THE INSTITUTE FOR FAMILY HEALTH

December 10, 2018

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

Submitted via www.regulations.gov

RE: Comments on DHS Docket No. USCIS-2010-0012 – Notice of Proposed Rulemaking on "Inadmissibility on Public Charge Grounds"

On behalf of the Institute for Family Health and our 120,000 patients, we are writing to express our deep concern about the Administration's Notice of Proposed Rulemaking (NPRM) on public charge determinations.

The Institute for Family Health is a private, non-profit federally qualified health center (FQHC) network in New York State, founded in 1983, dedicated to developing innovative ways to provide primary health services to medically underserved populations based on the family practice model of care. The Institute provides high-quality, integrated, culturally competent, and affordable primary, behavioral health, and dental care to medically underserved populations, regardless of income or insurance eligibility.

The Institute serves roughly 120,000 patients, who make over 650,000 visits per year to our 30 health centers in New York City and the Mid-Hudson Valley. We have 19 full-time community health centers, six centers that serve people who are homeless or mentally ill, and five school-based health centers located in New York City public schools.

The Institute currently receives and manages over 90 grants and contracts from public and private funders, including the Institute's Immigrant Health Initiative, funded by the New York State Department of Health. This initiative helps marginalized immigrant populations access high-quality, free or affordable health care to address unmet health needs. The program supports dedicated outreach staff who identify individuals in need in the communities where they live and work; provide accessible education and information about available services; and link individuals to insurance enrollment services and/or medical and mental health care at locations in Manhattan, the Bronx, and Brooklyn. The program also supports outreach to non-health organizations that serve foreign-born New Yorkers, assisting them with referring immigrant clients for care, and facilitating their insurance enrollment via PRUCOL or other pathways.

We are deeply concerned that the proposed regulation will prevent individuals—including our patients—from accessing needed care for themselves and their families. As a result, they will face higher medical bills and poor health—a combination that will reduce their ability to be productive. These impacts do not support our mission; as such, we are asking the Administration to reconsider this regulation. Below is an outline of the Institute's concerns with the proposed changes to the public charge determination.

1) **Immigrants and their families will encounter poor health outcomes and less productivity as a result of this regulation.**

SNAP, Medicaid, Medicare Part D subsidies, and public housing supports were all designed to keep individuals and families safe and healthy. These benefits enable them to live full, happy, and productive lives in their communities. However, the consequences of receiving these benefits, as stated in this NPRM, will discourage individuals from accessing these programs; as such, this NPRM will have a significant negative impact on immigrants eligible to enroll, or who are currently enrolled, in these programs. As a result, immigrants will encounter worse health outcomes and a lower quality of life, which will reduce their ability to be self-sufficient and meaningfully contribute to their communities.

Moreover, the NPRM is likely to not only deter immigrants from enrolling in the specified four benefits, but in ALL benefits, as a result of their fear that doing so could negatively impact their immigration status.

At the Institute for Family Health, we are already seeing the effects of the proposed changes. Our case management staff has indicated that patients are reporting that their lawyers have advised them *not* to apply for public health insurance. In addition, at our WIC sites, we have seen a decline in both enrollment and in the number of registered clients who pick up their checks, thereby depriving themselves and their children of access to healthy food. WIC clients report that their communities are fearful that this benefit will affect their (and their family members') immigration status.

At our Kingston Family Health Center, our case manager has reported several instances in which patients stated they were afraid of applying for or maintaining their public benefits. In one case, a patient asked to be dis-enrolled from her New York State of Health Essential Plan, as her immigration lawyer advised her to do so. She now has no insurance. In addition, staff at a local organization that provides assistance for and advocates on behalf of agricultural and other low-wage workers has told us they are advising clients to avoid applying for benefits.

In a similar scenario, our case manager in rural Ellenville, New York reports an overall drop in the number of immigrants seeking care at our Ellenville Family Health Center. When attempting to re-engage patients in care, she often hears concerns and fears about how utilizing public benefits could now harm their ability to continue on their path to citizenship. For example, a family she has worked with for the past three years is now facing hard choices related to public benefits. The parents are undocumented and work full-time, and their two daughters are U.S citizens. The family is eligible for and has received Home Energy Assistance Program (HEAP) benefits. However, the mother recently decided not to re-apply for HEAP based on the proposed changes to the public charge determination, as she is fearful these could disqualify any of her family members from adjusting their immigration status at a later time. The family now does not have an accessible and affordable way to heat their home.

In addition to the stories above, Institute staff across all of our health centers has noticed a lot of anxiety over the past few years among immigrants about whether or not they can—or should—apply for public benefits. This anxiety has intensified with the proposed regulation, and caused many of our patients to avoid applying for benefits that they are eligible for. As a result, many low-income, vulnerable families are struggling to afford the cost of their housing, food, and/or health care. For example:

- An Institute outreach worker recently assisted a family of four, who had immigrated to New York City from the Dominican Republic a short time before. The entire family—a couple and their two young children—are undocumented and uninsured. The children needed a physical to enroll in school, but the mother and father were worried that their children seeing a doctor could put them all at risk for deportation. The outreach worker explained that the proposed regulation has not yet gone into effect, and gave the couple information about Know Your Rights forums and the New York Immigrant Coalition. The outreach worker then referred them to an Institute case manager, who helped the children apply for CHIP. Still, the couple was worried about the risk of seeing a doctor themselves. Eventually, because the mother was in desperate need of a checkup, she decided to receive care at one of the Institute's "free clinics," accompanied by the outreach worker. However, she was extremely worried that, by receiving the health care she needed, she would be putting her whole family at risk if the regulation were to go into effect.
- Last month, an Institute case manager attempted to assist a family of seven who could be affected by the proposed regulation. The family includes two dedicated parents and their five children—three full-time students, and twins who are just two years old. The father has an open immigration case and an employment authorization card, and the mother is undocumented. The father works full time, with many hours of overtime, and makes approximately $35,000 a year, and the mother stays home to care for the twins. After years of saving, the family was able to afford to buy a house in Ellenville, New York, and they recently moved there from New Jersey, excited for a new beginning. Unfortunately, they are struggling to make ends meet. They rely on the father's salary alone to pay their mortgage, electricity, and heating, as well as to buy enough food to feed seven people. They used to utilize public benefits, such as SNAP and HEAP, in New Jersey, but decided not to apply for them in New York because they were worried about the proposed regulation. The Institute case manager referred them to local food pantries and a nonprofit that could help with the cost of their electricity, but the resources at these organizations can be limited. Without public assistance to help them, this hardworking family may have to choose between going hungry, staying warm, and affording their mortgage payments.
- An HIV+ Institute patient, who is currently seeking political asylum and is eligible for public benefits, refused to apply for any benefits because she was afraid that this would affect her asylum case. Institute case managers helped her get HIV medication for a short time through a pharmacy assistance program, and after working with her for several months, were able to convince her to apply for ADAP (a New York State medical benefit for HIV primary care). However, the patient still refuses to apply for food stamps, cash assistance or rental assistance—all of which she desperately needs in order to afford food and housing—because she doesn't want to hurt her chances of receiving asylum.
- An HIV+ Institute patient who has a green card, current employment, and private insurance is struggling to afford his insurance premiums. He is eligible for APIC (a New York State program that helps HIV+ people pay for insurance premiums), but refuses to apply because he is concerned that this will affect his citizenship application. Without public assistance, he will

continue to struggle to pay his insurance premiums and the cost of his HIV care, and may need to choose between his health and other basic needs.

The regulation is already causing these families and countless others to be anxious about getting the benefits they are eligible for, before it even goes into effect. Both now and in the future, the direct and indirect effects of this NPRM will have enormous consequences for immigrants and their families. The Administration itself has stated that the NPRM would lead to "worse health outcomes, including prevalence of obesity and malnutrition, especially for pregnant and breastfeeding women, infants, and children," and would "increase poverty of certain families and children, including U.S. citizen children." How can these possibilities be acceptable?

The Institute for Family Health's mission is to improve access to high quality, patient-centered primary health care targeted to the needs of medically underserved communities and individuals, regardless of their immigration status. The inevitable impacts of the NPRM are in direct contrast to this mission. Therefore, we vehemently request that the Administration reconsider this regulation.

2) **This regulation will dissuade parents from accessing health care for their children. This impact will be amplified by including CHIP in public charge determinations.**

With this NPRM, parents must now make an unfair decision regarding their children's health care and immigration status. If an immigrant child is eligible for Medicaid and uninsured, his/her parent must choose to: 1) leave him/her uninsured hoping that s/he will not encounter health consequences; or 2) enroll him/her in Medicaid, while being aware that doing so could prevent the child from advancing his/her immigration status at a later date. Since both of these choices put the child's future at risk, there is no clear option. Moreover, the number of families facing this decision would increase substantially if CHIP was incorporated in public charge determinations; as such, the Institute for Family Health is strongly against including CHIP.

3) **This proposal would potentially place the financial stability of the Institute for Family Health and other safety net providers in jeopardy as a result of an uptick in uncompensated care costs.**

Not only would the NPRM harmfully affect immigrants and their families, it would also significantly impact our organization's financial health and that of other safety net providers by decreasing our revenues while increasing our uncompensated care costs. This proposal will undoubtedly discourage immigrants from seeking coverage for themselves and their families through Medicaid or CHIP, as indicated by research. Health centers see all patients who show up at their doors, regardless of their capacity to pay or their insurance status. As such, the Institute for Family Health will not cease its work to provide needed health care for these patients. At the same time, we will receive significantly less Medicaid or CHIP reimbursement to help cover the costs.

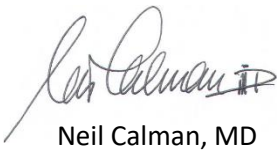
- The Community Health Association of New York State analysis has estimated that at the Institute for Family Health, as many as 2,382 patients could lose Medicaid coverage under the proposed rule, resulting in a loss of about $2,728,000 in annual Medicaid revenue.

- Due to financial concerns, individuals who are uninsured are more likely to delay accessing care longer than insured individuals. When they do finally seek care, there is a significantly greater likelihood that they will require hospital or emergency room care, since they are typically sicker and it is more expensive to treat them. Additionally, they are more susceptible to chronic conditions that could have been addressed by preventive care if they had had the resources to access it.
- The NPRM will negatively impact the social service supports that families and individuals need to maintain their health and ability to contribute to their communities. In the long run, they will face worse health outcomes and potentially higher health care costs.

These factors will result in lower reimbursement and higher uncompensated costs for safety net providers, including the Institute for Family Health. In the long run, this regulation will likely place the financial viability of our organization and other FQHCs in jeopardy.

In conclusion, the NPRM would have multiple effects that go against the Institute for Family Health's mission of improving access to high quality, patient-centered primary health care targeted to the needs of ALL medically underserved individuals, including immigrants. As such, we request that the Administration reconsider this proposal.

Sincerely,



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