



# City of Philadelphia

City Council  
Chief Clerk's Office  
402 City Hall  
Philadelphia, PA 19107

## **RESOLUTION NO. 180922**

---

**Introduced October 18, 2018**

---

**Councilmembers Gym, Blackwell and Green**

---

---

### **RESOLUTION**

Urging the US Department of Homeland Security to withdraw its proposed rule changing the definition of public charge, which would harm millions by undermining access to essential health, nutrition, and shelter for immigrants and their families in the City of Philadelphia and across the United States, and expressing opposition to the proposed rule as inhumane and contrary to public health.

WHEREAS, Under current law, US Citizenship and Immigration Services evaluates whether potential immigrants are likely to be a “public charge” when considering visa and green card applications. Current policy allows officials to consider only two types of public benefits in a public charge determination: cash assistance for income maintenance and institutionalization for long-term care at government expense; and

WHEREAS, On October 10, 2018, the US Department of Homeland Security published a drastic change to the “public charge” rule, proposing that immigrants applying for visas and legal permanent residency may be negatively considered for legal status if they have accessed, or are deemed likely to access at any time in the future, essential programs that cover vital health care, nutrition, and housing needs; and

WHEREAS, Benefits that could be considered in a public charge determination would include Medical Assistance, food stamps (SNAP), public housing and housing vouchers, and Medicare Part D subsidies; and

WHEREAS, According to New American Economy, Philadelphia’s immigrant residents paid \$6.6 billion in taxes in 2016, a significant contribution to funding the very programs the proposed rule would penalize them for accessing; and

WHEREAS, The Center on Budget and Policy Priorities estimates that, under the proposed public charge test, more than 100 million people—about one-third of the U.S. population—would fail if they were required to take it today; and

# City of Philadelphia

*RESOLUTION NO. 180922 continued*

WHEREAS, The Department of Homeland Security estimates that each year 382,200 green card and 517,000 visa applications would be subject to the new public charge test; and

WHEREAS, With these changes, the process of consideration for visa or legal permanent residency status would severely discriminate against those with disabilities or chronic health conditions, impacting entire families based on the medical needs of a single family member; and

WHEREAS, The proposed changes also include a “wealth test”, providing preferential treatment for those determined to be in a high income bracket, and allowing discretionary admission for applications who provide a “public charge bond” of no less than \$10,000 (with the final amount established on a case-by-case basis at the discretion of immigration officer). These provisions compromise the fairness of the immigration process by allowing the wealthy to skip ahead of many who have been waiting for years, while also opening the door to abuse and bias; and

WHEREAS, This proposed rule change perpetuates stereotypes and biases that are not based in data, and would dangerously exacerbate under-enrollment in lifesaving programs. Low-income children with foreign-born parents are less likely to receive SNAP or Medicaid as compared to children with US-born parents. Moreover, one million Latino children, 95 percent of whom are US citizens, are eligible for Medicaid or CHIP but are not enrolled; and

WHEREAS, Although the rule does not apply to all immigrants like asylees, refugees, certain visa holders and other categories, the chilling effect will be great. This chilling effect on enrollment is already causing harm, even though the proposed rule is not yet in effect, and has historic precedent. In the years after 1996, when changes to the rules defining immigrant eligibility for benefits were made, fears about public charge caused enrollment rates of immigrants who remained eligible for benefits under the 1996 rules to drop as much as 37%. Already, service providers and community organizations report that immigrants, and US citizens in families that include immigrants, are forgoing essential benefits they qualify for out of fear that their receipt of benefits will create negative immigration consequences for them or their family members; and

WHEREAS, The Department of Homeland Security itself details the tremendous non-monetary damage that could result from the proposed rule, including: “worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence; increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment; increased prevalence of communicable diseases,

# City of Philadelphia

*RESOLUTION NO. 180922 continued*

including among members of the U.S. citizen population who are not vaccinated; increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient; and increased rates of poverty and housing instability; and reduced productivity and educational attainment”; and

WHEREAS, The Department of Homeland Security also recognizes the significant negative economic impact threatened by its proposed rule, explicitly stating that it “may have downstream and upstream impacts on state and local economies, large and small businesses, and individuals,” and describing the risk to a wide range of economic activity from healthcare providers and pharmacies, manufacturers, landlords, grocery retailers and agricultural producers; and

WHEREAS, The rule change would, in fact, have stark financial repercussions for cities, straining both public and charitable resources at the local level. In Philadelphia, even a 25% decline in immigrant families’ enrollment rates for SNAP and Medicaid will result in direct economic losses of over \$35 million per year; and

WHEREAS, This proposed rule change represents yet another attempt by this presidential administration to radically reshape our legal immigration system, redefine who is “worthy” of being an American, and profoundly alter what we look like as a country; and

WHEREAS, The City of Philadelphia has shown leadership in standing against any proposed change to the public charge rule. Led by the Mayor, the Office of Immigrant Affairs, and Health and Human Services, the City of Philadelphia was the first city to request a meeting with the Office of Management and Budget (OMB) in Washington D.C. The City’s delegation officially filed objections to the change, citing why such a change would have a significant economic impact on Philadelphia. Thanks to the support of Philadelphia’s delegation, other cities have since met with OMB and filed grievances; and

WHEREAS, Together, our voices must amplify the need to protect our immigrant communities and the integrity of our immigration system. The Department of Homeland Security will accept public comments on the proposed rule change until December 10, 2018; and

WHEREAS, Any policy that forces millions of families to forgo using critical public services for fear of harming their immigration status, or that punishes families for having used public benefits, is nothing short of cruel; and

# City of Philadelphia

*RESOLUTION NO. 180922 continued*

WHEREAS, As a welcoming City, Philadelphia must continue to stand against policies and rules that threaten the health and safety of all residents, regardless of immigration status; now, therefore, be it

RESOLVED, THAT THE COUNCIL OF THE CITY OF PHILADELPHIA, Urges the US Department of Homeland Security to withdraw its proposed rule changing the definition of public charge, which would harm millions by undermining access to essential health, nutrition, and shelter for immigrants and their families in the City of Philadelphia and across the United States, and expressing opposition to the proposed rule as inhumane and contrary to public health.