



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

December 19, 2025

The Honorable Kristi Noem
Secretary of Homeland Security
U.S. Citizenship and Immigration Services (USCIS)
5900 Capitol Gateway Drive
Camp Springs, MD 20746

Submitted via www.regulations.gov

RE: DHS Docket No. USCIS-2025-0304, U.S. Citizenship and Immigration Services

Dear Secretary Noem:

The American Psychological Association Services, Inc. (APA Services) respectfully submits the following response to the Department of Homeland Security's (DHS) Notice of Proposed Rulemaking (NPRM), *Public Charge Ground of Inadmissibility* (RIN 1615-AD06), published in the Federal Register on November 19th, 2025. APA Services is the companion organization of the American Psychological Association, which is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 173,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Through the application of psychological science and practice, our association's mission is to make a positive impact on critical societal issues across the states.

APA Services is deeply concerned that the "public charge" proposed rule will harm the physical and mental health of immigrants, as well as create unnecessary confusion among immigrant communities. We urge DHS to engage in meaningful dialogue with stakeholders to create a new set of regulations that facilitate access to life-saving behavioral health care while protecting against fraud, waste, and abuse in federal health care programs.

Only Narrow Classifications of Non-Citizens are Potentially Eligible for Public Assistance

The proposed rule seeks to rescind earlier public charge determination regulations, effectively substituting a brighter-line test for broader discretion by immigration judges. The proposed rule justifies this change as necessary to prevent "irrational outcomes where officers are precluded from finding aliens inadmissible under the public charge ground when it is evident that these aliens are clearly not self-sufficient."¹ However, based on available data, many immigrants eligible for public assistance programs have chosen to forego enrollment.²

Currently, only narrow subsets of non-citizen immigrants are potentially eligible for enrollment in these programs.³ Individuals with Temporary Protected Status (TPS); short-term parolees; asylum applicants; those granted Deferred Action for Childhood Arrivals (DACA) status; unauthorized immigrants; and various other classes of noncitizens granted temporary permission to remain in the United States are generally considered "non-qualified aliens." These individuals are categorically barred from enrollment in the Medicaid program under current law and no new rule is needed to limit their access to

¹ Department of Homeland Security, *Public Charge Ground of Inadmissibility*, November 19, 2025, 90 Federal Register 52183 (2025 NPRM). <https://www.federalregister.gov/d/2025-20278/p-523>.

² See, e.g., D. Gonzalez, J. Haley, and G. Kenney (November 2023), *One in Six Adults in Immigrant Families with Children Avoided Public Programs in 2022 Because of Green Card Concerns*, <https://www.urban.org/research/publication/one-six-adults-immigrant-families-children-avoided-public-programs-2022>.

³ Congressional Research Service (March 10, 2025), *Noncitizen Eligibility for Medicaid and CHIP*, https://www.congress.gov/crs_external_products/IF/PDF/IF11912/IF11912.4.pdf.

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Medicaid. Any exceptions to this general rule are narrowly defined and may depend on the Medicaid program in the state where the immigrant claims a residence. Even within sub-categories of immigrants, different rules exist as to eligibility for public programs like Medicaid.

The Proposed Rule Will Cause a Chilling Effect and Sow Further Confusion Among Immigrant Communities

These varied restrictions on Medicaid enrollment by noncitizens result in overall low rates of health coverage among the immigrant population, regardless of their specific status. According to the latest data,⁴ approximately 15% of immigrant adults report being uninsured in 2025, which might be a contributing factor to higher rates of uninsured adults among those who are lawfully present (21%). APA Services is concerned that the proposed rule will lead more eligible immigrants to avoid enrolling in Medicaid and similar services, leading to less early and preventative health care and increased disease burden among immigrants and non-immigrants alike.

In 2023, even after the 2022 rule was finalized, 11.7 percent of adults in all immigrant families, and 23.6 percent of adults in mixed-immigration status families reported avoiding applying for non-cash benefits.⁵ Furthermore, the share of immigrant adults who said they avoided applying for a government program that helps pay for food, housing, or health care because they did not want to draw attention to their immigrant status rose from 8% to 12% between 2023 and 2025. 11% said they stopped participating in such a program since January 2025 because of immigration-related concerns.⁶

The chilling effect of the proposed rule is likely to be even greater today because of fears in immigrant communities due to the extensive threats they are experiencing. Research has shown that experience with immigration enforcement increases noncitizens' concerns about public charge. Specifically, being asked to show proof of citizenship by law enforcement and knowing someone who has been deported were found to increase concerns about accessing public benefits related to public charge.⁷ These are large burdens that will be borne not just by immigrants, but by American citizens as well.

The Proposed Rule Will Have a Negative Impact on the Mental and Physical Health of Many Communities

Most alarming, the NPRM itself acknowledges that the proposed rule could make the nation and its communities unhealthy, including worse health outcomes, such as increased prevalence of obesity and malnutrition; higher prevalence of communicable diseases, including U.S. citizens who are not vaccinated; increased rates of uncompensated care where treatments or services are not paid for by insurers or patients; and increased poverty, housing instability, reduced productivity, and lower educational attainment.⁸

A population health-based approach to treatment aims to address the various social contexts—whether cultural, economic, systemic, historical, environmental, relational, and occupational in nature—that are known to influence health status, wellbeing, and functioning across the lifespan. In other words, an individual's mental and medical well-being “cannot be

⁴ D. Pillai, et. al. (November 18, 2025), KFF/New York Times 2025 Survey of Immigrants: Health and Health Care Experiences During the Second Trump Administration, <https://www.kff.org/immigrant-health/kff-new-york-times-2025-survey-of-immigrants-health-and-health-care-experiences-during-the-second-trump-administration/>.

⁵ Dulce Gonzalez, Hamutal Bernstein, Michael Karpman, and Genevieve M. Kenney. *Mixed-Status Families and Immigrant Families and Children Continued Avoiding Safety Net Programs in 2023*. Urban Institute 2024. <https://www.urban.org/research/publication/mixed-status-families-and-immigrant-families-children-continued-avoiding>.

⁶ Drishti Pillai et al. *KFF/New York Times 2025 Survey of Immigrants: Health and Health Care Experiences During the Second Trump Administration*. KFF, 2025. <https://www.kff.org/immigrant-health/kff-new-york-times-2025-survey-of-immigrants-health-and-health-care-experiences-during-the-second-trump-administration/>.

⁷ Lei Chen, Maria-Elena De Trinidad Young, Michael A. Rodriguez, and Kathryn Kietzman. *Immigrants' Enforcement Experiences and Concern about Accessing Public Benefits or Services*. *Journal of Immigrant and Minority Health* 25, no. 5 (2023): 1077-84. <https://doi.org/10.1007/s10903-023-01460-x>.

⁸ Department of Homeland Security, *Public Charge Ground of Inadmissibility*, November 19, 2025, 90 Federal Register 52168 (2025 NPRM). <https://www.federalregister.gov/d/2025-20278/p-523>.

considered in isolation from the relationships, communities, and societies to which the individual belongs.”⁹ A risk to the stability of access to health care, housing, or other economic support will inevitably worsen the mental health of the individuals affected. Medicaid remains the single-largest payor of behavioral health services, and Medicaid serves a broad range of individuals with an array of needs.¹⁰ Moreover, Medicaid remains a significant source of coverage for individuals in need of treatment for mild, moderate, and severe substance use disorders.¹¹

Without access to such early and preventative treatment, costs escalate for the health care and social service system, as untreated minor signs of mental health distress escalate into more serious mental health crises that often involve the patient seeking treatment in more costly settings such as emergency rooms (ERs).¹² When individuals delay routine or preventive care due to fear of immigration-related consequences, hospitals experience higher uncompensated care costs and increased demand for limited ER and inpatient beds, adding strain to an already overextended health care system.^{13,14}

In addition to the trauma and increased mental distress that those in immigrant communities often face,¹⁵ there is much evidence indicating the long-term mental health impact of poverty on families. In adulthood, poverty is associated with higher rates of depressive disorders, anxiety disorders, psychological distress, and suicide. Furthermore, those who experience poverty in early stages of life are at risk of lower cognitive development and worse behavioral outcomes. By depressing enrollment in public programs intended to help address mental and behavioral health needs, this new proposed rule would have negative mental health impacts on immigrants and U.S. citizens.

APA Services is also concerned about the mental health impact of potential family separations occasioned by this rule. In some cases, families would inevitably be separated. Consider that some non-citizen parents could lose their immigration status due to use of public benefit programs. Research shows that family separation can lead to emotional trauma for children and the longer parents and children are separated, the greater the symptoms of anxiety and depression are for children.¹⁶ Family separation is also associated with other negative outcomes for children including housing instability, food insecurity, interrupted schooling and behavioral/emotional responses, such as fear, anxiety, aggression and changes to sleep and appetite.¹⁷

⁹ American Psychological Association (February 2022), *Psychology's Role in Advancing Population Health*, <https://www.apa.org/about/policy/population-health-statement.pdf>.

¹⁰ Medicaid and CHIP Payment and Access Commission (June 2015), *Behavioral Health in the Medicaid Program—People, use, and Expenditures*, <https://www.macpac.gov/wp-content/uploads/2015/06/Behavioral-Health-in-the-Medicaid-Program%E2%80%94People-Use-and-Expenditures-1.pdf>.

¹¹ H. Saunders and R. Rudowitz (June 6, 2022), *Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020*, <https://www.kff.org/mental-health/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/>.

¹² Chiko, K., Ponnappalli, V., Desai, K., Mansoor S., Jindal, A., et al., [Enhancing Emergency Room Mental Health Crisis Response: A Systematic Review of Integrated Models - PMC](#) (Nov 19, 2024) 16 (11) : e74042.doi:/cureus.74042. The Impact of Psychiatric Patient Boarding in Emergency Departments, *Emergency Medicine International*, 2012, 360308, 5 pages, 2012. <https://doi.org/10.1155/2012/360308>.

¹³ American College of Emergency Physicians. (2016). *Emergency department crowding: High-impact solutions* (Issue paper). American College of Emergency Physicians.

¹⁴ American Hospital Association. (2025, April 30). *New AHA report: Hospitals and health systems squeezed by persistent economic challenges*.

¹⁵ American Psychological Association, 2024, *APA Policy Statement on Immigrant Health* <https://www.apa.org/about/policy/statement-immigrant-health.pdf>.

¹⁶ American Psychological Association, 2025, APA Fact Sheet *What Psychological Science Says About Immigration and Immigrant Health*. https://d3dkdvqff0zqx.cloudfront.net/groups/apaadvocacy/attachments/Advocacy-Factsheet-Immigration_V4.pdf

¹⁷ American Psychological Association, 2025, APA Fact Sheet *What Psychological Science Says About Immigration and Immigrant Health*. [Health. https://d3dkdvqff0zqx.cloudfront.net/groups/apaadvocacy/attachments/Advocacy-Factsheet-Immigration_V4.pdf](https://d3dkdvqff0zqx.cloudfront.net/groups/apaadvocacy/attachments/Advocacy-Factsheet-Immigration_V4.pdf)

Conclusion and Recommendations

Rather than provide clear guardrails that aid immigration courts in making determinations as to whether an immigrant is a “public charge,” this proposed rule instead removes prior guidance and replaces it with virtually unfettered discretion for immigration officials. Moreover, the proposed rule does not describe how immigrant families who in good faith relied on the 2022 Final Rule can now avoid being labeled a “public charge” in future immigration court proceedings.

In a broader sense, the proposed rule will also harm the mental and physical health of legal immigrant communities, create further confusion among immigrant communities, and compound the pre-existing trauma faced by these communities.

Accordingly, APA Services recommends that DHS engage in a meaningful dialogue with the larger health community to craft a rule that preserves access to care while enacting reasonable protections against fraud, waste, and abuse. Secondly, we recommend that DHS work with Congress to establish permanent reform clarifying “public charge” criteria.

Thank you for the opportunity to comment on this important proposed rule. Please contact Andrew Strickland at astrickland@apa.org or Serena Dávila at sdavila@apa.org if you have questions or need additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Katherine B. McGuire', with a stylized, flowing script.

Katherine B. McGuire
Chief Advocacy Officer