

December 3, 2018

United States Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

Re: DHS Docket No. USCIS-2010-0012-0001, Comments in Response to Proposed Rulemaking:
Inadmissibility on Public Charge Grounds

Dear Sir/Madam:

I am writing on behalf of the Hepatitis B Foundation, in response to the Department of Homeland Security's (the Department) Notice of Proposed Rulemaking (NPRM), to express our strong opposition to the changes published in the Federal Register on October 10, 2018 regarding "public charge."

The Hepatitis B Foundation is a national nonprofit organization founded in 1991 and dedicated to finding a cure and improving the quality of life for people affected by hepatitis B. Hepatitis B is the most common serious liver infection in the world and a leading cause of liver cancer. More than 292 million people worldwide are living with chronic hepatitis B, including up to 2.2 million individuals in the U.S. Each year up to 1 million people die from hepatitis B despite the fact that it is preventable and treatable.

As an organization committed to improving the lives of all patients and families dealing with hepatitis B, we are deeply concerned about the harmful effects that the Department's proposed public charge rule would have on immigrant families and the communities most impacted by hepatitis B in the U.S.

First, the proposed rule will add to the many existing barriers to health care access and affordability faced by people living with chronic health conditions, and it will worsen existing health disparities in the U.S., including those associated with hepatitis B.

Access to health care is critical for individuals living with chronic hepatitis B, who need routine monitoring and medical screenings and, may also need to take daily medication. Proper management of chronic hepatitis B can prevent more serious and costly complications such as liver cirrhosis, liver cancer, and liver failure, or the need for a liver transplant. However, of the estimated 2 million Americans with chronic hepatitis B, as many as 65-75% are unaware of their infection and not being linked to the care they need.

Access to health care is also critical for communities at high risk of hepatitis B. In the U.S., hepatitis B disproportionately impacts Asian American and Pacific Islander (AAPI) and African immigrant communities. Preventive services such as hepatitis B testing and vaccination, particularly among these high-risk communities, are key to stopping the spread of the disease and ensuring that those who are chronically infected receive timely diagnosis and linkage to care. Testing pregnant women and vaccinating babies at birth are also key strategies toward eliminating hepatitis B, as mother-to-child transmission is the most common mode of hepatitis B transmission globally.

However, under this proposal, immigrant families would be unfairly scrutinized for their participation in Medicaid and other programs for which they are eligible and rely on to access the necessary services for preventing and/or managing hepatitis B. The proposed rule would equate any person with a serious

health condition as effectively having a “pre-existing condition” that disqualifies them for immigration. This would have a profound impact on racial and ethnic minorities, including AAPIs and African immigrants, who because of many social determinants of health, disproportionately experience a number of chronic conditions including hepatitis B.

Second, the proposed rule would punish immigrant families for meeting their basic needs and create a “chilling effect” that endangers patients’ health and the public health of our country.

Under the proposed rule, any person who seeks or uses Medicaid, Medicare Part D, SNAP, or housing assistance could be denied the ability to get permanent legal status or even enter the U.S. The proposed rule would dramatically alter the current public charge test – abandoning the long-standing definition of a public charge as a person who depends on the government for subsistence – and would instead punish immigrants and their families for enrolling in programs that help them meet their basic needs for health, nutrition, and housing.

The proposed rule explicitly counts use of Medicaid and SNAP against a person’s immigration status. Further, the proposal seeks comment on whether CHIP should be added to the list of negatively weighted programs – something that we strongly oppose. Together, Medicaid and CHIP provide basic health care for individuals, children, and families that enables them to work, have better economic futures, and promote self-sufficiency, as well as our collective public health. Even the Department concedes that the proposed rule would “increase poverty of certain families and children, including U.S. citizen children” and lead to “worse health outcomes, including prevalence of obesity and malnutrition, especially for pregnant and breastfeeding women, infants, and children,” among other health impacts.

The health of parents and children are inextricably linked. Any change that results in parents skipping or disenrolling from health, nutrition, or housing programs will impact the health of children across the life-span. Over 19 million children nationwide, or one in four, live with at least one immigrant parent. The proposed rule will have a substantial chilling effect, putting people in situations where they are forced to choose between keeping their families together or enrolling in programs that they are eligible for to keep their families healthy.

Additionally, if immigrants are unable to access or are fearful of accessing critical health services, increased costs would be placed on health care providers as patients are forced to forego routine care and rely on emergency room visits and hospitalizations instead.

If finalized, this rule could result in millions of individuals withdrawing from public benefits programs, including those who are not subject to the public charge test but are fearful that accessing public assistance programs will negatively affect their or a family member’s immigration status. Without timely and affordable access to primary health care and preventive services, particularly for a “silent” asymptomatic disease like hepatitis B, many patients will end up with worse health outcomes and more complex, costlier health services for them, their families, and their communities. The Department’s proposed policy only makes patients costlier to treat in the long run, both for the individual and the U.S. taxpayer.

For these reasons, we strongly oppose this public charge rule and urge the Department to withdraw the proposal immediately. For additional information, please contact Rhea Racho at rhea.racho@hepb.org.

Thank you for the opportunity to submit comments on this topic.

Respectfully,

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