

December 10, 2018

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

**Attn: CIS No. 2499–10; DHS Docket No. USCIS– 2010–0012  
Inadmissibility on Public Charge Grounds**

Community Health Councils (CHC) is writing to strongly oppose the Department of Homeland Security’s proposed public charge rule that was published in the federal register on October 10, 2018.

CHC is a non-profit, community-based health education and policy organization committed to promoting social justice and achieving equity in community and environmental resources for underserved populations. For over 26 years, CHC has been at the forefront of policy work to eliminate health disparities by promoting social justice and achieving equity in community and environmental resources to improve the health and well-being of underserved populations. Our network of coalitions is comprised of over 100 neighborhood leaders, consumer advocates, healthcare and social service providers, academic institutions, and faith-based organizations serving communities in South Los Angeles, across Los Angeles County, throughout California and the nation.

**The Proposed Rule will Limit Access to Life Saving and Poverty Reducing Public Benefits**

With the proposed rule seeking to expand the list of benefits considered as negative factors in a public charge assessment (specifically the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Medicare Part D financial assistance, Section 8 Housing Vouchers, and public housing), we expect that **if enacted, the proposed changes undermine the ability of immigrants and citizens to access and use public benefit programs for which they are lawfully eligible.** These are programs that provide individuals the basic human necessities of food, housing, and healthcare in order to lift them out of and/or prevent them from falling into poverty.

According to the US Census, in 2017 44.9 million people<sup>i</sup> were lifted out of poverty due to safety net programs like the ones being threatened by the proposed rules. SNAP alone lifted 3.4 million people out of poverty, including 1.5 million children.<sup>ii</sup> The proposed rule threatens immigrant families’ access to healthy and affordable food by discouraging enrollment in SNAP. In California, 80% of CalFresh-participating families are working, but because of their low wages, they are not able to get ahead. CalFresh (SNAP in California) allows families to put food on the table while making room in their budget for other expenses. In 2016, over 850,000 Californian’s were lifted out of poverty as a result of the CalFresh program.<sup>iii</sup>

Over the past few years, thanks to the Affordable Care Act (ACA) and Medicaid expansion, California has made significant strides in covering individuals across the state. The uninsured rate in California fell from 17% in 2013 to under 7% in 2017.<sup>iv</sup> **The new rule, if finalized, will undo the progress made in ensuring that children and their families have the access to life saving health coverage.** The Kaiser

Family Foundation expects the total number of persons disenrolling from Medicaid to be between 2.1 million and 4.9 million, depending on varying rates of disenrollment.<sup>v</sup> The proposed rule is already having a chilling effect despite not being finalized yet. Enrollment Entities across California are sharing an increasing number of qualified enrollees who are disenrolling from public programs, such as Medi-Cal (Medicaid in California) due to fear and confusion about the regulation. Many of those withdrawing from these public programs are tax-paying immigrant families, and many are withdrawing even though they are not immigrants themselves—only based on fear of unknown repercussions of this ruling. Uninsured individuals are less likely to receive preventive care and necessary treatment when sick or injured, and are generally less healthy compared to those with health insurance. The proposed rule has serious, life-threatening consequences for immigrant families relying on public programs to meet their basic needs and achieve self-sufficiency. These individuals are unnecessarily depriving themselves of healthy food, safe housing, and regular medical care due to fear and confusion surround the proposed rule; this is threatening the livelihood of millions across the nation. This rule is especially detrimental to Californians, where one of every two children has an immigrant parent and over half of all children are enrolled in the state's Medicaid program.<sup>vi</sup>

### **The Proposed Rule Disproportionately Impacts the Most Vulnerable and Targets People of Color**

The proposed rule would add a complex set of factors to the existing public charge test, including income level, education, and English proficiency, along with the receipt of public benefits. These categories will negatively impact children, seniors, those with limited English proficiency, limited education, medical conditions, and large families. These additions to the test, target and disproportionately impact people of color and cater to the wealthiest and healthiest immigrants and discriminate against those that are too young, too poor, too old, and too sick. **These new changes are clearly aimed at the most vulnerable and seek to discriminate based on immigration status, race, and socioeconomic background, largely impacting communities of color.**

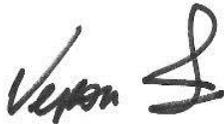
Further, the proposed rule would undo decades of policy work that improved benefits administration and eligibility processes for such programs that have been negotiated in most cases in bipartisanship. Streamlined enrollment and access to public benefits such as Medi-Cal have also had a positive impact on public health. No person should have to question whether accessing the health care they need will adversely impact their immigration status or ability to remain in the U.S. 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, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (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<sup>vii</sup>.**

The resulting effects of the proposed public charge rule would needlessly harm individuals' and families' health and well-being, the greater public health, the U.S. economy, and the public budget. This rule

stigmatizes the use of public programs and will prevent access to supplemental services that improve the overall health of the country's population. **The proposed regulation changes negate advancements in supporting disadvantaged individuals and families and the victims of social injustices, preventing a healthy and holistic life.**

For the reasons stated above, Community Health Councils urges you to withdraw this proposal and instead advance policies that strengthen – rather than undermine – the ability of our communities to thrive. If you have any questions, please feel free to contact our Chief Program Officer, Sonya Vasquez, at [svasquez@chc-inc.org](mailto:svasquez@chc-inc.org).

Sincerely,



Veronica Flores  
Chief Executive Officer

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<sup>i</sup> Campbell, A.F.. (2018). Social Security, Food Stamps, and Other Programs Kept 44 Million People Out of Poverty Last Year. *Vox*. Accessed at: <https://www.vox.com/2018/9/12/17850426/census-poverty-income-2017-trump>

<sup>ii</sup> Fox, L., & Mykta, L. (2018). Supplemental Poverty Measure Shows Who Benefits From Government Programs. *United States Census Bureau*. Accessed at: <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-265.pdf>

<sup>iii</sup> Kimberlin, S. (2018). CalFresh Cuts Poverty in all Congressional Districts. *California Budget and Policy Center*. Accessed at: <https://calbudgetcenter.org/resources/calfresh-cuts-poverty-congressional-districts/>

<sup>iv</sup> Berchick, E. R., Hood, E., & Barnett, J.C., (2018). Health Insurance Coverage in the United States: 2017 Current Population Reports. *United States Census Bureau* P60-264. Accessed at: <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>.

<sup>v</sup> Artiga, Samantha, Garfield, Rachel, and Damico, Anthony. 2018. Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid. Kaiser Family Foundation. Accessed at: <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>

<sup>vi</sup> California Department of Health Care Services Research and Analytic Studies Division. January 2016. Proportion of California Population Certified Eligible for Medi-Cal By County and Age Group – September 2015. Medi-Cal Statistical Brief. [http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal\\_Penetration\\_Brief\\_ADA.PDF](http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_Penetration_Brief_ADA.PDF) (pre-dates eligibility for children regardless of immigration status)

<sup>vii</sup> Batalova, Jeanne, Fix, Michael, and Greenberg, Mark. 2018. Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use. Washington, DC: Migration Policy Institute. Accessed at: <https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families>

\*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.