



December 17, 2025

The Honorable Kristi Noem  
Secretary  
U.S. Department of Homeland Security  
3801 Nebraska Avenue NW  
Washington, D.C. 20528

**RE: Public Charge Ground of Inadmissibility Notice of Proposed Rulemaking; CIS No. 2836-25; DHS Docket No. USCIS-2025-0304**

Dear Secretary Noem:

On behalf of the American Academy of Family Physicians (AAFP), representing 128,300 family physicians and medical students across the country, I write in response to the Department of Homeland Security's (the Department) [Public Charge Ground of Inadmissibility](#) notice of proposed rulemaking. The AAFP appreciates the Department's desire and intent to preserve the integrity of the legal federal immigration system and agrees with the Department that government benefits should not incentivize immigration. However, we oppose the proposal to rescind the 2022 public charge final rule and to leave the decision on whether an individual seeking to immigrate to the United States will be a public charge to the discretion of individual immigration officials. As such, the AAFP urges the Department not to move forward with this proposed rule and to instead work to ensure broader access, improved quality, and more affordable health care for all patients. Specifically, and drawing from the AAFP's [Health Care for All framework](#), we urge the Department to:

- Recognize health care as a human right;
- Promote equal access to health care nationwide by reducing barriers to care;
- Exclude non-cash benefits such as Medicaid and CHIP from public charge determinations;
- Support primary care infrastructure to ensure continuity and comprehensiveness; and
- Provide robust public education and outreach to clarify eligibility and reduce fear.

If finalized as proposed, this regulation would dramatically change how and whether immigrants can be determined to be a "public charge," including widening the scope of programs considered by the government in making such a determination and expanding individual federal government employees' ability to refuse admission or deny individuals green cards or U.S. visas on this basis. This change threatens to create a chilling effect, discouraging millions of families from enrolling in or maintaining coverage through Medicaid, the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), and other essential programs. Rather than face that threat, many patients would instead choose to avoid

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needed care from their family physicians, jeopardizing their own health and that of their communities. **The AAFP strongly opposes this proposed regulation, as it would make it more likely for lawfully present immigrants to be denied green cards or U.S. visas, or even be deported, merely on the basis of seeking medically necessary health services for them and their family, including those for which they are eligible.** Widespread confusion about which benefits are and are not included in a public charge determination would lead to families avoiding programs that are not clearly part of this proposed rule. By the Department's own admission in the proposed rule, "elimination of certain definitions may lead to public confusion or misunderstanding of the proposed rule, which could result in decreased participation in public benefit programs by individuals who are not subject to the public charge ground of inadmissibility." The ambiguity and fear surrounding benefit use would [harm the health](#) of both immigrants and U.S. citizen children in mixed-status families.

Additionally, the Department should immediately clarify that any changes in the policy, whether through regulation or guidance, will be forward-looking only, and that immigration officers will be directed to not consider benefits received during a time when the stated policy of the United States was that use of such benefits would not have adverse immigration consequences. Such a clear statement was included in both the 2018 notice of proposed rulemaking and the 2019 final rule, and we strongly urge the Department to include it in this proposal.<sup>i,ii</sup>

[Family physicians](#) are specialists who possess distinct attitudes, skills, and knowledge that qualify them to provide comprehensive medical care in communities nationwide and to serve as each patient's advocate in health-related matters. Family physicians witness firsthand how immigration policy impacts patient health and access to essential services. The AAFP's [Health Care for All policy](#) affirms that health is a basic human right for every person, regardless of immigration status, and we [believe](#) all people should have access to timely, acceptable, and affordable health care of appropriate quality. CHIP and Medicaid are critical providers of health care for millions of children and pregnant women; as such, we strongly oppose any inclusion of Medicaid or CHIP in public charge determinations. Excluding families from CHIP and Medicaid will undermine efforts to promote a safe and nurturing environment for all children, including access to comprehensive medical, dental, and mental health care.

The AAFP is concerned that by reversing the 2022 public charge rule and leaving each decision on admissibility to the discretion of individual immigration officials, the Department is failing to provide a consistent standard that our members' patients can rely on to ensure that their immigration status is not impacted by accessing critical medical services. Furthermore, we are concerned that the standard will be applied

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inconsistently if immigration officials have this discretion, causing additional confusion for individuals and their families.

Studies show that reduced participation in preventive and primary care programs leads to delayed treatment and higher rates of communicable disease. Additionally, reduced participation in these programs leads to increased emergency department utilization and rates of uncompensated care, both of which significantly raise health care costs for physicians and U.S. taxpayers.<sup>iii,iv</sup> While this proposal would not alter eligibility rules for Medicaid, CHIP, or SNAP, it does seek for that coverage to be viewed negatively by Department officials when assessing if an individual could enter the country, which would cause a chilling effect. Only lawfully present immigrants are eligible for Medicaid, yet as a result of this rule, many may drop their coverage (or choose not to apply) to avoid endangering their immigration status or out of fear for how the rules may apply to their family members. Vulnerable populations, including children, pregnant women, and individuals with chronic conditions would be disproportionately affected. These outcomes would actively contradict this administration's goal of a healthier America by reducing health care access and increasing health care costs, since deferred care leads to more complex medical and public health challenges.<sup>v,vi</sup>

In addition to anticipated negative health outcomes, family physicians also expect increased operational and financial challenges if this proposal is finalized as written. Members of the clinical care team would need further training to address patient concerns and misinformation, which would necessitate health systems and practices seeking legal guidance. These administrative burdens would divert resources from direct patient care and contribute to burnout, which already impacts about half of all U.S. physicians.<sup>vii</sup> The regulation would significantly increase costs to the health care system and U.S. taxpayers; those who opt out of coverage are more likely to skip recommended primary and preventive care, which often leads to unmanaged conditions and more expensive care long-term. By disrupting coverage for so many people, this proposed rule would have a significant negative impact on the health care delivery system, reducing Medicaid reimbursement for physicians and driving up uncompensated care. Safety-net providers and health care clinicians in communities with large immigrant populations would be particularly impacted, threatening not only the fiscal health of their practice but also their ability to serve the broader community.

Immigrants also play a significant role across the U.S. workforce, and many geographic regions and health care occupations [already face](#) workforce shortages. In particular, International Medical Graduates (IMGs) are indispensable to the U.S. primary care workforce. Due to U.S. medical graduates being less likely to practice in

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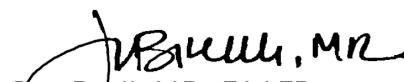
rural and underserved areas, IMGs are twice as likely to practice primary care in the U.S. in these settings.<sup>viii</sup> Increasing uncertainty in the visa process — particularly for potential J-1 and F-1 visa holders — threatens to destabilize this critical pipeline. Reducing the number of immigrants or discouraging immigrants from entering the U.S. could exacerbate these shortages, which in turn could reduce access to care, lead to understaffing and poorer quality of care, and increase labor costs.

Given that most lawfully present immigrants worry that they or their family could be detained or deported,<sup>ix</sup> changes such as those proposed in this regulation could unintentionally encourage immigrants to leave the country or deter future immigration. Restrictive visa policies threaten to limit the number of individuals from abroad who pursue training in the U.S. and make it more difficult for those who do overcome such hurdles to remain in the country after training. Considering that nearly 16,000 physicians with J-1 visas train in dozens of medical specialties and subspecialties, any disruption to IMGs' ability to remain in training or continue serving the public post-residency is guaranteed to undermine continuity of care in the U.S.

### Conclusion

Thank you for the opportunity to provide written comments on this important topic and its potential impact on primary care access in the U.S. Family physicians are committed to serving their communities, and we consider ourselves a partner in the administration's mission of better health for all. We urge the Department to consider the potential real-world impacts of this regulation on America's health care system, and we remain committed to working with the Department and other stakeholders to advance meaningful policies that will help bolster our health care workforce and advance access to high-quality primary care for every individual. We strongly urge the Department not to move forward with this proposed rule and instead work to ensure broader access, improved quality, and more affordable care for patients nationwide. For more information or questions, please contact Mandi Neff, Senior Strategist, Regulatory and Policy, at [mneff2@aafp.org](mailto:mneff2@aafp.org).

Sincerely,

A handwritten signature in black ink, appearing to read "J. Brull, MD".

Jen Brull, MD, FAAFP  
Board Chair  
American Academy of Family Physicians

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- <sup>i</sup> Department of Homeland Security. *Inadmissibility on Public Charge Grounds*. 83 Federal Register 51114. Published October 10, 2018. <https://www.federalregister.gov/d/2018-21106/p-1274>.
- <sup>ii</sup> Department of Homeland Security. *Inadmissibility on Public Charge Grounds*. 84 Federal Register 41292. Published August 14, 2019. <https://www.federalregister.gov/d/2019-17142/p-627>.
- <sup>iii</sup> Basu S, Phillips RS. Reduced Emergency Department Utilization after Increased Access to Primary Care. *PLoS Med*. 2016 Sep 6;13(9):e1002114. doi: 10.1371/journal.pmed.1002114. PMID: 27598299; PMCID: PMC5012576.
- <sup>iv</sup> Krist, A. H., E. Winford, M. Wakefield, Y. Jabbarpour, D. J. Cohen, K. Grumbach, M. J. Hasselberg, B. Bortz, K. L. Fortuna, R. Cancino, S. Gold, S. Tong, M. Meisner, and L. S. Hughes. 2025. Implementing high-quality primary care in 2025: Key policy priorities. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202508d>.
- <sup>v</sup> Pillai, Drishti, Samantha Artiga, Liz Hamel, Shannon Schumacher, Ashley Kirzinger, Marley Presiado, and Audrey Kearney. "Health and Health Care Experiences of Immigrants: The 2023 KFF/LA Times Survey of Immigrants." KFF, 17 Sept. 2023, [www.kff.org/racial-equity-and-health-policy/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/](http://www.kff.org/racial-equity-and-health-policy/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/).
- <sup>vi</sup> Yamanis TJ, Del Río-González AM, Rapoport L, Norton C, Little C, Barker SL, Ornelas IJ. Understanding Fear of Deportation and its Impact on Healthcare Access Among Immigrant Latinx Men Who Have Sex with Men. *Adv Med Sociol*. 2021 Jan 15;21:103-131. doi: 10.1108/s1057-629020210000021010. PMID: 38863904; PMCID: PMC11165931.
- <sup>vii</sup> Verma, Anil, et al. "Impact of a Plant-Based Diet on Cardiovascular Health." *The American Journal of Medicine*, vol. 133, no. 7, July 2020, pp. 807–813. Elsevier, doi:10.1016/j.amjmed.2019.12.014.
- <sup>viii</sup> American Medical Association. October 19, 2021. How IMGs Have Changed the Face of American Medicine. <https://www.ama-assn.org/education/international-medical-education/how-imgs-have-changed-face-american-medicine>.
- <sup>ix</sup> KFF. "KFF Survey of Immigrants' Views and Experiences in the Early Days of President Trump's Second Term." KFF, 2025, <https://www.kff.org/racial-equity-and-health-policy/kff-survey-of-immigrants-views-and-experiences-in-the-early-days-of-president-trumps-second-term/>.