

[INSERT ORGANIZATIONAL LOGO OR LETTERHEAD]

Individuals can submit comments to the Department of Homeland Security regarding the proposed public charge rules until December 10. Follow these three easy steps:

1. Make your comment count!! Make sure to Personalize the template letter below
2. Click on the link to go to the Federal Register - bit.ly/CAcomments
3. Click on 'Comment Now' on the federal register website to Upload your comment and optional supporting materials
4. Send a copy of your organization's letter to advocacy@healthplusadvocates.org

[DATE]

Samantha Deshommes, 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

Re: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Sir/Madam:

On behalf of **(NAME OF COUNTY/COUNTY DEPARTMENT)**, I am writing to submit comments in opposition to the Department of Homeland Security's proposed public charge rule.

The proposed rule would broaden the list of benefits considered as "negative factors" in a public charge assessment to include, for the first time, consideration of Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Section 8 Housing Vouchers, public housing and Medicare Part D financial assistance. The rule also would add a complex set of factors to the existing public charge test that determines whether an individual is likely to become a public charge, including consideration of characteristics such as income level, education level and English proficiency, along with the receipt of public benefits.

Our county's clientele includes many immigrant families who will be harmed by the chilling effect of this proposed rule, whether the rule applies to them directly or not. We have already seen families depriving themselves of healthy food, safe housing, and regular medical care in fear of the possible impacts of a change to the public charge rule. The fear created by these rules would extend far beyond any individual who might actually be subject to the public charge test; our concern is that these changes will discourage many immigrant families from accessing

benefits for which they are eligible.¹ This could include non-immigrant family members who would not be impacted by this rule directly, but may go without coverage due to the heightened fear in our communities about the potential effects of these new rules.

Disenrollment of eligible recipients would especially impact Californians, where one in three residents are enrolled in the state's Medicaid program and nearly 4 million receive SNAP benefits. This chilling effect, resulting in reduced health care coverage and increased hunger, will place our county's overall well-being in danger as well, due to foregone health care and nutrition benefits creating sicker, poorer communities. The proposed rule itself states, "There are a number of consequences that could occur ... Worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence ... and increased rates of poverty."

[If your county has experience with applicants or enrollees who are asking to remove themselves from benefits programs or you have other examples of how your county residents are being impacted, discuss those here. Please provide quotes from staff or customers, if you have them].

Financial Impact

In 1996, the Illegal Immigration Reform and Immigrant Responsibility Act codified the factors that had been used in public charge determinations for many years. It also established a new affidavit of support that could be used to overcome a public charge barrier. But, as immigration officials clarified in the following years, the law did not alter the public charge test itself. Another law, PRWORA, restricted eligibility for public benefits, but also did not alter the public charge test. The enactment of the two laws, and some unlawful practices by federal and state agencies, generated confusion and panic within the immigrant community and discouraged many from seeking critical health and nutrition benefits for fear of deportation.

The Migrant Policy Institute found that during this time period there was a sharp decline of immigrants' use of public benefit programs like Medicaid & CHIP.²

Reductions in the use of health coverage and nutrition benefits will negatively impact the county's economy. The U.S. Department of Agriculture estimates that every \$1 in SNAP benefits generates \$1.79 in economic activity.³ For the state of California, even a 1 percent drop in SNAP

¹ Emily Bazar, Some Immigrants, Fearful of Political Climate, Shy Away from Medi-Cal (Kaiser Health News, Februray 22, 2017) <https://khn.org/news/some-immigrants-fearful-of-political-climate-shy-away-from-medi-cal/>

² Batalova, Jeanne, Michael Fix, and Mark Greenberg. 2018. Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use. Washington, DC: Migration Policy Institute.

*Migration Policy Institute (MPI) estimates based on analysis of American Community Survey pooled data, 2014-16. *The term "Non-citizen" as used by MPI includes people who are refugees and asylees, visa-holders, green-card holders, undocumented.

³ Economic multipliers are estimated by the USDA's Food and Nutrition Service. See: Hanson, Kenneth. 2010. The Food Assistance National Input-output Multiplier (FANIOM) Model and Stimulus Effects of SNAP, U.S. Dept. of Agriculture, Economic Research Service.

enrollment as a result of these rules would equate to a loss of more than \$100 million per year in economic activity. [In our county, a similar analysis equates to ... in lost economic activity.]

Based on these figures, the fiscal effect of the proposed policy changes would equal billions of dollars lost from our state economy just in SNAP alone, and even more across the nation. This doesn't include other costs such as foregone federal and state taxes from adults who are unable to work due to hunger, sickness and homelessness from foregone benefits in the programs that are proposed to be added to the public charge definition.

Health Impact on Families and Children

From 2013 to 2017, the uninsured rate in California dropped from 17 percent to under 7 percent. These coverage gains have allowed California's families to access regular health care and lead healthier lives. Healthy families are better able to assimilate and contribute to the U.S. economy, and it is vital that health center patients and their families continue to access medical care and other social services without fear of adverse immigration consequences.

Publicly-funded programs, like Medicaid and the Children's Health Insurance Program (CHIP), help families meet their children's basic needs and provide a buffer against the negative effects of adversity. Counties administer eligibility for these programs in California, as CHIP is embedded in our Medicaid program. CHIP is a program for working families who earn too much to be eligible for Medicaid without a share of cost. Making the receipt of CHIP a negative factor in the public charge assessment or including it in the "public charge" definition, would likely lead to many eligible children foregoing health care benefits, both because of the direct inclusion in the public charge determination as well as the chilling effect detailed above.

In addition to the great harm that would be caused by the inclusion of CHIP, this would be counter to Congress' explicit intent in expanding coverage to lawfully present children and pregnant women. Section 214 of the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) gave states a new option to cover, with regular federal matching dollars, lawfully residing children and pregnant women under Medicaid and CHIP during their first five years in the U.S. This was enacted because Congress recognized the public health, economic, and social benefits of ensuring that these populations have access to care. Moreover, including CHIP, a benefit explicitly created for working families, in the public charge assessment would be contrary to the historical meaning of a public charge as a person who depends on the government rather than working.

Reducing access to these programs – either directly through the rules changes or indirectly through the chilling effect the rule would have – would be harmful to children's development and have implications for their well-being into adulthood. For example, children enrolled in Medicaid in their early years not only do better in childhood than children without health insurance, but also have better health, educational, and employment outcomes in adulthood.⁴

⁴ Rourke O'Brien and Cassandra Robertson, *Medicaid and Intergenerational Economic Mobility*, University of Wisconsin—Madison, Institute for Research on Poverty, 2015,

Additionally, uninsured children are less likely to receive preventive care and necessary treatment when they are sick or injured, and are generally less healthy compared to children with health insurance.⁵ Thus, treating health programs as a negative factor in the public charge assessment would have the paradoxical effect of making children less able to contribute as adult workers. If this proposed rule were to be implemented, we will see negative health ramifications in our immigrant children and families since they would be discouraged of enrolling into publicly funded insurance programs, like Medicaid and CHIP.

For all of these reasons, we strongly oppose adding any additional programs to the totality of circumstances test.

Conclusion: Urge withdrawal of proposed rule

For the reasons stated herein, (ORGANIZATION'S NAME) implores you to withdraw this proposal and instead advance policies that strengthen—rather than undermine—the ability of our residents and their surrounding communities to thrive.

If you have any questions, please feel free to contact [INSERT CONTACT INFORMATION].

Sincerely,

[Name]

[Organization]

<https://search.library.wisc.edu/catalog/9910223409002121>; Andrew Goodman-Bacon, *The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes*, NBER Working Paper No. 22899, 2016, www.nber.org/papers/w22899.

⁵ Amanda R. Kreider, Benjamin French, Jaya Aysola, et al., “Quality of Health Insurance Coverage and Access to Care for Children in Low-Income Families,” *JAMA Pediatrics* 170 (2016).