



November 26, 2018

The Kansas Association of School Boards (KASB) represents nearly 2,000 publicly-elected officials in 285 Kansas school districts that serve nearly 500,000 K-12 Kansas students. KASB's member-adopted policies on student health and wellbeing allow us to submit these comments urging the Department to withdraw this NPRM.

KASB is concerned that should the Proposed Rule take effect as published in the Federal Register, Kansas schools will likely see increased numbers of students whose families will choose to not participate in or disenroll from healthcare, nutrition and other government programs for fear of jeopardizing their immigration status. As a result, many U.S. citizen Kansas school children may not have access to the health and nutrition programs that improve their educational abilities and achievement.

Our concerns are based on several data points:

The American Immigration Council (AIC) found that between 2010 and 2014, [1 in 18 children in Kansas was a U.S.-citizen child living with at least one undocumented family member](#) (42,661 children in total). That's roughly [11 percent of the state's K-12 public-school enrollment](#). Kansas public schools do not collect student citizenship status data; they are legally required, however, to provide an education to all children who present themselves at the schoolhouse door.

According to the nonpartisan [Kaiser Family Foundation](#) (KFF), "nearly all (94 percent) noncitizens who originally entered the U.S. without LPR status have at least one characteristic that DHS could potentially weigh negatively in a public charge determination. More than four in ten (42 percent) have characteristics that DHS could consider a heavily weighted negative factor and more than one-third (34 percent) have income below the new 125 percent FPL threshold. Under the proposed rule, individuals with lower income, a health condition, less education, and/or who use or are likely to use certain health, nutrition, and housing programs, including Medicaid, would face increased barriers to adjusting to LPR status because DHS could consider these characteristics as negative factors."

KFF estimates, "If the proposed rule leads to Medicaid disenrollment rates ranging from 15 percent to 35 percent among Medicaid and CHIP enrollees living in a household with a noncitizen, ***between 2.1 to 4.9 million Medicaid/CHIP enrollees would disenroll*** (emphasis added by KASB). These estimates reflect disenrollment among noncitizens without LPR status who would disenroll because participation in the program could negatively affect their chances of adjusting to LPR status ***as well as disenrollment among a broader group of enrollees in immigrant families, including their primarily U.S. born children, due to increased fear and confusion.***" (emphasis added by KASB).



If we apply the Kaiser disenrollment estimate of 15-35 percent cited above to the AIC’s finding of 42,661 U.S.-citizen Kansas children who live with at least one undocumented family member, 640-1493 of those citizen children could potentially lose health insurance benefits as a result of the proposed rule.

Implications for K-12 public education in Kansas:

Kansas K-12 student demographics

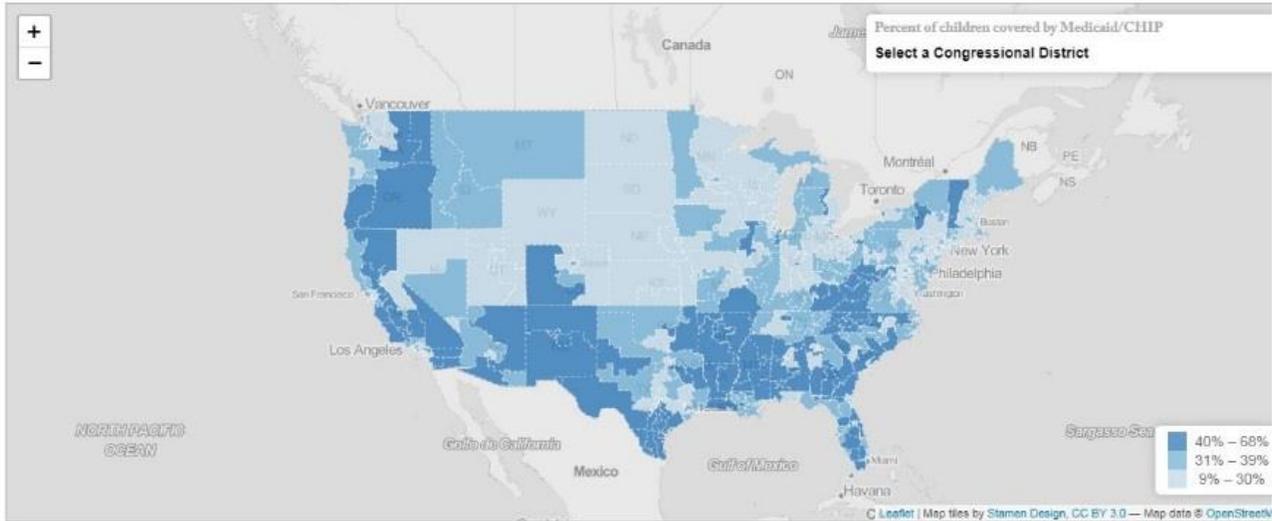
In the [2017-18 school year](#):

- 48 percent of Kansas public-school students were classified as “economically disadvantaged”;
- 64 percent of public-school students were White;
- 19.7 percent were Hispanic, the fastest-growing student demographic;
- 9.2 percent were “Other” ethnicities;
- 6.88 percent were African American;
- 10.58 percent were “English Language Learners” (non-native speakers)

As stated previously, Kansas public schools do not collect student citizenship data. Based on the points cited thus far, however, we can infer with some confidence that the “public charge” definition expansion could potentially affect many of our students’ health and nutrition and by extension their education.

Student health/impact on learning

Kansas students’ overall health directly affects their ability to come to school ready to learn. For example, many Kansas school children receive prescription medications or optometry services that are important to their daily lives and are currently covered by their parents’ health insurance, including Medicaid. CHIP offers free or low-cost health coverage for children from working families. Nearly 40,000 Kansas children, many of whom attend our public schools, are covered by CHIP. If immigrant families in Kansas disenroll from Medicaid, CHIP, or other assistance programs because of the proposed “public charge” definition expansion, Kansas public schools will almost certainly feel the impact. The map below shows the percent of U.S. children covered by Medicaid/CHIP, by Congressional District.



Notes: Children are defined as under 18 years of age. Children with two or more types of coverage are not included in the map. The congressional district boundaries displayed were in effect for the 114th Congress.

Source: Georgetown University Center for Children and Families analysis of the single-year estimates of summary data from the 2016 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Percent estimates were computed.

[In Kansas](#), 28 percent of children in Congressional District 1 are covered by Medicaid/CHIP; in District 2, 26 percent; District 3, 25 percent; and in District 4, 29 percent.

Student Nutrition/Achievement

The Proposed Rule adds the Supplemental Nutrition Assistance Program (SNAP) to the list of programs that may be considered in determining whether to designate a person as a “public charge.” While the Proposed Rule exempts from the “public charge” definition the use of SNAP by children under the age of 18, KASB and other education advocates are concerned that the fear and confusion surrounding the NPRM may nonetheless prompt eligible families to disenroll from SNAP in order to preserve their immigration status.

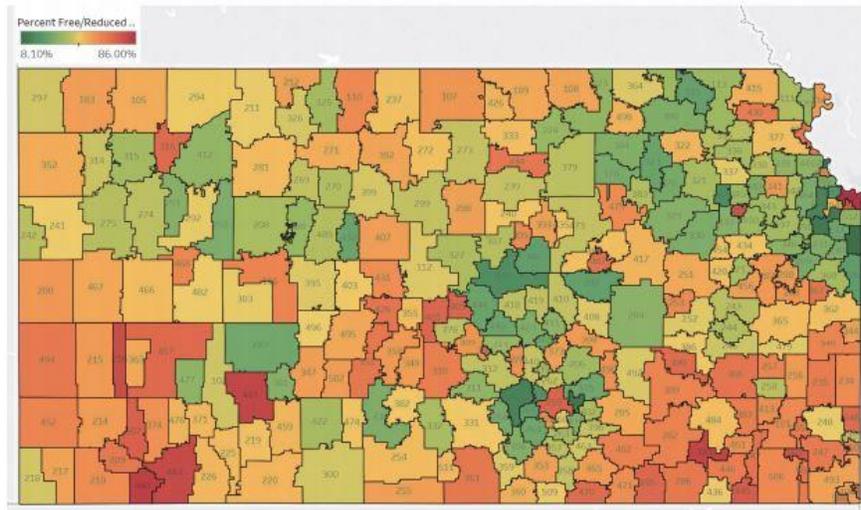
In addition, although [federal school meals programs](#) are not specifically mentioned in the NPRM, KASB fears that low-income families who qualify for those services (which are dependent on dollar amount thresholds and could potentially be considered to be “monetized benefits” under the complex Proposed Rule) will decide NOT to apply for free- or reduced-price school breakfast, lunch or snacks to avoid jeopardizing their LPR or visa status.

For many low-income children in Kansas and nationwide, school meals are their best source of nutritious food. School board members are concerned that if families forgo access to those meals due to immigration status concerns, already-vulnerable low-income immigrant Kansas students - including those who are legal U.S. citizens - will come to school hungry.



[Numerous studies](#) have shown that food insufficiency is associated with higher prevalence of poor health conditions, including stomachaches, headaches, and colds; and that severe hunger can predict chronic illness among both preschool and school-age children. Furthermore, hunger-related toxic stress can negatively affect brain development, learning, information processing, and academic achievement in children. Malnutrition in the first years of life is especially harmful, impacting physical growth, decreasing resistance to disease, limiting the size and functioning of children’s brain structures, and stunting intellectual capacity. Severe hunger is associated with anxiety and depression among children and food-insecure children may perform worse on academic achievement tests and learn less during the school year.

In Kansas, the percentage of students on free or reduced-price meal status [ranges from less than 10 percent in some school districts to nearly 90 percent in others](#). The map below represents the distribution of Kansas students who qualify for free and reduced-price meals.



Regardless of the Administration’s intended immigration policy goals, this proposed rule is likely to have a strongly negative impact on the educational achievement of thousands of Kansas school children. We therefore urge the Department to withdraw it. Failing that, the Department should thoroughly research the intended and unintended consequences of this NPRM, make substantive revisions, and resubmit for additional public comment.

Leah Fliter
Advocacy and Outreach Specialist
Kansas Association of School Boards
1400 SW Arrowhead Rd.
Topeka, KS 66604
785-273-3600
lfliter@kasb.org