



December 19, 2025

The Honorable Kristi Noem
Secretary of Homeland Security
Department of Homeland Security
2707 Martin Luther King Jr. Ave. SE
Washington, D.C. 20528

RE: DHS Docket No. USCIS-2025-0304-0001, RIN 1615-AD06, Proposed Rule: Public Charge Ground of Inadmissibility

Dear Secretary Noem,

The Children's Hospital Association (CHA) appreciates the opportunity to comment on the Department of Homeland Security (DHS) proposed rule, *Public Charge Ground of Inadmissibility*. **We respectfully request the Department withdraw the rule due to the negative impacts it would have on children's access to care.**

The 200+ children's hospital members of CHA are dedicated to the health and well-being of our nation's children and advance child health through innovations in the quality, cost, and delivery of pediatric care. We serve as a vital safety net for uninsured, underinsured, and publicly insured children and are regional centers for children's health, providing highly specialized pediatric care across large geographic areas. Although they account for less than 5% of hospitals in the United States, children's hospitals care for one-half of children admitted to hospitals and serve the majority of children with chronic or complex conditions, and other serious illnesses. Children's hospitals use holistic and preventive approaches to care, reflecting the pediatric field's longstanding commitment to prevention, in addition to providing high-quality, timely, and age-appropriate clinical care when needed.

Given our central role in caring for children in the U.S., we have significant concerns with policy proposals we believe would compromise access to pediatric care and undermine children's long-term health and well-being. The proposed rule would rescind the current method of determining whether certain immigrants seeking admission to the U.S; an extension of stay; a change of status; or an adjustment of their status to become a lawful permanent resident, are likely to become a "public charge". If the current rule is rescinded, immigrant families, including those with U.S. citizen children, will not have clear guidance on whether the use of benefits will lead to a public charge determination. Furthermore, the rule references upcoming guidance that would require officials to evaluate the potential of future Medicaid or Children's Health Insurance Program (CHIP) coverage in public charge determinations. We are concerned that mixed status families with U.S. citizen children will be more likely to forgo care for their citizen children due to uncertainty surrounding the scope of these changes. For these reasons, children's hospitals do not support the proposed rule.

We respectfully provide our detailed comments below.

The Proposed Changes Will Harm Children's Access to Care

The proposed changes eliminate the clear parameters that previously guided benefit consideration and would give individual immigration officials broad and unclear discretion over what deems an individual to be a public charge. DHS itself notes the likelihood of a "chilling effect" on enrollment and program participation by this rule. The rule will cause confusion that will deter parents and their U.S. citizen children from accessing health and human services programs that they are legally eligible for and that help them to lead healthy and productive lives.



Children's hospitals previously witnessed a chilling effect when changes to public charge determinations were made in 2019. Those changes caused mixed status families to lapse their citizen children's coverage, regardless of eligibility, and this resulted in care delays. At that time, participation in Medicaid and CHIP fell by 18% among low-income U.S. citizen children with a noncitizen in their household, compared to a drop of 8% among their counterparts in citizen-only households.¹ It is estimated that the proposed changes within this rule will have a similarly negative impact, potentially causing up to 1.8 million citizen children to lose Medicaid/CHIP coverage, despite being legally eligible for coverage.²

The potential for significant losses of Medicaid and CHIP coverage for eligible children is very concerning. Medicaid and CHIP provide essential health care coverage to 37 million children in the U.S.³ When children lose access to Medicaid, they lose access to critical health care services – from preventive and screening services to very specialized interventions that save lives and lead to better health outcomes. Medicaid guarantees specific benefits designed especially for children, through the Early and Periodic Screening, Diagnostic, and Treatment benefit that cover the preventive services all children need, including immunizations, well-child checkups, vision, and dental services. Medicaid is also the nation's largest payer for behavioral health services for children. Reduced child enrollment in Medicaid and CHIP will lead to higher uninsured rates among children, greater financial strain on families, and delayed care for routine medical needs, ultimately leading to poorer health outcomes for children across the country.

It is also likely that U.S. citizen children and their families will avoid other critical health programs that provide preventive and early intervention services, promote continuity of care, and lead to healthier outcomes for children. For example, some children's hospitals are already reporting that families may be avoiding participation in vital home visiting programs due to fears that their participation may cause them to be deemed a public charge down the line. These programs have been shown to be an important means of preventing chronic disease by fostering healthy habits related to nutrition, physical activity, and mental well-being, among others. DHS itself acknowledges that the rule may lead to reduced access to these types of public benefit programs, with children, infants, and pregnant individuals more likely to experience increased rates of obesity and malnutrition.⁴

Negative Impact on Children's Hospitals' Ability to Provide Care to Children

The proposed rule threatens the capacity of children's hospitals to continue to provide necessary pediatric care to children across the country. DHS acknowledges that the proposed rule will lead to increased rates of uncompensated care due to higher uninsured rates,⁵ which "...might result in reduced revenues for healthcare providers, such as hospitals and nonprofits, participating in Medicaid..."⁶ As major Medicaid providers, children's hospitals depend on the program to support the delivery of care to more than half of all children. The proposed changes in this rule will add to the financial strains that children's hospitals are already experiencing due to Medicaid underpayments. When their ability to provide care is compromised, it doesn't just affect certain groups of children; it impacts all children who rely on children's hospitals.

We are also concerned that the proposed rule will make it more difficult for children's hospitals to attract international students to study, train, and conduct research in pediatrics. In pediatrics, many subspecialty

¹ Potential "Chilling Effects" of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment. KFF. December 2025.

² *Id.*

³ "June 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot," U.S. Centers for Medicare and Medicaid Services, September 2025.

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*



roles have no available U.S.-born worker to fill them. As a result, international professionals fill critical pediatric workforce gaps that would otherwise remain vacant. The proposed rule could deter those individuals from either coming to or seeking to stay in the U.S. given confusion over whether they would be subject to additional scrutiny as a result of this new policy. The combination of this rule with recent changes to visa policies will exacerbate pediatric workforce shortages.

Children's hospitals across the country continue to experience significant shortages of pediatric providers, and these shortages affect children and their families' ability to receive timely, appropriate care. International professionals play an important role in filling those shortages. For example, children's hospitals face difficulty retaining and recruiting pediatric subspecialists, like pediatric neurologists, pediatric rheumatologists, and child and adolescent psychiatrists, with some positions remaining unfilled for 12 months or longer. As a result, children may wait weeks or months for needed appointments that can help children with complex genetic disorders and chromosomal abnormalities, as well as diagnosing and treating developmental delays and other neurological conditions. Longer waits for needed care compromises children's health and overall well-being, and this rule could worsen these issues.

Furthermore, children's hospitals rely on international pediatric physician-scientists, postdoctoral researchers, and biostatisticians whose specialized expertise is vital to supporting the Administration's priorities to prevent and treat childhood chronic disease and advance curative therapies that improve child health outcomes. Loss of the talent pool of international pediatric researchers would delay new therapies and cures for children, slow the pace of innovation, and weaken the nation's long-standing leadership in biomedical research.

We appreciate the opportunity to provide comments on DHS's proposal and respectfully urge withdrawal of the proposed rule. Children's hospitals cannot support policies that restrict Medicaid access for eligible children and discourage them from utilizing services that help them lead healthy and productive lives, especially services that prevent childhood chronic illnesses. If you have any questions, please contact Milena Berhane by email at milena.berhane@childrenshospitals.org or by phone at 202-753-5521.

Sincerely,

A handwritten signature in black ink that reads 'Aimee C. Ossman'. The signature is fluid and cursive, with the first name 'Aimee' being more prominent.

Aimee Ossman
Vice President, Policy
Children's Hospital Association