



## **Children's Health Coverage Coalition Meeting Agenda**

Friday, September 27, 2019

11:00 A.M. – 1:00 P.M.

### **Present:**

Helen Kent Davis, TMA  
Clayton Travis, TPS  
Alison Mohr Boleware, TMA  
Anne Dunkelberg, CPPP  
Nancy Walker, Harris Health System  
Alissa Sughrue, NAMI-TX

### **On Conference Line:**

Belinda Olivo, Maximus  
Crystal, Children's Health  
Natalie Saucedo, United Way of Texas  
Christina Hoppe, CHAT  
Celia Case, League of Women Voters  
Diane Rhodes, TDA  
Melissa McChesney, CPPP

Meeting Chair: Laura Guerra-Cardus, CDF

Meeting Scribe: Amanda Pouncy, CPPP

### **I. Introductions (Laura Guerra-Cardus) – Began at 11:06 AM**

### **II. Healthcare Stakeholders Meeting Debrief & Possible Gatherings in Fall/Spring Discussion (Facilitated by Laura Guerra-Cardus)**

If you missed the stakeholders meeting it is okay. We will be doing a lot in the future. This meeting was helpful for defining what our goals are and what we want to accomplish in the interim to make sure that health coverage is a priority in the next legislative session.

Some of the clear next steps that came out of it:

- Develop intentionally coordinated/aligned vision and messaging. Once we have this, the rest of our strategies can be further developed i.e. partner engagement, legislator outreach, grassroots efforts, and communications strategies.
- Explore funding options for messaging research and development for a healthcare coverage 2021 campaign that can support varying needs of a range of stakeholders and advocates.
- Identify work that needs to begin this fall by the broad stakeholder community in order to help inform our next steps regarding planning and executing an in-person gathering of healthcare stakeholders and/or other coordinating efforts.



- Explore possibilities to highlight healthcare as a key issue for 2021 during the Trib-Fest weekend.

Celia Case

Question: Is there a communication process prior to the next meeting that will let us know what we need to be doing internally in preparation for the meeting that you are going to host.

Laura Guerra-Cardus

I think you're right in thinking about this and trying to figure out what we should be doing before the end of the year. I can list some of that now:

1. **Promote the narrative that next session needs to be about healthcare coverage and access.** Go to [CoverTexasNow.org](https://CoverTexasNow.org) where Peter Clark at Texans Care for Children really spearheaded the creation of a narrative after last session about how nothing was done about healthcare coverage. This session was about education and the next should be about healthcare coverage. I think we need to harness the upset after last session when even bills that had a zero fiscal note and would have helped thousands of kids keep their healthcare coverage didn't pass. We need to use that momentum to drive the narrative that next session needs to be about healthcare coverage.
2. **Ensure conversation about the 1115 waiver include a discussion about coverage expansion.** Something to be aware of is that conversations are happening about what to do with the expiring DISRP and 1115 waiver funding. We need to encourage them to discuss coverage within those discussions. Many of the 1115 waiver conversations are about access and not coverage.
3. **Local candidates need to be asked about healthcare coverage.** That is one of the most important things that we can do. Get the local communities to ask the elected officials and candidates about healthcare coverage whether the question relates to maternal health, rural closures, or the healthcare item of your choice. If you go to the CTN website you can see some examples of questions that we would like asked. You can also sign up to receive information on future activities and needs by signing up for updates on the CTN website or [SickofitTX.org](https://SickofitTX.org).

Alison Mohr Boleware

Have we been hearing about any reasons why the coverage bills didn't move last session?

Helen Kent Davis

I think it gets associated with expansion specifically Medicaid expansion so until we get past that we are going to get hung up.

Laura Guerra-Cardus



We have gotten to the point where any time we talk about trying to improve healthcare for Texans we are meeting this issue.

Anne Dunkelberg

With the point being we are waiting for the Governor and Lt. Governor to get on board there.

Laura Guerra-Cardus

In my mind, the thing we can really do right now is flexing the public will muscle which has to happen locally. It has to happen with local officials and asking people to call their representatives. We have some actionable on #SickofitTX to have people call the Lt. Governor and ask them about the new Census numbers showing even worse coverage for Texans.

We also have a meeting with HHSC to discuss what they might tell legislators related to the much smaller fiscal note on the Children's Health Coverage bill. Additionally, we had a meeting with Brian LaCrosse in Kolkurst's office and they thought that Children's coverage was moving in the House so they didn't prioritize it in the Senate. They also didn't have a clear understanding of the issue. They heard paperwork errors and said, "Let's just fix the errors." So, now we are calling them paperwork traps instead so that people understand we created a situation where parents don't have enough time to complete the paperwork.

### **III. Nov 9th-10th #SickofitTX Block Walks for Health Care (Laura Guerra-Cardus)**

I want everyone to leave here today thinking about Block Walks for Healthcare on November 9<sup>th</sup> and 10<sup>th</sup>. We are inviting everyone to host an event and we will provide training. This is our signature kickoff event for our grassroots campaign. We hope the headlines will read - Texas voters want healthcare to be a priority for candidates; 15,000 doors were knocked on for Texas healthcare this weekend. To knock on 15,000 doors we need to recruit 250 advocates. We are trying to make sure that we have small groups in areas outside of our big cities like Tyler, Amarillo, the valley, and El Paso.

There are really important sub reasons for this: it's a story collection opportunity, we can get a lot of media coverage, and the actual block walks will be very helpful.

When we knock on doors we will ask 3 questions: 1) Are you insured? 2) Is your child insured? 3) What do you do when you get sick? Some follow up questions could occur here as well which can help us to better understand these stories and share them with others. We want to make sure that we are using these to help intensity the need for health care coverage in Texas.

If you go on your phone and look at sickofitx.com you can see a geo map of where all of these events are already happening. Encourage people to go to events that are already happening but also host their own events.



I invite everyone to go to the website to go and look at our website. If you go to the resources tab you can download flyers both in color and black and white to be used to promote #SickofitTX as well as the events.

Crystal

Is it possible to get the contact information for the Dallas event? It doesn't show on the website and I would really like to be able to coordinate with them and know who they are.

Laura Guerra-Cardus

I will absolutely email the contact information to the CHCC coalition so that we can get that information out to you.

Crystal

The reason I ask is because I think it might be helpful to know what these organization's target is and to be able to maybe pool their volunteers and try to see if we can get them to block walk in other areas.

Laura Guerra-Cardus

I love that idea. If your organization has something they would like to do as an outreach event you can use that instead of a block walk - for example, a health fair could be used as an opportunity to collect stories and ask those questions - you don't have to block walk. We will take any type of event.

Nancy Walker

Okay, so it looks like the Austin event is a rally because it shows the location as the capitol.

Laura Guerra-Cardus

That's good information to have, but that is actually not what is happening. We just have not defined where the neighborhoods are and we have to put a temporary location in its place. If you sign up for information on the website, we will send out location information once we have it.

Please go to the #SickofitTX website and if you don't like something or don't think it makes sense please email me so that I can fix it. Also, join your local Facebook group. If you can share why you care about healthcare in the Facebook group.

Helen Kent Davis

So, it's November 9<sup>th</sup> and 10<sup>th</sup>, so is it both days or do they just pick one?

Laura Guerra-Cardus



That is correct. They can pick one or both. So, Austin picked Saturday and the other cities chose Sunday. It is a 4 hour event. So, say if you have 5 friends and you knock on 20 doors an hour that is 400 doors. During the block walk debrief we will be asking, what you learned, what you think we can do about it. We want these groups to work together and build leadership in each community.

#### **IV. 2018 Census Numbers on Health Coverage in Texas (Anne Dunkelberg)**

Most of you are aware that we had 2 releases from the census and one of them was yesterday. Most of you know that the uninsured rate for adults got worse in Texas. Then, nationally the uninsured rates got worse for children for the first time in a few years and for the second year in a row in Texas.

[See Key Points of Texas Uninsured Handout]

One of the things we have always done at CPPP is to take out the data from the non-U.S. citizens and that is a mixture of undocumented and lawfully present because Texas does not differentiate.

Crystal

How important is it to consider the undercount when we are looking at these numbers? What can we do as providers to address this?

Anne

At the last meeting we had a discussion about undercounts and I did send that. So I then reached out to health care providers and I only got one reply, dear Clayton. It is absolutely the case that if we have an undercount we've got a number too small in the denominator and then these Medicaid dollars. That is not a favorable match. I will be in touch soon to try to coordinate with you all about how providers can promote the census.

#### **V. Interim Charge Discussion -- House and Senate Updates (Adriana Kohler, Clayton Travis, Laura Guerra-Cardus)**

Laura Guerra-Cardus

I think we went over the House updates last meeting. Maybe the most interesting thing about it is that Davis' office tried to pepper in our proposals into as many of the committees that they are a part of and that was nice.

I don't have the full list of the Senate but we met with 5-6 of the members from the key committees. We met with Sen. Taylor's office. They submitted over 80 interim charges and so when we went to them they said that ours probably wouldn't make the top 10. They were really interested in knowing if there was data out there about children who are not graduating and they



suggested putting together a fact sheet as that would probably be the best way to get their attention on that issue. One of the things they focused on was that the fastest growing population of children who are not graduating are the ones who are not able to access food. So they were wanting more research on how the lack of health coverage relates to education.

Then in Sen. Watson's office they mentioned health education in schools so maybe diabetes or something of that nature.

The meeting with Sen. Perry was quite interesting. (Note: All of these are with the staff not the senators.) They are interested in using some voucher system instead of Medicaid. They are looking at putting some health care reform group together but they want to keep it small. They want to use it to probably explore some not so great ideas, but it could be an opportunity to insert some good ideas. This means he is thinking about health care reform which we want to assume includes providing coverage to people. So there is leadership emerging here.

Sen. Lucio's staff does believe the next sessions should be about health care coverage.

Kolkhorst's staff believes there will be an interim charge on 1115, 1332, maternal health should all be on the final list. They did mention that the fiscal notes were an issue on the Children's Health Coverage bill and there were things that they really wanted to change but there just wasn't enough time at the end of session.

## **VI. ACA Marketplace Enrollment & State of Enrollment Debrief (Facilitated by Melissa McChesney)**

I'll start with the State of Enrollment Debrief. Just a reminder that this is a conference that used be hosted by Enroll America. When they closed their doors, CPPP in partnership with Community Health Centers took it over. We had a great turn out this year with over 200 people who registered and attended. Some of those were advocates, most were enrollment. I think one of the big take aways was that if you are someone who is enrolling people you have public charge on your mind. So, we need to keep that in mind when we are sharing information about public charge. Thanks to everyone who made that happen.

[Refer to OE2020 Slides]

Just note that this is a very high level set of slides that we will be using in the future. I just want to note that I am referring to open enrollment by year because I have stopped counting what year we are on.

[Slide 2]

We have seen a decline in enrollment every year since 2016.



One of the big picture things to remember is that even though the ACA has had a lot of sabotage through this administration we really have seen a lot of people that want this coverage because it is affordable. It has proven to be resilient despite all of the issues.

[Slide 3]

Public Charge – I will leave this for Anne who is doing a great job on updating CHCC on this.

Texas Lawsuit – we got a ruling in the summer that without the individual mandate the ACA cannot stand. We expect the next ruling to come very soon, so it could come within weeks of open enrollment which could cause a big media splash. We anticipate that there will be an immediate appeal so open enrollment will still go on. We want to make sure to get an immediate response out which will likely be “nothing has changed and we will wait on a court ruling in 2020.”

Short-term Plans – Unfortunately, we were not able to get anything through during the session on this. There are still a lot of issues with people thinking that they have insurance that they just don’t have and that continues to be a problem.

Increased awareness of no tax penalty – Since the removal of the tax penalty we are now seeing people have a lack of concern about getting covered.

[Slide 4]

Please note that I did not write these I borrowed them from Young Invincibles

[Slide 5]

The biggest barrier to people getting private health coverage is cost so we need to continue to share the affordability messages.

[Slide 6]

Anne Dunkelberg

If you didn’t connect the dots from what Melissa just said, we only have 2 navigators left in the state. One is in the valley and one is the gulf coast. So there is nothing in central or north Texas. A lot of rural Texas does not have any kind of support and that is a real challenge.

## **VII. Public Charge Update (Anne Dunkelberg)**

[Refer to Public Charge Impact slides]

[Slide 5]

If we look at the past history of public charge legislation, we are seeing now that the rumors about immigrants with family members on public benefits being considered a public charge is





causing a lot of misinformation to be spread. That did not pass but we still have people thinking that is the case.

[Slide 6]

Clayton Travis

What is the likelihood and who has currently litigation related to this?

Anne Dunkelberg

There are currently 6 major lawsuits that a number of states are taking part in so we have until October 15<sup>th</sup> before this goes into effect.

[Slide 7]

The good news in this bad rule is that it clearly says that nobody else's use of public benefits is going to affect *your* immigration status. If you think about it, in Texas there is no way that anyone without a green card can even get these benefits which means that a very limited number of people will actually be effected by this. What we are instead dealing with is the myth that it is beneficial to your immigration pathway to drop your family members off of public benefits.

So we can say to the people we are working with that it is not going to help them for their family members to drop benefits. On the other hand, if this rule does take effect instead of using benefit use against the applicant they are going to use income against the applicant. So, it is still going to make it harder to get a green card but for a different reason.

[Slide 8]

We are telling assisters that they do not need to be experts in this and they can refer folks to legal aid or other agencies to support them in figuring out if they have anything to worry about.

[Slide 14]

One of the things we are trying to do is try to reach out to organizations that are trying to get the "does this rule apply to me?" question answered. Houston has a toll-free number that you can call but the other cities do not so that is something we are trying to organize.

[Slide 15]

One of the things I really want for people to understand is that we can't get upset with people because they just won't believe us. They have every reason not to trust this administration and we need to understand that.

We are hearing from assisters that they will write on the papers when they are filling out benefit information for families "not applying for themselves" next to the name of the parents. They are really trying to help these families feel comfortable knowing this.





A lot of folks are saying now that it isn't that they are worried with public charge they just don't want them to have their information. They are concerned about the government knowing where they are because of safety and concerns related to ICE raids.

[Slide 16]

CDF and CPPP are available for anyone who is looking for resources or needs help planning or training related to public charge.

Melissa McChesney

I feel like it might be useful for our group to have some internal discussions about how to align messages with legal aid. I think there are concerns with comfortable level of lawyers with some of these messages vs advocate comfort level with these messages.

Anne Dunkelberg

Yeah I think the thing we need to keep in mind is that their job is different than some of ours. Their job is to keep these people in the country and not to get them health care. We can call Medicaid and help with those issues but an attorney cannot.

Laura Guerra-Cardus

Just a recommendation, I think that we really need to use storytelling with the lawyers to help them to understand how this is important to their work. We need to help them see their role as a bit larger than their title. They don't have our experience of working with families who have high health care needs and they recommended dropping services and this is what that resulted in for the family. I don't think that is necessarily difficult but we just need to tell those stories.

Melissa McChesney

I want to acknowledge that, but this was not a typical situation. These are lawyers who are trying to be advocates and we just have questions and were not on the same page. So, some things coming up that we just need to double back on and try to figure out.

**VIII. Meeting ended at 1:00 PM**

Join the

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# Texas Kids' Uninsured Rate Still Highest In Nation & Getting Worse, According To US Census

September 26, 2019 • Cover Texas Now

*For Immediate Release*

Contact: Peter Clark, [pclark@txchildren.org](mailto:pclark@txchildren.org), 512-473-2274, Oliver Bernstein, [bernstein@cphp.org](mailto:bernstein@cphp.org), 512-289-8618

Austin - Texas has the highest uninsured rate for children in the nation and — for the second year in a row — the rate got even worse, according to data released today by the US Census Bureau. In 2018, 11.2 percent of Texas children (under age 19) lacked health insurance compared to 10.7 percent in 2017 and 9.8 percent in 2016. After Texas' 11.2 percent, the second worst rate in the nation was Alaska at 9.4 percent, followed by Arizona at 8.4 percent. The total number of uninsured children in Texas increased by over 38,000 children to 872,794 in 2018.



The nationwide uninsured rate for children also rose, reaching 5.5 percent in 2018 compared to 5.0 percent in 2017. There had been steady progress reducing the children's uninsured rate in Texas and nationwide prior to the reversal in 2016.

Today's Census Bureau announcement follows the agency's release of data two weeks ago showing that Texas has the nation's highest overall uninsured rate, for adults and children combined, rising from 17.3 percent in 2017 to 17.7 percent in 2018.

*"We are deeply concerned to see that more Texas children are missing out on the health care*



*children's health coverage must be a priority for Texas leaders."*

*"This news is definitely disturbing, but the good news is that there are clear steps that state leaders can take to make sure more Texas kids have health insurance," said Anne Dunkelberg, Associate Director of the Center for Public Policy Priorities, a member of the Cover Texas Now coalition. "One of the key steps Texas should take is removing the extra rounds of red tape that parents have to go through to keep their eligible kids enrolled in Medicaid health insurance."*

*"It's time for the alarm bells to start ringing at the Texas Capitol," said Stephanie Rubin, CEO of Texans Care for Children, a member of the Cover Texas Now coalition. "We appreciate the good steps the Legislature took this year on education, but kids also need to be healthy if you want them to do well in the classroom."*

## REASONS THE CHILDREN'S UNINSURED RATE IS RISING

The primary reason that the children's uninsured rate is increasing in Texas and nationwide is the [decline in children's enrollment](#) in Medicaid and the Children's Health Insurance Program (CHIP). There has been a steady fall in enrollment in Texas Children's Medicaid/CHIP since 2017, with participation declining from 3,404,621 in December 2017 to 3,176,182 in June 2019, a seven percent decrease, according to data from the Texas Health and Human Services Commission (HHSC).

Health coverage experts have identified three main reasons that enrollment is falling in Children's Medicaid/CHIP and leading to higher children's uninsured rates:

- Parents' fear that participation in public programs threatens their immigration status.
- Reduced funding for outreach and consumer assistance.
- Eligible children [losing Medicaid coverage due to excessive red tape](#).

It is important for Texas parents to know that they can [keep their children enrolled](#) in Medicaid, CHIP, and other programs without any penalty under the new federal Public Charge rule for green card applicants.

## THE ROLE OF THE TEXAS LEGISLATURE

During the 2019 Texas legislative session, lawmakers did not pass any legislation to





Senate did not consider the bill that included the amendment, so that measure did not become law. Advocates are calling on the Texas Legislature to pass the Children's Health Coverage bill in 2021 to require families to provide documentation once annually to confirm their children's eligibility for Medicaid. The bill would eliminate the additional mid-year red tape that has [mistakenly removed](#) eligible children from health coverage.

In addition to passing the Children's Health Coverage bill, the Texas Legislature could significantly reduce the children's uninsured rate by accepting Medicaid expansion funding from the federal government to cover uninsured low-wage adults. The experience of other states demonstrates that providing a health insurance option to parents has a "welcome mat" effect that leads to higher enrollment of children, in addition to the benefits that children experience when their parents are healthier.

A number of Texas organizations, including some members of the Cover Texas Now coalition, have launched a new [#SickOfItTX campaign](#) to ensure that health coverage is a top priority issue for candidates in 2020 and state legislators in 2021.

###



**NEXT**

**New #SickOfItTX Campaign Launches Today!**



## FIND OUR RESOURCES

### MAJOR HEALTH COVERAGE POLICY AREAS

Affordable Care Act (ACA)  
ACA Enrollment  
Medicaid  
Medicaid Expansion  
Medicaid 1115 Waiver  
Medicaid Block Grants  
Private Coverage

### HEALTH CHALLENGES AND POPULATIONS

Substance Use Disorders  
Maternal Health  
Mental Health  
Children's Health  
Immigrants' Health  
Texas Uninsured

### POLICY LEVEL

Federal policy  
State policy

### GET INVOLVED

Tools and Opportunities for  
Advocates

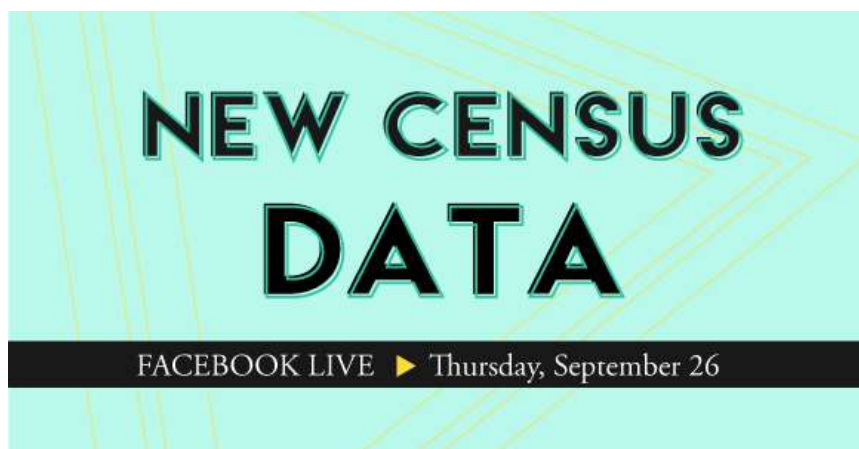
# Our Top Takeaways from the New Census Data

Home (<http://bettertexasblog.org/>) / Census

(<http://bettertexasblog.org/category/data/census/>), Data Center

(<http://bettertexasblog.org/category/data/>), Health care

(<http://bettertexasblog.org/category/health-care/>) / Our Top Takeaways from the New Census Data



This week, the U.S. Census Bureau released data from the 2018 American Community Survey (ACS). The American Community Survey estimates are released annually and allow us to track how Texans fare in areas like income, poverty, education, and healthcare. Census data is an invaluable source for helping us measure progress toward achieving a Texas where everyone is healthy, well-educated, and financially secure.

Here is our FacebookLive video

([https://www.facebook.com/bettertexas/videos/2324897121173584/?](https://www.facebook.com/bettertexas/videos/2324897121173584/?notif_id=1569521013754059&notif_t=live_video_explicit)

[notif\\_id=1569521013754059&notif\\_t=live\\_video\\_explicit](https://www.facebook.com/bettertexas/videos/2324897121173584/?notif_id=1569521013754059&notif_t=live_video_explicit)) and some of the highlights from the 2018 data:

**The median household income in Texas in 2018 was \$60,629**, meaning that half of Texas households had income above \$60,629, and half had income below. Factoring in inflation, median incomes were stagnant in 2018 compared to 2017 (\$60,649) with no significant change. Income stagnation could be a worrisome indicator for Texans, especially because not all families across the state have benefited from economic growth equally in recent years.

A large wage gap persists for women among full time, year-round Texas workers, with the **median male worker taking home over \$9,800 more than the median female worker**. That gap is even larger for households of color. White households had a median income of \$74,509, as compared to only \$45,545 for Black and \$48,175 for Hispanic households, with Asian households leading at \$87,120 – showing that not all Texans are sharing equally in our state's economic prosperity.

**Our state's poverty rate increased from 2017, up to 14.9% percent** compared to 14.7%, after years of improvement. This was a significant increase of roughly 104,000 people living in poverty, as the state population swelled from 27.7 to 28.1 million. Our poverty rate remains higher than the

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**One in every five Texas children lives in poverty**—that’s over 1.5 million kids—and children of color are disproportionately likely to live below the poverty line. The 2018 child poverty rates show that **Hispanic and Black children are three times more likely to live in family poverty in Texas than White children.** Children growing up in poverty are more likely to face challenges like housing and food insecurity, which can affect their ability to learn in school.

Living in neighborhoods with high concentrations of poverty (rates of 30 percent or more by census tract) can also have a negative impact on children. States like ours in the South and West tend to have the highest rates of children living in concentrated poverty, according to a new report released by the Annie E. Casey Foundation this week: “Children Living in High-Poverty, Low-Opportunity Neighborhoods.” (<https://www.aecf.org/resources/children-living-in-high-poverty-low-opportunity-neighborhoods/>) **Half of the Latino children living in concentrated poverty in America are in just two states: California and Texas.** While Texas saw a 21% decrease (<https://www.publicnewsservice.org/2019-09-26/childrens-issues/tx-children-living-in-high-poverty-neighborhoods-top-1-million/a67900-1>) in the rate of children living in concentrated poverty from 2013-2017 (as compared to 2008-2012), over one million remain in high-poverty neighborhoods that lack high-quality schools, accessible job opportunities, reliable transportation, and safe places for recreation.

Texas also has the worst health coverage rate for children in the nation, with over 870,000 Texas children without health insurance; that's 11.2% of Texas children uninsured (<https://covertexasnow.org/posts/2019/9/26/texas-kids-uninsured-rate-still-highest-in-nation-amp-getting-worse-according-to-us-census>) compared to 5.5% nationally (and worse by a large margin than the second-worst state: Alaska at 9.4%). Texans of all ages also fared poorly on health insurance coverage at 17.7%, again the highest in the nation. For more on health insurance numbers, see our Health & Wellness team's breakdown (<http://bettertexasblog.org/2019/09/red-flag-more-texans-uninsured-for-a-second-year/>). If you are interested in mobilizing around efforts to improve Texas's dire uninsured rate, check out your local Sick of it TX (<http://www.sickofitx.com>) campaign!

Several Texas cities also stood out this year — with San Antonio topping the list for the highest percentage of people living in poverty (<https://therivardreport.com/census-data-san-antonio-region-now-tops-list-of-poorest-areas/>) among the nation's most populous metropolitan areas, and Houston having the highest uninsured rate (<https://www.houstonchronicle.com/business/article/Houston-area-rate-of-uninsured-highest-in-nation-14468575.php>) while workers experience stagnant wages (<https://www.houstonchronicle.com/business/article/Houston-region-s-poverty-rate-increases-in-2018-14468509.php>).

utm\_source=desktop&utm\_medium=collection&utm\_campaign=hcpromomod). Also of concern, Texas is one of only nine states that saw a rise in income inequality (<https://www.census.gov/newsroom/press-releases/2019/acs-1year.html>) in 2018.

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The information contained in the 2018 ACS data release underscores how critical the 2020 Census will be. As the once-a-decade count of all people living in the United States, the 2020 Census ([https://forabettertexas.org/images/2018\\_Census\\_Factsheet.pdf](https://forabettertexas.org/images/2018_Census_Factsheet.pdf)) will determine things like our representation in Congress and the distribution of federal funding. This includes funding for programs critical for the well-being of our residents such as Medicaid, Pell Grants, and the Supplemental Nutrition Assistance Program (SNAP, formerly “food stamps”). For more information on why the 2020 Census matters and how Texans can help get out the count, check out our resources here (<http://bettertexasblog.org/2020-census-tx/>).

This week’s American Community Survey data release follows the release of the most recent Current Population Survey (CPS). To better understand how the ACS and CPS are different, check out our side-by-side comparison guide. ([http://forabettertexas.org/images/2019\\_CPS\\_vs\\_ACS.pdf](http://forabettertexas.org/images/2019_CPS_vs_ACS.pdf))

*CPPP’s Research and Planning Intern Cindy Ji contributed to this report. For more information or to schedule an interview with one of our CPPP experts, please contact Communications Director Oliver Bernstein at [bernstein@cppp.org](mailto:bernstein@cppp.org).*

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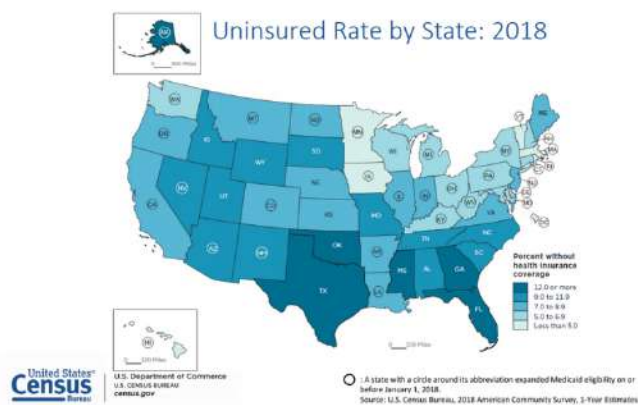
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Texans Uninsured for a Second Year

# Red Flag: More Texans Uninsured for a Second Year



The U.S. Census data released the latest numbers of Americans without health insurance today, and as earlier polls predicted: both the number and percentage of Texans without health coverage got worse for the second year in a row. New U.S. Census data shows the number of uninsured Texans in 2018 was 5 million—186,000 more than in 2017. Texas enjoyed three straight years of historic improvements in our uninsured rates from 2014 to 2016, but lost ground in 2017 and 2018, leaving 17.7 percent of Texans uninsured, the worst Texas rate since 2014.

With two consecutive years of setbacks in 2017 and 2018, Texas remains the state with both the largest number and percentage of uninsured residents in the United States. Inaction by the state leadership and legislature is responsible for Texas' extreme ranking, while federal actions have also directly undermined coverage across the nation.

One obstacle to Texans demanding real solutions: 2018 polls

(<https://www.episcopalhealth.org/en/research/research-reports/ehfkff-poll-texans-top-state-health-priorities-include-lowering-out-pocket-costs-and-reducing-maternal-mortality1/>) found that most Texans don't know the uninsured rate in Texas is higher than other states—let alone that we have been ranked worst for many years. Just over one-third (34 percent) knew that Texas' uninsured rate is higher than other states (in fact, it is highest in the U.S.). Another 19 percent of those polled thought Texas' uninsured rate was about the same as other states, and 16 percent thought it was actually lower than most other states.

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Year	Number of Uninsured Texans (all ages)	Share of Texans Uninsured
2013	5.7 million	22.1%
2014	5.0 million	19.1%
2015	4.6 million	17.1%
2016	4.5 million	16.6%
2017	4.8 million	17.3%
<b>2018</b>	<b>5.0 million</b>	<b>17.7%</b>
Increase from 2017	<b>186,000*</b>	0.4* percentage point

\*Note: Percentage and total increase in 2018 are statistically significant changes from 2017.

*While the September 10 data release announced a significant increase in uninsured children nationwide, the Census did not release detailed state-specific uninsured statistics for children (or other age groups); those will be provided on September 26, 2019—stay tuned for an update then, with a special focus on children!*

## Solutions for Texas Adults

Texas has the most limited Medicaid coverage (<https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2019-findings-from-a-50-state-survey/>) of adults in the nation. Just under one third (about 1.5 million out of 5 million) of uninsured Texans are adults who would gain health coverage if Texas finally accepted an estimated \$8-\$10 billion a year in federal funds and offered that coverage. States like Texas without any form of Medicaid expansion (<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>) have no subsidized coverage for working-poor adults because the Affordable Care Act (ACA, or Obamacare) subsidies are **only available above the poverty line**. The Census report calls attention to the concentration of high uninsured rates among the 14 states that have not yet provided Medicaid to parents and other low-income adults. Much lower uninsured rates in the 34 states with various models of Medicaid expansion also underscore what a powerful tool that policy would be to help cure Texas' last-place uninsured ranking.

Texas adults with low and moderate incomes also need help from Congress to make commercial insurance affordable for families with incomes above the ACA subsidy income limits. A range of policies of the Trump administration have increased their premiums and deductibles, and also made it harder to enroll in coverage.

## FAST FACTS

- Number of Texans without health insurance 2018 (all ages): **5,003,000**
- This is an **increase** compared to 2017, with the number of uninsured Texans rising by **186,000** from the 2017 number.
- But, this is still **745,000** fewer uninsured Texans than in 2013, and our state's uninsured rate has dropped a total of **4.4** percentage points, since new ACA coverage options started up in 2014.
- With the two-year setback in 2017 and 2018, Texas still has both the largest number (**5 million**) and percentage (**17.7 percent**) of uninsured residents in the country.

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## Texans Want Action from the Legislature

In 2019 polling (<https://www.episcopalhealth.org/en/research/affordable-care-act-research-reports/new-ehf-health-policy-poll-texans-show-sweeping-support-protections-pre-existing-conditions/>), 91 percent of Texans said the state should play a role in a functioning health care system. Similarly, 82 percent of Texans said that the federal government has a similar role in the health care system, and 88 percent say they think health insurance companies should be required to provide coverage for people with pre-existing medical conditions. And, more than half (54%) of Texans say the state should increase spending on health care—only spending on public education (69%) ranks higher.

The state legislature and governor can do better by accepting billions in federal funds to cover working poor adults, and taking steps to stabilize our state insurance markets. Congress can reverse destructive federal policies that are driving down insurance coverage (<http://bettertexasblog.org/2018/07/targeting-health-care-navigators-a-terrible-idea-that-threatens-texans/>) for middle-income Americans, and causing hundreds of thousands of U.S. citizen children to forego health care (<https://www.kff.org/disparities-policy/fact-sheet/public-charge-policies-for-immigrants-implications-for-health-coverage/>) they deserve. Political pressure fuels action, so Texans who want to see Austin and Washington's lawmakers do more will need to demand change to reduce the number of uninsured Texans!

**Background:** *Today's data from the Census Bureau's American Community Survey—with a massive sample size of about 3.5 million people across the U.S.—confirm with a much higher degree of accuracy what earlier, smaller-sized surveys had predicted. For more information or to schedule an interview with a CPPP expert please contact Oliver Bernstein at [bernstein@cppp.org](mailto:bernstein@cppp.org) (mailto:bernstein@cppp.org).*

Stay tuned as on September 26 the Census Bureau will release more American Community Survey data, including Texas-specific details on the uninsured, and data about poverty and income. To better understand the difference between the two American Community Survey (ACS) and the Current Population Survey (CPS), view our side-by-side comparison ([http://bettertexasblog.org/wp-content/uploads/2019/09/2019\\_CPS\\_vs\\_ACS1.pdf](http://bettertexasblog.org/wp-content/uploads/2019/09/2019_CPS_vs_ACS1.pdf)).

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## NEW CENSUS DATA

FACEBOOK LIVE ▶ Thursday, September 26


### Our Top Takeaways from the New Census Data

(<http://bettertexasblog.org/2019/09/our-top-takeaways-from-the-new-census-data-2/>)

This week, the U.S. Census Bureau released data from the 2018 American Community Survey (ACS). The American Community Survey estimates...

Read more

(<http://bettertexasblog.org/2019/09/our-top-takeaways-from-the-new-census-data-2/>)




### 10 Things Texans Need to Know on New Federal “Public Charge” Regulation

(<http://bettertexasblog.org/2019/09/10-things-texans-need-to-know-on-new-federal-public-charge-regulation/>)

1) What is the new Public Charge rule? It’s a new U.S. Department of Homeland Security rule that will make it...

Read more

(<http://bettertexasblog.org/2019/09/10-things-texans-need-to-know-on-new-federal-public-charge-regulation/>)



### Hands Off Low-Income Support

(<http://bettertexasblog.org/2019/09/hands-off-low-income-support>)

Despite record unemployment, the state continues to cut support for the most vulnerable. Read more

(<http://bettertexasblog.org/2019/09/hands-off-low-income-support>)

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Texas Medicaid Coverage Gap

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## ARCHIVES

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regulation/)

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◀ Backsliding on Texas Children's Health: More Uninsured, Fewer Enrolled in Medicaid and CHIP (<http://bettertexasblog.org/2019/09/backsliding-on-texas-childrens-health-more-uninsured-fewer-enrolled-in-medicaid-and-chip/>)

Navigating the System: Not Enough Health Care Signup Help in Texas ▶  
(<http://bettertexasblog.org/2019/09/navigating-the-system-not-enough-health-care-signup-help-in-texas/>)

## Anne Dunkelberg ([Http://Bettertexasblog.Org/Author/Adunkelberg/](http://Bettertexasblog.Org/Author/Adunkelberg/))

Anne Dunkelberg oversees health care policy for CPPP. She focuses on policy and budget issues related to health care access and immigrants' access to public benefits. She joined the Center in 1994 from the State Medicaid Director's Office at the Texas Health and Human Services Commission. Anne is a founding member of the statewide Children's Health Coverage Coalition (formerly the Texas CHIP Coalition) and the Cover Texas Now Coalition. She has been recognized by Families USA as an outstanding Consumer Health Advocate and by the LBJ School of Public Affairs Alumni Association as a Distinguished Public Servant. She was the primary author of the first edition of Texas Medicaid in Perspective ("the Pink Book") and serves on the Texas Medicaid Managed Care Statewide advisory committee and the Texas Healthcare Transformation Waiver Executive Waiver Committee. Anne is a native Texan, and received her B.A. from the University of Texas at Austin, and her M.P.A. from the LBJ School of Public Affairs at the University of Texas at Austin.

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# Open Enrollment for 2020 Coverage

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MELISSA MCCCHESNEY, CPPP

CHCC COALITION 9/27/2019



# ACA Right Now

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1,087,240 Texans selected a plan last open enrollment.

The highest enrollment was from 2016 at 1.3 million Texans.

Premiums increased for 2018 as a result of the Trump administration stopping CSR payments, but have stabilized since.

- The 2018 increase mostly effected moderate income enrollees who were not eligible for subsidies

The ACA has proved to be resilient even in the face of sabotage and confusion from the public.

# Key Challenges for Open Enrollment 2020

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- Public Charge
- Texas Lawsuit
- “Short-term” Plans
- Increased awareness of no tax penalty

# Key Messages

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## **Core Message**

The best plans and the best prices are available on HealthCare.Gov. Enroll before December 15th.

## **Value of ACA plans**

Affordable Care Act plans offer the full, quality coverage people expect from health insurance, including-- all pre-existing conditions, prescriptions, pregnancy and childbirth, emergency services and more (as relevant to the population you serve)

All plans sold on HealthCare.Gov MUST cover key benefits – including services young people utilize most, such as mental health care, maternity care, and prescription drug services.

# Key Messages

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## **Deadlines**

Enrollment is Nov. 1 - Dec. 15 ONLY and we're here to help you find the plan that meets your healthcare needs and budget

Don't wait or you may miss your chance to get the plan you want for 2020

## **Affordability**

Most Texans get financial help to pay for insurance. We can help you make sure you get the financial help you qualify for.

Already have health insurance? We can help you shop again and find the best plan for you (and your family).

A young person making \$25,000 a year could qualify for a bronze-level plan for just \$22 per month after tax credits

# Key Takeaways

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## Repeat Core Messages:

- Affordability + premium tax credits
- Quality of coverage + consumer protections
- Deadlines and reminders

## Little Funding + Big Changes = Consumer Confusion:

- Little to no funding for outreach and enrollment
- Big changes/scary headlines lead to fear and confusion
- Community education critical

Texas Navigator Funding

State	2016 TX Funding Award	2017 TX Funding Award	2018 TX Funding Award	2019 TX Funding Award	Percent Change 2016-2019
Texas	\$9,217,235	\$6,096,884	\$1,356,297	\$1,594,711	-83%



# BRIEFING

## The new “PUBLIC CHARGE” Rule and Impact on Texans

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Central Health  
September 26, 2019

# Presenters

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CHEASTY ANDERSON, PH.D., SENIOR POLICY ASSOCIATE, CHILDREN'S DEFENSE FUND—TEXAS; [canderson@childrensdefense.org](mailto:canderson@childrensdefense.org); 919-621-2083

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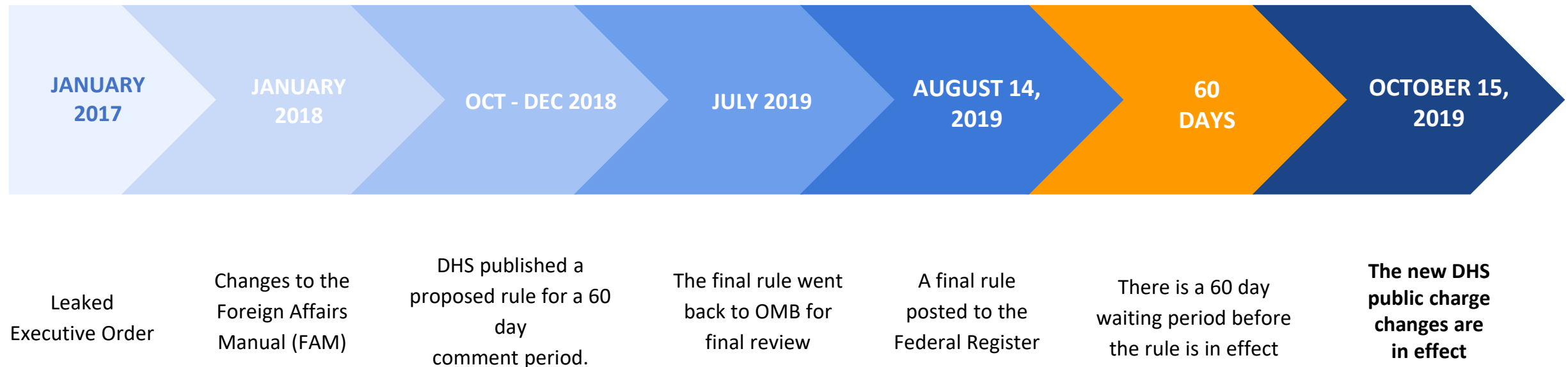
# **The Invisible Wall: many factors reducing lawful immigration and discouraging access to health care, nutrition**

- Public Charge rule is just one of many “chilling” factors reducing lawful immigration and discouraging families in U.S. from accessing health care, hunger, housing assistance.
- Two components of Invisible Wall:
  - Legal and regulatory maneuvers
  - Escalating attacks on:
    - undocumented
    - legal immigrants
    - green-card holders
    - citizens.

# New Rule changing “Public Charge” definition will Discourage Health Care Access for Immigrants & Family

- Immigrants seeking U.S. “green card” (Lawful Permanent Resident) status, and immigrants outside U.S. seeking entry visas, may be denied green card or U.S. entry visa, if found to be “*likely in the future to rely on the government for subsistence,*” or a “Public Charge.”
- Since 1999: only cash assistance, or residential care (e.g. nursing home) by the applicant was counted against them.

# Public Charge: Timeline



# Final Public Charge Rule: Effects on Benefits

## Long-standing Policy

\*Cash Assistance for Income Maintenance

Long Term Institutional Care at Government Expense

## Newly Finalized Rule

Supplemental Nutrition Assistance Program (SNAP or Food Stamps)

**\*\*** Medicaid (with exceptions)

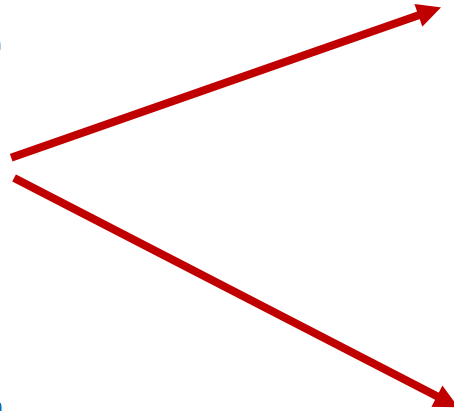
Federal, State, Local and Tribal Cash Assistance

Housing Assistance (Public Housing or Section 8 Housing Vouchers and Rental Assistance)

\* Included under current policy as well

**\*\* Exceptions for emergency medical conditions, & coverage of children < 21 and pregnant women.**

**Public  
Charge Rule  
has TWO  
Important  
and Distinct  
Impacts**



**Suppression of use of health, hunger, & housing benefits (with extensive ripple effects)**

**Dramatic increase in income required to lawfully immigrate, Much greater exclusion based on health status, disability, age, skills**

# Things to Keep in Mind

- **Not everyone is subject to the rule.**
  - Many immigrants are exempt from the public charge inadmissibility ground.
  - Benefits used by family members will not be counted.
- **The rule is not in effect yet.**
  - Applies only to applications submitted on or after October 15, 2019.
  - Newly named benefits used prior to that date will not be considered
- **Positive factors can be weighed against negative factors** in this forward-looking test.
- **Every situation is different.**
  - First, find out if the rule applies to you: an immigration legal services agency can tell you.
  - If it does, you can consult with an immigration legal services agency or attorney about your own case.



Learn more about the PIF Campaign | [protectingimmigrantfamilies.org](https://protectingimmigrantfamilies.org)

# The new Public Charge test does **NOT** apply to everyone!

The public charge ground of inadmissibility does NOT apply to every type of immigrant. Here are some examples of persons public charge does NOT apply to:

- Lawful Permanent Residents (“green card holders”) applying for citizenship
- Refugees and Asylees
- VAWA Self-petitioners
- Survivors of Domestic Violence, Trafficking, or Other Serious Crimes (U or T visa applicants/holders)
- Special Immigrant Juveniles
- Humanitarian “parolees”, and several other categories of non-citizens

# Whose use of benefits IS affected? It's Complicated.

- There are some limited situations when a Texans' Green Card application might be directly affected by their own use of benefits.
- BUT- It's important to remember that while relatively FEW Texans' Green Card applications will be affected by their use of benefits, the impact of the new, much more stringent standards for income, health and disability status, job skills, age, etc. will make it much harder to qualify for Legal Permanent Residence.



# Combined chilling effect of “Invisible Wall” MUCH larger

## Texas:

- 5.6 million Texans live in a family that includes at least one non-U.S. citizen (of any immigration status);
  - About 1.9 million of these are kids age 17 or younger, of whom the great majority—about 1.65 million—are U.S. citizen children. **That's more than one in every four Texas children (26%).**
  - 3.9 million of those Texans have family incomes targeted by the new rule (under 250% of the federal poverty income, which is less than \$65,000 a year pre-tax income for a family of four in 2019).

## U.S.:

- As many as **26 million** people in families with immigrants might be chilled from participating in programs that make their families healthier and stronger.<sup>1</sup>
- There is already a chilling effect.



**1 in 4 U.S. children  
has an *immigrant*  
parent; in Texas  
more than 1 in 4  
has a *non-US citizen*  
parent**

<sup>1</sup> “Public Charge Proposed Rule: Implications for Non-Citizens and Citizen Family Members Data Dashboard,” Manatt Health, October 2018

<sup>2</sup> Samantha Artiga and Anthony Damico, “Nearly 20 Million Children Live in Immigrant Families that Could Be Affected by Evolving Immigration Policies” Kaiser Family Foundation, 2018

# Evidence of Chilling: Texas Reports and Data

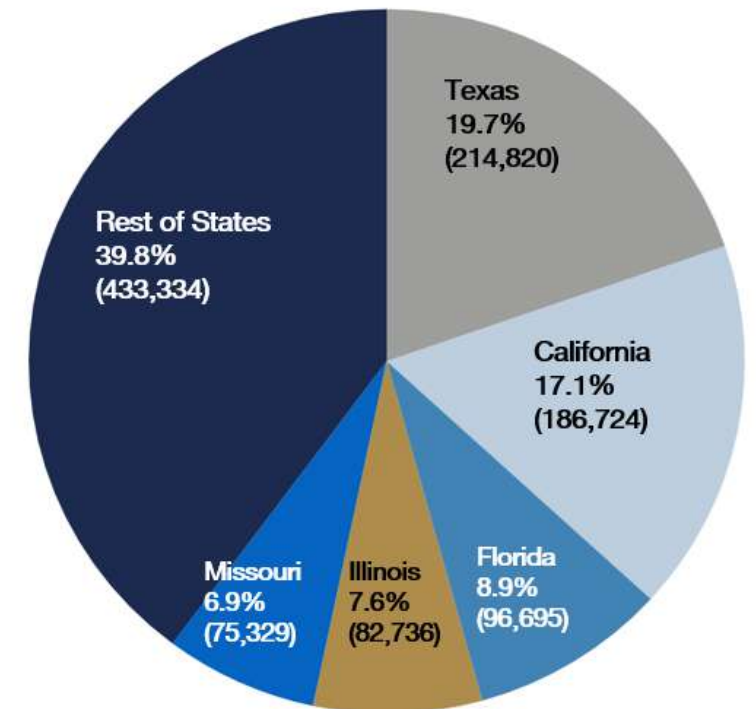
**Struggling families:** ECHOS (Houston community clinic/food pantry group) saw BIG declines: 31% in Children's Medicaid, 60% in adult Medicaid/CHIP-P, 47% drop in SNAP enrollment, from 2017-2019. *Same time period: 460% increase in food pantry usage.*

**Working-class families:** Foundation Communities (Austin) saw 16.9% drop in immigrant families seeking health coverage enrollment assistance in OE2017-OE2018. *(Only a 5.4% reduction in non-immigrant clients.)*

**Special Needs Kids:** VELA (Austin agency serving mixed-status families with children with disabilities) has seen an 80% drop in families using SNAP.

**Children's Health Coverage:** Texas children enrolled in Medicaid and CHIP dropped by more than 201,700 children (about 6%) between December 2017 and April 2019.

States with Largest Decline in Child Enrollment in Medicaid and Chip  
(December 2017 - April 2019)

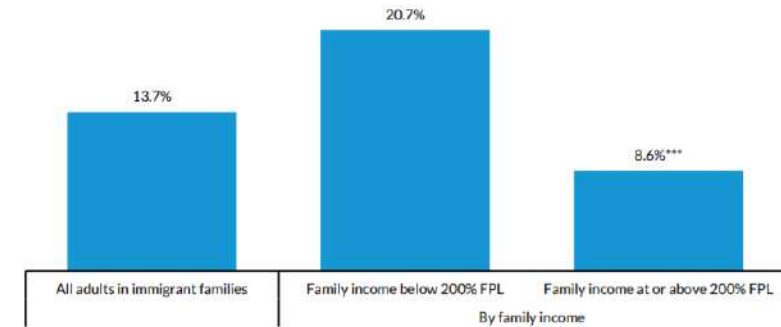


# Evidence of Chilling: National Data

**National studies find substantial numbers already avoid benefits over fear they will lose ability to proceed thru lawful immigration process.**

- 1 out of 5 low-income immigrant families (<200% FPL) were afraid to access public benefits.<sup>2</sup>
  - Even parents who are LPRs or naturalized US citizens avoided benefits
- Undocumented parents of U.S. citizen children far less likely to get care for their children: emergency and preventive healthcare services, free immunization services, or free or reduced-price school meals

Share of Adults in Immigrant Families That Avoided Noncash Public Benefits in the Past Year Because of Green Card Concerns, Overall and by Family Income, December 2018



Source: Well-Being and Basic Needs Survey, December 2018.

Notes: FPL = federal poverty level. Adults are ages 18 to 64. Respondents reported that either they or someone in their family did not apply for or stopped participating in noncash public benefits because they worried it would disqualify them or a family member from obtaining a green card.

URBAN INSTITUTE

[One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018](#) (Urban Institute)

[The Impact of Changes to the Public Charge Rule on Undocumented Immigrants Living in the U.S.](#) (U.C. San Diego, Tom K. Wong, PhD, Jeremiah Cha, Erika Villarreal-Garcia, August 2019).

# Immigrant families can seek answers from Free or Low-Cost Immigration Legal Services groups

Not possible for most community based organizations, health/hunger/housing providers to be immigration experts!

1. **Not necessary to engage a private attorney immediately; many questions can be answered for free or very low cost by non-profit Immigration Legal Services organizations.**
2. Statewide List of Texas Immigration Legal Services Providers  
<https://www.immigrationadvocates.org/nonprofit/legaldirectory/search?state=TX>
3. Another online resource to find local help: <https://www.justia.com/lawyers/immigration-law/texas/legal-aid-and-pro-bono-services>
4. In Austin, [American Gateways](#) and [Catholic Charities](#) are reliable non-profits that can answer questions.

# Application Assistants' Essential Community Talking Points

- This public charge test does not apply to every immigrant.
- **It is safe to apply for benefits for kids and family members who are U.S. citizens or lawfully present immigrants.** The public charge test does not consider **benefits used by family members.**
  - Public charge only affects the individual who is seeking a green card. It will not help your green card application if your US citizen family members drop Medicaid, CHIP, or SNAP.
  - Be sure to remind parents: when they APPLY for benefits for their children, it is NOT the same as applying for or getting benefits for yourself.
- The rule does not consider benefits used before October 15, 2019.
- Your personal information is protected.
- Not necessary to engage a private attorney immediately; many questions can be answered for free, or very low cost, by non-profit Immigration Legal Services organizations.

*Health care, nutrition, and housing programs can help you and your children remain strong, productive, and stable. The best thing a family can do to fight back is keep meeting their children's needs - keep taking them to the doctor, keep feeding them, keep a roof over their heads.*

# Public Charge: Opposition to this rule could stop it

Get Texas Updates:  
email

[Dunkelberg@cphp.org](mailto:Dunkelberg@cphp.org)

Many organizations and state and local governments are fighting it.

**Public statements opposing the rule are being issued** by organizations and public officials, with examples of how the rule will hurt children, schools, businesses, and communities, and will shift costs to local governments.

**Congressional Legislation is already pending** to defund the rule. (HR 3222 - “No Federal Funds for Public Charge”)

**Multiple Legal Challenges have been filed in the Courts, more to come.** You will get an update if the courts delay this rule.

CENTER FOR PUBLIC POLICY PRIORITIES, [CPPP.org](http://CPPP.org) ; @CPPP\_TX

CHILDREN'S DEFENSE FUND–TEXAS, [cdf texas.org](http://cdf texas.org); @CDFTexas

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# Historical Context for Public Charge Policy

- 1882: first passage of a “public charge” law.
- 1915 Supreme Court defines public charge
  - “by reason of poverty, insanity, disease or disability would become a charge upon the public.”
- 1996: Welfare Reform Act.
  - totality of circumstances
- 1999: INS clarifies the meaning of “public charge.”
  - “primarily dependent”: SSI, TANF, cash assistance
- 2019: Latest changes



# 10 Things Texans Need to Know on New Federal “Public Charge” Regulation

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## 1) What is the new Public Charge rule?

It's a new U.S. Department of Homeland Security rule that will make it harder for people to go through the lawful immigration process and get a green card (also known as Lawful Permanent Resident status or LPR). The rule governs under what conditions immigration authorities can turn down a person's application for lawful immigration status. Specifically, the rule allows denial of a person's application if they would rely too much on government support, what historically was known as being a “public charge.”

Released as a proposed rule for comment on October 2018, the new final version was published August 14 and **will take effect on Oct. 15, 2019**, unless it is stopped by the courts. Opponents have filed six major legal challenges ([https://docs.google.com/spreadsheets/d/1gdbxw6wusU\\_4ZleAAYG\\_Qu8qrZs-uHrt\\_PLBma4gMT8/edit#gid=1746889895](https://docs.google.com/spreadsheets/d/1gdbxw6wusU_4ZleAAYG_Qu8qrZs-uHrt_PLBma4gMT8/edit#gid=1746889895)) as of September 10.)

## 2) What does the new rule change?

Since the 1990s, only total reliance on government cash assistance, or total reliance on government institutional care (such as a nursing home) would bar a prospective immigrant.

The new rule is much more restrictive. After it takes effect, the “public charge test” will also consider whether the applicant is likely to use benefits in the future, including Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps); public housing or Section 8

housing assistance; or Medicaid. **It's important to note that Medicaid use for emergency services, for pregnant women and new mothers, or for children under age 21 will not count against immigration applicants.**

[bettertexasblog.org/2019/09/10-things-texans-need-to-know-on-new-federal-public-charge-regulation/](http://bettertexasblog.org/2019/09/10-things-texans-need-to-know-on-new-federal-public-charge-regulation/)

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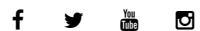
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immigration applicants.

The rule would give xenophobic preference to wealthier, more-educated immigrants and penalize lower-income, less-educated immigrants. Applicants would have a harder time getting through the lawful immigration process if they have a family income below 250 percent of the federal poverty income, which in 2019 is less than \$65,000 a year (pre-tax) of income for a family of four. This means immigrants would need to have twice as much annual income as the current requirement, which has been in place for the last 20 years. Other factors immigration officials will consider include the applicant's age, health, family status, education, and job skills.

### 3) The new rule does NOT look at whether a family member has used public benefits, only the individual applicant.

Early drafts of the proposed rule did propose holding the use of public benefits by a U.S. citizen child against a parent's green card application, so this is a very important change. This means that there is NO benefit to an applicant in having their family members drop their own SNAP or Medicaid benefits.

Fear of using benefits is widespread, however, even for U.S. citizen family members. It is critical that Texans spread the word that immigrants' family members should continue using their important public benefits. Many families have already been scared into dropping important benefits. Both Children's Medicaid and SNAP (food stamps) have seen significant enrollment drops ([http://forabettertexas.org/images/2019\\_HW\\_CMAEnrollmentDeclineUpdate\\_.pdf](http://forabettertexas.org/images/2019_HW_CMAEnrollmentDeclineUpdate_.pdf)).

## TAGS

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CPPP

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More than 1 in 4 Texas children have a parent who is not a U.S. citizen. Even with the #PublicCharge rule, it's safe for immigrant parents to keep their kids enrolled in programs like SNAP since a parent's immigration case won't be affected. | @statesman [statesman.com/news/20190828/...](http://statesman.com/news/20190828/...)

#### Agencies see drop in public benefit signups ahead of green card ...

Texas nonprofits already are seeing the "chilling impact" of families dropping public benefits even before a new federal immigration policy [statesman.com](http://statesman.com)

4 10:39 AM - Aug 29, 2019

[See CPPP's other Tweets](#)

### 4) Who is affected?

Narrowly, the rule applies to any immigrant trying to get a green card (Lawful Permanent Resident status), or any person seeking a visa to enter the U.S. from another country on or after October 15, 2019. **Applications for green cards submitted before that date will be subject to the “old” rule.**

## 5) Many types of immigrants are NOT affected.

The new Public Charge rule does NOT apply to:

- Lawful Permanent Resident status (green card holders) applying for citizenship
- Refugees and asylum seekers
- Several humanitarian categories, including Violence Against Women Act (VAWA) petitioners, domestic violence and human trafficking survivors (U or T visa)
- Special Immigrant Juvenile status (used for children in foster care)

## 6) The new rule looks at the applicant’s likely FUTURE use of benefits.

Consideration of whether an applicant may use SNAP, Medicaid, or housing benefits will not start until after the October 15 effective date. And, only SNAP, Medicaid, or housing benefits used **by the applicant** on or after that date will be taken into account. The only exception: cash assistance or long-term care benefits, because they were already considered under the “old” rule.

**Once the rule takes effect**, an applicant who has used SNAP, Medicaid, or housing benefits for a combined total of 12 months out of any 36-month period will have that use considered “a heavily weighed negative factor” in deciding whether someone is likely to become a public charge. Receiving two of these programs, such as SNAP and Medicaid, in a single month, will be counted as two months.

**Again, it’s important to note that Medicaid use for emergency services, for pregnant women and new mothers, or for children under age 21 will not count against immigration applicants.**

## 7) Why the rule affects more Texans than just green card and visa applicants.

As a practical matter, the new rule will affect many more Texans. Unfortunately, many other immigrants—including Lawful Permanent Residents and others—fear that use of benefits for health care, housing, or hunger prevention by their family members who are U.S. citizens or who already have their own green card (LPR status) will hurt the applicant’s ability to get a green card, or will stop a green card holder from becoming a U.S. citizen. This is misinformation. This fear has put whole families at risk of neglecting basic needs to be healthy, successful in school, and productive at work, in order to keep the family united.

## 8) How many Texans may be affected?

The numbers are sobering:

5.6 million Texans live in a family that includes at least one non-U.S. citizen (<https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population#DataDashboard>) (of any immigration status). Because of the fear spreading through families where any family member is not a U.S. citizen, all of these 5.6 million Texans could somehow be affected.

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- About 1.9 million of these are kids age 17 or younger, of whom the great majority—about 1.65 million—are U.S. citizen children. **That's more than one in every four Texas children.**
- 3.9 million of those Texans have family incomes targeted by the new rule (under 250 percent of the federal poverty income, which is less than \$65,000 a year pre-tax income for a family of four in 2019).

## 9) Texas' immigrant legal services providers can answer questions; some applicants for legal residence or a visa will need qualified legal advice.

Many families are exempt from the public charge rule but may need a qualified and trusted expert to advise on that. Free and low-cost help is available to understand whether the rule affects a specific person or family. Organizations across Texas can either provide legal advice to applicants who are subject to the rule or refer them to other qualified immigration attorneys. Find a statewide list of Texas immigration legal services providers here (<https://www.immigrationadvocates.org/nonprofit/legaldirectory/search?state=TX>).

## 10) The Center for Public Policy Priorities and Children's Defense Fund—Texas are partnering to make technical assistance and support available.

Organizations, local governments, and institutions who need access to reliable information for training, and for community education can use these slides ([http://forabettertexas.org/images/HW\\_2019\\_PublicCharge\\_presentation.pdf](http://forabettertexas.org/images/HW_2019_PublicCharge_presentation.pdf)) and background resources ([http://forabettertexas.org/images/HW\\_2019\\_PublicCharge\\_Resources.pdf](http://forabettertexas.org/images/HW_2019_PublicCharge_Resources.pdf)) from a recent briefing for Texas reporters and can e-mail [dunkelberg@cphp.org](mailto:dunkelberg@cphp.org) (<mailto:dunkelberg@cphp.org>) or [canderson@childrensdefense.org](mailto:canderson@childrensdefense.org) (<mailto:canderson@childrensdefense.org>) for more information.

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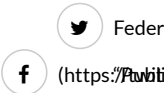
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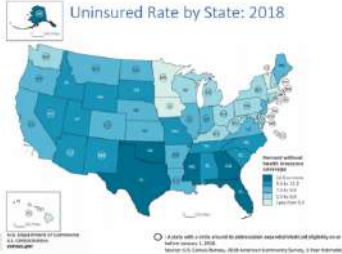


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Anne Dunkelberg oversees health care policy for CPPP. She focuses on policy and budget issues related to health care access and immigrants' access to public benefits. She joined the Center in 1994 from the State Medicaid Director's Office at the Texas Health and Human Services Commission. Anne is a founding member of the statewide Children's Health Coverage Coalition (formerly the Texas CHIP Coalition) and the Cover Texas Now Coalition. She has been recognized by Families USA as an outstanding Consumer Health Advocate and by the LBJ School of Public Affairs Alumni Association as a Distinguished Public Servant. She was the primary author of the first edition of Texas Medicaid in Perspective ("the Pink Book") and serves on the Texas Medicaid Managed Care Statewide advisory committee and the Texas Healthcare Transformation Waiver Executive Waiver Committee. Anne is a native Texan, and received her B.A. from the University of Texas at Austin, and her M.P.A. from the LBJ School of Public Affairs at the University of Texas at Austin.

