

December 10, 2018

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



L.A. Care
HEALTH PLAN®

For All of L.A.

John Baackes
Chief Executive Officer

Via email: www.regulations.gov

Re: DHS Docket No. USCIS-2010-0012 “Public Charge” Proposed Rule

Dear Ms. Deshommes:

L.A. Care Health Plan (L.A. Care) appreciates the opportunity to comment on the Department of Homeland Security’s (DHS) Notice of Proposed Rule Making, Docket No. USCIS-2010-0012, published in the Federal Register on October 10, 2018. As the nation’s largest public plan, L.A. Care serves over two million Medicaid beneficiaries, Children’s Health Insurance Program (CHIP) beneficiaries, Medicaid/Medicare dual-eligible individuals, and participates in California’s state-based marketplace (Covered California) as a Qualified Health Plan.

The public charge policies govern how the use of public benefits may impact individuals’ ability to enter the United States or to obtain legal permanent resident status (i.e., obtain a “green card”). Currently, the types of public benefits considered in public charge determinations include cash benefits, Temporary Aid for Needy Families (TANF), and Medicaid institutional long-term care. The proposed rule represents a significant change in current policy, by amending the public charge determination to include an immigrant who “receives one or more public benefits,” including Medicaid, Medicare Part D low-income subsidy, Supplemental Nutrition Assistance Program (SNAP), and housing assistance. In addition, DHS has requested input on the inclusion of CHIP.

L.A. Care is deeply concerned that the proposed rule, if finalized, could lead to the loss of Medicaid – and possibly CHIP – coverage for tens of millions of individuals throughout our country, most of whom are likely to become uninsured. Specifically, the proposed rule threatens the significant progress California has made in ensuring its residents have comprehensive coverage, regardless of the applicability of the rule to them. For instance, approximately 96% of California’s children now have comprehensive health care coverage.¹ Given the potential harm of the proposed rule to our nation’s public health, L.A. Care strongly urges DHS to withdraw the rule entirely. At a minimum, we urge DHS to remove Medicaid from – and not include CHIP in – the list of programs defined as a “public benefit.”

¹ SHADAC, “Health Insurance,” <http://statehealthcompare.shadac.org/map/4/health-insurance-coverage-type-by-age#1,12/24/7>

Our detailed concerns regarding the proposed rule include the following:

Loss of Health Care Coverage and Other Benefits

It is widely substantiated that the proposed rule will lead to noncitizens disenrolling or forgoing applying for benefits for which they are eligible, such as Medicaid, food, or housing. Federal law already imposes strict requirements on immigrant eligibility for public benefits, including a five-year waiting period. In addition, L.A. Care believes that if the proposed rule is adopted, citizen family members of noncitizens may also not use benefits due to concerns that their receipt of benefits would put their family member's immigration status at risk. The "chilled population" consists of all noncitizens and their dependents, who may drop or not apply for benefits because they believe they might be negatively impacted by the new rule. In California, 26 percent of the state's 9.7 million children (2.6 million) are U.S. citizens with a non-citizen parent.¹

An estimated 106,000 to 240,000 individuals may disenroll from Medicaid, resulting in a \$174 million to \$406 million loss in federal support. L.A. Care and many of its contracted providers have already been receiving calls from members expressing their fear of being considered a public charge and requesting information on how to disenroll from the program.²

In Los Angeles County, there are approximately 1.2 million noncitizens under 250% of the federal poverty level that are considered part of the "chilled population." Adding in their family members that are under 250% of the federal poverty level, that number of the "chilled population" increases to approximately 2.4 million in Los Angeles County.

Public Health Impact

Decreased participation in Medicaid/CHIP would increase the number of the uninsured among immigrant families, negatively impacting their health and financial stability. These coverage losses would reduce access to care for families, contributing to poor health outcomes. Overall, reduced participation in Medicaid/CHIP would negatively impact the health of the citizen children of immigrants as well. As a result of not being enrolled in public benefit programs, there will be increased emergency room use and emergent care due to delayed treatment, increased prevalence of diseases, increased uncompensated care, and increased poverty among many families, including U.S. citizen children. Without coverage, most families will be unable to afford timely care, and likely to go without care or experience delays in getting needed care.

As uninsured rates increase, safety-net providers such as community health centers, public hospitals, and county health departments will have no choice but to assume the cost of uncompensated care. This will result in financial hardship and instability of the important safety-net system.

¹ Henry J. Kaiser Foundation. Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid. <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>

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

Reduced participation in food nutrition programs and housing assistance would compound this negative impact. SNAP mitigates poverty and supports health outcomes such as medication adherence. In addition, Los Angeles County has a severe shortage of affordable housing and a large homeless population, which would be exacerbated by the inclusion of housing assistance in the proposed rule.

Marketplace Impact

L.A. Care contends that the proposed rule would also chill private insurance coverage. L.A. Care participates in California's individual marketplace as a qualified health plan. We believe that many immigrants may not be willing to enroll in the marketplace since the applications are shared with California's Medicaid program as well.

Direct Health Care Service Workers Impact

L.A. Care is concerned that the proposed rule would have significant trickle-down effects on direct health care service workers, such as home health aides, personal care aides, and nursing assistants. A significant part of the health care service workforce comprises immigrants that provide supportive care to elderly Americans and those with disabilities. Specifically, 25 percent of the estimated 4 million direct health care service workers in the United States are immigrants.³ These workers rely on Medicaid for their health care coverage.

The number of persons with disabilities, and those age 65 and older are increasing significantly. The older adult population is expected to increase from 48 million in 2015 to 88 million by 2050.⁴ As such, The United States Department of Labor Statistics estimates that an additional one million direct health care service workers will be needed. The dwindling supply of workers is in part due to low wages—approximately \$15,000, annually.

L.A. Care is concerned that lawfully present immigrants who are employed as health care service workers may decide to discontinue in this profession. If that happens, the anticipated direct care shortage will be exacerbated.

Children's Health Insurance Program

DHS requested input on whether CHIP should also be included in section 212.21 (b) (2). L.A. Care strongly urges DHS to not include CHIP as a public benefit. CHIP covers uninsured children in families who do not qualify for Medicaid and who earn up to 266 percent of the federal poverty level.

CHIP has been a successful program throughout the United States for twenty years and has reduced the number of children who are uninsured from 14 percent to 7 percent nationally. California has approximately 1.3 million children enrolled in CHIP.⁵ Given the success of CHIP in bringing much needed

³ Stephen Campbell, PHI, "U.S. Home Care Workers: Key Facts (2018); <https://phinational.org/resource/u-s-home-care-workers-key-facts-2018/>

⁴ W. Parmet and E. Ryan; "New Dangers for Immigrants and the Health Care System" *Health Affairs*, April 2018 <https://www.healthaffairs.org/doi/10.1377/hblog20180419.892713/full/>

⁵ https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_at_a_Glance_May2018_ADA.pdf

health care to children, we contend that defining CHIP as a public benefit will also have a chilling effect on enrollment. Studies have shown that CHIP and Medicaid coverage have helped achieve reductions in both hospitalizations and child mortality; and that improved health among CHIP and Medicaid programs “translates into gains in school performance and educational attainment over the longer term, with potentially positive implications for both individual economic well-being and productivity in the overall economy.”⁶

L.A. Care’s mission is to provide access to quality health care for Los Angeles County’s vulnerable and low-income communities and its residents, including immigrants that will be severely harmed by this proposed change. The United States is a country of immigrants and the proposed rule would threaten the health, safety, and livelihood of immigrants and, in doing so, harms the very core of our nation.

Sincerely,



John Baackes

⁶ Kaiser Commission on Medicaid and the Uninsured, “The Impact of the Children’s Health Insurance Program ICHIP): What does the Research Tell Us?” June 2014.