

The Final Public Charge Admissibility Rule: Implications for Massachusetts

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THE PUBLIC CHARGE RULE IN THE CONTEXT OF THE COVID-19 PUBLIC HEALTH CRISIS AND ECONOMIC DOWNTURN

At the time of release of this paper, Massachusetts and the nation as a whole are experiencing sudden and severe public health and economic impacts stemming from the COVID-19 pandemic. These dual crises—public health and economic—are likely to exacerbate the impacts of the public charge rule in Massachusetts.

The U.S. Citizen and Immigration Services has stated that testing and treatment for COVID-19 will not negatively affect any immigrant's public charge determination (see www.uscis.gov/greencard/public-charge). All the same, noncitizens and their family members may still fear that COVID-19 testing and treatment could impact their public charge determinations.

The analysis and quantitative estimates presented in this paper were developed before the health and financial developments associated with COVID-19 took place and therefore do not take their impact into consideration. For example, our estimates related to the decline in enrollment in the Supplemental Nutrition Assistance Program (SNAP) and MassHealth are based on enrollment in these programs before the COVID-19 pandemic; they do not take into account the increased enrollment that is expected in the months ahead, given the increased unemployment the Commonwealth has experienced in recent months. How the economic downturn (which would drive enrollment up) and the public charge (which would drive enrollment down) will interact with one another is unknown.

Nevertheless, the two primary impacts of the public charge rule that we outline in this brief are likely to be magnified owing to the public health and economic crises currently facing the Commonwealth:

- **Health care coverage is more important than ever during a pandemic.** Our analysis finds that the public charge rule will cause 55,000–129,000 Massachusetts residents to avoid or disenroll from MassHealth coverage. Without health care coverage, these residents are even more vulnerable to the impacts of COVID-19; any delays in testing due to lack of coverage could ultimately lead to an increase in the avoidable spread of the infection.
- **Access to food is more critical during an economic downturn.** Our analysis finds that the public charge rule will cause 27,000–63,000 residents to forgo or disenroll from nutrition assistance (SNAP). Yet its benefits are more critical than ever during an economic downturn, when food insecurity is likely to be especially prevalent and severe.

INTRODUCTION

The public charge admissibility rule—a federal rule that governs permanent residence status and certain visas—was finalized in August 2019.¹ The rule took effect in Massachusetts on February 24, 2020.² This federal rule makes it harder for certain low- and moderate-income individuals to become lawful permanent residents (green card holders) or to obtain certain visas to enter the United States, especially if they have applied for or are enrolled in public benefits such as Medicaid or the Supplemental Nutrition Assistance Program (SNAP).

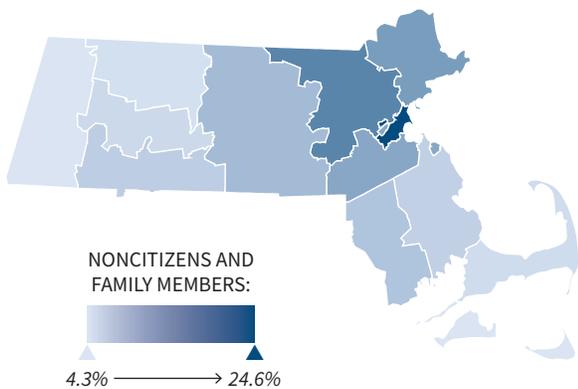
If you are seeking advice on whether the public charge rule applies to you, please refer to resources provided by Protecting Immigrant Families, at www.protectingimmigrantfamilies.org. Other resources are listed in Appendix A.

The public charge rule only applies to a small portion of immigrants. For example, the rule does not apply to refugees, asylees, or people applying for naturalization.³ Few people who are subject to the public charge rule qualify for public benefits, and use of public benefits is only one component of the public charge rule’s test. Nevertheless, experts predict the rule will create a widespread “chilling effect” in immigrant communities, causing even people who should not be impacted by the rule to disenroll in or decline to enroll in public benefits for which they are eligible.

This report details the expected effects of the public charge rule on MassHealth (Massachusetts’ combined Medicaid and Children’s Health Insurance [CHIP] Programs) and SNAP enrollment, and its downstream effects on individuals’ health outcomes, on health care providers, and on the Commonwealth of Massachusetts. This report updates and builds upon a November 2018 publication, *The Proposed Public Charge Rule: An Overview and Implications in Massachusetts*, which featured a similar analysis based on the proposed public charge rule. This current report analyzes the impact of the final rule, uses more recent data as the basis for its estimates, and updates the methodology based on more recent information.

IMMIGRATION IN MASSACHUSETTS

FIGURE 1. GEOGRAPHIC DISTRIBUTION OF NONCITIZENS AND FAMILY MEMBERS IN MASSACHUSETTS



The Commonwealth is home to many immigrants. About 1.1 million Massachusetts residents are foreign-born (17 percent of the population), and about 500,000 are noncitizens (8 percent of the population).⁴ Massachusetts ranks among the top 10 states for percentage of population who are noncitizens (including lawful permanent residents, temporary migrants, unauthorized immigrants, and those with other resident statuses).⁵ Noncitizens and their family members live throughout Massachusetts; Suffolk County ranks highest with about a quarter of its population consisting of noncitizens and their family members (see Figure 1).⁶

Source: Manatt. [Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard](#) (featuring Manatt analysis of 2012–2016 5-year American Community Survey Public Use Microdata Sample).

SUMMARY OF THE PUBLIC CHARGE RULE

The federal government’s decision on lawful permanent residency (green card) status and certain visas to enter the United States is based in part on whether a person is likely to become a “public charge.”⁷ Department of Homeland Security (DHS) officials exercise their discretion to make the public charge determination on behalf of the federal government.

The new public charge rule applies to immigrants who seek to (1) become permanent residents (green card holders); (2) renew expired green cards after spending more than 180 days outside the United States; or (3) change or extend certain types of visas. Refugees, asylees, and other specific immigrant groups are exempt from the public charge rule.⁸

Under the previous definition of “public charge,” DHS officials considered whether an individual was likely to become *primarily dependent* on the government for sustenance, as evidenced by use of certain cash benefits or government-financed long-term care. Under the new broader rule, DHS officials are to consider whether an individual is likely to use a whole range of public benefits in the future (including, for the first time, Medicaid⁹ and SNAP), not just whether the person is likely to be primarily dependent on the government for cash assistance or long-term care (which was the standard under the prior rule). In order to assess whether an individual falls under this more expansive standard, DHS officials are also required to consider a broader set of factors as evidence, including income and access to private health insurance (see Figures 2 and 3, and Appendix B). Collectively, these factors are referred to as one’s “totality of circumstances.”

FIGURE 2. COMPARISON OF EVIDENCE CONSIDERED UNDER PRIOR PUBLIC CHARGE GUIDANCE AND THE AUGUST 2019 FINAL RULE

MAY 1999 FIELD GUIDANCE

Old Factors

- Age
- Health
- Household size
- Education
- Skills
- Use of benefits:
 - Cash assistance (e.g., Temporary Assistance for Needy Families, Supplemental Security Income)
 - Long-term care at government expense

Old Factors, PLUS

AUGUST 2019 FINAL RULE

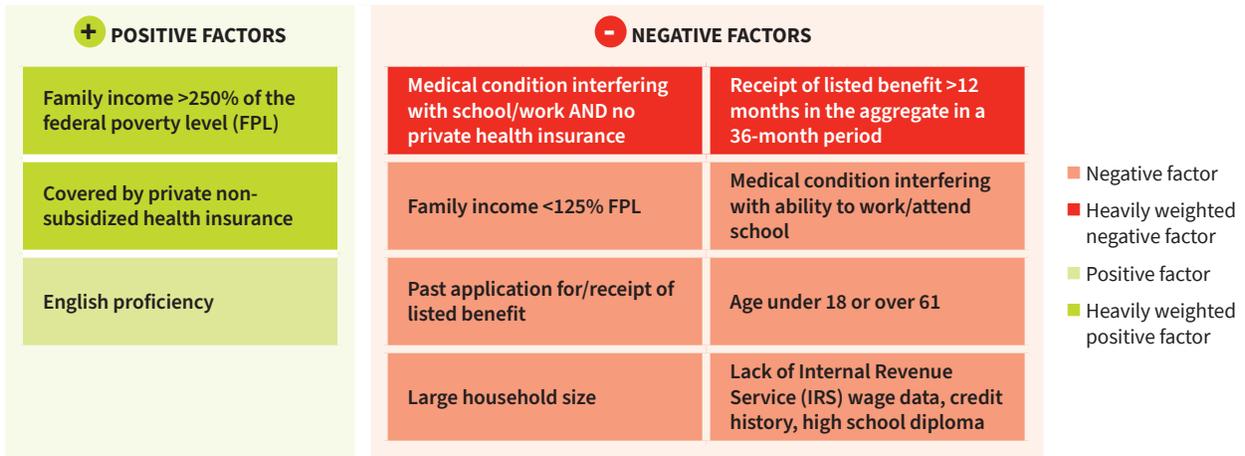
New Factors

- Income
- Access to private health insurance
- Sponsor’s financial status and use of benefits
- Length of admission to the United States
- Current employment
- Use of benefits:
 - Non-emergency Medicaid
 - SNAP
 - Public housing

Sources: Author analysis of previous guidance and final public charge rule. U.S. Department of Homeland Security. 84 Fed. Reg. 41292. Inadmissibility on Public Charge Grounds. Final Rule (August 14, 2019). Field Guidance on Deportability and Inadmissibility on Public Charge Grounds, 64 Fed. Reg. 1010 (May 26, 1999).

Notes: Department of Homeland Security officials can consider additional factors not listed here. The final rule also adds definitions to old factors. For example, household size includes certain non-custodial children.

FIGURE 3. A SAMPLE OF POSITIVE AND NEGATIVE FACTORS UNDER THE TOTALITY OF CIRCUMSTANCES TEST AS MODIFIED BY THE NEW PUBLIC CHARGE RULE



Sources: Author analysis of previous guidance and final public charge rule. U.S. Department of Homeland Security, 84 Fed. Reg. 41292. Inadmissibility on Public Charge Grounds. Final Rule (August 14, 2019). Field Guidance on Deportability and Inadmissibility on Public Charge Grounds, 64 Fed. Reg. 1010 (May 26, 1999).

EFFECTS OF THE RULE ON HEALTH AND HEALTH CARE

In addition to limiting access to pathways of authorized immigration, the public charge rule is likely to reduce enrollment in public benefits and use of health care as noncitizens and family members of noncitizens alter their behavior to avoid being deemed a public charge.

FORGOING PUBLIC BENEFITS (THE CHILLING EFFECT)

Use of public benefits is a factor in the Department of Homeland Security (DHS) public charge decision. Most individuals subject to the public charge rule are not eligible for public benefits.¹⁰ For example, most immigrants are barred from applicable public benefits for at least five years. Still, many experts predict the rule will have an impact on public benefit enrollment among a broader population of noncitizens and their family members (and there is some evidence it already has).¹¹ The public charge rule itself is both complicated and vague, leaving individuals with unclear information about the impact of their use of public benefits.¹² The immigration statuses subject to the rule are relatively narrow. However, the rule is complex and gives DHS officials discretion in how they interpret and apply the rule. Immigrants, advocacy groups, and others are concerned that even those not directly targeted by the rule will forgo benefits to which they are entitled, out of concern that they or their family members will be considered a public charge.¹³

Recent reports have documented reduced public benefit enrollment and health care use in Massachusetts and nationwide due to the (then proposed) public charge rule.¹⁴ Massachusetts organizations report receiving anecdotal evidence of immigrant families expressing concern about the public charge rule and forgoing benefits. Health Care For All, for example, has fielded hundreds of calls about the public charge rule.¹⁵ Boston Medical Center reports receiving regular calls from immigrants asking if it is safe to use their insurance or fill a prescription.¹⁶ The Massachusetts state auditor found reports of individuals not buying groceries to which they are entitled through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) because of the proposed public charge rule, even though WIC was not part of the rule's definition of public benefits.¹⁷

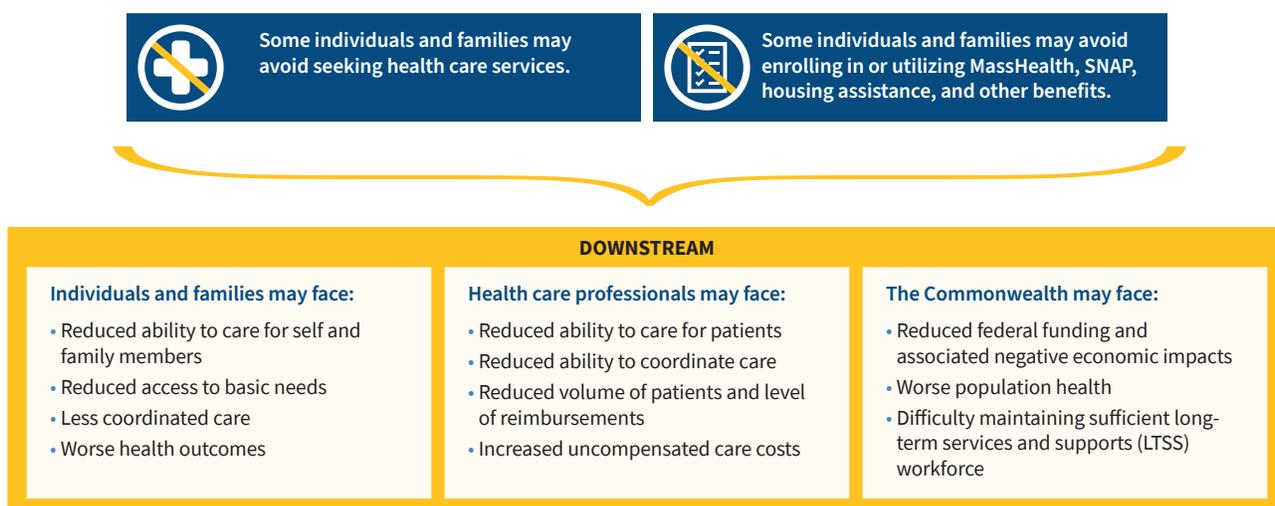
In 2019, the Kaiser Family Foundation interviewed 16 directors and senior staff at community health centers in four states (California, Massachusetts, Missouri, and New York) (2019 KFF study). The 2019 KFF study found that many immigrants and children of immigrants are disenrolling from Medicaid or not enrolling in Medicaid; almost half of health centers reported that at least some of their immigrant patients were choosing not to enroll in Medicaid.¹⁸ The Urban Institute analyzed a December 2018 nationally representative survey of 2,000 adults in immigrant families (2019 Urban Institute study). They found that one in seven adults in immigrant families did not use public benefits (including Medicaid, CHIP, SNAP, and housing assistance) in response to the proposed public charge rule. Low-income families, Hispanic/Latinx families, and families with children were more likely to forgo benefits than other immigrant families surveyed.¹⁹

These recent reports confirm that the rule may cause individuals to forgo public benefits, even if the public charge rule does not apply to them. For example, in the 2019 Urban Institute study, some families did not use benefits even when all family members were already permanent residents. The 2019 KFF study found that health centers reported effects among children and pregnant people, though their public benefit use is often exempted under the public charge rule. The study found that 40 percent of health centers saw at least some of their clients choosing not to enroll their children in Medicaid. In response to the survey, a Missouri health center vice president reported, “Approximately 10 percent of ... foreign-born women who were pregnant will tell us they do not intend to ... apply for Medicaid ... because they are afraid. Their fears range from being deported to future opportunities for residency or citizenship.”²⁰

ESTIMATING THE CHILLING EFFECT IN MASSACHUSETTS

In 1996, federal welfare legislation restricted public benefit eligibility for some immigrants. As a result of that legislation, many immigrants who were still eligible for those benefits disenrolled from health care and SNAP. A number of studies were published examining the chilling effect of that welfare legislation on noncitizen and mixed-status households.²¹ Based on these studies, the Kaiser Family Foundation, the UCLA Luskin School of Public Affairs, the Fiscal Policy Institute, and the Children’s Partnership estimated the chilling effect of the public charge rule on Medicaid enrollment to be in the range of 15–35 percent.²² The Fiscal Policy Institute and the Children’s Partnership estimated the chilling effect of the public charge rule on SNAP enrollment to also be in the 15–35 percent range.²³

FIGURE 4. PREDICTED EFFECTS OF THE PUBLIC CHARGE ADMISSIBILITY RULE IN MASSACHUSETTS



To estimate the impact of the public charge rule on public benefit use in Massachusetts, we applied that range to individuals who live in households with a noncitizen member and who (for the MassHealth estimates) were enrolled in Medicaid, CHIP, or similar public health insurance coverage, or who (for SNAP estimates) were in a household enrolled in SNAP. Not all public health insurance is defined as a public benefit in the public charge rule; CHIP, emergency Medicaid, and Medicaid provided to pregnant women and children are excluded. However, given the earlier experience of otherwise eligible immigrants forgoing benefits following the 1996 welfare reform, and early data showing households forgoing benefits even when no one in the household is subject to the rule, we applied the estimate of a 15–35 percent chilling effect across the Medicaid, CHIP, and other public health insurance coverage for people with low incomes or disabilities.

We used American Community Survey Public Use Microdata Sample (ACS PUMS) data from 2014–2018 to estimate the number of individuals in each coverage category and applied the lower and upper bounds of the 15–35 percent range to arrive at an estimated range of individuals who we expect will disenroll or forgo benefits. We used data from ACS PUMS to divide estimates by age and disability status (for more detailed methodology, see Appendix C).

Note that we do not estimate effects of the public charge rule on housing benefits. There is not yet enough evidence about the impact of the public charge rule on the use of housing benefits for us to make an estimate.²⁴

MassHealth Enrollment

In Massachusetts, Medicaid and CHIP are combined into MassHealth, a joint federal-state program that provides free or low-cost health care to low-income people, including children, pregnant people, the elderly, and people with disabilities. MassHealth offers benefits comparable to those offered by private health insurance—plus some additional benefits, such as dental care and enhanced behavioral health services.²⁵ Enrollment in MassHealth is linked to increased financial stability, increased physical and mental health, and decreased mortality.²⁶ Using the methodology detailed above and in Appendix C, we estimate that 55,000–129,000 Massachusetts residents will disenroll from or forgo enrolling in MassHealth as a result of the public charge rule (see Figure 5).

It is important to note that our estimates for the rule’s impact on enrollment in MassHealth are based on national studies and not based on the experience so far in Massachusetts. There is inherent uncertainty in any estimate, and ultimately the impact in Massachusetts could be smaller—or larger—than our estimates. These estimates also do not account for strategies that are taking place within some states, including in Massachusetts, to try to mitigate the impact of public charge on enrollment in MassHealth—including intensive outreach and education in immigrant communities.

FIGURE 5. ESTIMATED NUMBER OF INDIVIDUALS DISENROLLING FROM OR FORGOING MASSHEALTH BENEFITS AS A RESULT OF THE PUBLIC CHARGE RULE

GROUPS	ESTIMATED NUMBER OF INDIVIDUALS DISENROLLING FROM OR FORGOING ENROLLING IN MASSHEALTH	
	LOW ESTIMATE	HIGH ESTIMATE
Age		
• Children (0–17)	20,000	46,000
• Adults (18–64)	32,000	74,000
• Seniors (65+)	4,000	9,000
Disability Status		
• Individuals with disabilities	6,000	14,000
• Individuals without disabilities	49,000	115,000
Total	55,000	129,000

Source: Authors’ analysis of 5-year American Community Survey Public Use Microdata Sample (ACS PUMS) 2014–2018.

Notes: Totals may not sum due to rounding. To calculate this estimate, we downloaded ACS PUMS and identified respondents who (1) were noncitizens or members of households with noncitizens, and (2) received Medicaid, medical assistance, or any other government-assistance health plan for those with low incomes or a disability. Then we applied a 15% chill factor for a low estimate, and a 35% chill factor for a high estimate (see Appendix C for more details).

Supplemental Nutrition Assistance Program (SNAP) Enrollment

SNAP is a federally funded and state-administered program, previously known as food stamps, that addresses hunger by supplementing the food budgets of low-income people.²⁷ Using the methodology described above and in Appendix C, we estimate that 27,000–63,000 Massachusetts residents will be in households that disenroll from SNAP or forgo SNAP benefits as a result of the public charge rule (see Figure 6). Again, it is important to note that our estimates for the impact on SNAP use in Massachusetts are based on national studies and not based on the experience so far in Massachusetts. There is inherent uncertainty in any estimate, and ultimately the impact in Massachusetts could be smaller—or larger—than our estimates. These estimates also do not account for strategies that are taking place within some states, including in Massachusetts, to try to mitigate the impact of public charge on enrollment in SNAP and other public benefit programs—including intensive outreach and education in immigrant communities.

FIGURE 6. ESTIMATED NUMBER OF INDIVIDUALS DISENROLLING FROM OR FORGOING SNAP BENEFITS AS A RESULT OF THE PUBLIC CHARGE RULE

GROUPS	ESTIMATED NUMBER OF INDIVIDUALS DISENROLLING FROM OR FORGOING ENROLLING IN SNAP	
	LOW ESTIMATE	HIGH ESTIMATE
Age		
• Children (0–17)	9,000	22,000
• Adults (18–64)	15,000	35,000
• Seniors (65+)	3,000	6,000
Disability Status		
• Individuals with disabilities	4,000	8,000
• Individuals without disabilities	23,000	55,000
Total	27,000	63,000

Source: Authors' analysis of 5-year American Community Survey Public Use Microdata Sample (ACS PUMS) 2014–2018.

Notes: May not sum due to rounding. To calculate this estimate, we downloaded ACS PUMS and identified respondents who (1) were noncitizens or members of households with noncitizens, and (2) were in a household that received SNAP benefits. Then we applied a 15% chill factor for a low estimate, and a 35% chill factor for a high estimate (see Appendix C for more details).

Food insecurity is already a significant problem in Massachusetts.²⁸ Lack of food contributes to a wide range of negative health effects, from diabetes to depression to heart failure, as well as increased psychological distress and reduced cognitive function.²⁹ Children's HealthWatch and the Greater Boston Food Bank estimate that food insecurity already costs the Commonwealth at least \$2.4 billion dollars per year because of its impacts on physical and mental health.³⁰ Enrollment in SNAP is associated with lower levels of food insecurity.³¹ By causing thousands of eligible Massachusetts residents to disenroll from or forgo SNAP benefits due to concerns about the public charge rule, the impacts of this rule could worsen the health problems associated with food insecurity in the Commonwealth.

AVOIDANCE OF NECESSARY MEDICAL CARE

In addition to forgoing public benefit enrollment, health care providers report that individuals are not accessing health care they need as a result of the public charge rule. In the 2019 KFF study, almost three in 10 (28 percent) providers interviewed reported that at least some immigrant patients reduced their health care utilization over the previous year.³² Care utilization reductions are occurring in areas essential for health, including prenatal care, diabetes care, and pre-exposure prophylaxis (PrEP), a medication shown to reduce transmission of HIV.³³ The president of one Massachusetts health center reported in the KFF study, "We began to see a decline in people coming in for their basic health screenings, for nutrition services."³⁴ The Massachusetts Department of Public Health reports that one of its contractors saw a decrease in immigrants accessing cancer screening services after public charge proposals leaked.³⁵

EFFECTS ON SPECIFIC POPULATIONS

The public charge rule may impact access to food and health care for specific underserved groups such as children, seniors, people with disabilities, and pregnant people.

CHILDREN

Only a small number of Massachusetts immigrant children are subject to the public charge rule. Even among children subject to the rule, not all are eligible for public benefits as defined by the rule.³⁶ Use of Medicaid by an immigrant child under age 21 is not defined as a “public benefit” by the rule.³⁷ For children whose parents are subject to the rule, receipt of public benefits by a child does not count toward a public charge determination in their parents’ immigration case.

However, given the experience with the proposed rule, there is likely to be a chilling effect across children in immigrant households, even if everyone in the household has permanent resident status.³⁸ We estimate that 20,000–46,000 Massachusetts children will become unenrolled or forgo enrollment in MassHealth as a result of the public charge rule, and 9,000–22,000 Massachusetts children will be in households that disenroll from or forgo enrollment in SNAP benefits (see Appendix C for detailed methodology).

Immigrant children and children in immigrant families may have even greater needs for Medicaid and SNAP than their citizen counterparts. Nationally, immigrant children already experience more barriers in accessing health care and are more likely to live in poverty than nonimmigrant children.³⁹ When researchers at several urban hospitals around the nation, including Boston Medical Center, systematically surveyed families about food insecurity, they found that child food insecurity was higher among children with foreign-born mothers, and enrollment in SNAP (which has a protective effect against food insecurity) was lower than among children with U.S. citizen mothers.⁴⁰ Nationally, children of immigrants are also already more likely to lack health insurance.⁴¹

By causing thousands of children to disenroll from or forgo MassHealth and SNAP benefits, the public charge rule may worsen children’s health and economic outlooks. National research shows that children with health coverage and food security are more likely to become healthy adults and have greater academic and economic success.⁴² Increases in Medicaid and CHIP eligibility have been linked to decreased high school dropout rates and increased college attendance.⁴³ Each additional year of Medicaid eligibility from birth to age 18 is estimated to increase cumulative tax payments by \$186 and reduce cumulative Earned Income Tax Credit receipts by \$75.⁴⁴ SNAP is shown to reduce childhood food insecurity, anemia, obesity, and the family’s burden of health care costs.⁴⁵ Childhood food insecurity has been linked to worse mental health, cognitive issues, asthma, oral health issues, and other health concerns.⁴⁶ When children do not access Medicaid benefits and other safety net programs, it can affect their ability to succeed in school and to become healthy adults.⁴⁷

SENIORS

Seniors may disenroll from or forgo benefits to which they are otherwise entitled because they are concerned about how their receipt of benefit may impact their families under the public charge rule. We estimate that 4,000–9,000 Massachusetts seniors will disenroll from or forgo enrollment in MassHealth as a result of the public charge rule, and 3,000–6,000 Massachusetts seniors will be in households that disenroll from or forgo enrollment in SNAP benefits (see Appendix C for detailed methodology).

Disenrolling from MassHealth benefits due to concerns about the public charge rule could have serious health and financial impacts on seniors. Although Medicare is the primary health insurance provider for most seniors after age 65, many immigrant seniors do not qualify for Medicare because they have not worked long enough in the United States—so Medicaid is their sole source of coverage. For the immigrant seniors who do qualify for

Medicare, Medicaid helps pay Medicare premiums and cost sharing, so losing Medicaid coverage could stand in the way of their access to care.

Forgoing SNAP benefits could also lead to poorer health outcomes. For example, food-insecure seniors have worse health outcomes than seniors who are food secure. Seniors who experience food insecurity are twice as likely to report fair or poor general health and are twice as likely to have depression.⁴⁸ High blood pressure, congestive heart failure, coronary heart disease, and heart attacks are all associated with food insecurity among seniors.⁴⁹ Food-insecure seniors are also at increased risk of being unable to afford prescription medications⁵⁰ and of subsequently requiring more health care services.⁵¹

INDIVIDUALS WITH DISABILITIES

The public charge rule may also lead individuals with disabilities to disenroll from or forgo public benefits because they are concerned about the effect on their immigration status or the immigration status of family members. We estimate that 6,000–14,000 Massachusetts individuals with disabilities will disenroll from or forgo enrollment in MassHealth as a result of the public charge rule, and 4,000–8,000 Massachusetts individuals with disabilities will be in households that disenroll from or forgo enrollment in SNAP benefits (see Appendix C for detailed methodology).

For many people with disabilities, health care, food, and housing supports are essential for staying healthy and working or engaging in other activities. MassHealth offers more comprehensive benefits than most employer-sponsored health insurance. For individuals who need extra coverage due to a disability, MassHealth can supplement their coverage by covering additional services, such as personal care services, that allow them to work and participate in the community. The public charge rule puts immigrants with disabilities in a difficult position, because they may more acutely need the benefits provided by MassHealth and other supports to remain healthy and in the community, but accepting these supports may make it difficult for them to pass the totality of circumstances test when applying to adjust their immigration status. People with disabilities are more likely to live in households with food insecurity and more likely to face health disparities.⁵² Food insecurity is linked to worse physical and mental health for individuals with disabilities.⁵³

PREGNANT AND POSTPARTUM PEOPLE

Pregnant and postpartum immigrant people may be subject to the public charge rule, but not all public benefits will be counted against them.⁵⁴ For example, the public charge rule in its definition of public benefits excludes enrollment in Medicaid by individuals who are pregnant or up to 60 days postpartum.⁵⁵ However, the public charge rule may lead pregnant people in noncitizen or mixed-status households to forgo MassHealth and SNAP use during pregnancy out of concern that their use of public benefits may impact their or their family members' immigration status.

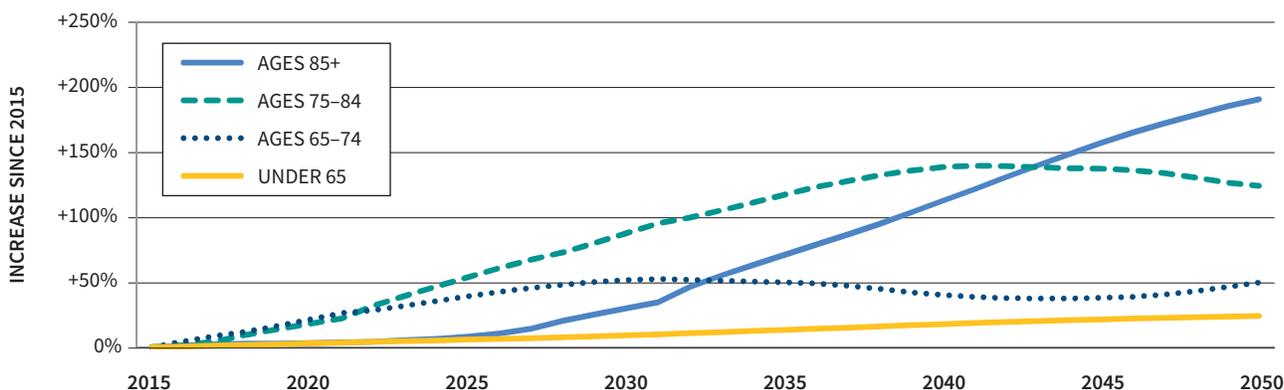
Pregnant and postpartum people who are immigrants are already at increased risk for forgoing prenatal and postpartum care⁵⁶ and can face worse health outcomes and factors than their U.S. citizen counterparts. For example, the Massachusetts Department of Public Health has observed a higher prevalence of postpartum depression among those born outside of the United States compared to U.S.-born counterparts, and a lower prevalence of dental insurance during pregnancy.⁵⁷

By causing pregnant and postpartum people to disenroll from or forgo benefits and forgo prenatal care, the public charge rule may impact pregnancy outcomes and the long-term health and well-being of babies and parents.⁵⁸ Prenatal care provided through Medicaid for pregnant people leads to better health outcomes for their children even into adulthood, including reduced rates of obesity and hospitalizations.⁵⁹ Parents who participate in SNAP during pregnancy are more likely to have healthier babies than SNAP-eligible nonparticipants.⁶⁰

DOWNSTREAM EFFECTS ON LONG-TERM SERVICES AND SUPPORTS

As baby boomers retire and birth rates decline, the United States will be in need of workers.⁶¹ As the Migration Policy Institute found in a recent report, “Between 2017 and 2027, the United States faces a shortfall of 8.2 million workers, representing the most substantial gap in 50 years.”⁶² Workforce shortages are particularly stark in the provision of long-term services and supports (LTSS), such as the services of personal care attendants (PCAs) and home health aides (HHAs).⁶³ In recent years, Massachusetts policymakers have expressed concern about the LTSS workforce.⁶⁴

FIGURE 7. PROJECTED POPULATION GROWTH IN MASSACHUSETTS, BY AGE GROUP, 2015–2050



Source: AARP Public Policy Institute. Across the States 2018: Profile of Long-Term Services and Supports in Massachusetts (8/28/2018). Accessed at <https://www.aarp.org/content/dam/aarp/ppi/2018/08/across-the-states-profiles-of-long-term-services-and-supports-full-report.pdf>.

Due to the expected growth in the senior population and the rising demand for LTSS, the need for LTSS workers will increase greatly. By 2026 a 24 percent increase in LTSS job openings is expected in Massachusetts.⁶⁵ During the same period, the number of Massachusetts working-age adults (ages 20–60) is expected to stay about the same, making it unlikely that Massachusetts residents alone will be able to fill the need for LTSS workers.⁶⁶ One of the few solutions put forward has been to rely on immigrant labor.⁶⁷

Immigrants are an important part of the LTSS workforce in Massachusetts. In 2017, 24 percent of LTSS workers in Massachusetts were naturalized U.S. citizens and another 14 percent of LTSS workers were noncitizens.⁶⁸ But the public charge rule could make it challenging for immigrants to meet the growing demand for the LTSS workforce. Low compensation for LTSS work already presents a significant challenge in recruiting workers, and this challenge could be compounded by the public charge rule. In the totality of circumstances test that the public charge rule establishes, families with incomes under 125 percent of the federal poverty level (FPL) would have their low income counted as a negative factor. Immigrants willing and able to engage in LTSS work could face steep barriers under the public charge rule to earning enough income to receive green cards and remain in the country, or to be admitted into the United States in the first place. Median annual pay for PCAs and

What are LTSS?

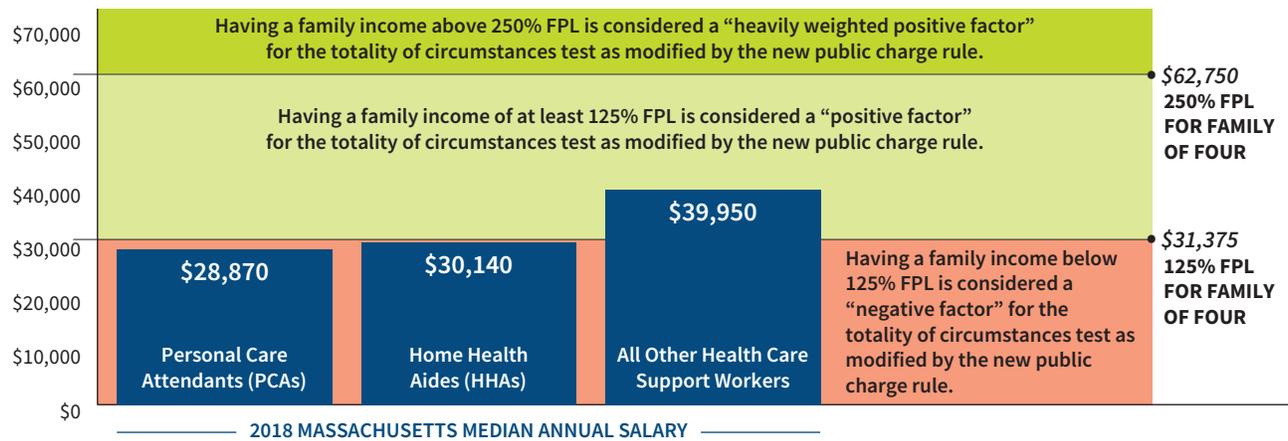
Long-term services and supports (LTSS) include a range of services and supports across the care continuum. The LTSS workforce includes:

- Personal care attendants, who help individuals who need assistance with personal care and daily living tasks that can include feeding, bathing, dressing, grooming, toileting, and transferring.
- Home health aides, who monitor health status and address health-related needs such as changing bandages, dressing wounds, or administering medication.

Adapted from the U.S. Department of Labor's Standard Occupational Classification Definitions (2018).

HHAs falls below 125 percent FPL for a family of four (that FPL is \$31,375/year) (see Figure 8). Some households whose head of household is a PCA or HHA and lacks additional income or assets will have income counted as a negative factor in their public charge determination.

FIGURE 8. HOW DO LTSS WORKFORCE SALARIES LINE UP WITH THE INCOME TEST UNDER THE TOTALITY OF CIRCUMSTANCES TEST?



Sources: U.S. Dept. of Labor, Bureau of Labor Statistics. Occupational Employment Statistics, Massachusetts. Accessed at <https://beta.bls.gov/dataQuery/search>. U.S. Dept. Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. HHS Poverty Guidelines for 2018. Accessed at: <https://aspe.hhs.gov/2018-poverty-guidelines>.

DOWNSTREAM EFFECTS ON HEALTH CARE PROVIDERS

As immigrants forgo public benefits and care, providers whose patient base includes a large share of immigrants may see reduced patient volumes and reimbursement. Individuals and families who drop or don't enroll in MassHealth are likely also to forgo preventive and routine care, but they will still need to turn to health care providers like hospitals and community health centers (CHCs) for critical care and care for acute conditions, potentially increasing uncompensated care costs.⁶⁹ Hospitals and CHCs will also shoulder the burden of lost revenue due from MassHealth payments for immigrants who forgo MassHealth and also forgo routine treatment from these providers. Together, the rise in uncompensated care and loss of MassHealth payments will likely create challenges for providers to care for immigrants and others.

HOSPITALS

Hospitals may experience various effects of the public charge rule. One effect is financial. Manatt Health used a number of survey and administrative data sources to identify the amount of hospital spending at risk in each state. The amount of hospital spending at risk in Massachusetts (defined as MassHealth spending on hospitals for noncitizens and household members) was estimated to be \$457 million per year.⁷⁰

COMMUNITY HEALTH CENTERS

CHCs are mission-driven and provide primary, preventive, and dental care, care for mental health and substance use disorders, and other community-based services. In Massachusetts, 52 community health center organizations provide these services to over 1 million state residents at more than 300 service-delivery sites.⁷¹ CHCs typically operate in communities with a shortage of primary care providers. These communities are disproportionately affected by poverty and other health risks, and some also have significant immigrant populations.⁷²

The George Washington RCHN Community Health Foundation Research Collaborative estimates that Massachusetts CHCs will see 11,840–35,520 patients forgoing MassHealth coverage over the course of a year in response to the public charge rule, leading to annual lost MassHealth revenue of \$9.7–29.2 million.⁷³ This loss of revenues could also lead to staffing reductions at Massachusetts CHCs. Over the course of one year, the estimated reduction at Massachusetts CHCs is 99–296 staff.⁷⁴

NEGATIVE ECONOMIC IMPACT ON THE COMMONWEALTH

Reduced enrollment in public benefits translates into less federal revenue flowing into the state—from federal housing subsidies to SNAP benefits used to buy food at Massachusetts stores to federal matching dollars for MassHealth.

We estimate that \$36–85 million in SNAP benefits used to buy food at Massachusetts stores (“retailer redemptions”) may be lost due to the public charge rule. Massachusetts retailers redeemed approximately \$1.2 billion in SNAP benefits in 2018, providing a boost to local economies from federal funds that would not otherwise come to the Commonwealth.⁷⁵ Based on our analysis of U.S. Census data, roughly \$243 million of the \$1.2 billion SNAP retailer redemptions is attributable to noncitizen and mixed-status families. An earlier analysis of effects of similar policies on SNAP enrollment suggests that approximately 15–35 percent of noncitizen and mixed-status families could opt out. When that chill estimate is applied to total SNAP retailer redemptions attributable to noncitizen and mixed-status families, it indicates that roughly \$36–85 million in SNAP retailer redemptions per year would be lost due to the chilling effect on SNAP enrollment.

In addition to reduced SNAP money flowing into the state, federal funding for MassHealth (approximately one-fifth of the state budget⁷⁶) may also be affected. Federal funding for SNAP and MassHealth has ripple effects in the economy; fewer dollars spent on medical care and food can translate to fewer jobs.

CONCLUSION

The public charge rule could impact the Commonwealth’s most pressing health policy priorities. Over the past few decades, Massachusetts has invested heavily in achieving near-universal health care coverage, culminating in the lowest uninsured rate in the nation. By causing an estimated 55,000–129,000 Massachusetts residents to forgo or disenroll from MassHealth coverage, the public charge rule could chip away at this progress. Recently, Massachusetts has also prioritized reform efforts to promote integrated, coordinated health care that invests in prevention efforts and in addressing patients’ social needs such as housing and nutrition. The public charge rule pushes in the opposite direction: It is already causing individuals to go without medical care, potentially hampering prevention and care coordination efforts; and we estimate it will cause 27,000–63,000 individuals to forgo enrolling in or disenroll from the nutrition assistance that SNAP provides. To put this in context: Massachusetts has budgeted \$20–30 million dollars per year to invest in nutrition and housing for certain eligible MassHealth members until 2022; at the same time, concern about the public charge rule is expected to result in the loss of SNAP benefits totaling \$36–85 million each year in Massachusetts.⁷⁷

Those losses will ripple through Massachusetts—affecting the health of Massachusetts residents, the Commonwealth’s economy, and the state’s safety net providers. Health care providers, advocacy organizations, and state policymakers should be aware of the estimated or potential effects of the public charge rule in order to be responsive to the needs of Massachusetts residents.

APPENDIX A: RESOURCES FOR INDIVIDUALS AND FAMILIES

- **Massachusetts Executive Office of Health and Human Services.** Information about the public charge rule and how it may impact you: www.mass.gov/info-details/information-about-the-public-charge-rule-and-how-it-may-impact-you-0.
- **Massachusetts Law Reform Institute.** Immigrants and Public Benefits—Public Charge Information: www.masslegalservices.org/publiccharge.
- **Massachusetts Immigrant and Refugee Advocacy Coalition.** What immigrants and refugees need to know about the public charge rule: <http://miracoalition.org/pif>.
- **Protecting Immigrant Families:** <https://protectingimmigrantfamilies.org/>.

APPENDIX B: TOTALITY OF CIRCUMSTANCES

The determination of whether an affected immigrant (referred to as a noncitizen) is likely to become a public charge is triggered by the application for admission or adjustment of status.⁷⁸ This determination is based on a prospective consideration of the totality of the noncitizen’s circumstances.⁷⁹ Under the final rule, the circumstances considered include a specific set of positive and negative findings relative to factors listed in the Immigration and Naturalization Act, included as factors in the table below. The final rule includes a list of heavily weighted positive and negative factors to be considered in the totality of the circumstances test. These are in bold text below. Litigation changed the start date of the rule’s effective date, including the date after which public benefit application and use are counted as factors to be considered in the totality of circumstances test to on or after February 24, 2020.^{80,81}

FACTOR	CONSIDERATIONS	WEIGHTING FACTORS
Age	Whether the noncitizen is younger than 18 or older than 61.	<ul style="list-style-type: none"> • POSITIVE if between 18 and 61. • NEGATIVE if younger than 18 or older than 61.
Health	Whether the noncitizen has a medical condition that is likely to require extensive medical treatment or institutionalization or will interfere with their ability to provide and care for themselves, to attend school, or to work.	<ul style="list-style-type: none"> • NEGATIVE if there is such a condition.
Family Status	The noncitizen’s household size and whether the household size makes the noncitizen more likely than not to become a public charge at any time.	<ul style="list-style-type: none"> • POSITIVE if the household’s income assets and resources are sufficient for a household of that size under the asset, resource and financial status test. • NEGATIVE if the household’s income assets and resources are not sufficient for a household of that size under the asset, resource and financial status test.
Assets, Resources, and Financial Status (Whether a noncitizen’s assets, resources and financial status make the citizen more likely than not to become a public charge at any time in the future.)	<p>Annual gross household income and additional income from outside the household.</p> <p>Sufficient household assets and resources (that can be converted into cash within 12 months) if household income is below 125 percent FPL (100 percent FPL for active duty in the armed forces).</p>	<ul style="list-style-type: none"> • POSITIVE if at least 125 percent of the Federal Poverty Level (FPL); NEGATIVE if below. • HEAVILY WEIGHTED NEGATIVE if unable to demonstrate employment, employment history, or reasonable prospects of employment. • HEAVILY WEIGHTED POSITIVE if work income above 250 percent of FPL. <p>POSITIVE if:</p> <ul style="list-style-type: none"> • At least 3 times the difference between total household income and relevant percent FPL for spouse or child of U.S. citizen. • At least the difference between total household income and relevant percent FPL for certain individuals in the process of being adopted. • At least 5 times the difference between total household income and relevant percent FPL for all other noncitizens.

(continued)

(continued)

FACTOR	CONSIDERATIONS	WEIGHTING FACTORS
Assets, Resources, and Financial Status (continued)	<p>Whether the noncitizen has sufficient household assets and resources to pay for reasonably foreseeable medical costs related to a medical condition as described under the Health factor.</p> <p>Whether the noncitizen has financial liabilities.</p> <p>Whether the noncitizen has previously applied for, received or was certified or approved to receive a public benefit.</p>	<ul style="list-style-type: none"> • HEAVILY WEIGHTED POSITIVE if the noncitizen has private health insurance excluding insurance considered a public benefit under 8 CFR 212.21(b) and insurance for which the noncitizen receives subsidies in the form of premium tax credits under the Patient Protection and Affordable Care Act. • HEAVILY WEIGHTED NEGATIVE if the noncitizen has been diagnosed with a medical condition under the health factor, and is uninsured, and lacks the prospect of obtaining insurance or sufficient resources to pay for reasonably foreseeable medical costs. • NEGATIVE if the noncitizen's credit history, credit score, and other evidence show financial liabilities. • NEGATIVE if the noncitizen applied for or received a fee waiver for an immigration benefit request. • NEGATIVE if the noncitizen applied for or received any public benefit as defined in 8 CFR 212.21(b) on or after February 24, 2020, or disenrolled or requested to be disenrolled from such benefit(s). • HEAVILY WEIGHTED NEGATIVE if the noncitizen has been certified or approved to receive one or more public benefits for more than 12 months in the aggregate within any 36-month period prior to the application for admission or adjustment of status on or after February 24, 2020.
Education and Skills (Whether the noncitizen has adequate education and skills to either obtain or maintain lawful employment with an income sufficient to avoid being more than likely than not to become a public charge.)	<p>Whether the noncitizen has an employment history shown through income listed on the last 3 years of the noncitizen's tax transcripts from the IRS or other credible evidence.</p> <p>Whether the noncitizen has a high school diploma or a higher education degree.</p> <p>Whether the noncitizen has any occupational skills, certifications or licenses.</p> <p>Whether the noncitizen is proficient in English or other languages in addition to English.</p> <p>Whether the noncitizen is a primary caregiver as defined in 8 CFR 212.21(f) such that they lack an employment history or are not current employed, or not employed full time.</p>	<ul style="list-style-type: none"> • HEAVILY WEIGHTED NEGATIVE if the noncitizen is not a full-time student and is authorized to work, but is unable to demonstrate current employment, recent employment history or a reasonable prospect of future employment. • HEAVILY WEIGHTED POSITIVE if the noncitizen is authorized to work and is currently employed in a legal industry with an annual income above 250 percent FPL. • NEGATIVE if the noncitizen does not have a high school diploma, or its equivalent, other education or a higher education degree. • POSITIVE if the noncitizen has occupational skills, certifications or licenses. • NEGATIVE if familiarity with English is not sufficient to enter the job market. • USCIS will on an individual basis take into consideration the role of a primary caregiver as part of the Education and Skills factor.
Prospective immigration status and expected period of admission	<p>DHS will consider the immigration status that the noncitizen seeks and the expected period of admission as it relates to the noncitizen's ability to financially support themselves during the length of stay.</p>	<ul style="list-style-type: none"> • HEAVILY WEIGHTED NEGATIVE if the noncitizen was previously found inadmissible or deportable on public charge grounds.
Affidavit of Support (required for family-sponsored immigrants and employment-based immigrants petitioned by a relative)	<p>Sponsor's annual income, assets and resources.</p> <p>Sponsor's relationship to the noncitizen and whether the sponsor lives with the noncitizen.</p> <p>Whether the sponsor has submitted an affidavit of support for other individuals.</p>	<ul style="list-style-type: none"> • NEGATIVE if the sponsor is unwilling or unable to financially support the noncitizen.

APPENDIX C: METHODOLOGY FOR ESTIMATES

To calculate the impact of the public charge rule on MassHealth and SNAP enrollment and on SNAP benefits, we took four key steps: (1) we examined the literature to estimate the “chill effect percentage” (the percentage of individuals currently on MassHealth and/or SNAP who would forgo or disenroll from MassHealth as a result of the public charge rule); (2) we selected noncitizen and mixed-status households as the base unit to apply the chill effect percentage (as opposed to, for example, the broader base of foreign-born households or the more narrow base of noncitizen individuals); (3) we estimated the number of people in noncitizen and mixed-status households receiving SNAP and MassHealth in Massachusetts; and (4) we applied the chill effect percentage to our estimates for the number of people in noncitizen and mixed-status households receiving SNAP and MassHealth.

Below, we describe each of these steps in further detail.

Please note, our estimates rely on the American Community Survey (ACS)—an annual survey conducted by the United States Census Bureau in which it contacts 3.5 million households across the country. The United States Census Bureau publishes a public use microdata sample (PUMS) for every state. The ACS measures health insurance and food stamp coverage as a “point in time” measure, meaning that it only captures those households with benefits at the point of time of the survey. Since our methodology does not include individuals who were not enrolled in benefits at the time of the survey but who enrolled at some point in the year, it may underestimate effect.

In addition, it is also important to note that our estimates for the public charge’s impact on enrollment in MassHealth and SNAP in Massachusetts are based on national studies and not based on the experience so far in Massachusetts. There is inherent uncertainty in any estimate, and ultimately the impact in Massachusetts could be smaller—or larger—than our estimates. These estimates also do not account for strategies that are taking place within some states, including in Massachusetts, to try to mitigate the impact of public charge on enrollment in MassHealth, SNAP and other public benefit programs—including intensive outreach and education in immigrant communities.

1. Estimating the chill effect percentage for the final public charge rule.

In order to identify the percentage of (1) individuals currently on MassHealth who would forgo or disenroll from MassHealth as a result of the public charge rule; and (2) individuals currently on Supplemental Nutrition Assistance Program (SNAP) who would forgo or disenroll from SNAP as a result of the public charge rule, we looked at past studies of similar policies already enacted and studies of effects of the proposed public charge rule.

In 1996, federal welfare legislation restricted public benefit eligibility for some immigrants. As a result of that legislation, many other immigrants disenrolled from health care and food stamp coverage even though they were still eligible for those benefits. A number of studies were published examining this chill effect of that welfare legislation on noncitizen and mixed-status households.⁸²

Last year, two studies found preliminary evidence of a decline in public benefit enrollment for immigrants. One, a nationally representative study, found one in seven nonelderly adults in immigrant families reported forgoing benefits because of the public charge.⁸³

Based on these studies, the Kaiser Family Foundation, the UCLA Luskin School of Public Affairs, the Fiscal Policy Institute, and the Children’s Partnership use a range of 15–35 percent to estimate the chill effect of the public charge rule on Medicaid enrollment.⁸⁴ The Fiscal Policy Institute and the Children’s Partnership used a range of 15–35 percent to estimate the chill effect of the public charge rule on SNAP enrollment.⁸⁵

2. Selecting noncitizen and mixed-status households as the base unit to apply the chill effect percentage.

Studies and estimates of the chill effect use a variety of population types to which the chill effect percentage applies. Many reports use foreign-born individuals and their families, for example. We used the smaller number of noncitizens and their fellow household members. Several studies show that household members, even citizens and others not subject to the public charge rule, disenroll or forgo benefits due to public charge rule and similar policies.

3. Estimating the number of people in noncitizen and mixed-status households receiving SNAP and MassHealth in Massachusetts.

Estimating the number of people in Massachusetts who are “foreign born.” We found the number of U.S. Census respondents in the Massachusetts section of the 2014–2018 public use microdata sample from the American Community Survey (ACS PUMS) who reported being foreign born, and used the ACS PUMS person weights to estimate the total number of foreign-born individuals in Massachusetts.

Estimating the number of people in Massachusetts who are in noncitizen and mixed-status households. We identified the household serial number for each 2014–2018 ACS PUMS respondent who reported being a noncitizen. We then identified individuals using that set of household serial numbers and used ACS PUMS person weights to estimate the number of people in Massachusetts who are in noncitizen and mixed-status households.

Estimating the number of Massachusetts noncitizen and mixed-status households receiving MassHealth benefits. We identified U.S. Census respondents in the Massachusetts section of the 2014–2018 ACS PUMS who reported being enrolled in “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability” and who were in a noncitizen or mixed-status household (see above for the methodology identifying noncitizen and mixed-status households). We then used person weights to estimate the number of Massachusetts noncitizen and mixed-status households on MassHealth.

Not all public health insurance is defined as a public benefit in the public charge rule: CHIP, emergency Medicaid, and Medicaid provided to pregnant women and children are excluded. However, given the earlier experience of otherwise eligible immigrants forgoing benefits following welfare reform, and early data showing households forgoing benefits even when no one in the household would be subject to the rule, we decided to apply the 15–35 percent chill effect estimate across the ACS Medicaid, CHIP, and other public health insurance coverage for people with low incomes or disabilities.

Estimating the number of Massachusetts noncitizen and mixed-status households on SNAP. We identified the household serial number for each 2014–2018 ACS PUMS household who reported food stamps receipt. We then identified individuals using that set of household serial numbers and who were in Massachusetts noncitizen or mixed-status households (see above for the methodology identifying noncitizen and mixed-status households). We then used person weights to estimate the number of Massachusetts noncitizen and mixed-status households on SNAP.

4. Applying the chill effect percentage to our estimates for the number of people in noncitizen and mixed-status households in SNAP and MassHealth.

Applying the chill effect percentage to noncitizen and mixed-status households. We applied the chill effect percentages (see above) to the estimated number of noncitizen and mixed-status households on SNAP and to the estimated number of noncitizen and mixed-status households on MassHealth to arrive at our estimates of avoidance or disenrollment from MassHealth and SNAP.

Note that this methodology is different than our November 2018 brief on public charge, which used Manatt’s analysis of ACS PUMS 2012–2016 data to find noncitizen and mixed-status households in Massachusetts under 125 percent of the federal poverty level (FPL) as the potentially chilled population.⁸⁶

Estimating the amount of reduced SNAP benefits. Retailer redemptions of SNAP in Massachusetts totaled \$1.16 billion in 2018. Since 20.9 percent of SNAP households include noncitizens, we took 21 percent of the \$1.16 billion in total retailer redemptions of SNAP in Massachusetts to approximate the SNAP redemptions that are attributable to non-citizen and mixed-status households (\$243,000,000.) Applying the chill effect percentage of 15–35 percent to this amount, we estimate that the amount of reduced retailer redemptions (and reduced SNAP benefits used) as \$36–\$85 million.⁸⁷

ENDNOTES

- 1 United States Department of Homeland Security. [Inadmissibility on Public Charge Grounds \(Final Rule\)](#), 84 Fed. Reg. 41,292 (August 14, 2019), promulgated at 8 CFR 212.20–212.23. See also the 2018 proposed rule, United States Department of Homeland Security. [Inadmissibility on Public Charge Grounds \(Proposed Rule\)](#), 83 Fed. Reg. 51,114 (October 10, 2018).
- 2 United States Citizenship and Immigration Services. 2020. [USCIS Announces Public Charge Rule Implementation Following Supreme Court Stay of Nationwide Injunction](#). There are still pending court cases that may affect the public charge rule’s status in the future. As of the date of this publication, the rule is in force in Massachusetts.
- 3 *Refugee* is defined as a person outside his or her country of nationality who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. *Asylee* is defined as a person who meets the definition of refugee and is already present in the United States or is seeking admission at a port of entry. *Naturalization* confers U.S. citizenship upon foreign nationals who have fulfilled the requirements Congress established in the Immigration and Nationality Act (INA). After naturalization, foreign-born citizens enjoy nearly all of the same benefits, rights, and responsibilities that the Constitution protects for native-born U.S. citizens, including the right to vote. Sources: <https://www.dhs.gov/immigration-statistics/naturalizations>; <https://www.dhs.gov/immigration-statistics/refugees-asylees>.
- 4 Authors’ analysis of 5-year American Community Survey Public Use Microdata Sample 2014–2018.
- 5 Kaiser Family Foundation. [State Health Facts: Population Distribution by Citizenship Status \(2018\)](#).
- 6 Manatt. 2018. [Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard](#) (featuring Manatt analysis of 2012–2016 5-year American Community Survey Public Use Microdata Sample)
- 7 Section 212(a)(4) of the Immigration and Nationality Act, codified at 8 USC 1182(a)(4).
- 8 United States Department of Homeland Security. [Inadmissibility on Public Charge Grounds \(Final Rule\)](#), 84 Fed. Reg. 41,292 (August 14, 2019).
- 9 In the past, receipt of long-term services through Medicaid would be considered.
- 10 Most categories of authorized immigrants (i.e., most lawful permanent residents) are not eligible for public benefits for a number of years.
- 11 Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephan Zuckerman. 2019. [One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018](#).
- 12 See Marylou Sudders, Secretary, Massachusetts Executive Office of Health and Human Services. [Comment on Proposed Public Charge Admissibility Rule](#) (December 10, 2018); Declaration of Leighton Ku in *La Clinica De La Raza v. Trump*, (N.D. Calif.).
- 13 Pam Fessler. 2019. [Advocates Try to Help Migrants Navigate Trump Public Charge Rule](#). NPR News. Marylou Sudders, Secretary, Massachusetts Executive Office of Health and Human Services. 2018. [Comment on Proposed Public Charge Admissibility Rule](#).
- 14 See, e.g., Rojas, Leslie Berestein. [Thousands of LA Immigrant Families Are No Longer Enrolled in Public Benefits. A Pending Trump Rule Could be Why](#); Baumgaertner, Emily. 2018. [Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services](#). *New York Times* (March 6, 2018).
- 15 Author communication with Health Care For All, February 2020.
- 16 Kimball, Sarah and David Opp. [The Public Charge Rule for Immigrants and the Hidden Impact on Public Health](#). HealthCity (July 12, 2019).
- 17 Commonwealth of Massachusetts Office of the State Auditor. 2019. [Executive Office of Health and Human Services—Barriers to Access to Public Benefits for the Period July 1, 2015, Through December 31, 2017](#). (“According to WIC providers, some participants say they choose not to purchase the groceries that have already been loaded onto their WIC electronic benefit transfer cards because they fear becoming public charges. WIC providers said that they tried to explain to participants that WIC was not part of the proposed rule and that participation in the program would not result in a beneficiary being considered a public charge. Despite providers’ best efforts, many applicants and participants remain concerned about how the proposed changes might negatively affect their immigration status.”)
- 18 Tolbert, Jennifer, Samantha Artiga, and Olivia Pham. 2019. [Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients](#).
- 19 Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephan Zuckerman. 2019. [One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018](#).
- 20 Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephan Zuckerman. 2019. [One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018](#).
- 21 Kaushal, Neeraj and Robert Kaestner, “Welfare Reform and Health Insurance of Immigrants,” *Health Services Research*, 40(3), (June 2005) (measuring the increased uninsured rate among low-educated, foreign-born, unmarried women after welfare reform); Kandula, Namratha R, Colleen M. Grogan, Paul J. Rathouz, and Diane S. Lauderdale. “The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants,” *Health Services Research*, 39(5), (October 2004) (measuring Medicaid enrollment among low-income immigrants after welfare reform); Genser, Jenny. 1999. [Who Is Leaving the Food Stamp Program: An Analysis of Caseload Changes From 1994 to 1997](#). United States Department of Agriculture (finding a 41 percent reduction in food stamp enrollment among all legal immigrants and a 37% reduction in food stamp enrollment among U.S. citizen children in families with a noncitizen parent); Fix, Michael and Jeffrey S. Passel. 2002. [The Scope and Impact of Welfare Reform’s Immigrant Provisions](#). Urban Institute (January 2002) (finding a 60 percent reduction in food stamp use by refugees following welfare reform, despite the fact that refugee eligibility was not affected); Batalova, Jeanne, Michael Fix, and Mark Greenburg. 2018. [Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families’ Public Benefits Use](#). Migration Policy Institute (June 2018) (reviewing the literature on welfare reform’s effect on public benefit use by still-eligible immigrants); and Artiga, Susannah, Rachel Garfield, and Anthony Damico. 2019. [Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage](#). Kaiser Family Foundation (September 2019) (reviewing literature on welfare reform’s effects on public benefit use and selecting a chill effect percentage range of 15–35 percent for Medicaid for noncitizen families); Fiscal Policy Institute. 2018. [Only Wealthy Immigrants Need Apply](#) (Applying estimated chill effects of 15–35 percent to Medicaid and food stamps).
- 22 Artiga, Susannah, Rachel Garfield, and Anthony Damico. 2019. [Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage](#). Kim, Grace, Renee Lahey, Marcus Silva, and Sean Tan. 2019. [Public Charge: Reducing the Chilling Effects on Medi-Cal Participation Due to](#)

- the 2018 Proposed public charge rule (2019). Kaiser Family Foundation (September 2019) (reviewing literature on welfare reform's effects on public benefit use and selecting a chill effect percentage range of 15–35 percent for Medicaid for noncitizen families); Fiscal Policy Institute. 2018. [Only Wealthy Immigrants Need Apply](#) (Applying estimated chill effects of 15–35 percent to Medicaid and food stamps); The Children's Partnership and kidsdata.org. 2018. [Potential Effects of Public Charge Changes on California Children](#).
- 23 Fiscal Policy Institute. 2018. [Only Wealthy Immigrants Need Apply](#) (Applying estimated chill effects of 15–35 percent to Medicaid and food stamps).
 - 24 The Department of Homeland Security estimated 8,800 would disenroll from housing subsidies based on the estimated number of families who would attempt to adjust status in a given year (but not taking into account any chill effect). This number has been described by housing experts as low. [Declaration of Ryan Allen, Ph.D., Make the Road New York v. Cuccinelli \(S.D.N.Y.\)](#).
 - 25 UMass Medical School Commonwealth Medicine and BCBSMA Foundation. 2019. [MassHealth: The Basics—Facts and Trends](#).
 - 26 UMass Medical School Commonwealth Medicine and BCBSMA Foundation. 2019. [MassHealth: The Basics—Facts and Trends](#).
 - 27 White House Council of Economic Advisers. 2015. [Long-Term Benefits of the Supplemental Nutrition Assistance Program](#). Executive Office of the President of the United States.
 - 28 Economic Research Service, United States Department of Agriculture. 2018. Key Statistics & Graphics.
 - 29 Food Research & Action Center. 2017. [Hunger and Health—The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being](#).
 - 30 Cook, John and Ana Poblacion. [An Avoidable \\$2.4 Billion Cost: The Estimated Health-Related Costs of Food Insecurity and Hunger in Massachusetts](#). Children's HealthWatch and the Greater Boston Food Bank.
 - 31 Mabli, James, Jim Ohls, Lisa Dragoset, Laura Castner, and Betsy Santos. 2013. [Measuring the Effect of Supplemental Nutrition Program \(SNAP\) Participation on Food Security](#). U.S. Department of Agriculture, Food, and Nutrition Service (August 2013).
 - 32 Tolbert, Jennifer, Samantha Artiga, and Olivia Pham. 2019. [Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients](#).
 - 33 Tolbert, Jennifer, Samantha Artiga, and Olivia Pham. 2019. [Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients](#).
 - 34 Tolbert, Jennifer, Samantha Artiga, and Olivia Pham. 2019. [Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients](#).
 - 35 Monica Bharel, Commissioner of the Massachusetts Department of Public Health. 2018. [Comment on the Proposed Rule](#). (December 10, 2018). Accessed at <https://www.mass.gov/files/documents/2018/12/10/public-charge-DPH-public-comments.PDF>.
 - 36 Under the final rule, noncitizen children (with limited exceptions and exemptions) will be subject to a public charge determination when seeking admission to the United States or adjustment of status. DHS has defined public benefits to exclude benefits received for an emergency medical condition and specific benefits provided to children including Medicaid/CHIP for individuals under 21 years old, Medicaid funded services provided under the with Disabilities Education Act (IDEA), and school-based services or benefits provide to children under 21. United States Department of Health and Human Services. United States Department of Homeland Security. [Inadmissibility on Public Charge Grounds \(Final Rule\)](#), 84 Fed. Reg. 41,292, 41,371, 41,501–41,502 (August 14, 2019).
 - 37 8 CFR 212.21
 - 38 Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephan Zuckerman. 2019. [One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018](#).
 - 39 American Academy of Pediatrics. [Immigrant Child Health Toolkit: Key Facts](#).
 - 40 Bovell-Ammon, Allison, Stephanie Ettinger de Cuba, Sharon Coleman, Nayab Ahmad, Maureen M. Black, Deborah A. Frank, Eduardo Ochoa, Jr., and Diana B. Cutts. 2019. "Trends in Food Insecurity and SNAP Participation among Immigrant Families of U.S.–Born Young Children." *Children* 6(4): 55.
 - 41 American Academy of Pediatrics. [Immigrant Child Health Toolkit: Key Facts](#).
 - 42 Wagnerman, Karina, Alisa Chester, and Joan Alker. 2017. [Medicaid Is a Smart Investment in Children](#). Georgetown University Center for Children and Families, citing D. Brown, A. Kowalski, and I. Lurie, "Medicaid as an Investment in Children: What Is the Long Term Impact on Tax Receipts?" National Bureau of Economic Research, (January 2015).
 - 43 Cohodes, Sarah, Daniel Grossman, Samuel Kleiner, and Michael F. Lovenheim. 2016. [The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions](#). National Bureau of Economic Research.
 - 44 Brown, David, Amanda E. Kowalski, and Ithai Z. Lurie. 2015. [Medicaid as an Investment in Children: What Is the Long-Term Impact on Tax Receipts?](#) National Bureau of Economic Research.
 - 45 Gundersen, Craig and James P. Ziliak. 2015. "Food Insecurity and Health Outcomes." *Health Affairs* 34(11): 1830–1839. Ettinger de Cuba, Stephanie, et al. 2019. "Loss of SNAP Is Associated With Food Insecurity and Poor Health in Working Families With Young Children." *Health Affairs* 38(5): 765–773.
 - 46 Ettinger de Cuba, Stephanie, et al. 2019. "Young Children's Health, and Family Food Security and Healthcare Access." *American Journal of Preventive Medicine* 57(4): 525–532. Gundersen, Craig and James P. Ziliak. 2015. "Food Insecurity and Health Outcomes." *Health Affairs* 34(11): 1830–1839.
 - 47 Brooks, Tricia, Edwin Park, and Lauren Roygardner. 2019. [Medicaid and CHIP Enrollment Decline Suggests the Child Uninsured Rate May Rise Again](#). Georgetown University Center for Children and Families.
 - 48 Ziliak, James and Craig Gundersen. 2017. [The Health Consequences of Senior Hunger in the United States: Evidence From the 1999–2014 NHANES](#). Feeding America. August 2017.
 - 49 Ziliak, James and Craig Gundersen. 2017. [The Health Consequences of Senior Hunger in the United States: Evidence From the 1999–2014 NHANES](#). Feeding America. August 2017.
 - 50 Bengle, Rebecca, Stephanie Sinnett, Tommy Johnson, Mary Ann Johnson, Arvine Brown, and Jung Sun Lee. 2010. "Food insecurity is associated with cost-related medication non-adherence in community-dwelling, low-income older adults in Georgia." *Journal of Nutrition for the Elderly* 29(2):170–191.

- 51 Berkowitz, Seth A., Sanjay Basu, James B. Meigs, and Hilary K Seligman. 2018. "Food Insecurity and Health Care Expenditures in the United States, 2011–2013." *Health Services Research*. 53(3):1600–1620.
- 52 Brucker, Debra L. 2017. "The Association of Food Insecurity With Health Outcomes for Adults With Disabilities." *Disability and Health Journal* 10(2): 286–293.
- 53 Brucker, Debra L. 2017. "The Association of Food Insecurity With Health Outcomes for Adults With Disabilities." *Disability and Health Journal* 10(2): 286–293.
- 54 United States Department of Homeland Security. *Inadmissibility on Public Charge Grounds (Final Rule)*, 84 Fed. Reg. 41,292, 41,371 (August 14, 2019).
- 55 United States Department of Homeland Security. *Inadmissibility on Public Charge Grounds (Final Rule)*, 84 Fed. Reg. 41,292, 41,501–41,502 (August 14, 2019), promulgated as 8 CFR 212.21.
- 56 Fuentes-Afflick, Elena, et al. 2006. "Use of Prenatal Care by Hispanic Women after Welfare Reform," *Obstetrics and Gynecology* 2006; 107:e151–160. (Finding that documented immigrants in New York were nearly twice as likely to have inadequate use of prenatal care as US born citizens in New York.)
- 57 Massachusetts Department of Public Health, Bureau of Family Health and Nutrition. March 2019. *Massachusetts Pregnancy Risk Assessment Monitoring System (PRAMS) 2012–2016 Surveillance Report*.
- 58 Commonwealth of Massachusetts Office of the State Auditor. 2019. *Executive Office of Health and Human Services—Barriers to Access to Public Benefits for the Period July 1, 2015, Through December 31, 2017*; Perreira, Krista M., Hirokazu Yoshikawa, and Jonathan Oberlander. 2018. *A New Threat to Immigrants' Health—The Public Charge Rule*. *NEJM (Perspective)* 379:901–903 (September 6, 2018) ("Lower rates of insurance coverage would reduce the use of prenatal and postnatal care and could therefore lead to higher rates of low birth weight, infant mortality, and maternal morbidity."); Tucker, W.; Zachary, C. 2020. "Medicaid Coverage for Pregnant Women: A Pathway to Healthy Outcomes for Moms and Children." *North Carolina Medical Journal*, 81(1):51–54. ("Immigrant mothers concerns about maintaining their lawful immigration status may now be afraid to claim public benefits to which they are entitled."); Fuentes-Afflick, Elena, et al. 2006. *Use of Prenatal Care by Hispanic Women After Welfare Reform*. *Obstetrics and Gynecology* 107(1): 151–160 (January 2006). (Finding that welfare reform correlated with inadequate use of prenatal care by Hispanic women in California, Florida, and New York).
- 59 Miller, Sarah and Laura Wherry. 2015. *The Long-Term Health Effects of Early Life Medicaid Coverage*.
- 60 Almond, Douglas, Hilary W. Hoynes, and Diane Whitmore Schanzenbach. 2011. "Inside the War on Poverty: The Impact of Food Stamps on Birth Outcomes." *Rev. Econ. Stat.* 93(2):387–403.
- 61 Batalova, Jeanne and Michael Fix. 2019. *Credentials for the Future: Mapping the Potential for Immigrant-Origin Adults in the United States*. Migration Policy Institute.
- 62 Batalova, Jeanne and Michael Fix. 2019. *Credentials for the Future: Mapping the Potential for Immigrant-Origin Adults in the United States*. Migration Policy Institute.
- 63 Zallman, Leah, Karen E. Finnegan, David U. Himmelstein, Sharon Tuow, and Steffie Woolhandler. 2019. "Care for America's Elderly and Disabled People Relies on Immigrant Labor." *Health Affairs* 38(6).
- 64 See Massachusetts Long-Term Care Financing Advisory Committee. Long-Term Care Financing Advisory Committee. 2010. *Securing the Future: Report of the Massachusetts Long-Term Care Financing Advisory Committee*. Anthony, Stephanie, Keith Nevitt, Carol Raphael. 2016. "Long-Term Services and Supports: Achieving a New Vision for MassHealth."
- 65 PHI. 2019. *Workforce Data Center: Massachusetts*.
- 66 UMass Donahue Institute. *Long-Term Population Projections for Massachusetts Regions and Municipalities*.
- 67 Zallman, Leah, Karen E. Finnegan, David U. Himmelstein, Sharon Tuow, and Steffie Woolhandler. 2019. "Care for America's Elderly and Disabled People Relies on Immigrant Labor." *Health Affairs* 38(6). LeadingAge. 2007. *The Long-Term Care Workforce: Can the Crisis be Fixed?*
- 68 PHI. 2019. *Workforce Data Center: Massachusetts*.
- 69 Mann, Cindy, April Grady, and Allison Orris. 2018. *Medicaid Payments at Risk for Hospitals Under the Public Charge Proposed Rule*. Manatt.
- 70 Mann, Cindy, April Grady, and Allison Orris. 2018. *Medicaid Payments at Risk for Hospitals Under the Public Charge Proposed Rule*. Manatt.
- 71 Massachusetts League of Community Health Centers. *Community Health Centers: Overview*.
- 72 The top five census areas with the highest proportion of Massachusetts residents who are foreign born all include cities with community health centers. Author analysis of 2014–2018 ACS PUMS and the Massachusetts League of Community Health Centers CHC finder website.
- 73 Peter Shin, Jessica Sharac, Sara Rosenbaum, and Maria Vlasquez. 2019. *Blog: How Will the Public Charge Rule Affect Community Health Centers and the Communities They Serve? (Updated Estimates)*. Updating Ku, Leighton, Jessica Sharac, Rachel Gunsalus, Peter Shin, and Sarah Rosenbaum. 2018. *Policy Issue Brief 55: How Could the Public Charge Proposed Rule Affect Community Health Centers?* Geiger Gibson/RCHN Community Health Foundation Research Collaborative. Note: This study uses a slightly different methodology than the chill estimates cited in the rest of this report. For example, it applies a 6–18 percent disenrollment rate for immigrant family members.
- 74 Peter Shin, Jessica Sharac, Sara Rosenbaum, and Maria Vlasquez. 2019. *Blog: How Will the Public Charge Rule Affect Community Health Centers and the Communities They Serve? (Updated Estimates)*. Updating Ku, Leighton, Jessica Sharac, Rachel Gunsalus, Peter Shin, and Sarah Rosenbaum. 2018. *Policy Issue Brief 55: How Could the Public Charge Proposed Rule Affect Community Health Centers?* Geiger Gibson/RCHN Community Health Foundation Research Collaborative.
- 75 United States Food and Nutrition Services. 2018 *Year-End Retail Management Report*.
- 76 Blue Cross Blue Shield of Massachusetts Foundation. 2019. *MassHealth: The Basics—Facts and Trends*.
- 77 MassHealth Delivery System Reform Incentive Payment Protocol (July 27, 2019), Exhibit 5 (p. 25). <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/MassHealth/ma-masshealth-protocol-edits-20190627.pdf>.
- 78 Section 212(a)(4) of the Immigration and Nationality Act (INA).
- 79 United States Department of Homeland Security. *Inadmissibility on Public Charge Grounds (Final Rule)*, 84 Fed. Reg. 41,292, 41,505 (August 14, 2019).
- 80 United States Citizenship and Immigration Services. 2020. *USCIS Announces Public Charge Rule Implementation Following Supreme Court Stay of Nationwide Injunction*.

- 81 There are still pending court cases that may affect the public charge rule's status in the future. As of the date of this publication, the rule is in force in Massachusetts.
- 82 Kaushal, Neeraj and Robert Kaestner, "[Welfare Reform and Health Insurance of Immigrants](#)," Health Services Research, 40(3), (June 2005) (Measuring the increased uninsured rate among low-educated, foreign-born, unmarried women after welfare reform); Kandula, Namratha R., Colleen M. Grogan, Paul J. Rathouz, and Diane S. Lauderdale. "[The Unintended Impact of Welfare Reform on the Medicaid Enrollment of Eligible Immigrants](#)," Health Services Research, 39(5), (October 2004) (Measuring Medicaid enrollment among low-income immigrants after welfare reform); Genser, Jenny. 1999. [Who Is Leaving the Food Stamp Program: An Analysis of Caseload Changes From 1994 to 1997](#). United States Department of Agriculture (1999) (finding a 41 percent reduction in food stamp enrollment among all legal immigrants and a 37 percent reduction in food stamp enrollment among U.S. citizen children in families with a noncitizen parent); Fix, Michael and Jeffrey S. Passel. 2002. [The Scope and Impact of Welfare Reform's Immigrant Provisions](#). Urban Institute (January 2002). (finding a 60 percent reduction in food stamp use by refugees following welfare reform, despite the fact that refugee eligibility was not affected); Batalova, Jeanne, Michael Fix, and Mark Greenburg. 2018. [Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use](#). Migration Policy Institute (June 2018) (reviewing the literature on welfare reform's effect on public benefit use by still-eligible immigrants); Artiga, Susannah, Rachel Garfield, and Anthony Damico. 2019. [Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage](#). Kaiser Family Foundation (September 2019) (reviewing literature on welfare reform's effects on public benefit use and selecting a chill effect percentage range of 15–35 percent for Medicaid for noncitizen families); Fiscal Policy Institute. 2018. [Only Wealthy Immigrants Need Apply](#) (applying estimated chill effects of 15–35 percent to Medicaid and food stamps).
- 83 Bernstein, Hamutal, Dulce Gonzalez, Michael Karpman, and Stephan Zuckerman. 2019. [One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018](#).
- 84 Artiga, Susannah, Rachel Garfield, and Anthony Damico. 2019. [Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage](#). Kim, Grace, Renee Lahey, Marcus Silva, and Sean Tan. 2019. Public Charge: Reducing the Chilling Effects on Medi-Cal Participation Due to the 2018 Proposed Public Charge Rule (2019). Kaiser Family Foundation (September 2019) (reviewing literature on welfare reform's effects on public benefit use and selecting a chill effect percentage range of 15–35 percent for Medicaid for noncitizen families); Fiscal Policy Institute. 2018. [Only Wealthy Immigrants Need Apply](#) (applying estimated chill effects of 15–35 percent to Medicaid and SNAP); the Children's Partnership and kidsdata.org. 2018. [Potential Effects of Public Charge Changes on California Children](#).
- 85 Fiscal Policy Institute. 2018. [Only Wealthy Immigrants Need Apply](#) (applying estimated chill effects of 15–35 percent to Medicaid and SNAP).
- 86 Moreschi, John. 2018. [The Proposed Public Charge Rule: An Overview and Implications for Massachusetts](#). Blue Cross Blue Shield of Massachusetts Foundation (December 2018).
- 87 United States Food and Nutrition Services. [2018 Year-End Retail Management Report](#).



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