



December 3, 2018

Kirstjen M. Nielsen, Secretary  
Department of Homeland Security  
20 Massachusetts Ave., NW  
Washington, DC 20529–2140

Dear Secretary Nielsen:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the proposed rule titled, “Inadmissibility on Public Charge Grounds” as published by the U.S. Citizenship and Immigration Services within the U.S. Department of Homeland Security in the October 10, 2018 *Federal Register*.

This proposal dramatically changes long-standing rules governing how and whether immigrants can be determined to be a “public charge;” widens the scope of programs considered by the government in making such a determination, and dramatically expands the government’s ability to refuse admission or deny individuals green cards or U.S. visas on this basis.

**The AAFP opposes this proposal since it would make it much more likely that lawfully present immigrants could 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.** Rather than face that threat, many patients will avoid needed care from their family physicians, jeopardizing their own health and that of their communities. Additionally, widespread confusion about which benefits are and are not included in a public charge determination will also lead to families avoiding programs that are not clearly part of this proposed rule. This ambiguity will harm the health of millions of families.

The proposed regulation not only threatens our patients’ health but will also significantly increase uncompensated costs to the health care system and U.S. taxpayers as deferred care leads to more complex medical and public health challenges. Most important, the order puts a governmental barrier between health care providers and patients and does not ensure meaningful access to health care for patients in need.

The loss of these benefits will inevitably extend beyond non-citizen immigrants to communities and families, including the citizen children of immigrants. According to an [analysis](#) by Manatt Health, up to 41.1 million noncitizens and their family members could be affected by this rule. Of particular concern is the estimated 10.7 million citizen children who, because of their noncitizen family members, could be at risk of losing critical health care services. Studies show that the

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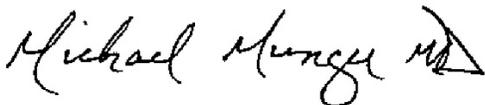
health of children is linked to the health of their parents. Parents who are enrolled in health insurance are more likely to enroll their children. Disenrollment from health insurance by parents will result in a loss of coverage and access to preventative health care for their children.

In this regulation, the Department of Homeland Security asks if the Children's Health Insurance Program (CHIP) should be included in the final rule. The AAFP would strongly oppose this inclusion. CHIP is a critical provider of health care for [9.4 million children](#). Even if CHIP is not included, many states use CHIP funding to finance care for children enrolled in Medicaid, as well as some pregnant women. In fact, nearly 330,000 mothers are covered by states' decision to trigger the "[unborn child](#)" option, extending prenatal coverage for the health of the fetus. The AAFP promotes and supports a safe and nurturing environment for all children that includes access to comprehensive medical, dental and mental health care, psychological and legal security.

**We strongly urge the Administration to abandon this effort and to work to ensure broader access, improved quality, and more affordable care for our patients.**

We appreciate the opportunity to make these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org) with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Michael Munger MD". The signature is written in a cursive style with a stylized "M" and "D".

Michael L. Munger, MD, FAAFP  
Board Chair

### **About Family Medicine**

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.