

The Vision and Voice of Women in Medicine since 1915

December 3, 2018

The Honorable Kirstjen M. Nielsen, Secretary
Department of Homeland Security
Office of Policy and Strategy, U.S. Citizenship and Immigration Services
20 Massachusetts Avenue NW
Washington, DC 20529-2140

RE: DHS Docket No. USCIS-2010-0012 Inadmissibility on Public Charge Grounds

Submitted electronically via http://www.regulations.gov

Dear Secretary Nielsen,

The American Medical Women's Association (AMWA) respectfully submits these comments to the Office of Policy and Strategy, U.S. Citizenship and Immigration Services at the Department of Homeland Security (DHS) on the Notice of Proposed Rulemaking (NPRM) for the Inadmissibility on Public Charge Grounds.

The American Medical Women's Association, established in 1915, is an organization which functions at the local, national, and international level to advance women in medicine and improve women's health. We achieve this by providing and developing leadership, advocacy, education, expertise, mentoring, and strategic alliances. The leaders and membership of AMWA are dedicated to protecting access to care and fully oppose the barrier this proposed rule creates for families, especially women and children.

As healthcare providers who regularly treat Medicaid patients, we are intimately aware of the importance of this program in providing basic healthcare coverage for the most vulnerable families. As an organization, AMWA supports universal healthcare and the protection of access for all patients. Therefore, AMWA rejects the claims by DHS and opposes adding any further benefits that would disqualify families their right to basic healthcare.

There are several studies that highlight the impending outcomes if this rule were to be implemented as outlined in the proposal. According to the Kaiser Family Foundation, if the proposed rule leads to Medicaid disenrollment rates ranging from 15% to 35% among Medicaid and CHIP enrollees living in a household with a noncitizen, between 2.1 to 4.9 million Medicaid/CHIP enrollees would be disenrolled. Even though the rule applies only to benefits immigrants themselves received and not those received by another member of their household, including children, the fear of losing status or the opportunity to become a citizen would indirectly affect this population of patients. The impact would be particularly harsh on pregnant and postpartum women and their children, resulting in poorer maternal and child health, education, and financial outcomes.

Furthermore, adding programs to the "public charge" such as section 8 housing and Supplemental Nutrition Assistance Program (SNAP) will contribute to unintended negative health outcomes by increasing the rate of obesity and malnutrition while reducing prescription adherence and medical stability. This will force even more families to visit emergency rooms or avoid healthcare entirely, resulting in increased chances of outbreaks, inability to work and less contribution to society overall. This is a direct assault on access to care and hinders our ability to deliver healthcare to the most vulnerable families in America.

AMWA strongly opposes adding use of Medicaid and CHIP programs as a consideration in the determination of "public charge" status. At the minimum, AMWA requests that DHS include an educational and notification component in its final rule that allows the public to understand that the exchange health plans are not part of a benefit affected by the proposed rule. AMWA is concerned that what led families to not enroll in the exchange or request enrollment only outside of the agency, was the fear that their migrant status and personal information would be shared with DHS.

In conclusion, AMWA appreciates the opportunity to provide comments and looks forward to working with the agency on this issue. Should you have any questions, please direct them to Theresa Rohr-Kirchgraber, MD at trohrkir@iu.edu.

Respectfully,

Connie Newman, MD

Connie Newman

President

American Medical Women's Association (AMWA)