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Re: Inadmissibility on Public Charge Grounds (CIS No. 2499-10, DHS Docket No. USCIS-2010-0012)

Dear Mr. Phillips,

On behalf of the California Academy of Family Physicians (CAFP), representing more than 10,000 family physicians and medical students in California, I am writing in opposition to the proposed rule titled “Inadmissibility on Public Charge Grounds” (CIS No. 2499-10, DHS Docket No. USCIS-2010-0012) published by U.S. Citizenship and Immigration Services, Department of Homeland Security (DHS), in the October 10, 2018 Federal Register.

CAFP joins numerous medical associations representing hundreds of thousands of primary care and subspecialty care physicians across the country to express our deep concern and opposition to this proposed rule. Family physicians practice on the frontlines of health care and, as a result, are eminently qualified to report on patient behavior, public health trends and factors likely to affect access to vital medical services. CAFP members throughout California have reported that the proposed rule is already reducing the likelihood that immigrant patients will access primary care services for which they are eligible via Medi-Cal, the state’s Medicaid program. This endangers their health and wellbeing, increases risk to the overall population and drives up health care costs due to delays in care and a correlative increase in avoidable illness.

Lawfully present immigrants to the United States are forgoing necessary medical services out of fear that they will be denied green cards or U.S. visas, or even be deported, because their decision to access these services may result in being deemed a public charge and thus a denial of residency. The proposed rule has the potential to affect far more than the approximately 383,000 individuals in the U.S. who apply for a green card every year. Up to 24 million people living in the U.S. have at least one non-citizen family member, including many of the nearly 14 million residents in California who are enrolled in Medi-Cal, the state’s Medicaid program. Non-citizen parents may elect to forgo vital medical care for their citizen children as a result of the proposed rule as many immigrants do not understand that public charge extends only to the individual whose residency is in question. Delayed and forgone care among children can inhibit healthy childhood development, exacerbating the severity of health problems later in life.

When patients forgo primary care, it increases the likelihood that their medical condition will become more complex. When these preventable and treatable conditions become worse, individuals resort to seeking care in emergency rooms at far greater expense to health care systems and to individual taxpayers. The proposed rule also affects an immigrant's likelihood of accessing public services related to housing and nutrition, in the form of the Supplemental Nutrition Assistance Program (SNAP) and Housing and Urban Development (HUD) Section 8 housing assistance. Access to food and housing are important social determinants of health. Evidence strongly indicates that healthy populations are more likely to be economically productive and to contribute to community safety and security. Destabilizing the health of millions of legally present Californian immigrants has the potential to destabilize the state's economic performance and the security of all Californians. Additionally, threats to public health, such as epidemics, do not recognize immigration status. Should immigrants defer vaccinations and treatment of communicable diseases and infections, it increases the likelihood of transmission among the total population.

Finally, this public charge rule change cannot be reconciled with Health Resources and Services Administration (HRSA) mandates to provide screening and referrals for the social determinants of health for patients in Medicaid programs. Surveys such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool are deployed in primary care doctor's offices to assess patients' vulnerability to homelessness, food insecurity, employment insecurity and other elements that deeply impact health and wellness. Social workers and case managers are then charged with assisting patients to access services to address these social determinants of health. The proposed public charge criteria are in direct contradiction to these mandates: by fulfilling their regulatory obligations to HRSA, family physicians will contribute to patients' likelihood of being deemed a public charge and potential endanger their residency status.

In summary, CAFP opposes the proposed changes to the public charge rule because they endanger the health of the individual, the health of the overall population, and will increase overall health care costs to the state of California. CAFP joins physician associations and medical groups across the country in strongly opposing the proposed rule and encouraging the Department of Homeland Security to rescind it. Please contact Conrad Amenta, Director of Health Policy at CAFP at camenta@familydocs.org, should you have any questions about this submission.

Sincerely,

A handwritten signature in black ink that reads "Lisa M. Ward MD". The signature is written in a cursive, flowing style.

Lisa M. Ward, MD, MPH, MS, FAFAP
President, California Academy of Family Physicians