

LEGISLATIVE POSITION REQUEST FORM

Submission deadline is noon on the Monday two weeks prior to the PAL meeting.

See FAQ for additional instructions.

Title (Bill/Reg. No., Bill/Reg. Title, Author):		NPRM, DHS Docket No. USCIS-2025-0304, RIN 1615-AD06, Comments in		
		Response to Proposed Rulemaking: Public Charge Ground of Inadmissibility		
Version (Date	e amended):	November 19, 2025		
Position Req	uested:	Oppose		
Current Statu	us of Bill/Regulation (Has the	Open for comments until December 19,	2025	
bill been refe	rred to committee, or set for			
hearing? If so	, when and what committee?			
_	?) (Where relevant include			
_	riod dates/deadlines):			
Alignment	Shared Visions	10X Goals	Operating Principles	
with Vision	☐ Thriving & Resilient	Employment for All		
2036:	Population	Eliminate Homelessness	Equity	
2030.	Safe & Livable Communities	Eliminate Poverty and		
	Healthy Environment	Hunger	Fiscal Stewardship	
	Prosperous & Vibrant	Crime Free County	Innovation	
	Economy	Healthcare for All	Sustainability	
	,		Access	
		Accessible Infrastructure		
_	ith Legislative Platform (i.e.	Immigration: Oppose efforts to restrict i		
"issue"/plank or N/A if not in legislative			services and benefits, including to Emergency Management Agency (FEMA)	
platform)			disaster relief programs such as Stafford Act Individual. Specifically oppose	
- 10		the expansion of the definition of "publi		
		ounsel's Digest, Bill Analysis, or Bill Sun Igration applications to assess whether an		
primarily dependent on the government for subsistence." For roughly two decades, this test was guided by 1999 field guidance which limited such determinations to two types of benefits: cash assistance for income maintenance and long-term institutional care. In 2019, the first Trump Administration issued a rule that significantly expanded the definition of "public benefit" to include Medicaid, SNAP, housing assistance, and other non-cash programs. This resulted in widespread fear and had a demonstrated chilling effect on access and enrollment. The 2019 rule was later vacated, and in 2022, DHS issued a final rule restoring the narrower approach and explicitly excluded Medicaid, SNAP, WIC, housing programs, and other essential services from consideration.				
On November 19, 2025, the Department of Homeland Security (DHS) issued a Notice of Proposed Rulemaking (NPRM) to rescind the 2022 public charge ground of inadmissibility regulations, with the exception of one provision related to submitting bonds and minor technical clarifications. The notice does not propose replacing the 2022 policy with new language, nor does it formally rescind the 1999 public charge field guidance. Instead, the proposed rule effectively removes all regulatory definitions and guardrails without establishing a replacement framework, with DHS describing only an intent to provide future "policy and interpretive tools" to guide officers. The new 2025 proposed rule is fundamentally different from both the 2019 expansion and the 2022 final rule that is currently in place — rather than expanding or narrowing criteria, it effectively removes any degree of clarity by not explicitly including or excluding any specific programs from the public charge definition, leaving determinations to the discretion of individual immigration officials.				
The NPRM also proposes removing the definition of "receipt of public benefits," without clarifying whether benefits used by family members may be considered. U.S. Citizenship and Immigration Services (USCIS) notes that adjudicators may rely on subregulatory guidance, including potential future policy directives or memoranda that may be issued without notice-and-comment rulemaking. The proposed rule's lack of clarity risks creating greater uncertainty and less predictability, with potentially more destabilizing effects than prior changes.				
Background of Bill:				
⊠ New	v bill	Previously Intro	duced	



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☐ Amended	Clean-Up Bill			
Gut and Amend	Urgency Clause			
Similar to other current bills we have positions on				
Seeking Amendments?				
Previous Legislation:				
If YES, attach amendments.				
Do all other impacted	Yes			
agencies/departments concur?				
If YES, list each department and contact person. If NO, see FAQ.				
Potential State/Federal Fiscal Impacts	Potential for decreased revenue for federal and state programs tied to enrollment			
(include \$ estimate):	levels.			
Potential Net County Cost Impacts	Costs required for communications to educate public on policy change; costs			
(include \$ estimate):	related to increased emergency room utilization and higher levels of poverty and			
	housing instability.			
Fiscal Impact:				
Adds revenue	Unfunded mandate			
Cost savings	Additional costs			
New/increased fees to offset cos	ts Reduces or reduces fees			
Includes appropriation	☐ Minor impact – program absorption			
Redirects resources	igtimes None of the above			
☐ Changes fines/penalties				
Potential Impacts to County Residents (Include specific data):				

The proposed rule removes current definitions of public charge, signaling that DHS may consider all factors and information relevant to a noncitizen's likelihood of being deemed public charge at any point. The 2022 Final Rule limits the public benefits considered in a public charge test to public cash assistance of income maintenance and long-term institutionalization paid for by the government. Examples of cash assistance for income maintenance include Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF) cash assistance and General Assistance. The proposed rule would remove the current limits that restrict benefit consideration to past or current use of cash assistance for income maintenance or long term institutionalization; instead, it states that forthcoming guidance will reinterpret "public charge" to include any past or future use of public benefits, for any length or duration of time, including the use of "means-tested public benefits," which have historically never been included in the public charge test.

These changes would significantly expand immigration officers' discretion in making public charge decisions and allow consideration of factors previously excluded, including the use of health, nutrition, and housing programs such as Medicaid, the Children's Health Insurance Program (CHIP), and SNAP. These shifts would likely further increase confusion and anxiety during an already heightened period, creating a severe chilling effect on health care and social service program usage among immigrant families. DHS itself notes that the proposed rule may lead to worse health outcomes; increased use of emergency rooms; higher prevalence of communicable diseases; increases in uncompensated care; and increased poverty, housing instability, reduced productivity, and lower educational attainment. It also recognizes potential revenue losses for health, food, and housing providers.

Local experience after the 2019 public charge rule shows how quickly fear suppresses service use. In the rule's aftermath, county staff and community partners reported severe impacts on the clients they served, including adults delaying or avoiding medical, behavioral health, dental, and prenatal care due to immigration concerns, often resulting in worse outcomes and increased reliance on emergency services. Alameda County Health's program staff also observed reduced participation in food and housing programs, contributing to food insecurity and housing instability. Indirect effects were also widespread: families declined benefits not implicated in public charge (for example, children's health coverage) because of fear or misinformation; providers reported erosion of trust; and about 30% of staff observed drops in program enrollment, with families disengaging from previously consistent services. During later public health emergencies, some residents also avoided county programs and vaccines because of fears about immigration consequences.



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National and state data reinforce these trends. Researchers found that 3 in 10 adults in California immigrant families with low incomes reported avoiding public benefit programs or other assistance in 2020 because of immigration concerns. Among those who avoided programs, 37% were uninsured and 54% were food insecure, compared with 16% and 36% of immigrants who did not avoid programs. More recent national survey findings show that the administration's existing immigration policies and rhetoric have already led to increased fear and hesitation among families, even before this proposed rule may take effect. Between 2023 and 2025, the share of immigrant adults who reported skipping or postponing health care rose from 22% to 29%, with 19% citing immigration-related concerns. Avoidance of food, housing, or health-care programs because of worries about drawing attention to a family member's immigration status increased from 8% to 12% overall and from 11% to 18% among parents. Additionally, 11% of immigrant adults—and 17% of immigrant parents—report having stopped participating in such a program since January 2025 due to immigration-related worries.

Together, these patterns indicate that many families may lose access to essential services, exacerbating inequities in health, nutrition, and housing.

Potential Impacts to County Programs, Services, Operations or Departments (Be specific):

County health, housing, and social service systems may experience increased strain as residents avoid preventative and primary care, leading to higher use of emergency departments and crisis services. Safety net programs may face greater demand for urgent or emergency support as families forgo earlier interventions. County hospitals and clinics could see increases in uncompensated care, reduced Medi-Cal/CHIP enrollment, and decreased revenue from federal and state programs tied to enrollment levels. Departments supporting public health may face higher risks of communicable disease spread due to reduced utilization of vaccination, screening, and routine care. Housing and food security programs may encounter greater instability as eligible families avoid services, leading to increased risk of homelessness and food insecurity, and downstream consequences for schools and community agencies.

Overall, the proposed rule is likely to place substantial pressure on multiple county agencies. Alameda County Social Services Agency (ACSSA), which provides eligibility determination and benefits programs such as CalFresh, Medi-Cal, and state-funded programs for immigrants, stands to be particularly affected. Alameda County Health (ACH), which delivers preventive, behavioral, and clinical health services—including nutrition, dental, immunizations, and communicable disease control for all residents regardless of immigration status—would also experience significant impacts.

Reporting Requirements:					
Requires one-time i	report/study	Requires new reporting form(s)			
Requires annual rep	oort	☐ Requires amended reporting form(s)			
☐ No reporting requir	ement				
List Known Supporters:					
List Known Opposition:					
Requestor (who is asking for the County to take a position? e.g., agency/dept., association, organization)					
Alameda County Social Services Agency; Alameda County Health					
Approved by Department	Andrea Ford, Agency Director, Alameda County Social Services Agency				
Head (Name/Date):	Aneeka Chaudhry, Director, Alameda County Health				
Submitter (Name, Title,	Hanna Hamilton, SSA Policy Director				
Dept.): Jessica Blakemore, Alameda County Health Interim Policy Director		ealth Interim Policy Director			
Submission Date:	12/8/2025				
CAO Analyst:	Amy Shrago, CAO Analyst				
Additional Comments:					

For Internal CAO Use Only:				
Date Received:	Date to Analyst:	Date from Analyst:		



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Target PAL date:	CAO recommendation:	