April 21, 2026

The Honorable Scott Turner
Secretary
U.S. Department of Housing and Urban Development
451 7th Street, SW
Washington, D.C. 20410

Submitted electronically via www.regulations.gov

RE: Comments from the Academic Pediatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetrics and Gynecologists, American Pediatric Society, American Psychiatric Association, Americas Essential Hospitals, Association of Medical School Pediatric Department Chairs, the National Association of Pediatric Nurse Practitioners, and Society for Adolescent Health and Medicine on the Notice of Proposed Rulemaking HUD Docket No. FR-6524-P-01 [RIN 2501-AE16] Housing and Community Development Act of 1980: Verification of Eligible Status

Dear Secretary Turner:

On behalf of the Academic Pediatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetrics and Gynecologists, American Pediatric Society, American Psychiatric Association, Americas Essential Hospitals, Association of Medical School Pediatric Department Chairs, the National Association of Pediatric Nurse Practitioners, and Society for Adolescent Health and Medicine, we welcome the opportunity to respond to the U.S. Department of Housing and Urban Development (HUD) Notice of Proposed Rulemaking (NPRM) on Housing and Community Development Act of 1980: Verification of Eligible Status, Docket No. FR-6524-P-01 [RIN 2501-AE16].

As organizations representing physicians, nurses, mental health professionals, and hospitals that care for children and families, we are uniquely positioned to speak to the impact housing security and stability have on the health of children and families. Families with children represent one of the fastest growing segments of the homeless population. Between 2023 and 2024, 39 percent more people in families with children experienced homelessness – the largest single year increase in homelessness ever recorded among this population.[1]

[1] U.S. Department of Housing and Urban Development. *The 2024 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness.* Published December 2024. Accessed March 31, 2026. https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf

The NPRM, if finalized, will cause more homelessness and housing insecurity with devastating impacts on the health and well-being of children and families, including U.S. citizen children, by eliminating the right of mixed status families to continue living together in HUD-assisted housing. As a result, mixed status families would be forced to make an impossible choice: either separate to allow eligible family members to continue receiving assistance or lose housing assistance so that the family can stay together but potentially end up homeless. Given the serious negative impacts of homelessness and housing insecurity on the health of children and families and the long-term implications for child-wellbeing and development, we urge HUD to immediately withdraw the NPRM in its entirety and allow its long-standing regulations governing mixed-status families and verification of status to remain in effect.

NPRM Unfairly Harms U.S. Citizen Children

Currently, mixed status families can live in HUD-assisted housing if at least one family member is a U.S. citizen or has eligible immigration status.[2] According to HUD, approximately 20,000 mixed status families live in HUD-assisted housing. Ninety-five percent of children in these households are U.S. citizens or legal permanent residents.[3] Should the proposed rule go into effect, 80,000 people – including 37,000 children – could lose housing assistance.[4]

By eliminating the ability of mixed status families to live together, the NPRM deprives eligible children of housing subsidies because a relative in their household has ineligible status. Since these children lack the legal capacity to sign leases themselves, the adult heads of household, including those who do not receive assistance, must sign these contracts on behalf of their family. By prohibiting the ineligible adults from living in subsidized units, the NPRM would effectively bar these children who are U.S. citizens or legal permanent residents from receiving housing assistance for which they qualify.

NPRM Harms Parents and Children by Forcing Family Separation

As medical professionals, we know that a child should never be separated from his or her parent unless there are concerns for the safety of the child at the hand of the parent and a competent family court makes that determination. Studies overwhelmingly demonstrate

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[2] 42 U.S.C. §1436a(b)(2) (2018).; 24 CFR § 5.508(e) (2024).

[3] U.S. Department of Housing and Urban Development. *Housing and Community Development Act of 1980: verification of eligible status* [regulatory impact analysis]. Published September 30, 2025. Accessed March 26, 2026. https://www.regulations.gov/document/HUD-2026-0199-0006

[4] Gartland E, Acosta S. Administration plan targeting immigrants would take away rental assistance, create new barriers. Center on Budget and Policy Priorities. Published December 12, 2025. Accessed April 6, 2026. https://www.cbpp.org/research/housing/administration-plan-targeting-immigrants-would-take-away-rental-assistance-create

the irreparable harm caused by breaking up families.[5] Prolonged exposure to highly stressful situations – known as toxic stress – can disrupt a child's brain architecture and affect his or her short- and long-term health. Toxic stress can cause health issues in children such as problems with toileting, sleeping, eating, learning and concentrating; depression, anxiety and symptoms of post-traumatic stress; and increased risk of heart disease, diabetes and depression later in life.[6] Even temporary separation has an enormous negative impact on the health and educational attainment of these children later in life, and many parents struggle to restore the parent-child bond once it has been disrupted by a separation.[7]

Family separation is equally concerning for parents, especially parents who are pregnant or postpartum. New mothers may be faced with the incredibly difficult choice between safe housing, staying with an ineligible partner, or her child. This places undo stress on those who are pregnant and postpartum, separating parents from other family members who act as caregivers during a time when parents need support. If implemented, the proposed rule poses great risk of housing insecurity and homelessness during a medically vulnerable period.

Health and Related Effects of Homelessness and Housing Insecurity on Children and Families

Housing insecurity and homelessness are detrimental to the health, nutrition, and economic stability of children and families. HUD's regulatory impact analysis both underestimates the short-term costs of eviction and displacement and fails to account for the long-term health consequences for thousands of displaced families. Families who are evicted are more likely to experience homelessness and housing insecurity, move into substandard or overcrowded housing, and have a sequence of adverse physical and mental health outcomes.[8]

Child health and housing security are closely intertwined, and children without safe and stable housing are more likely to suffer from chronic disease, hunger, and malnutrition than

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[5] Bouza A, Camacho-Thompson DE, Carlo G, et al. The Science Is Clear: Separating Families Has Long-Term Damaging Psychological and Health Consequences for Children, Families, and Communities. *Society for Research in Child Development*. June 2018. Available at https://www.srcd.org/policy-media/statements-evidence/separating-families

[6] American Academy of Pediatrics. *Seeking safe haven: supporting immigrant children & families facing detention or separation*. HealthyChildren.org. Accessed March 31, 2026. https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/Detention-of-Immigrant-Children.aspx

[7] Wood LCN. Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Paediatr Open*. 2018;2:e000338. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6173255/.

[8] Bovell-Ammon A & Sandel M., *The Hidden Health Crisis of Eviction*, Bos. U. Sch. of Pub. Health (2018),; Desmond M. & Tolbert Kimbro R.*, Evictions Fallout: Housing, Hardship, and Health*, 94 Social Forces 295 (2015).

children with homes.[9] These impacts can be particularly pronounced for children with underlying chronic or complex medical conditions. In addition, children who are homeless or housing insecure are at an increased risk of abuse, exposure to violence, and psychological trauma. Emotional distress, developmental delays, and decreased academic achievement are all more common in this population, with long-term implications for well-being and productivity.[10] Not only do these health challenges have a detrimental effect on children's ongoing development and long-term well-being, but they can also drive up health care spending at the state and federal levels as these children are more likely to be sicker when they ultimately receive care.

In addition to harming child health, housing instability negatively impacts pregnancy. Housing instability during pregnancy results in increased complications and health impacts for newborns, including low birthweight, preterm birth, and delivery complications.[11] Babies born to women experiencing homelessness have increased odds of Neonatal Intensive Care Unit admission.[12]

Effects of Homelessness and Housing Insecurity on Access to Health Care

Children and families who are homeless or housing insecure often do not have access to a regular source of health care. As a result, they are more likely to receive fragmented health care and rely on the emergency department as a primary source of care.[13] Some of the barriers that prevent children and families from accessing optimal care when they are homeless or housing insecure include difficulty obtaining affordable, accessible, and coordinated health care services; frequent and unpredictable changes in living circumstances that prevent timely presentation for care, follow-up, and communications with health care providers; inadequate access to storage places for medication and medical supplies; and potential exposure to violence or fear of violence that limits freedom.[14] Gaps in needed services can have long-term implications for a growing child's ability to reach his or her full potential to become a contributing member of society,

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[9] AAP Council on Community Pediatrics, "Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity," (June 2013; reaffirmed 2016 and 2022), https://pediatrics.aappublications.org/content/pediatrics/131/6/1206.full.pdf

[10] AAP Council on Community Pediatrics, "Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity," (June 2013; reaffirmed 2016 and 2022), https://pediatrics.aappublications.org/content/pediatrics/131/6/1206.full.pdf

[11] Clark RE, Weinreb L, Flahive JM, Seifert RW. Homelessness contributes to pregnancy complications. *Health Aff (Millwood).* 2019;38(1):139-146. doi:10.1377/hlthaff.2018.05156

[12] DiTosto JD, Holder K, Soyemi E, Beestrum M, Yee LM. Housing instability and adverse perinatal outcomes: a systematic review. *Am J Obstet Gynecol MFM.* 2021;3(6):100477. doi:10.1016/j.ajogmf.2021.100477

[13] Council on Community Pediatrics. Providing care for children and adolescents facing homelessness and housing insecurity. *Pediatrics*. 2013;131(6):1206-1210. https://pediatrics.aappublications.org/content/pediatrics/131/6/1206.full.pdf.

[14] Council on Community Pediatrics. Providing care for children and adolescents facing homelessness and housing insecurity. *Pediatrics*. 2013;131(6):1206-1210. https://pediatrics.aappublications.org/content/pediatrics/131/6/1206.full.pdf.

especially if the child is experiencing developmental delays or has ongoing health problems. Ensuring safe and stable housing for children and their families will help ensure strong community connections and access to resources, promote economic and physical security, help decrease health care costs, and improve health outcomes.

Policies that condition access to essential federal supports on complex eligibility determinations often produce a chilling effect that extends well beyond their formal scope, particularly for mixed-status families with children. As with public charge policies that have caused families to forego health care, nutrition assistance, and other critical services out of fear or confusion, this NPRM would effectively coerce families into destabilizing decisions by presenting separation, housing loss, or homelessness as the only available options. These are not voluntary choices, but predictable behavioral responses to policies that introduce risk and uncertainty into efforts to secure basic needs. The result is forced family separation and housing instability that undermine child health, family unity, and public health goals – outcomes that conflict with HUD's mission to promote safe, stable housing and family wellbeing.

Thank you for the opportunity to provide feedback on the NPRM. We urge HUD to immediately withdraw the NPRM and instead work to advance policies that strengthen, rather than undermine, the ability of immigrant families to live together and support themselves and their children.

Sincerely,

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