

Inadmissibility on Public Grounds Proposed Rule: How to Comment

***DHS/USCIS is accepting comments on its proposed public rule change through December 10 online at <https://www.regulations.gov/comment?D=USCIS-2010-0012-0001>.**

Agency staff must read and code every unique comment, then organize them by subject. **Identical comments are automatically filtered out.** Suggested messages and facts are provided below to make it easier for you to create your own unique comment. Please consider rephrasing the content to reflect your own experiences, thoughts and values so that it counts as a unique comment. Regulations.gov recommends “when possible, support your comment with substantive data, facts or expert opinions.”

We recommend writing your comment in a word doc and then copy/pasting it into the comment box. You may also include attachments as supporting evidence. To learn more visit [Tips for Submitting Effective Comments at Regulations.gov](#).

Identify yourself or your organization and/or give some context:

If you are writing on behalf of an organization, explain how or why this is relevant – how it might affect your work, doesn't align with your values, etc.

If you are writing as an individual, introduce yourself and share some context. Agency reviewers pay attention to credentials. For example:

- I am a (title, organization, credentials)
- As a (parent, concerned citizen, physician, teacher, job title and organization, etc.)
- Through my work as a (physician, teacher, pastor, child advocate etc.), I am privileged to (know, work with, serve) many language immigrants and their families
- As a (legal immigrant, naturalized citizen or daughter of, son of, grandchild of, etc), I know...
- I am a proud American who has always believed...
- As someone who grew up in poverty, I know that...

If you or family members are immigrants, explain what access to benefits has meant in your own life.

State your position on the rule (either at the beginning or at the end or both):

Your comment can be as long or as short as you like. You can also add attachments, so long as they clearly identify who you are and the rule you are commenting on. All comments become part of the public record.

Provide one or more reasons for your position

If you can, please include your experiences or examples of how the proposed rule might affect your life or your work. If you have any supporting data or references, please include them. DHS must analyze and respond to data in its justification.

PERSPECTIVES & SUPPORTING FACTS

As an organization dedicated to public health and equity, we believe it is our responsibility to share our analysis and perspective on the ruling and its potential consequences for our county, our state and the nation. We hope this information is helpful in formulating your own position and comments.

THIS WILL CREATE DIS-ENROLLMENT FROM VITAL HEALTH PROGRAMS

The new rule will create an impossible choice for millions of immigrants who are here legally and who contribute to our communities and our economy. They would be forced to give up vital supports or risk losing legal status and being separated from their families. This is a “lose-lose” proposal for immigrants, their families and our nation:

- This proposed expansion of what constitutes a public benefit will touch almost every legal immigrant in some way – generating fear and mistrust of our nation and our government.
- Fear and confusion will drive millions of people to give up their benefits for fear of losing or not being able to obtain legal status in the future
- Analysis by the Kaiser Family Foundation suggests that between 2.1 million and 4.9 million Medicaid/CHIP enrollees will dis-enroll – creating a public health crisis. Many have already dis-enrolled based on rumor.
- The fear it generates may cause even those who aren’t subject to “public charge” testing to dis-enroll from benefits they need.

Fast Facts

94% of noncitizens who originally entered the U.S. without LPR (green card) status have at least one characteristic that DHS could consider a heavily weighted negative factor.¹

42% have a characteristic that DHS could consider a heavily weighted negative factor.¹

One third have low income below the new 125% Federal Poverty Level (FPL) threshold.¹

More than 10 million non-citizens reside in benefits-receiving families.²

IT WILL HURT OUR NATION’S CHILDREN AND IMPAIR THEIR FUTURE

If families are forced to give up health insurance, food assistance or housing supports, their children will be affected:

- Millions of children, most of them U.S. citizens, will be deprived of the essential supports they need to grow and thrive.
- America’s future depends on our children. We need to make sure every child has the supports they need to succeed. This regulation does the opposite – putting their development and education at risk and destabilizing their families.
- The majority of the children who will be affected are U.S. citizens. Without access to health care, nutritious food and secure housing, they will be left behind.

Fast Facts

There are 10.5 million children of immigrants in benefits-receiving households and 9.2 million of them are U.S. citizens.²

In Washington State, 240,000 citizen children who are currently enrolled in Medicaid/CHP coverage live with an immigrant parent.

Research shows that expanding health insurance to low-income children increased their rate of high school and college completion.³

Medicaid coverage in childhood has been shown to have positive effects on adolescent health outcomes: decreased reports of mental health problems, reduced likelihood of eating disorders, reduced BMI, lower likelihood of risky sexual activity, and less smoking and marijuana and alcohol use.³

SCARING PEOPLE OFF MEDICAID WILL IMPEDE POPULATION HEALTH AND COST LIVES

Medicaid coverage not only improves the health of people who receive it, it improves the health of our community. People who dis-enroll will be less healthy, less able to work and more likely to die early:

- This ruling will keep thousands of pregnant women from seeking medical care, resulting in infants dying or having complications that affect them over their lifetime.
- People without insurance will not get preventive care they need, putting themselves and potentially others at risk.
- If people with chronic diseases can't afford their medicines or get regular care, they may not be able to work and support their families – or worse, they may die.
- Dozens of studies have shown that having health insurance coverage improves child wellbeing – and pays off in better outcomes across a lifetime.
- This will undermine trust between immigrants and the systems that support health.
- Efforts to improve social determinants of health will be thwarted as immigrants avoid programs that could help them.

Fast Facts

Medicaid coverage in early childhood is associated with improvements in health from ages 25 to 54⁴ and reduced morality in adulthood.⁵

Medicaid reduces the morality of infants and children who use it by 20 to 30%.⁶

Medicaid expansion to adults is associated with increased access to care, improved self-reported health, and reduced morality.⁷

THIS WILL JEOPARDIZE OUR HEALTH CARE SYSTEM AND RAISE COSTS FOR EVERYONE

This ruling will raise the number of uninsured, with serious consequences for the patients, the healthcare system and public health:

- More patients will be uninsured, resulting in increased use of emergency departments for both emergency and nonemergency visits.
- Without insurance, immigrants and their children will not be able to afford preventive care and may delay care when they are ill, leading to sicker patients that require more costly and complex medical treatments.
- Rising levels of uninsured will strain the viability of safety net health systems, putting pressure on already low operating margins and driving up costs for all payers, including U.S. taxpayers.
- Many low-wage jobs in healthcare are filled by legal immigrants. This ruling could exacerbate growing workforce shortages, especially among home health workers.
- State and local government will be saddled with increased costs to implement the new changes, including costs to rework systems and track benefit use.
- Costs for social services will rise, due to homelessness and loss of food stability.

Fast Facts

The average cost of an ER visit is \$1322⁸ – eight times more than the \$160 average price for a primary care visit⁹

At ~\$10,000, the cost of an average hospital stay is 65¹⁰ times more.

THIS WILL MAKE OUR COMMUNITIES AND OUR NATION POORER

The proposed rule is an attack on the working poor, who are least equipped to fight back. Denying essential supports will drive them further into poverty and weaken the fabric of our society.

- A person's worth to our society cannot and should not be measured by their wages alone.
- Without people working in minimum wage jobs, our society would fail to function.
- Historically, new immigrants have started at the bottom of the economic ladder in low paying jobs without benefits. Never before have we had a policy that punished them for doing so.
- Working class people who lose healthcare, housing or food supports can easily be pushed into homelessness and unemployment, hurting not only them and their families, but our communities as well.
- Economic impact will ripple through entire communities, impacting grocery stores, pharmacies and local businesses.

Fast Facts

More than 91% of non-citizen adults affected by the new rule are employed.¹¹

The new ruling would primarily affect immigrants who are applying for a green card through a family-based petition.

DHS'S OWN ANALYSIS PREDICTS SEVERE PUBLIC HEALTH AND ECONOMIC CONSEQUENCES

The published document outlines multiple impacts on immigrants, their US. Citizen children and the communities in which they live. According to DHS, the rule would likely:

- Worsen health outcomes, especially for pregnant or breastfeeding women, infants, or children
- Reduce prescription adherence
- Increase ER utilization due to delayed diagnosis and treatment
- Increased prevalence of communicable diseases
- Increase uncompensated care
- Increase rates of poverty and housing instability
- Reduce productivity and educational attainment
- Erode family stability and decrease disposable income of families and children

DHS also predicts that "reductions in federal and state transfers under federal benefit programs may have downstream and upstream impacts on state and local economies, large and small business and individuals."

IT IS DISCRIMINATORY AND WILL DEEPEN INEQUITY IN OUR SOCIETY

- We are committed to health equity and this will take us in the opposite direction, discriminating against the most vulnerable and people of color.
- This is a social justice issue. It institutionalizes a policy that favors the wealthy over the poor, deepening the divide between the “haves” and the “have nots.”
- Because each immigrant is judged case-by-case on the totality of their circumstances, it makes outcomes unpredictable and opens the door to bias and discrimination.

Note: DHS is also requesting comments on whether to further expand the list of benefits to include the Children’s Health Insurance Plan in its consideration of public charge designation. Greater Columbia Accountable Community of Health recommends against this, because due to the detrimental impact on children in our region.

RESOURCES

Greater Columbia Accountable Community of Health encourages everyone to learn more about this ruling and its potential impact. Here are some places to start.

Notable Quotes

"Under the proposed regulation, ***one could be barred for having a child with a chronic illness, a home mortgage, a past dispute that has impacted one's credit score, or an annual income under \$63,000 a year (above the median household income for U.S.-born families)***, to name just a few of the numerous potentially disqualifying factors. As a result, many immigrants who are working full time, supporting a family, and contributing to the economy could be barred admission or denied permanent residency."

- ***The New American Economy***

"Many legal immigrants work in industries that do not offer health benefits to their employees, such as retail, hospitality, and agriculture. It defies logic, reason, and basic human decency to think that denying these hardworking families access to health coverage is good public policy."

- ***Georgetown University Health Policy Institute***

"With the proposed rule change, anyone who uses more than 15 percent of the poverty line in public benefits—a mere \$2.50 per person daily for a family of four—would be considered a public charge and deemed inadmissible."

- ***The New American Economy***

"If this rule takes effect, it will most likely harm the health of millions of people and undo decades of work by providers nationwide to increase access to medical care for immigrants and their families."

- ***The Hastings Center***

"We believe that the draft public-charge regulation represents a substantial threat to lawfully present immigrants' access to public programs and health care services...If this rule takes effect, it will most likely harm the health of millions of people and undo decades of work by providers nationwide to increase access to medical care for immigrants and their families."

- ***The New England Journal of Medicine***

"Most of these programs are structured in significant measure as work supports, helping people with relatively low-wage jobs keep healthy, stay in their homes, and put food on the table."

- ***Fiscal Policy Institute***

"The status quo policy has served us well. Congress already decided who's eligible for public benefits and who isn't, and established a clear income threshold for sponsors. The proposed rule is designed to impede and reduce legal immigration. Never in our nation's history have we said that you have to be comfortably middle class to become an American. We didn't say that to Alexander Hamilton, or Andrew Carnegie, or the founders of Google and WhatsApp, or countless other immigrants who came here with next to nothing, worked hard and made this country great."

- ***Doug Rand, CEO, Boundless, in Forbes***

Research & Analysis

[Examining the Public Charge Proposed Rule](#), State Health & Value Strategies, RWJF, October 2018

[The Expected Public Charge Rule and Its Impact on Legal Immigrant Families Public Benefits Use](#), Migration Policy Institute, June 2018

[Economic Impact of Proposed Rule Change: Inadmissibility on Public Charge Grounds](#), New American Economy Research Fund, October 2018

[Potential Effects of Public Charge Changes on Health Coverage for Citizen Children](#), Issue Brief, Henry J. Kaiser Foundation, May 2018

¹ Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid, Kaiser Family Foundation, October 2018

² Batalova J, Fix M, Greenberg M. Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use, Migration Policy Institute; June 2018

³ Cohodes, S., Kleiner, S. et al. (2014). The effect of child health insurance access on schooling: Evidence from public insurance expansions. NBER Working Paper No. 20178

⁴ Boudreaux, M. H., Golberstein, E., & McAlpine, D. D. (2016). The long-term impacts of Medicaid exposure in early childhood: Evidence from the program's origin.

⁵ Wagnerman, K., Chester, A., & Alker, J. (2017). Medicaid is a smart investment in children. Georgetown University Health Policy Institute.

⁶ Goodman-Bacon, A., (2015) Public Insurance and Mortality: Evidence from Medicaid Implementation, School of Public Health, University of California, Berkley

⁷ Sommers, B., Baicker, K., & Epstein, A, (2012) Mortality and Access to Care among Adults after State Medicaid Expansions, New England Journal of Medicine

⁸ Hargraves, J., Kennedy, K., ER facility prices grew in tandem with faster growing charges from 2009 – 2016, Health Care Cost Institute, September 2018

⁹ Saloner, B., Polsky, D., et al Most Uninsured Adults could Schedule Primary Care Appointments before the ACA, but Average Price was \$160, Health Affairs, May 2015

¹⁰ Moore, B., Levit, K., Elixhauser, A., Statistical Brief #181, Costs for Hospital Stays in the United States, 2012, Agency for Healthcare Research and Quality, October 2014

¹¹ Economic Impact of Proposed Rule Change: Inadmissibility on Public Charge Grounds, New American Economy Research Fund, October 2018

Thank you to HealthierHere for creating this document and sharing with us!