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Submitted via www.regulations.gov

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

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

Dear Sir/Madam:

The California Association of Health Plans (CAHP) represents 46 public and private health care service plans that collectively provide coverage to over 26 million Californians. We write today regarding proposed changes to the meaning and application of the “public charge” provisions of immigration law, published in the Department of Homeland Security’s Notice of Proposed Rulemaking on Oct. 10, 2018. We urge that the rule be withdrawn allowing longstanding guidance to remain in effect. At a minimum, the regulations should not be broadened to include public benefits impacting the healthcare of Californians, such as Medicaid (“Medi-Cal” in California) or CHIP, in the determination of public charge.

Over a quarter of California’s population of 38 million is made up of immigrants and the state is home to the highest number of legal permanent residents (LPRs) in the country (3.3 million).¹ We are concerned that the proposed rule will adversely impact the health of lawfully residing immigrants and disproportionately impact low-income immigrants.

Approximately one in three Californians are enrolled in Medi-Cal today (approximately 12 million). As a result of the complexity added to the process by the proposed changes, many low-income immigrant families would be deterred from choosing to receive public benefits for fear of harming their chances at adjusting their immigration status. Thus, the actual impact of the proposed rule touches many more lives than just individuals who are subject to a “public charge” determination. According to the UCLA Center for Health Policy Research, 2.1 million individuals eligible for Medi-Cal may be impacted by this “chilling effect.”² The ripple effects across the State from the proposed changes are further described below.

¹ Current Population Survey. Kaiser Family Foundation March 2018

² How Proposed Changes to the ‘Public Charge’ Rule Will Affect Health, Hunger, and the Economy in California. UCLA Center for Health Policy Research Nov. 7, 2018

The proposed rule is likely to deter immigrant families from seeking and maintaining health care coverage or enrolling in other public programs such as SNAP and Section 8 housing assistance. These proposed changes are contrary to the recent direction health plans and the Centers for Medicare & Medicaid Services have been heading in through policy initiatives that address Medicaid members' social determinants of health (SDOH), such as housing instability and food insecurity. Investments in strategies that address SDOH help support a healthy workforce, improve students' ability to succeed in school, and lower emergency health care costs. If implemented, the proposed changes to the public charge rule could set back the strides made through Medicaid SDOH strategies by discouraging immigrants from seeking out public benefits that advance these strategies.

Additionally, with the expansion of Medicaid and commercial coverage options through the Affordable Care Act, California's uninsured rate stands at approximately 7%. This has resulted in a decrease in the costs of uncompensated care born by the state and the federal government for uninsured individuals. We are concerned that the proposed rule's chilling effect will keep immigrants from seeking health care coverage and reverse this trend, causing a spike in uncompensated care and a corresponding impact on the state and federal budget.

Lastly, the rule is likely to have a negative public health impact. Health care coverage has meant increased access to primary care and vaccinations, helping to support herd immunity against contagious diseases. We are concerned that the proposed rule may have the unintended public health consequence of lowering the effectiveness of herd immunity in the state.

We appreciate the opportunity to provide our input on this important issue.

Sincerely,



Wendy Soe
Vice President, State Programs
California Association of Health Plans