

December 10, 2018



Ms. Samantha Deshommes
Chief, Regulatory Division
Office of Policy and Strategy
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 Comments in Response to Proposed Changes to Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes:

The American Medical Student Association (AMSA) is the oldest and largest independent association of physicians-in-training in the United States. AMSA is a student-governed, non-profit organization representing nearly 30,000 medical trainees. Our organization is committed to advocating for quality and affordable healthcare for all, and building the next generation of physician leaders.

AMSA opposes the arbitrary and capricious denial of lawful permanent residence status or visas to immigrants, based on their likelihood of seeking public benefits or their past use of public benefits. Access to benefits such as Medicaid, Medicare Part D, the Supplemental Nutrition Assistance Program (SNAP), and Section 8 Housing assistance are essential to keeping people from vulnerable communities healthy. The proposed rule will not have the intended effect of making immigrants more self-sufficient: instead, it will harm the well-being of immigrant families.

As future physicians, we are deeply concerned about the ramifications this proposed rule will have on current anti-hunger efforts. SNAP provides millions of low-income families nutrition assistance and economic benefits. It is the country's largest program in the domestic hunger safety net.¹ This proposed rule will increase food insecurity and, as a consequence, will result in secondary effects such as increased risk of birth defects², anemia³, lower nutrient intakes, cognitive problems, higher risk of being hospitalized, worse general health, and many more.^{4,5} These secondary effects will likely lead to extra costs to the healthcare system. Children experiencing food insecurity have been found to have poor developmental trajectories and academic performance.⁶ If the ultimate goal is to encourage immigrants to be self-sufficient, it is absolutely crucial that they have access to programs like SNAP that promote healthy living and reduce food insecurity.

This proposed rule would have devastating adverse effects for legal immigrants receiving healthcare through programs such as Non-Emergency Medicaid and Medicare Part D Low-Income Subsidies. These programs provide access to essential health services for low-income families that otherwise would not have access to care. In addition, the existing healthcare infrastructure would be placed under undue burden when individuals adversely affected by the proposed rule are finally forced to seek emergency treatment for easily preventable conditions, that then cause them to have poorer health outcomes due to their delay in seeking necessary healthcare. This not only strains existing resources and taxpayer funds, but also negatively affects how healthcare providers can provide care for both immigrant and non-immigrant (citizen) patients. The expansion of the public charge definition would result in negative health consequences for immigrants and their families, who may be fearful of accessing essential health care services and therefore disenroll from health programs that they are legally eligible for.

Unfortunately, the definition of disqualifying services proposed by the Department of Homeland Security makes the spirit of the law guarantee that immigrants will be dissuaded from using even critical services that might be exempted by the proposed rule. If “public benefit use” is adopted as a disqualifier for the granting of lawful permanent residence status, immigrants will not seek permissible services due to fear of inadvertent use of services that could count negatively in their applications for lawful permanent residence under the proposed public charge rule, lack of knowledge of permissible services, and/or fear of arbitrary deportation and separation from their children.^{7,8} This places immigrant families and their children at risk for life-threatening diseases and their complications, lack of stable and safe living conditions, and worse or nonexistent educational outcomes. Immigrant mothers needing prenatal and infant care will be at higher risk of dangerous complications that will threaten the lives of both mothers and children. The rule proposed by the Department of Homeland Security is not a rational strategy for increasing immigrant self-sustainability, and instead illustrates an arbitrary and capricious rationale for limiting public services that would in actuality drive immigrants away from any needed service, including those they are legally eligible for.

As medical practitioners and trainees, AMSA cannot condone changes to immigration laws that drive immigrants away from access to needed health services, proper education, safe housing, and stable food sources. Therefore, we strongly oppose the inclusion of Non-Emergency Medicaid, Medicare Part D Low-Income Subsidies, SNAP and Section 8 Housing in an individual’s determination as a public charge. In addition, the proposal seeks comment on whether the Children’s Health Insurance Program (CHIP) should be included in a public charge determination. AMSA strongly opposes the inclusion of CHIP or any other program that supports the health, nutrition, and education of children, for the same reasons as stated above.

AMSA is also deeply concerned about the use of the totality of circumstances test in public charge determination, specifically regarding medical conditions and income. Even if they have not applied for any applicable benefits, the totality of circumstances test will severely penalize

working families contributing to our community. Discriminating against individuals with medical conditions such as heart disease and arthritis should not occur, as these and many other chronic health conditions can be well managed with appropriate and cost-effective preventive care. Without preventive care, these medical conditions may become exacerbated and become much more expensive to treat. In addition, under the proposed rule, the only heavily weighted positive factor that would be taken into account in an individual's public charge determination is if they earn more than 250% of Federal Poverty Level, which is \$62,750 for a family of four in 2018, and higher than the U.S. median household income of \$61,372 in 2017, according to the US Census Bureau. Placing such a high income requirement on families, including those who have not applied for benefits, could indirectly affect U.S.-citizen children. Although use of benefits by a U.S.-citizen child would not inherently be a negative factor in a parent's public charge determination, Federal Poverty Level is determined by household size. Having a child or children would increase household size and Federal Poverty Level, thus making the income test even harder to meet. This high income requirement would affect families that include U.S.-citizen children, and it would result in discrimination against highly talented and hard working individuals in the U.S. who are not able to reach incomes of at least 250% of Federal Poverty Level.

The proposed rule hurts our patients and their families, burdens our healthcare system, and places thousands of immigrant children at risk for preventable chronic and infectious diseases, malnutrition, and unsafe living conditions. AMSA opposes this rule change in its entirety and advocates instead for increased protections for immigrants and their families, safe access to needed health and nutrition services, reunification of immigrant children with their families, and a better pathway to permanent residency status and citizenship for all immigrants.

AMSA, therefore, urges the Department to immediately withdraw this proposal. Please contact Perry Tsai, MD, PhD at pres@amsa.org for further information.

Sincerely,

American Medical Student Association

References

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