

December 10, 2018

Samantha Deshommnes
Chief, Regulatory Coordination Division
Office of Policy and Strategy, U.S Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue, NW
Washington, DC 20529-2140

Submitted via the Federal Regulations Web Portal, www.regulations.gov

RE: Inadmissibility on Public Charge Grounds

Dear Ms. Deshommnes:

We appreciate the opportunity to respond to the Proposed Rule on Inadmissibility on Public Charge Grounds (DHS Docket No. USCIS-2010-0012) published in the Federal Register on Oct. 10, 2018 (83 Fed.Reg. 51114).

Collectively, we represent individuals and organizations that support and participate in the health and social support programs that are the backbone of America's safety net, which decreases material hardship and reduces the impact of poverty on low-income individuals and families.¹ As payers, clinicians, hospitals and consumers, we ask that the Department of Homeland Security's (DHS) exclude the Children's Health Insurance Program (CHIP), Medicaid, Medicare Part D Low Income Subsidy (LIS) and all other non-cash benefits from the list of benefits considered in public charge determinations. We would like to express our opposition to the inclusion of non-cash benefits in public charge determinations on the basis of the negative impact to public health and the safety net system due to the "chilling effect" the Proposed Rule would create.

As acknowledged in the Proposed Rule, the consideration of non-cash benefits (e.g., Medicaid, Supplemental Nutrition Assistance Program (SNAP) and Section 8 housing assistance) in public charge determinations would culminate in broader disenrollment and foregone enrollment in these programs.² In fact, health and social services agencies in at least 18 states have already reported a decline in program enrollment, in some cases as much as 20 percent, as a result of "fears about the immigration policy."³ Preliminary estimates from Manatt Health indicate that coverage losses stemming from this Proposed Rule could reach 14 million lawfully present immigrants and their US-born children.⁴ Another estimate finds that 700,000 to 1.7 million children in need of medical attention may be disenrolled from Medicaid and CHIP as a result of the rule.⁵

The impact of the chilling effect would be detrimental to public health and the health and financial stability of families and US-born children. As detailed in the Proposed Rule, the chilling effect would result in a number of expected consequences, including:

¹ https://www.urban.org/sites/default/files/publication/99294/policy_efforts_to_reduce_material_hardship_1.pdf

² <https://www.urban.org/sites/default/files/publication/69781/408086-Trends-in-Noncitizens-and-Citizens-Use-of-Public-Benefits-Following-Welfare-Reform.pdf>

³ <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>

⁴ <https://www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population#DataDashboard>

⁵ <https://www.chcf.org/wp-content/uploads/2018/10/ChangingPublicChargeImmigrationRules.pdf>

- Worse health and birth outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence^{6,7}
- Increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment⁸
- Increased prevalence of communicable diseases, including among members of the U.S. citizen population who are not vaccinated^{9,10}
- Increases in uncompensated care in which a treatment or service is not paid for by patient without health coverage, straining resources for charity care, community health centers and safety net hospitals^{11,12,13}
- Increased rates of poverty and housing instability¹⁴
- Reduced productivity and educational attainment

Additional consequences include reductions in direct-care workers for the disabled and elderly¹⁵ and increased food instability.^{16,17}

As DHS works to finalize this rule, we urge you to reconsider the inclusion of non-cash benefits in public charge determinations in order to avoid further negatively impacting children and families benefiting from the health and social services programs that comprise America's safety net.

Sincerely,

American Academy of Family Physicians (AAFP)
 American Academy of Pediatrics (AAP)
 American College of Obstetricians and Gynecologists (ACOG)
 American College of Physicians (ACP)
 America's Health Insurance Plans (AHIP)
 American Psychiatric Association (APA)
 Asian & Pacific Islander American Health Forum (APIAHF)
 Asian Health Services (AHS)
 Association for Community Affiliated Plans (ACAP)
 Association of Asian Pacific Community Health Organizations (AAPCHO)
 Blue Cross and Blue Shield Association (BCBSA)
 Families USA
 Medicaid Health Plans of America (MHPA)
 National Association of Community Health Centers (NACHC)
 National Partnership for Women and Families
 Service Employees International Union (SEIU)

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/pdf/milq0087-0443.pdf>

⁷ <https://jamanetwork.com/journals/jama/fullarticle/193207>

⁸ <https://www.healthaffairs.org/doi/10.1377/hblog20180503.138516/full/>

⁹ <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.93.10.1630>

¹⁰ <http://pediatrics.aappublications.org/content/120/5/e1148.full-text.pdf>

¹¹ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.21.6.188>

¹² <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.604.4963&rep=rep1&type=pdf>

¹³ <https://journals.sagepub.com/doi/abs/10.1177/107755870105800205>

¹⁴ <https://www.healthaffairs.org/doi/10.1377/hblog20180927.100295/full/>

¹⁵ https://phinational.org/wp-content/uploads/2018/09/DCW_ImmigrantWorkers_PHI_2018.pdf

¹⁶ <http://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>

¹⁷ <https://www.urban.org/urban-wire/targeting-snap-expanded-public-charge-rule-could-worsen-food-insecurity>