[INSERT ORGANIZATIONAL LOGO OR LETTERHEAD]

**Individuals can submit comments to the Department of Homeland Security regarding the proposed public charge rules until December 10. Follow these three easy steps**:

1. **Make your comment count!! Make sure to Personalize the template letter below**
2. **Click on the link to go to the Federal Register -** [**bit.ly/CAcomments**](https://na01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fbit.ly%2FCAcomments&data=02%7C01%7C%7C5fac52dfefc2440cb4e708d632c1d618%7C4ab45fb85da44f308ddc041fc7015aa3%7C0%7C0%7C636752205443015677&sdata=LMCkmOzla8IZI9Yp6CYANncY0sMqxenZFA0fpj%2Fz0ks%3D&reserved=0)
3. **Click on ‘Comment Now’ on the federal register website to Upload your comment and optional supporting materials**

**For California organizations: Send a copy of your letter to** [**csend@cwda.org**](mailto:csend@cwda.org)

[DATE]

Samantha Deshommes, 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

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

Dear Sir/Madam:

On behalf of (NAME OF COUNTY/COUNTY DEPARTMENT),I am writing to submit comments in opposition to the Department of Homeland Security’s proposed public charge rule.

As the primary provider of services in California, county agencies serve individuals and families with various immigration histories. [Insert county-specific information here about your immigrant population, services you provide, and/or describing your county and why being a community that welcomes and supports immigrants is important to you – SUCH AS: The County of [insert city] is a vibrant and inclusive county that celebrates diversity and supports our community members to achieve their dreams. We see first-hand the impacts of federal law and regulation changes, such as those proposed within the published notice. If this rule is published as is, our county would bear the cost of the harms caused by this rule, including its negative economic and public health impacts on our county’s residents. Our county staff, who administer the programs that would be affected, also would experience a significant workload burden due to the rule.

In particular, the proposed rule would broaden the list of benefits considered as “negative factors” in a public charge assessment to include, for the first time, consideration of Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Section 8 Housing Vouchers, public housing and Medicare Part D financial assistance. The rule also would add a complex set of factors to the existing public charge test that determines whether an individual is likely to become a public charge, including new requirements related to the consideration of characteristics such as a specified threshold income level, insurance status and English proficiency, along with the receipt of public benefits.

Our county’s clientele includes many immigrant families who will be harmed by the chilling effect of this proposed rule, whether the rule applies to them directly or not. We have already seen families depriving themselves of healthy food, safe housing, and regular medical care in fear of the possible impacts of a change to the public charge rule. The fear created by these rules would extend far beyond any individual who might actually be subject to the public charge test; our concern is that these changes will discourage many immigrant families from accessing benefits for which they are eligible.[[1]](#footnote-1) This could include non-immigrant family members who would not be impacted by this rule directly, but who might choose to go without coverage due to the heightened fear in our communities about the potential effects of these new rules.

Disenrollment of eligible recipients would especially impact Californians, where one in three residents are enrolled in the state’s Medicaid program and nearly 4 million receive SNAP benefits. This chilling effect, resulting in reduced health care coverage and increased hunger, will place our county’s overall well-being in danger as well, due to foregone health care and nutrition benefits creating sicker, poorer communities. The proposed rule itself states, “There are a number of consequences that could occur … Worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence … and increased rates of poverty.”

[*If your county has experience with applicants or enrollees who are asking to remove themselves from benefits programs or you have other examples of how your county residents are being impacted, discuss those here*. *Please provide quotes from staff or customers, if you have them*].

**Financial Impact**

There is history to indicate the chilling effect of rule changes such as those proposed in the draft rule. 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, PRWORA, restricted eligibility for public benefits, but also did not alter the public charge test. The enactment of the two laws, and some overreaching 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.[[2]](#footnote-2)**

Applying this past experience to today’s proposal, it is clear that reductions in the use of health coverage and nutrition benefits will negatively impact the county’s economy. As just one example, the U.S. Department of Agriculture estimates that every $1 in SNAP benefits generates $1.79 in economic activity.[[3]](#footnote-3) For the state of California, even a 1 percent drop in SNAP enrollment as a result of these rules would equate to a loss of more than $100 million per year in economic activity. [In our county, a similar analysis equates to … in lost economic activity.]

Based on these figures, the fiscal effect of the proposed policy changes would equal billions of dollars lost from our state economy just in SNAP alone, and even more across the nation. This doesn’t include other costs such as foregone federal and state taxes from adults who are unable to work due to hunger, sickness and homelessness from foregone benefits in the programs that are proposed to be added to the public charge definition.

In addition, there will be impacts to our staff workload and ability to effectively and efficiently process eligibility for the affected programs. Issues our county agencies will face include:

* Increased caseload turnover, or “churn,” in affected programs. As noted above, some recipients will disenroll from programs that help them stay healthy, keep food on the table and maintain housing. Because these programs provide a critical safety net that families need, it is likely that many will decide to return to the program over time. This could be due to significant health needs that develop, because the individual realizes he or she is not likely to be affected by the public charge rule, or for other reasons. This increase in “churn” in the programs our county administers would create a new, highly duplicative, workload for county eligibility staff and a direct cost increase to the federal, state, and local governments that jointly fund this work. In one study of SNAP-related churn, the costs averaged $80 for each instance of churn that requires a new application, just on the administrative side alone.

Further, to the extent that individuals and families return to a program when their health deteriorates, their care will be more costly than if they had continuous coverage without a break, and therefore had been able to access preventive care and be diagnosed and treated earlier for a range of conditions.

* Responding to consumer inquiries related to the new rule. Our county agencies will undoubtedly experience increased call volume and traffic from consumers concerned about the new policies, requiring ongoing development of messaging for staff to use and training on that messaging, as well as reviewing outcomes over time. [If you tracked calls or disenrollment requests from past blips in activity please include here as an example.] It will be difficult to properly advise our customers about changes to the public charge determination and how their receipt of various benefits might affect them at some future date. It will be critical to ensure our staff have nuanced messaging at their fingertips and are trained on how to engage clients about the rule.
* Responding to requests for proof of benefits receipt. The draft form I-944 (see: <https://www.regulations.gov/document?D=USCIS-2010-0012-0047>), would require states and counties to develop new processes in response to the rule. Applicants for a change in immigration status would be required to provide supporting documentation not only about whether they received a public benefit, but the type, amount, agency that granted it, date it was granted and expired and who in the household received it. Recipients will also need to document any Medicaid received (even if it does not count against them due to the exclusions in the proposed rule).

Being able to provide this information in a comprehensive and timely manner will require system updates, new work processes and likely hiring and specially training additional personnel for counties to respond to such requests. Counties will need to work with the state to develop standardized processes for receiving requests and providing such information across the state that safeguards personal data. This is not only a significant workload but also would include potentially major automation costs, given the level of detail required by the draft I-944 form – which requests information about the amount of benefits paid even for services that are typically transparent to a recipient, such as funds paid for health care provided through Medicaid, information that is not held in the California system of record for Medicaid eligibility but in a separate medical information system.

* Modifying existing communications and forms related to public charge. For almost 20 years, agencies have worked under consistent and clear rules about when a consumer’s use of benefits could result in a negative finding in their public charge determination. Agencies have incorporated these messages on a variety of consumer communications including application, application instructions, website, posters used in lobbies, in notices and in scripts and trainings for staff. All of these consumer communications will have to be identified and taken down or changed. In addition, many states have deliberately created seamless application and client experiences for state/local and federal benefit programs, as well as for Medicaid/CHIP benefits. These would need to be delinked and clients provided with clear information about whether the program they are participating in is subject to the public charge determination.

**Health Impacts on Families and Children**

From 2013 to 2017, the uninsured rate in California dropped from 17 percent to under 7 percent. These coverage gains have allowed California’s families to access regular health care and lead healthier lives. Healthy families are better able to assimilate and contribute to the U.S. economy, and it is vital that health center patients and their families continue to access medical care and other social services without fear of adverse immigration consequences.

Publicly-funded programs, like Medicaid and the Children’s Health Insurance Program (CHIP), help families meet their children’s basic needs and provide a buffer against the negative effects of adversity. Counties administer eligibility for these programs in California, as CHIP is embedded in our Medicaid program. CHIP is a program for working families who earn too much to be eligible for Medicaid without a share of cost. Making the receipt of CHIP a negative factor in the public charge assessment or including it in the “public charge” definition, would likely lead to many eligible children foregoing health care benefits, both because of the direct inclusion in the public charge determination as well as the chilling effect detailed above.

In addition to the great harm that would be caused by the inclusion of CHIP, this would be counter to Congress’ explicit intent in expanding coverage to lawfully present children and pregnant women. Section 214 of the 2009 Children’s Health Insurance Program Reauthorization Act (CHIPRA) gave states a new option to cover, with regular federal matching dollars, lawfully residing children and pregnant women under Medicaid and CHIP during their first five years in the U.S. This was enacted because Congress recognized the public health, economic, and social benefits of ensuring that these populations have access to care. Moreover, including CHIP, a benefit explicitly created for working families, in the public charge assessment would be contrary to the historical meaning of a public charge as a person who depends on the government rather than working.

Reducing access to these programs – either directly through the rules changes or indirectly through the chilling effect the rule would have – would be harmful to children’s development and have implications for their well-being into adulthood. For example, children enrolled in Medicaid in their early years not only do better in childhood than children without health insurance, but also have better health, educational, and employment outcomes in adulthood.[[4]](#footnote-4) Additionally, uninsured children are less likely to receive preventive care and necessary treatment when they are sick or injured, and are generally less healthy compared to children with health insurance.[[5]](#footnote-5) Thus, treating health programs as a negative factor in the public charge assessment would have the paradoxical effect of making children less able to contribute as adult workers. If this proposed rule were to be implemented, we will see negative health ramifications in our immigrant children and families since they would be discouraged of enrolling into publicly funded insurance programs, like Medicaid and CHIP.

For all of these reasons, we strongly oppose adding any additional programs to the totality of circumstances test.

**Conclusion: Urge withdrawal of proposed rule**

For the reasons stated herein, [County Name] asks that you withdraw this proposal and urges you to instead advance policies that strengthen—rather than undermine—the ability of our residents and their surrounding communities to thrive.

If you have any questions, please feel free to contact [INSERT CONTACT INFORMATION].

Sincerely,

[Name]  
[County/Organization]

1. Emily Bazar, Some Immigrants, Fearful of Political Climate, Shy Away from Medi-Cal (Kaiser Health News, Februray 22, 2017) <https://khn.org/news/some-immigrants-fearful-of-political-climate-shy-away-from-medi-cal/> [↑](#footnote-ref-1)
2. Batalova, Jeanne, Michael Fix, and Mark Greenberg. 2018. Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use. Washington, DC: Migration Policy Institute.

   \*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. [↑](#footnote-ref-2)
3. Economic multipliers are estimated by the USDA’s Food and Nutrition Service. See: Hanson, Kenneth. 2010. The Food Assistance National Input-output Multiplier (FANIOM) Model and Stimulus Effects of SNAP, U.S. Dept. of Agriculture, Economic Research Service. [↑](#footnote-ref-3)
4. Rourke O’Brien and Cassandra Robertson, *Medicaid and Intergenerational Economic Mobility*, University of Wisconsin—Madison, Institute for Research on Poverty, 2015, <https://search.library.wisc.edu/catalog/9910223409002121>; Andrew Goodman-Bacon, *The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes,* NBER Working Paper No. 22899, 2016, [www.nber.org/papers/w22899](http://www.nber.org/papers/w22899). [↑](#footnote-ref-4)
5. Amanda R. Kreider, Benjamin French, Jaya Aysola, et al., “Quality of Health Insurance Coverage and Access to Care for Children in Low-Income Families,” *JAMA Pediatrics* 170 (2016). [↑](#footnote-ref-5)