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U.S. Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

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

Dear U.S. Department of Homeland Security:

The California Endowment strongly opposes this proposed public charge regulation,¹ and urges the Department of Homeland Security (DHS) to immediately withdraw this proposal because of its significant and harmful impacts on the health and well-being of Californians.²

About The California Endowment and Our Opposition to the Proposed Public Charge Regulation

California, which is home to the largest number of immigrants and the highest percentage of new permanent residents in the country, is most at risk from this proposed regulation.³ The California Endowment (“The Endowment”) is a statewide health foundation, with a mission and charitable purpose to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. For the past twenty-two years, The Endowment has supported expanding access to health coverage, nutrition, physical activity, housing, and other supports for healthy living and optimal health. For example, The Endowment has invested in supporting the expansion of Medicaid through the implementation of the Affordable Care Act (ACA) in California. Due to the collaborative efforts of community members and organizations, the California Department of Health Care Services, Covered California (California’s ACA health insurance marketplace), and many other stakeholders, the rate of uninsured persons in California has been reduced from 17.2 percent in 2013 to 7.2 percent in 2017.⁴

Moreover, The Endowment strongly believes that ALL Californians should have access to health coverage, regardless of their immigration status. For the past five years, The Endowment has advanced statewide strategies through its #Health4All campaign so that all

¹ 83 Fed. Reg. 51110 (October 10, 2018),

<https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds>

² Perreira KM, Yoshikawa H, Oberlander J. A new threat to immigrants’ health - the public-charge rule. *N Eng J Med.* (2018); 379(10):901-903,

<https://www.nejm.org/doi/full/10.1056/NEJMp1808020>

³ Ponce NA, Quach T, Bau I, Suh D, Shimkhada R, Yue D, Hirota S. Immigrants, U.S. values, and the golden state, *Health Affairs Blog*, August 22, 2018,

<https://www.healthaffairs.org/doi/10.1377/hblog20180817.59208/full/>

⁴ Berchick ER, Hood E, Barnett JC. Health Insurance Coverage in the U.S., U.S. Census Bureau, 2018, <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>

Californians have access to affordable, quality health care coverage. Our health care system works best when everyone participates. Any system that excludes anyone, hurts everyone.⁵ The Endowment uses a broad definition of health that includes access to supports for healthy living such as nutrition and housing and including access to healthy foods, such as food supported by programs such as the Supplemental Nutrition Assistance Program (SNAP), all of which are closely associated with optimal health and well-being.⁶ The Endowment has developed and sustained the implementation of strategies to expand access to healthy food, including support for SNAP.⁷ Similarly, since housing instability results in poorer health,⁸ programs that provide housing assistance and expand affordable housing are essential to healthy individuals, families, and neighborhoods. The Endowment has invested millions of dollars in securing improved housing for farmworkers in California.⁹ More recently, the Endowment is implementing initiatives to expand affordable housing in some of its local Building Healthy Communities sites.¹⁰ There is clear evidence that programs such as Medicaid, SNAP, and federal housing assistance allow individuals and families to work, have better economic futures, and maintain our collective public health.¹¹

Significant Adverse Health and Economic Impacts Would Result from the Broad Reach of the Proposed Regulation

The proposed regulation would threaten the health and well-being of millions of Californians and our state. By denying Californians the ability to continue to access health, nutrition, and housing programs, the proposed regulation would upend almost two decades of established practice, supported by both Republican and Democratic administrations, that recognize the vital importance of these programs to the health, well-being, and success of these future Americans, our state, and our nation.

Immigrants subject to the public charge test include immediate relatives of U.S. citizens (spouses, minor children, and parents); relatives of U.S. citizens eligible for permanent residence through family immigration categories (adult children, brothers and sisters); spouses, minor children, and adult unmarried children of lawful permanent residents; individuals coming on immigrant visas through employment categories; immigrants who have obtained a diversity visa, fiancé(e)s, and certain nonimmigrants. In short, our spouses, children, mothers, fathers, brothers, sisters; our friends, neighbors, co-workers, and local

⁵ <https://www.calendow.org/prevention/health4all/>

⁶ U.S. Department of Health and Human Services, Healthy People 2020, Nutrition and Weight Status, <https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>

⁷ Flournoy R. Healthy Food, Healthy Communities: Promising Strategies to Improve Access to Fresh, Healthy Food and Transform Communities, PolicyLink, 2010, http://www.policylink.org/sites/default/files/HFHC_FULL_FINAL_20120110.PDF

⁸ U.S. Department of Health and Human Services, Healthy People 2020, Housing Instability, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>

⁹ Rose D, Quade B. The Agricultural Worker Health and Housing Program, The California Endowment, 2006, <http://lib.ncfh.org/pdfs/2k12/6731.pdf>

¹⁰ Rosenfield, K. Breaking new ground: designing affordable housing for the Coachella Valley workforce, *Arch Daily*, October 7, 2014, <https://www.archdaily.com/506573/breaking-new-ground-designing-affordable-housing-for-the-coachella-valley-workforce>

¹¹ Katz MH, Chokshi D. The “public charge” proposal and public health implications for patients and clinicians. *JAMA*. 2018;320(20):2075-2076, <https://jamanetwork.com/journals/jama/fullarticle/2705813>

business owners are all among those that could be potentially negatively affected by the breadth and extent of the proposed public charge regulation.

Since at least 1999, a person is inadmissible as a “public charge” only when the Department of Homeland Security (DHS) has evidence that the individual would be primarily dependent on the government for subsistence income through reliance on cash benefit programs (such as Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and General Assistance (GA) programs), or would continue to require long-term institutionalization at government expense (e.g. in a nursing home). The applicant could overcome this evidence with an affidavit of support from a sponsor, or by showing changes in circumstances such as improvements in education, employment, or household income. The proposed regulation would expand the definition of public charge to include any receipt – or even application for – non-cash programs including Medicaid, SNAP, and federal housing assistance.

The proposed regulation would cause devastating harm to immigrants and their families, and by extension, the millions of citizens, residents, communities, schools, health care providers, and governmental entities in California whose lives and organizations they touch. The breadth and extent of the proposed regulation would make - and has already made - immigrant families afraid to seek programs that support their basic needs - programs that their own tax dollars help support. By using the threat of future denial of entry or adjustment of legal status and by expanding the definition of public charge to encompass both cash benefits and non-cash services such as access to essential health care, healthy and nutritious food, and secure housing, the proposed regulation effectively discourages and punishes low-wealth immigrants by making it even more difficult for them to succeed in the United States. The proposed regulation effectively consigns these families to poverty, hunger, ill health, and unstable housing by discouraging enrollment in programs that improve health, food security, nutrition, and economic security - with profound consequences for immigrant families’ well-being and for the future of our state and nation.

The widespread “chilling effect” that causes families to withdraw from benefits is already evident resulting from fear and confusion about the proposed regulation. Community-based providers have already reported changes in health care access and utilization, including decreased participation in Medicaid and other programs due to community-wide fears about this proposal. Likewise, fear of jeopardizing their immigration status has already caused immigrant families who are eligible to receive SNAP benefits for themselves or their children to forgo vital nutrition assistance, jeopardizing the health of families and communities alike.¹²

In the preamble to the proposed regulation, the DHS itself acknowledges – and indeed, relies upon – dis-enrollment from health, nutrition, and housing programs because of the expanded definition of public charge. The DHS concedes that, as a result of its intent to scare eligible individuals and families into dis-enrolling from, or failing to enroll, in health, nutrition, and housing programs, the proposed rule could lead to “worse health outcomes, including prevalence of obesity and malnutrition, especially for pregnant and breastfeeding

¹² 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, 2018, <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>

women, infants, and children” and “increased prevalence of communicable diseases, including among members of the U.S citizen population who are not vaccinated.”¹³ Moreover, DHS itself admits that the proposed regulation could lead to “increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment”, “reduced prescription adherence”, and “increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient.”¹⁴ However, DHS vastly under-estimates these impacts, using an unattainably low estimate of dis-enrollment of only 2.5 percent.¹⁵ DHS provides no evidence or justification to support of such a low estimated rate of dis-enrollment.

In contrast, using prior dis-enrollment rates of up to 35 percent documented after the implementation of 1996 policy changes related to immigration status and eligibility for government programs, the Center for Health Policy Research at the University of California Los Angeles (UCLA)¹⁶ estimates that up to 741,000 Californians would dis-enroll from Medicaid because of the chilling effect created by the proposed regulation,¹⁷ with the state of California losing up to \$1.18 billion in federal revenues to support health coverage for Californians.¹⁸ These adverse impacts would be immediate, especially on children in California. Another analysis has estimated that up to 455,000 California children in need of medical attention would dis-enroll from Medicaid because of the proposed regulation, including up to 93,000 children with at least one potentially life-threatening condition (such as cancer, epilepsy, influenza, asthma, and diabetes) and up to 56,000 newborn infants.¹⁹

Furthermore, up to 301,000 Californians would dis-enroll from SNAP, with the state of California losing an additional \$488 million in federal revenues to support the nutritional needs of Californians. These adverse impacts would not only be experienced by immigrant families and the state government, but within local economies. Again, DHS itself acknowledges that the proposed regulation could lead to “increased rates of poverty and housing instability” and “reduced productivity and educational attainment” among individuals applying for permanent resident status, and their families.²⁰

The UCLA researchers estimate that these disruptions to the California state economy would cause adverse ripple economic impacts of over \$2.8 billion in lost economic output,

¹³ 83 Fed. Reg. at 51270

¹⁴ 83 Fed. Reg. at 51270

¹⁵ 83 Fed. Reg. at 51267, Table 51

¹⁶ Ponce N, Lucia L, Shimada T. How Proposed Changes to the “Public Charge” Rule Will Affect Health, Hunger and the Economy in California, UCLA Center for Health Policy Research, November 7, 2018, <http://healthpolicy.ucla.edu/newsroom/Documents/2018/public-charge-seminar-slides-nov2018.pdf>

¹⁷ UCLA estimates that over 2.1 million Californians live in immigrant households that utilize Medi-Cal, the Medicaid program in California, and over 860,000 Californians live in immigrant households that utilize CalFresh, the SNAP program in California.

¹⁸ In the preamble to the proposed regulation, using its de minimis estimates of dis-enrollment, even DHS admits a shift of at least \$2.27 billion in federal budget expenditures for Medicaid, SNAP, federal housing assistance and the other benefits threatened under the proposal to state and local governments, providers, and immigrant families. 83 Fed. Reg. at 51270, Table 54.

¹⁹ Zallman L, Finnegan K. Public Charge Rule Could Prompt Up to 455,000 California Kids Who Need Care to Leave Medi-Cal, *California Health Care Foundation Blog*, November 15, 2018, www.chcf.org/blog/public-charge-rule-prompt-thousands-kids-need-care-leave-medi-cal/

²⁰ 83 Fed. Reg. at 51270

up to 17,700 lost jobs (primarily among health care providers and nutrition providers such as local groceries), and up to \$151 million in lost state and local tax revenues (less taxes contributed from those who lost jobs, and from the lost economic output).²¹

The Proposed Regulation Would Create Unprecedented and Unfair New Barriers to Immigration

The proposed regulation would make other sweeping changes, such as introducing an unprecedented income test and assigning negative weights to many factors that have never been relevant to a public charge consideration. For example, the proposed regulation details how being a child or a senior, having several children, or having a treatable medical condition would be factors negatively weighed against immigrants seeking permanent resident status. The proposal also codifies a preference for immigrants who speak English, which would mark a fundamental change from our nation's historic commitment to welcoming immigrants irrespective of English language ability. Because this proposed regulation targets family-based immigration, it will also have a disproportionate impact on communities of color.²² In 2017, approximately 38 percent of new permanent residents were from Asia, 28 percent were from Mexico, Central America, and South America, and 20 percent were from Africa and the Caribbean. The proposed regulations effectively implement a sea change in U.S. immigration policy through regulatory fiat, favoring wealth and income as the primary measure of a person's future contribution.

The Migration Policy Institute (MPI) analyzed the demographic characteristics of the over 2 million individuals granted permanent residence status in the past five years (between 2012 and 2016) and found that 69 percent of recent lawful permanent residents would have had negative factors under the proposed new definition that would have put their permanent resident status at risk.²³ MPI reports that 39 percent of recent lawful permanent residents did not speak English well or not at all, 33 percent had household incomes below 125 percent of the Federal Poverty Guidelines, 25 percent did not have a high school diploma, and 12 percent were under age 18 or over age 61. Considering just these age, education, English language proficiency, and household income factors in the proposed new public charge test, 26 percent would have two of these negative factors, and another 17 would have three or more of these negative factors against them.

We are particularly alarmed by the proposal to equate any person with any medical condition as effectively having a "pre-existing condition" that disqualifies them for permanent resident status, unless they can demonstrate private health insurance or financial resources to pay for all "reasonably anticipated medical costs," an impossible test to meet. This would have a profound impact on applicants who are racial and ethnic minorities in California, who disproportionately experience an increased incidence of

²¹ The Fiscal Policy Institute estimates that the economic impact of decreased utilization of programs such as Medicaid and SNAP could result in the loss of up to 230,000 jobs nationally. Fiscal Policy Institute, Only Wealthy Immigrants Need Apply: How A Trump Rule's Chilling Effect Will Harm the U.S., October 2018, <http://fiscalspolicy.org/wp-content/uploads/2018/10/US-Impact-of-Public-Charge.pdf>

²² Department of Homeland Security, 2017 Yearbook of Immigration Statistics, <https://www.dhs.gov/immigration-statistics/yearbook/2017/table3>

²³ Capps R, Greenberg M, Fix M, Zong J. Gauging the Impact of DHS' Proposed Public-Charge Rule on U.S. Immigration, Migration Policy Institute, November 2018, <https://www.migrationpolicy.org/research/impact-dhs-public-charge-rule-immigration>

chronic conditions, including diabetes, cancer, and heart disease.²⁴ The Kaiser Family Foundation analyzed Survey of Income and Program Participation and American Community Survey data and estimates that among potential permanent residents nationally, 9% reported that they were in poor or fair health, and 59% reported that they did NOT have private health insurance.²⁵ These individuals also would be at risk of being denied permanent resident status under the proposed regulation.

California Health Care Providers Oppose the Proposed Regulation

Leaders of California health care providers also have expressed their opposition to the proposed regulation. The California Medical Association has stated: "...everyone, regardless of immigration status, should have access to needed affordable and quality health care. The proposed policy...would have a chilling effect on families accessing health care services while decreasing public health in communities across California. Health care should remain a safe plan and we urge the Trump Administration to rethink this irresponsible policy." The California Academy of Family Physicians has added: "Family physicians treat immigrants every day. Disease and illness do not discriminate based on immigration status, maintaining access to health care for immigrants will keep all Californians safer and healthier. It's inhumane to try to deter immigrants from using health care and other programs for which they qualify."²⁶

The California Association of Public Hospitals and Health Systems has concluded: "This regulation is a misguided departure from current policy that could severely weaken the public health care system providers' ability to care for their patients. It could force families and communities to live in fear and avoid accessing needed health care services.... Our health care systems are focused on keeping patients healthy and well, providing an array of needed services to improve their well-being. The proposed changes would hurt providers' ability to care for patients and create safe spaces for them to maintain good health."²⁷ The California Primary Care Association (CPCA), in a joint statement with the Community Clinic Association of Los Angeles, Coalition of Orange County Health Centers, and Alameda Health Consortium, stated that the proposed regulation "would impose barriers to health care and other critical services when families need them most. Many eligible immigrants would be discouraged from accessing Medicaid and other key programs for fear of negatively affecting their immigration status.... the regulation puts a barrier between health care providers and their patients."²⁸ CPCA estimates that community health centers could lose up to \$221 million annually in Medicaid funding if a significant percentage of their

²⁴ California Department of Health Care Services, Health Disparities in the Med-Cal Population, <https://www.dhcs.ca.gov/dataandstats/reports/Pages/DisparitiesFactSheets.aspx>

²⁵ Artiga S, Garfield R, Damico A. Estimated Impacts of Proposed Public Charge Rule on Immigrants and Medicaid, Kaiser Family Foundation, October 2018, <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>

²⁶ http://www.familydocs.org/f/2018-10/CAFP_Press_Release_Public_Charge_FINAL_10-8-18.pdf

²⁷ http://caph.org/wp-content/uploads/2018/09/2018.09.05_caph-public-charge-statement_final.pdf

²⁸ <http://www.aapcho.org/wp/wp-content/uploads/2018/10/Health-Center-Joint-Statement-Opposing-Public-Charge-FINAL.pdf>

immigrant patients dis-enroll or decline to enroll in Medicaid because of the proposed public charge regulation.²⁹

Immigrants Are Vital Contributors to Our State and Nation

Finally, The Endowment is deeply concerned about false and misleading assumptions that are used to justify this proposed regulation, and the concrete harm that such false narratives have on immigrants residing in California and throughout the U.S. Among of the key public education messages that we have emphasized in our #Health4All campaign are the significant economic, social, cultural, and other contributions immigrants have made and continue to make to our communities, our state, and our nation. The National Academies of Sciences, Engineering, and Medicine recently concluded a comprehensive review of the economic contributions of immigrants and found significant net contributions, especially over time as immigrants continue to reside in the country, and among their children.³⁰ A recent analysis confirmed that the proposed regulation would radically disrupt this pattern of economic contribution by jeopardizing the ability of many immigrant families to remain in the U.S. permanently.³¹ Among Californians, permanent residents are more likely than U.S.-born citizens to be employed.³² Immigrants in California started 45% of new businesses in California and California's immigrants pay \$82.9 billion in federal, state, and local taxes each year.³³ California's immigrants also pay more in private health insurance premiums than they use in health services.³⁴

In addition, there is a growing body of evidence that public policies that create fear and mistrust in immigrant communities have documented adverse impacts on the health of immigrant families and individuals. For example, the Kaiser Family Foundation has documented the increased experiences and risk for mental health issues among immigrant families.³⁵ Parents and pediatricians report behavioral changes, such as problems sleeping and eating, psychosomatic symptoms, such as headaches and stomachaches, and mental health issues, such as depression and anxiety, among immigrant children. Parents and pediatricians also report negative impacts on immigrant children's performance in school and increased bullying of immigrant children at schools. More recently, researchers from

²⁹ California Primary Care Association, NPRM Proposing Changes to Public Charge Determinations: Fiscal Impact to California Health Centers, 2018, <https://www.regulations.gov/document?D=USCIS-2010-0012-0022>

³⁰ National Academies of Sciences, Engineering, and Medicine, *The Economic and Fiscal Impact of Immigration*, 2016, <https://www.nap.edu/catalog/23550/the-economic-and-fiscal-consequences-of-immigration>

³¹ Ku L, Pillai D. *The Economic Mobility of Immigrants: Public Charge Rules Could Foreclose Future Opportunities*, Milken Institute School of Public Health, George Washington University, 2018, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3285546

³² Ponce NA, Quach T, Bau I, Suh D, Shimkhada R, Yue D, Hirota S. Immigrants, U.S. values, and the golden state, *Health Affairs Blog*, August 22, 2018, <https://www.healthaffairs.org/doi/10.1377/hblog20180817.59208/full/>

³³ New American Economy, *The Contributions of New Americans to California*, 2017, <http://research.newamericaneconomy.org/wp-content/uploads/2017/02/nae-ca-report.pdf>

³⁴ Zallman L, Touw S, Finnegan K. *With Private Health Insurance, Immigrants in California Give More Than They Get*, *California Health Care Foundation Blog*, October 1, 2018, www.chcf.org/blog/private-health-insurance-immigrants-california-give-more-than-they-get/

³⁵ Artiga S, Ubri P. *Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, and Health*, Kaiser Family Foundation, 2017, <http://files.kff.org/attachment/Issue-Brief-Living-in-an-Immigrant-Family-in-America>

the Harvard T.H. Chan School of Public Health and the New York City Department of Health have reported that the recent socio-political stressors on immigrant women have resulted in an increased number of pre-term births in New York City, especially among women from Mexico, Central America, and the Middle East and North Africa.³⁶

Given these real harms on the health of immigrants – and future generations of Americans – merely the continued existence of this proposal is a significant threat to public health and community health.³⁷ We strongly oppose this proposed regulation and are proud to join many other voices in philanthropy, and in every sector throughout California, in opposing this regulation.³⁸ We urge the Department of Homeland Security to immediately withdraw the proposed regulations and instead, dedicate its efforts to advancing policies that strengthen, rather than undermine, the ability of immigrants to support themselves and their families in the future. If we want our communities to thrive, we must support the ability of residents in our communities to stay together and get the care, services, and support they need to live healthy and productive lives.

Sincerely,



Robert K. Ross
President and CEO
The California Endowment

³⁶ Kreiger N, Huynh M, Li W, Waterman PD, Van Wye G. Severe sociopolitical stressors and preterm births in New York City: 1 September 2015 to 31 August 2017. *J Epidemiol Comm Health*. 2018;72:1147-1152

³⁷ Parmet WE. The health impact of the proposed public charge rules. *Health Affairs Blog*, September 27, 2018, <https://www.healthaffairs.org/doi/10.1377/hblog20180927.100295/full/>

³⁸ The Endowment also proudly joins other California foundations and grantmaker associations who have expressed their opposition to the proposed regulation, including Northern California Grantmakers, Southern California Grantmakers, California Health Care Foundation, The California Wellness Foundation, Blue Shield of California Foundation, California Community Foundation, Sierra Health Foundation, Silicon Valley Community Foundation, and Weingart Foundation. See, Ali F, Hernandez A, Ross RK. Newest White House proposal on immigrant families stands out at especially cruel. *The Chronicle of Philanthropy*, September 24, 2018, <https://www.philanthropy.com/article/Opinion-Newest-White-House/244616>