

My name is Carol Moser and I'm the Executive Director of Greater Columbia Accountable Community of Health (GCACH). GCACH is a collaboration of community leaders from a variety of sectors with a common interest in improving health. Washington State's Medicaid Transformation Demonstration is supporting healthcare transformation efforts by authorizing up to \$1.5 billion to support three initiatives, one of which is transformation through Accountable Communities of Health. ACHs are an essential component of Washington's Health Innovation Plan, known as "Healthier Washington," which aims to transform the health system in the state to bring better health, better care and lower costs to Washington residents.

There are three main goals of Healthier Washington:

- Building healthier communities through a collaborative regional approach
- Integrating how we meet physical and behavioral health needs so that health care focuses on the whole person
- Improving how we pay for services by rewarding quality over quantity

Our region's population is 710,000 of which approximately 255,000, or 35%, receive Medicaid benefits. 54% of the recipients are children. The largest ethnic group is Hispanics who comprise 50% of the GCACH Medicaid population. The Yakama Nation is the largest Native American Tribe in the state of Washington with 11,000 members.

I'm writing to make you aware that the proposed changes to the Inadmissibility on Public Grounds Rules will exacerbate conditions that have been shown to lead to higher costs of health care, and poorer outcomes, especially among the poor. (Please click [here](#) to view the RWJF County Health Rankings table). Research points to the association between unaddressed social determinants and poor health outcomes. Factors such as food insecurity, lack of safe and affordable housing, inadequate education, lack of access to transportation, and social isolation, have a significant impact on individual health and the collective health of our communities. In fact, 80% of our health is the result of the social determinants we're born into and 20% is the result of our genes and the quality of the healthcare we receive. GCACH considers addressing and mitigating the effects of SDOH as part of our overall strategy to transform our regional healthcare delivery system. The proposed rule changes will play a sabotaging role to the charge ACHs have of improving the health of our populations.

Based on the US Department of Homeland Security's own analysis, many legal immigrants will disenroll or stop seeking basic and vital services altogether to avoid being denied permanent legal status. They will delay seeking medical care for themselves and their U.S. born children until they are forced to go to the emergency room, the most expensive healthcare setting in the system which citizens on commercial insurance end up paying for in increased rates.

These legal immigrants and their citizen children will remain in their communities avoiding preventive health care and getting sicker by the day. Have you considered the following?

- Immigrants, or U.S. born citizens for that matter, do not reach 250% of the poverty line income levels from one day to the next. It takes years for most and generations for some. What are your plans to keep this population healthy until they reach the levels to meet the new criteria?
- Is your plan, not only to have these population disenroll from services, but to also force them to leave the country with their citizen children, or worse, leave their children behind? For the few who actually choose

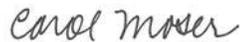
either of the two, what are your plans to ensure American children are healthy in the impoverished and/or violent countries to which they are taken? For the children who are left behind, what are your plans to keep them physically and mentally healthy?

- Why ask immigrants to meet criterion the average U.S. citizen cannot meet?
- What are your plans for when this population is infected with a communicable disease, possibly by a US citizen?

In conclusion, illnesses don't discriminate neatly along income levels or immigration status. These rules will wreak havoc on health outcomes and very likely fuel pandemics affecting the general population. Additionally, two federal entities will find themselves at odds. The Centers for Medicaid and Medicare Services (CMS) is investing significant amounts of money, \$1.5 billion in Washington, to improve population health and lower healthcare cost while the Department of Homeland Security is planning on enacting rules that will make populations sicker and likely to offset any savings resulting from the CMS efforts. Tax payers will not be getting value on this investment, only a sicker population.

We strongly oppose a public charge that allow the government to penalize legal immigrants who use taxpayer-funded programs.

Sincerely,



Carol Moser, Executive Director

Cc: Rhonda Hauff, President, Greater Columbia Accountable Community of Health