already suggests a decline in light of the overall anti-immigrant atmosphere. For example, Queally (2017) reports that the Los Angeles Police Department released crime statistics that Latino victims reported 123 sexual assaults between Jan. 1 and March 18 of 2017 compared with 164 in the same time frame the prior year. In the report, the police chief’s explanation for the decrease in crimes reported centered on the fact that immigrants are afraid that if they report the crimes, their families will be torn apart. While we cannot fully determine the reasons for the decline in these crime statistics, it is likely that the proposed change in public charge will lead to an increase in distrust of law enforcement and other public agencies that are available to help ensure the public’s health and safety—resulting in greater tensions and unsafe communities.

Finding #3: The change in the public charge interpretation could lead to a decline in usage and enrollment to health care and other L.A. County services, posing a threat to immigrants and U.S. born, alike.

There is an important body of research suggesting that enhanced worries about immigration status issues can impact access to health care. For example, in findings from a Project Hope survey conducted in Latino neighborhoods in Houston, El Paso, Fresno, and Los Angeles, 39 percent of undocumented immigrants stated that they were afraid they might not receive medical care because of their undocumented status (Berk et al. 2000). After the passage of Proposition 187, the Community Health Foundation clinic in East Los Angeles saw a 60 percent decline in visits (Berk and Schur 2001). Given the number of mixed-status families in Los Angeles, it is likely that fearful non-citizen parents will keep their U.S. born children from health centers and other services to preserve the entire family’s safety.

Indeed, when considering access to medical services, the proposed change to public charge could undo the efforts made by U.S. healthcare providers to increase accessibility for immigrant populations. This new definition of public charge would exclude larger numbers of immigrants from important public benefits and services leading to negative impacts on individual health. Consistent across different policy changes in many U.S. locations, exclusionary policies have left immigrant community members at a higher susceptibility to stress and other related health issues (Hardy et al. 2012; Philbin et al. 2018). The proposed change could particularly deter
pregnant women from seeking prenatal care, which is likely to lead to poor birth outcomes including higher rates of infant and maternal mortality (Center on Budget and Policy Priorities 2018). Prenatal health is critical for the health of both the mother and future U.S. citizen children. Within the U.S., noncitizens already use prenatal care less than native-born citizens (Kentoffio et al. 2016).

Impacts will be felt on the community as a whole if U.S.-born children do not have access to immunizations, or if people cannot access services to treat mental health issues. In addition to the health of immigrants, the public health of all L.A. County residents would similarly be under threat with a change in public charge. Under the authority of the Immigration and Nationality Act (8 U.S. Code 1522), the Center for Disease Control (CDC) has the regulatory responsibility to ensure that state or local health officials are notified promptly of immigrant and refugee arrivals, and provide all applicable medical records. Immigrants with medical conditions that require follow-up, such as noninfectious tuberculosis and other conditions specified by the panel physician, are recommended to be evaluated after arrival to ensure appropriate follow-up and prevention measures.

In short, there is enough evidence to assert that an expansion of the definition of public charge will not only impact immigrants themselves, but, also the health of the general population. Should immigrants fear seeing the doctor, many may skip routine screenings, immunizations, or treatment for communicable diseases that may then spread to those in their community (National Immigration Law Center 2013).
IMPLICATIONS BEYOND IMMIGRANTS

The proposed rule change to public charge determination is clearly aimed at immigrants who seek to renew or adjust their status. However, the change proposed by the current administration would lead to greater impacts beyond immigrants—it would touch the lives of family members, many of whom are U.S. citizens, and their communities. The following are a list of implications for the broader community:

1. Eligible non-citizen enrollment to Medi-Cal would likely decrease. Medi-Cal is an important access point for pregnant women, and with an overall enrollment drop in the program, the impacts will directly affect the well-being of U.S.-born babies.

2. There will be negative and expensive effects on the economy and overall community. Reduced participation in preventative programs and services will impact the healthcare system, as people without insurance or access to a primary care doctors will delay healthcare until they are in crisis. Therefore, there will likely be increases to emergency room visits, adding more costs to taxpayers.

3. Although this determination does not apply to refugees, asylees, and others under protected visas, an expanded rule may lead to confusion in these populations about eligibility, thus leaving an even larger portion of the population vulnerable to poverty, including a lack of nutritious food and accessible healthcare.

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6. If Los Angeles County is forced to abide by the proposed rule change on public charge, the County will potentially have sicker, poorer and more fearful communities, as immigrants steer away from benefits in order to keep a clear path to naturalization.

7. As portions of the population are barred from full inclusion, the rest of Los Angeles County residents will also bear the burden by being left vulnerable to untreated communicable diseases, poverty stricken neighborhoods, and future generations facing restricted economic mobility.
CONCLUSION

Our nation’s relationship with immigrants and immigration is at a critical period. Now, more than ever, we need to develop factual analyses that highlight challenges and opportunities for immigrants and their families as they integrate into our society. In this brief, we have tried to provide an informed analysis on the effects of expanding the definition of public charge to the health and well-being of the residents of Los Angeles County.

As we have suggested, the proposed rule change would likely have deleterious effects on immigrant families, including U.S.-born children, both because of direct impacts and because of a “chilling effect” in which immigrants may avoid contact with social service and other agencies. This could have broader negative consequences for public safety and public health in Los Angeles County as a whole — and such a rule change is very much out of step with the commitment of local leaders in business, community, and government to successful immigrant integration.

Many also believe that the proposed rule change on public charge is part of a broader effort to target immigrants as outsiders, reflecting racial and class biases about who deserves to live and thrive in Los Angeles and America. Indeed, an analysis by the Migration Policy Institute suggests that the rule change could have disparate impacts on future flows of immigrants from Asia, Latin America, and Africa, “making the proposal something of a modern-day version of the National Origins Quota Act of 1924,” an infamous measures whose racial biases toward Western Europe were rejected by the civil rights-inspired Immigration and Nationalities (Hart-Celler) Act of 1965 (Batalova, Fix, and Greenberg 2018).

With nine percent of America’s immigrants living in Los Angeles County, residents and leaders in the County have a special interest in this issue. Most County leaders recognize that providing opportunities, encouraging civic engagement, and being open to immigrants and all members of our communities, means healthier and safer communities for all. Indeed, making early investments in immigrant communities helps immigrants and their families — and such investments also help grow our economy and reaffirm our democracy.

A shift in the public charge rule will complicate immigrant integration efforts — and it will reaffirm exclusion and difference at a time when inclusive and common ground are key. The concerns about the public charge shift raised by immigrant advocates and local leaders in Los Angeles and around the country have raised are well-placed and should be given due consideration in the debates ahead.
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