

12/05/2018

Submitted via www.regulations.gov

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

RE: Comments on Proposed Regulation – Inadmissibility on Public Charge Grounds
(DHS Docket No. USCIS-2010-0012)

Dear Sir or Madam:

I am writing on behalf of The Healing Trust to express our strong opposition to the Department of Homeland Security's Notice of Proposed Rulemaking ("proposed rule") on "public charge," published in the Federal Register on October 10, 2018. The Healing Trust is a private grant making foundation in Nashville, Tennessee that has given almost \$90 million to nonprofit organizations since 2002 to improve our community's health and well-being.

We fund 125 nonprofits from 40 counties in Middle Tennessee that focus on advocacy, physical health, mental health, recovery from alcohol and drug abuse or healing from abuse, neglect, and violence. Our mission is the sacred work of fostering healing and wholeness for vulnerable populations through strategic investing, philanthropy, and advocacy. We believe that access to holistic, quality healthcare is a right of every human being and that everyone is worthy of, and deserves, compassionate care. We oppose this regulation as it is in direct opposition to our beliefs and our mission and will negatively impact the health of Tennesseans.

•Penalizes Children in Mixed-Status Families. The harms flowing from the proposed rule will undercut the health and well-being of millions of immigrant families and exacerbate hunger, child poverty, and homelessness among immigrants and U.S. citizen children living in mixed-status families. We have the shared value of protecting and supporting our citizens and those on the path to citizenship, which most often represents the parents in mixed-status families. According to the 2017 American Community Survey, an estimated 156,735 Tennessee children who are U.S. citizens live with at least one parent who is foreign-born (not a U.S. citizen at birth or become a U.S. citizen through naturalization).¹ According to the U.S. Census Bureau, roughly 1 in 10, or 11%, of Tennessee children are in mixed status families.²

¹ Source: U.S. Census Bureau, 2017 American Community Survey 1-year estimates, Table C05009, Table B05001 accessed via factfinder.census.gov

Children are at an increased risk of being determined a public charge due to their age and receipt of public benefits such as Medicaid and SNAP. Age is a factor in the public charge test, and being under the age of 18 will be considered a negatively-weighted factor³ in the test. Additionally, because 34 states and the District of Columbia allow lawful permanent resident children to access Medicaid without waiting 5 years under the Immigrant Child Health Improvement Act, a child's enrollment in Medicaid puts him or her at an increased risk of being determined a public charge.⁴

•**Discourages Health.** The proposed rule shortsightedly views benefits and services as costs whose use should be discouraged, rather than investments whose use should be promoted. As a foundation, we understand that investing in nutrition, health care, and other essential needs keeps children learning, parents working, and families strong, and allows all of us to contribute fully to our communities. For all people working low-wage jobs, health and nutrition assistance helps them and their families stay healthy, thrive, and contribute to society. Multiple studies demonstrate that benefits targeted by the proposed regulation, such as Medicaid and SNAP, increase children's lifelong health and their self-sufficiency in adulthood.⁵ As a society, we all benefit when people have access to food and quality healthcare and a lack of access to preventative care means that we will pay for health conditions later. And because immigrant families are interwoven into our social and economic fabric, these negative consequences will reverberate across the communities where they live and work.⁶

•**Perpetuates Myths about Immigrants and Use of Benefits.** The proposed rule perpetuates the falsehood and the stereotype that immigrants are overly dependent on public benefits. In actuality, immigrants underutilize benefits and services. One million Latino children, 95 percent of whom are U.S. citizens and a significant portion of whom are children of immigrants, are eligible for Medicaid or CHIP but are not enrolled.⁷ If there is a "problem" regarding immigrant families' utilization of public benefits, it is underuse relative to need, with immigrants excluded from many public benefits supported by their tax payments, and far too many immigrants going without benefits for

² Note about foreign-born population estimates: The Census does not collect data on the legal status of people who are foreign born. In 2017, about 2% of Tennesseans were naturalized citizens. It is very likely that the overwhelming majority of the 156,735 children have a parent that is not a citizen because very few Tennesseans are naturalized citizens.

³ <https://www.gpo.gov/fdsys/pkg/FR-2018-10-10/pdf/2018-21106.pdf#page=67>

⁴ https://ccf.georgetown.edu/wp-content/uploads/2018/05/ichia_fact_sheet.pdf

⁵ See Hoynes and Schanzenbach, "[Safety Net Investments in Children](#)"

⁶ Chilling Effects: "[The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefit Use](#)"

⁷ See Georgetown University Health Policy Institute Center for Children and Families and National Council of La Raza, "[Latino Children's Coverage Reaches Historic High, But Too Many Remain Uninsured.](#)"

which they are eligible, due to misinformation and fear. The proposed regulation will make these problems worse.

•Impact on Our Work and Grantees:

The proposed regulation will result in the decreased utilization of Medicaid/CHIP. This decrease will result in a delayed treatment for chronic illness, a reduction in preventative care, and increased emergency room/emergent care usage, which results in poor health outcomes. This also means that the 125 nonprofits that we support who are already operating beyond capacity will experience a groundswell of health-related needs that they are unable to support. The potential shift from federal funding to state and local government to nonprofits creates an unfunded mandate for state and local governments without providing resources to fund the need. The rule will move care from private providers to nonprofits who don't have the capacity to respond to all of the needs. Philanthropic dollars are not enough to cover the increase in need that will result, which will lead unfairly punish other vital programs and services available in the community.

We recently heard a story from one of our grantees about the impact that this rule could have on it clients. Its clients include a family of five in our community composed of two parents who were both DACA recipients from two different countries. The three children, who were born in the United States, currently receive TennCare and, if this rule goes into effect, they face the possibility of having both of their parents deported while they remain in the United States without family.

Abandonment by a parent causes a toxic stress response, which disrupts the development of brain architecture and organ systems, and can lead to heart disease, diabetes, and substance abuse in one's adult years. If we do not prevent these separations from happening, we will all pay for them later.⁸

We are all at risk when any of our residents lack access to food and quality healthcare. If finalized, the regulation would chill access to critical programs that help immigrants and their families' access health care, food, and other essentials. These programs have demonstrated success in improving participants' health, wellbeing, school success, and economic security. As a health-focused funder whose philanthropic goals center on improving the health of Middle Tennesseans, this rule runs counter to our existence, mission, and objectives.

Sincerely,

Kristen Keely-Dinger

⁸ <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

President and CEO of The Healing Trust