

April 25, 2022

U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

Submitted via www.regulations.gov

Re: DHS - Docket No. USCIS-2021-0013; Comments on Public Charge Ground of Inadmissibility

The 110 undersigned organizations dedicated to the health and well-being of children are writing in response to the Department of Homeland Security's (DHS) notice of proposed rulemaking (NPRM) on public charge published in the federal register on February 24, 2022. We write to support the administration's proposed rule that would clearly "effectuate a more faithful interpretation of the statutory concept" as compared to the 2019 Final Rule. In implementing the 2019 rule, DHS ignored extensive data and research that organizations provided to the agency which clearly demonstrated the harmful effects it would have. As expected, immigrants and their families—including U.S. citizen children—suffered due to the widespread chilling effect that caused immigrants to avoid enrolling themselves or their family members in a wide range of public benefit programs. We believe the newly proposed NPRM reflects adequate consideration of public policy data and corrects the gravest errors of the 2019 rule.

While confusing eligibility rules and harmful immigrant restrictions have historically created barriers for immigrants and their families, the 2019 public charge rule, coupled with additional anti-immigrant policies, exacerbated fear and confusion among immigrant communities, with severe consequences. For example, research shows that 48 percent of immigrant families avoided the Supplemental Nutrition Assistance Program (SNAP), 45 percent avoided Medicaid and the Children's Health Insurance Program (CHIP), and 35 percent avoided housing subsidies because of the fear of risking their ability to obtain a green card.¹ Parents were also reluctant to send their children to school or child care.² Even following the start of the COVID-19 pandemic, research shows that immigrant families avoided non-cash benefits or other assistance to meet their basic needs because of public charge or other immigration concerns.³ These alarming trends have significant implications for the long-term health and well-being of children in immigrant families—who currently comprise 1 in 4 of all children in the United States—and therefore threaten our nation's future prosperity and ability to recover from the pandemic.

¹ Hamutal Bernstein et al., *Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019*, Urban Institute (May 2020), https://www.urban.org/sites/default/files/publication/102221/amid-confusion-over-the-public-charge-rule-immigrant-families-continued-avoiding-public-benefits-in-2019_3.pdf.

² Rebecca Ullrich, *The Public Charge Rule & Young Children: Q&A on the New Regulation*, Center for Law and Social Policy (Feb. 2020), https://www.clasp.org/sites/default/files/publications/2020/02/2020.02.24%20Public%20Charge%20Young%20Children%20Final%20Rule%20QA_update.pdf.

³ *Research Documents Harm of Public Charge Policy During the COVID-19 Pandemic*, Protecting Immigrant Families (Updated Aug. 2021), <https://protectingimmigrantfamilies.org/wp-content/uploads/2021/08/Research-Documents-Harm-of-Public-Charge-Policy-During-the-COVID-19-Pandemic-2.pdf>.

While the 2019 rule created an unprecedented crisis and exponentially increased the chilling effect for immigrant and mixed-status families, the 1999 public charge policy is far from ideal. We urge the agency to consider the ample evidence that the 1999 policy, while indisputably superior to the 2019 policy, also created confusion and an unnecessary chilling effect that caused children and their families to avoid public benefits. After the welfare reforms and the public charge rule of the mid to late 1990's, there was a steep decline in immigrant populations accessing public benefits that ranged from 20 to 60 percent depending on the program.⁴ The new NPRM could create similar chilling effects. As a result, any new rule must address these issues so that immigrants do not broadly forgo public benefits for which they are eligible or services which would in fact have no impact on public charge determinations whatsoever.

It is important to recognize that the concept of public charge is fundamentally rooted in racist ideologies, initially aimed to exclude immigrants who were viewed as racially or ethnically different.⁵ The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) transformed our system of social support by accentuating economic and racial inequities that harmed children and families for the last quarter of a century.⁶ PRWORA and the public charge rule codified “artificial divisions between families deemed “deserving” and “undeserving,” leaving a critical segment of the population without access to vital support and services.⁷ While we continue to push for Congress to reverse these harmful laws, it is critical that DHS move quickly to finalize a more fair and equitable public charge rule that minimizes the harm to children and families, while recognizing the need to create an inclusive and anti-racist system.

We support the proposed rule as a critical step to securing the health and wellbeing of millions of children in immigrant families, as well as propose additional recommendations to improve the rule's impact on the wellbeing of children.

1. We strongly support the use of “primarily dependent” as the appropriate standard for a public charge determination.

- If a person uses safety net programs to overcome hardships caused by a temporary situation, which can befall any individual and therefore not necessarily indicative of long-term reliance, we recommend that such use **not** be considered as primary dependence.
 - A “temporary situation” should also apply to pregnant or recently pregnant persons. Accessing safety net programs when pregnant is important for ensuring prenatal health, which can prevent longer-term health needs.⁸

⁴ Jeanne Batalova, Michael Fix and Mark Greenberg, *Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use*, Migration Policy Institute (Jun. 2018), <https://www.migrationpolicy.org/sites/default/files/publications/ProposedPublicChargeRule-Final-Web.pdf>.

⁵ Cori Alonso-Yoder, *Publicly Charged: A Critical Examination of Immigrant Public Benefit Restrictions*, American University Washington College of Law (Winter 2020), https://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=2889&context=facsch_lawrev.

⁶ *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, Public Law 104–193, 104th Congress (Aug. 1996), <https://www.congress.gov/104/plaws/publ193/PLAW-104publ193.pdf>.

⁷ Elisa Minoff et al., *The Lasting Legacy of Exclusion*, Center for the Study of Social Policy and Georgetown Center on Poverty and Inequality (Aug. 2021), <https://cssp.org/wp-content/uploads/2021/08/Lasting-Legacy-of-Exclusion-FINAL-ACCESSIBLE.pdf>.

⁸ Chloe N. East, *The Effect of Food Stamps on Children's Health: Evidence from Immigrants' Changing Eligibility*, *Journal of Human Resources* 55, no. 2 (Sep. 5, 2018), <http://jhr.uwpress.org/content/55/2/387.full.pdf+html>.

- A “temporary situation” should also include benefits used during a public emergency. The harms of including such benefits in a public charge determination were made clear during the COVID-19 pandemic. Though USCIS stated that COVID-19 testing, treatment, and vaccines would not be used against immigrants in a public charge determination early in the pandemic, surveys by state-based and national organizations found that immigrant families did not access medical treatment for COVID-19, even when sick, because they were concerned about immigration consequences.⁹ Similarly families avoided pandemic-specific programs despite reporting that cash, food, and employment were the most pressing needs during the pandemic. Benefits used during natural disasters or other extraordinary circumstances, such as the COVID-19 pandemic or in the aftermath of hurricanes and wildfires, are due entirely to external events and do not provide any information on the recipient’s likelihood of becoming primarily reliant on government assistance at a future date.
 - Similarly, we support DHS’s proposal to clarify that individuals' use of safety net programs, while in an exempt immigration status—including children and youth who are Special Juvenile Immigrants or who fall under another exempt category—will not be considered a public charge.

2. **We strongly support the proposed rule’s exclusion of non-cash benefits from public charge determinations, and recommend further narrowing the list of countable programs.** The 2019 rule’s harm on children was largely due to its inclusion of non-cash benefits such as the Supplemental Nutrition Assistance Program (SNAP), housing, and health insurance, all of which can significantly improve children’s health and ability to learn, and we support DHS removing these benefits from a public charge consideration.¹⁰ To further ensure that children and their families are not barred from meeting their basic needs, we also recommend the following:

- DHS should only consider the use of two programs when determining whether a person is “likely at any time to become primarily dependent on the government for subsistence,” including Supplemental Security Income (SSI) and cash assistance under the Temporary Assistance for Needy Families program (TANF). Limiting the benefits that can be considered in a public charge determination to just two federal benefits will be easier for adjudicators to administer and for providers to

⁹ *Practice Alert: COVID-19 and the Public Charge Rule*, American Immigration Lawyers Association (Jun. 15, 2020) <https://www.aila.org/advo-media/aila-practice-pointers-and-alerts/practice-alert-covid-19-and-the-public-charge-rule>; Marion Davis, Jessica Chicco, and Dawn Sauma, *The Impact of COVID-19 on Immigrants in Massachusetts: Insights from our Community Survey*, Massachusetts Immigrant & Refugee Advocacy Coalition (Aug. 2020), <https://www.miracoalition.org/wp-content/uploads/2020/08/MIRA-COVID-19-survey-report-Aug2020.pdf>; Hamutal Bernstein et al., *Immigrant-Serving Organizations' Perspectives on the COVID-19 Crisis*, Urban Institute (Aug. 17, 2020), <https://www.urban.org/research/publication/immigrant-serving-organizations-perspectives-covid-19-crisis>.

¹⁰ Steven Carlson et al., *SNAP Works for America’s Children*, Center on Budget and Policy Priorities (Sep. 29, 2016), <https://www.cbpp.org/research/food-assistance/snap-works-for-americas-children>; David Murphey, *Health Insurance Coverage Improves Child Well-Being*, Child Trends (May 2017), http://www.childtrends.org/wp-content/uploads/2017/05/2017-22HealthInsurance_finalupdate.pdf.

explain, reducing confusion. Furthermore, we recommend that only current use of these two programs should be considered.

- DHS should clarify that state, tribal, or local government funded programs—even if they provide cash assistance— will not be counted as factors in a public charge test. States and localities have a compelling interest in promoting the health and safety of children in their communities, and that includes providing benefits at their own expense without barriers caused by federal policies. For example, a recent study suggests that direct cash payments to families might meaningfully alter the neurological development of newborns in families that receive the money.¹¹
- DHS should exclude long-term institutionalization at government expense from a public charge determination. We are concerned that allowing any type of Medicaid coverage to be included in the rule will cause confusion and perpetuate the chilling effect caused by the 2019 rule. It is also important to note that not all children who receive long-term care may require it into adulthood, and considering its use would discriminate against children with disabilities.

3. **We agree that it is crucially important that the child-only TANF cases be excluded from a public charge determination as in the current proposed rule.** The majority of TANF recipients – 72% – are children and more than half of TANF households (53.8%) are child-only cases which do not include any adults in the benefit calculations.¹² In 2020, the program lifted over 200,000 children out of poverty, and a 2019 landmark study from the National Academy of Sciences confirmed that cash assistance like TANF reduces child poverty and improves children’s long-term health and educational and economic outcomes.¹³ Child-only cases provide roughly \$64 million in support to about 200,000 children per month and immigration-related concerns should not impede children from receiving these critical benefits.¹⁴

4. **We support the proposed rule’s narrow definition of what constitutes “receipt” of countable public benefits, which explicitly excludes adults who have applied for benefits on behalf of their children or whose children are currently receiving benefits.** Making it clear that it is safe

¹¹ Sonya V. Troller-Renfree et al., *The impact of a poverty reduction intervention on infant brain activity*, *Psychological and Cognitive Sciences* 119, no. 5 (Jan. 24, 2022), <https://www.pnas.org/doi/10.1073/pnas.2115649119>.

¹² Gene Falk and Patrick A. Landers, *The Temporary Assistance for Needy Families (TANF) Block Grant: Responses to Frequently Asked Questions*, Congressional Research Service (Updated Mar. 31, 2022), <https://sgp.fas.org/crs/misc/RL32760.pdf>; *Characteristics and Financial Circumstances of TANF Recipients Fiscal Year (FY) 2020*, U.S. Department of Health & Human Services Office of Family Assistance (Nov. 1, 2021), https://www.acf.hhs.gov/sites/default/files/documents/ofa/fy2020_characteristics_data_final.pdf.

¹³ Liana E. Fox and Kalee Burns, *The Supplemental Poverty Measure: 2020*, U.S. Census Bureau (Sep. 2021), <https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-275.pdf>; *A Roadmap to Reducing Child Poverty*, National Academies of Sciences, Engineering, and Medicine (2019), <https://www.nap.edu/catalog/25246/a-roadmap-to-reducing-child-poverty>.

¹⁴ *Characteristics and Financial Circumstances of TANF Recipients Fiscal Year (FY) 2020*, U.S. Department of Health & Human Services Office of Family Assistance (Nov. 1, 2021), https://www.acf.hhs.gov/sites/default/files/documents/ofa/fy2020_characteristics_data_final.pdf.

to apply for and receive health care, nutrition assistance, and other assistance on behalf of children without public charge consequences, will help DHS achieve its goal of establishing a rule that does not cause undue fear or confusion and that mitigates the documented chilling effect that has harmed millions of children. In addition to the NPRM's narrow definition, we also support the following recommendations to help communicate to parents that the receipt of benefits by such children will not be considered part of the public charge inadmissibility determination for the parent:

- DHS should add a non-exclusive list of examples of what does not count as “receipt” of benefits by an intending immigrant as part of the regulatory text. For example, the list should include “child-only” TANF cases; and also “serving as the representative payee” for someone under the SSI program.
- DHS should explicitly state that a child's receipt of any benefit, including the use of TANF and SSI, will not be taken into account when making a public charge determination for the child's family member. DHS should include an explicit statement that clarifies that the use of benefits by *both* citizen and non-citizen children will not have an impact on their parents' or family members' public charge determination.
- DHS should make clear that an applicant's receipt of benefits other than TANF and SSI will not be considered in a public charge determination, and include a non-exhaustive list of programs not included. Many parents withdrew themselves from benefits that were not included in the previous rule for fear of immigration consequences. A parent's health is one of the strongest predictors of a child's health.¹⁵ Children in households where parents lack access to critical benefits suffer the loss of income and other assistance that could support their healthy development. As such, DHS should explicitly provide a non-exhaustive list of benefits that do not count in a public charge determination within the regulatory text like SNAP, the Children's Health Insurance Program, Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Affordable Care Act premium subsidies for health coverage through an exchange.
- DHS should engage in an inter-agency outreach and engagement campaign that includes the following components:
 - Outreach efforts should reach all families, including families with non-citizen children. While the NPRM specifically calls for comments on “how to communicate to parents of U.S. citizen children that the receipt of benefits by such children would not be considered as part of a public charge inadmissibility determination for parents,” it is important to note that both U.S. citizen children and non-citizen children have been detrimentally impacted by the fear and false belief that a child's use of benefits would have immigration consequences for their family members. Non-citizen children also have access to some federal and state public benefits programs and their family members must also understand that a child's use of those benefits will not have immigration consequences for the family member.

¹⁵ David Murphey and Samuel Beckwith, *A parent's health is one of the strongest predictors of a child's health*, Child Trends (Jan. 9, 2019), <https://www.childtrends.org/blog/a-parents-health-is-one-of-the-strongest-predictors-of-a-childs-health#:~:text=Recent%20research%20by%20Child%20Trends,sex%2C%20age%2C%20or%20race.>

- DHS, in partnership with benefits granting agencies, should launch an interagency campaign to clearly communicate the new public charge rule in multiple languages. For children in particular, it is important that agencies like the Departments of Education, Health and Human Services, Agriculture, and Housing and Urban Development partner to ensure that the campaign reaches families with children in trusted spaces where they receive services like schools and early education centers. This campaign should include updates to agency websites, similar to the public charge webpage that DHS currently has, explaining the new rule, the difference between the new rule and the 1999 guidance, and the new rule’s limited applicability to benefits programs.¹⁶
- DHS and other federal agencies should also launch a public relations campaign using all mediums, including social media and ethnic media, to explain the new public charge rule. Research shows that immigrant communities trust TV news, social media, friends, family, and government officials for information.¹⁷
- DHS and benefits granting agencies should support states and service providers in creating materials specifically for families in multiple languages. States and community groups who work directly with families must be given accessible, multilingual outreach materials suited to their populations and their ways of interacting with their clients.
- DHS should provide funding to trusted community organizations that can provide outreach and education to immigrants and their families. Research also shows that community organizations are trusted sources of information for immigrant families.¹⁸ DHS should provide funding for these organizations, particularly organizations serving families with children, so that trusted community leaders can share information about the new public charge rule directly to families and in public settings like in the media.

5. **We support the proposed rule’s favorable consideration of the affidavit of support.**

We recommend a valid affidavit of support be deemed sufficient to overcome a public charge test, consistent with the USCIS adjudicator’s field manual under the 1999 field guidance, the longstanding Department of State instructions, and legislative history. An immigrant who has a sponsor who has committed to providing financial support if needed can be safely assumed to not be likely “to become primarily reliant on the federal government for subsistence.” A legally valid affidavit of support can therefore overcome any other factor that may indicate a person is likely to become a public charge in the future.

6. **We support language in the proposed rule regarding the “totality of the circumstances.”** Specifically, we support and recommend that DHS retain the proposed

¹⁶ *Public Charge Resources*, U.S. Citizenship and Immigration Services (Updated Nov. 17, 2021), <https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge/public-charge-resources>.

¹⁷ *Public Charge was Reversed—But Not Enough Immigrant Families Know*, No Kid Hungry (Dec. 2021), https://www.nokidhungry.org/sites/default/files/2021-12/NKH_Public%20Charge_Micro-Report_English_0.pdf.

¹⁸ Maggie Clark, *Outreach for Pregnant People Included in Latest CMS Grant Funding Opportunity*, Georgetown Center for Children and Families (Feb. 22, 2022), <https://ccf.georgetown.edu/2022/02/22/outreach-for-pregnant-people-included-in-latest-cms-grant-fund>.

rule's language that an applicant's use of countable benefits and any one statutory factor do **not** automatically make an individual a public charge. As mentioned above, we also recommend that an affidavit of support be sufficient to overcome a public charge test, and that age be considered favorable for children and establish a presumption that they are not a public charge as detailed in our recommendation below.

7. **We strongly recommend that DHS establish a presumption that children are not a public charge.** While we are generally supportive of the totality of the circumstances framework proposed in the NPRM, we recommend that DHS set out an additional criterion for applying this standard to children. In the preamble to the NPRM, DHS notes that it “remains particularly concerned about the potential effects of public charge policy on children,” but cannot apply an “exemption” or “exclude from consideration any of the congressionally established statutory minimum factors.” To be clear, our recommendation is not that DHS *ignore* the statutory factor of age; we recommend that DHS *interpret* the statutory factor of age. DHS should develop a presumption that children cannot be a public charge, barring compelling evidence to the contrary. (DHS should also require this to be documented in § 212.22(c), as per our recommendation above.) DHS should issue implement this policy in light of the following considerations, among others:

- Use of benefits by a child does **not** indicate their likelihood to be a future public charge. Child development research shows that benefit use by children in fact leads to increased income throughout their lifetimes and gains for our economy.¹⁹ In 2020, TANF lifted over 200,000 children above the federal poverty line and due to SSI benefits, over 350,000 fewer children experienced poverty in 2020.²⁰ A 2019 landmark study from the National Academy of Sciences confirmed that cash assistance like TANF reduces child poverty and improves children's long-term health and educational and economic outcomes.²¹ Furthermore, over half of SSI child recipients are found not to qualify for SSI when they turn 18 and are evaluated using the adult standards for eligibility.²²
- Access to benefits is even more critical for children in immigrant families—the poverty rate for these children is more than twice as high as the rate for children in nonimmigrant families, and the rate is three times as high if a child is a noncitizen.²³ Ultimately, programs that provide healthcare, nutrition, housing,

¹⁹ Raj Chetty, John N. Friedman, and Jonah Rockoff, *New Evidence On The Long-Term Impacts Of Tax Credits* (2011), <https://www.irs.gov/pub/irs-soi/11rpchettyfriedmanrockoff.pdf>.

²⁰ Liana E. Fox and Kalee Burns, *The Supplemental Poverty Measure: 2020*, U.S. Census Bureau (Sep. 2021), <https://www.census.gov/library/publications/2021/demo/p60-275.html>.

²¹ *A Roadmap to Reducing Child Poverty*, National Academies of Sciences, Engineering, and Medicine (2019), <https://www.nap.edu/catalog/25246/a-roadmap-to-reducing-child-poverty>.

²² *SSI Disabled Child Reviews: Disposition of a Medical Continuing Disability Reviews by Year of Initial Decision and Level of Decision, Fiscal Years 2001-2015*, U.S. Social Security Administration (Jul. 29, 2016), https://www.ssa.gov/oact/ssir/SSI16/V_D_Redet_CDRdata.html#389380.

²³ Dolores Acevedo-Garcia et al., *Including Children in Immigrant Families in Policy Approaches to Reduce Child Poverty*, *Academic Pediatrics* 21, no. 8 (2021), <https://reader.elsevier.com/reader/sd/pii/S1876285921003752?token=9354F706AE8A20E8E4E6E7CE58A07A3968B2CDBF615BD9838270CD09258DA8F099DCC56C8D236E87BBE30D81B28D5B89&originRegion=us-east-1&originCreation=20220405181311>.

income support, and other assistance to children can break the cycle of generational poverty and increase economic mobility and educational attainment.

- Children are not accountable for their presence in the United States nor any application for public benefits on their behalf. Children should not be held accountable as public charges since they are generally not responsible for immigrating to the United States or being enrolled in benefits.
- There is no legal impediment to DHS providing further criteria to officers about how to interpret the statutory factor of age or any of the other statutory factors based on these considerations. Addressing the overrepresentation and irrelevance of child benefit use to public charge determinations through a presumption against determinations that children are a public charge (or some other similar heightened standard) is in fact, based on evidentiary data, the most reasonable interpretation of the statutory factors. Such a standard is most appropriate in regulation since it would be a substantive regulatory change and will have a binding effect. If DHS chooses not to implement this standard in regulation, the agency should include it in future guidance.

8. We support the proposal to require detailed written denial decisions, and recommend the requirement be strengthened for children.

- We support the NPRM’s requirement for written denial decisions that “reflect consideration of each of the [required] factors” and “specifically articulate the reasons for the officer’s determination.” The similar and long-standing requirement in the 1999 field guidance, which was altered in the 2019 final rule with no reasonable explanation and in conflict with § 8 C.F.R. 103.3(a)(1)(i), should be reinstated. Such a policy is critical to the equitable implementation of the public charge standard, because evidence shows that the accuracy increases when evaluators are accountable.²⁴ This policy will make officers less likely to make erroneous decisions rooted in implicit bias *and* will create written records that allow DHS to investigate patterns of bias, intentional or not. DHS must take this step to counteract the legacy of racism, xenophobia, and other forms of discrimination in the U.S. immigration system.
- We recommend that DHS improve this policy by conforming it to our recommendation above that DHS apply a heightened standard for a finding that a child is a public charge. DHS could accomplish this by specifically referencing the standard for children in the regulation or otherwise clarifying in the preamble to the final rule that “consideration of each of the factors” in § 212.22(a) includes consideration of and “specifically articulating” reasoning for the heightened standard for children.

Conclusion

We thank you for the opportunity to weigh in on this important policy and urge DHS to move quickly on finalizing the rule with these critical improvements. Doing so will help millions of families and children across the country access the healthcare and benefits they need to thrive and help our country continue a path to full recovery from the COVID-19 pandemic.

²⁴ Neal P. Mero and Stephan J. Motowidlo, *Effects of Rater Accountability on the Accuracy and the Favorability of Performance Ratings*, Journal of Applied Psychology 80, no. 4 (1995), <https://info.catme.org/wp-content/uploads/Mero-accountability.pdf>.

Signed,

National Organizations

AASA, The School Superintendents Association
Abriendo Puertas / Opening Doors
AIDS Alliance for Women, Infants, Children, Youth & Families
American Academy of Family Physicians
American Academy of Pediatrics
American Federation of Teachers (AFT)
Association of Children's Residential & Community Services (ACRC)
Center for Law and Social Policy
Center for the Study of Social Policy
Child Care Aware of America
Children's HealthWatch
Children's Rights
Church World Service
Coalition for Juvenile Justice
Congressional Policy Practice Institute
Educare Learning Network
Family Voices
First Focus on Children
Georgetown Center for Children and Families
Integrated Care for Kids - InCK Marks Initiative
Justice for Migrant Women
Kids in Need of Defense (KIND)
MomsRising
National Association for Children's Behavioral Health
National Association for the Education of Young Children
National Association of Councils on Developmental Disabilities
National Association of Counsel for Children
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Center for Parent Leadership, Advocacy, and Community Empowerment (National PLACE)
National Center for Transgender Equality
National Education Association
National Immigrant Justice Center
Partnership for America's Children
PolicyLab, Children's Hospital of Philadelphia
Prevent Blindness
Prevention Institute
Save the Children
The Children's Advocacy Institute
The National Alliance to Advance Adolescent Health
The Young Center for Immigrant Children's Rights

Union for Reform Judaism
United Parent Leaders Action Network (UPLAN)
Universal Income Project
ZERO TO THREE

State and Local Organizations

Abrazar, Inc. (CA)
Advocates for Children of New Jersey
Allies for Children (PA)
AltaMed Health Services (CA)
American Academy of Pediatrics, California Chapter 3
American Academy of Pediatrics, Georgia Chapter
American Academy of Pediatrics, Kentucky Chapter
American Academy of Pediatrics, Maryland Chapter
American Academy of Pediatrics, New Jersey Chapter
American Academy of Pediatrics, Pennsylvania Chapter
American Academy of Pediatrics, Utah Chapter
American Children's Campaign (Florida)
Arizona Association for the Education of Young Children
Buen Vecino (CA)
California Immigrant Policy Center
Californians Together
CHILDREN AT RISK (TX)
Children First (PA)
Children Now (CA)
Children's Action Alliance (AZ)
Children's Advocacy Alliance (NV)
Children's Institute (OR)
Children's Village (PA)
Chula Vista Partners in Courage (CA)
Clayton Early Learning (CO)
Colorado Children's Campaign
California Primary Care Association (CPCA)
Early Childhood Alliance (UT)
El Pueblo Unido of Atlantic City y Pueblos Cercanos (NJ)
Engaged Latino Parents Advancing Student Outcomes (CO)
EverThrive Illinois
Every Texan
Family Voices of NJ
First 5 LA
Florida's Children First
Golden Corridor Association for the Education of Young Children (GoAEYC) (IL)
Golden State Opportunity (CA)
Hawaii Children's Action Network Speaks!

Hispanic Services Council, Inc. (FL)
Hispanic Unity of Florida
Kansas Action for Children
Kentucky Voices for Health
Kids Forward (WI)
Maternity Care Coalition (PA)
MCCOY (Marion County Commission on Youth. Inc.) (IN)
McNeilly Center for Children (TN)
Michigan League for Public Policy
Mississippi Low Income Child Care Initiative
NC Pediatric Society
New Mexico Pediatric Society
New Mexico Voices for Children
Our Children Oregon
Partners for Our Children (WA)
Partnership for Community Action (NM)
Pennsylvania Association for the Education of Young Children
Pennsylvania Partnerships for Children
SPAN Parent Advocacy Network (NJ)
Tennessee Justice Center
Texans Care for Children
Texas Pediatric Society
The Children's Agenda (NY)
The Children's Partnership
University of California Student Association
Voices for Utah Children
Voices for Vermont's Children