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Samantha Deshommnes, 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
December 6, 2018

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

December 3, 2018

Dear Ms. Deshommnes,

Thank you for the opportunity to provide comment on the Department of Homeland Security's proposed public charge rule (DHS Docket No. USCIS-2010-0012, RIN 1615-AA22).

Bi-State Primary Care Association is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State's combined Vermont and New Hampshire membership includes 29 Community Health Centers (CHCs) delivering primary care at 126 sites and serving over 315,000 patients. Many of Bi-State's members are federally-qualified health centers and as such are both mission-driven and federally required to offer comprehensive primary care services to their patients and to serve as social service anchors in their communities. These are patient-centered organizations whose mission is to provide high-quality, affordable health care to all medically underserved patients, so they can have the opportunity to thrive, contribute to their communities, and reach their full potential. **We are deeply concerned that the proposed regulation may deter individuals -- including our health centers' patients -- from addressing their own health care needs and those of their families, ultimately leading to worse health outcomes, higher costs, and reduced productivity. We ask that the Administration reconsider this proposal.**

Over 85,000 residents of our two states are non-citizens or family members of non-citizens. Thousands of these non-citizens and their family members are our active patients, coming through our health centers' doors throughout the year and for whom our health centers are accountable in terms of both health outcomes and health equity. These immigrant families may be harmed by the proposed rule's effects, whether it technically applies to them or not. Bi-State and our health centers are concerned that the proposed rule may result in widespread confusion and fear, extending beyond those individuals subject to the "public charge" test, with the effect that many immigrant families will be discouraged from accessing benefits for which they are eligible. This would additionally include non-immigrant family members who would not be impacted by this rule directly but may go without Medicaid coverage or may choose to avoid health care services altogether. Medical providers across the country with immigrant populations are already witnessing significant drops in visits among immigrant patients and their family members. This is due to concerns about the potential immigration consequences of seeking care. George Washington University has estimated the state-by-state impacts of the public charge

proposed rule on federally qualified health centers over a one-year period: between 670 and 1,225 of our patients will lose Medicaid coverage¹. Notably, health centers are required to serve all patients regardless of ability to pay so this loss of coverage will result in significant detrimental financial impacts on our health centers impacting their service throughout our states. In addition to patients who lose access to Medicaid coverage, there will be hundreds of patients who will be too afraid of potential repercussions to themselves and to their family members to seek care.

We are additionally concerned about the impact to individuals who are not subject to public charge determinations – such as refugees, asylees, and US citizens who have immigrant family members. Both Burlington, VT and Manchester, NH, host sizeable refugee populations served by our health centers. We are concerned that our refugee patients may refrain from seeking necessary health services due to confusion and concern about immigration consequences. Following the passage of Personal Responsibility and Work Opportunity Reconciliation Act of 1996, researchers documented extensive “statistical evidence of a withdrawal from benefits among populations whose eligibility was unchanged by the law², including refugees and U.S. citizen children.”³ For example, refugees’ use of Medicaid dropped by 39 percent⁴, and their use of Food Stamps fell 60 percent⁵, even though the law did not restrict their eligibility for either program.

Family members of immigrants who are subject to public charge may also be negatively impacted, even if they are US citizens or not otherwise subject to public charge themselves. When an individual is afraid to use benefits due to concerns about immigration consequences, their family members often are negatively impacted, even if they are not subject to public charge determinations themselves. If a mother is afraid to apply for WIC, her children may be at increased risk of low birth weight and other health problems. If a parent is concerned about accepting housing support, his US citizen children may lack safe, stable housing. We also worry that the proposed regulation will discourage parents from seeking health care for their children (and if CHIP is included in the public charge determinations, this impact would be exacerbated).

We are concerned that the proposed regulation will result in increased costs for US taxpayers by:

- (1) Increasing costs for emergency Medicaid rather than using lower-cost preventive services. Use of unnecessary emergency services is counter to value-based health care arrangements that are intended to improve the return-on-investment for all health case spending;
- (2) Increasing the spread of communicable diseases and the costs associated with such diseases. For example, in Vermont, our immigrant populations are tied closely to our agricultural and food pipeline; it is a matter of our collective health that this workforce stays healthy.; and
- (3) Decreasing state and federal tax revenues due to lower productivity for individuals who delayed care.

¹ Leighton Ku, Jessica Sharac, Rachel Gunsalus, Peter Shin, and Sara Rosenbaum. 2018. How Could the Public Charge Proposed Rule Affect Community Health Centers? (Policy Issue Brief #55) Geiger Gibson / RCHN Community Health Foundation Research Collaborative.

² Francisco I. Pedraza and Ling Zhu, “The ‘Chilling Effect’ of America’s New Immigration Enforcement Regime,” Pathways, Spring 2015, https://inequality.stanford.edu/sites/default/files/Pathways_Spring_2015_Pedraza_Zhu.pdf.

³ <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>

⁴ Michael E. Fix and Jeffrey S. Passel, Trends in Noncitizens’ and Citizens’ Use of Public Benefits Following Welfare Reform: 1994-1997 (Washington, DC: Urban Institute, 1999), www.urban.org/research/publication/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform.

⁵ Ibid.

Vermont and New Hampshire are proud of our high insurance coverage rates and the security and well-being that those rates provide, especially for our children and families. These coverage rates contribute to healthy, productive, and vibrant communities. Various national scorecards routinely rank our states as among the healthiest in the nation. Our mission-drive health centers are a key part of these successes. This proposal would have numerous impacts that are in direct contradiction to our mission of providing high-quality, affordable health care to all medically underserved patients, so they can have the opportunity to thrive, contribute to their communities, and reach their full potential. For this reason, Bi-State Primary Care Association and our 29 Vermont and New Hampshire Community Health Centers implore you to withdraw this proposed rule and reconsider changes to this program.

If you have any questions, please feel free to contact me or Kate Simmons, Director of Operations (ksimmons@bistatepca.org or 802-229-0002 ext. 217)

Sincerely,



Tess Stack Kuenning, CNS, MS, RN
President and Chief Executive Officer



Kate Simmons, MBA, MPH
Director, Operations