WASHINGTON, October 10, 2018 — The Administration has issued a proposed regulation that expands the definition of “public charge” and puts the health and well-being of immigrant families at risk. The long-anticipated rule was published in the Federal Register today, which starts the 60-day comment period (October 10-December 10, 2018) for the public to provide feedback on the new definition and the detrimental consequences it is already having.

In response, the undersigned organizations express our concern and united opposition to the proposed rule. As representatives of America’s health centers and the 28 million patients they serve, we work together to ensure access to quality and affordable health care for all in need, regardless of insurance status or ability to pay. The health center model and mission is to ensure access to affordable health care so that all individuals can contribute to their communities and reach their full potential. As currently drafted, this proposed rule is in direct contrast to this mission.

Should the rule be finalized in its current form, it will redefine long-standing rules centered on whether an immigrant can be determined a “public charge” when they apply for legal permanent residency. The expanded definition would impose barriers to health care and other critical services when families need them most. Many eligible immigrants would be discouraged from accessing Medicaid and other key programs for fear of negatively affecting their immigration status.

Health centers and other safety-net health care providers have seen the effects of changes to the public charge doctrine in the past. Following the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, a climate of fear and confusion was created among immigrants, preventing them from enrolling in critical programs and keeping them from seeking medical care.

In addition, this proposal will be harmful to health centers’ financial stability. Immigrants’ withdrawal from health insurance programs will undoubtedly lead to higher levels of unsubsidized care. As health centers generally run on margins of less than 1 percent, they will have to cover these increased costs either with federal grant funding or by tapping into other vital funding streams that support the health center model of care. This will lead to worse health outcomes and more complex, costlier health services for patients, their families, and their communities. More importantly, the regulation puts a barrier between health care providers and their patients.

We ask that all Americans participate in the comment period and oppose the proposed regulation in order to ensure that health centers and the patients they serve are not put at risk. Take action to protect patients and families, and submit comments to oppose this new public charge proposal at: http://bit.ly/OpposePublicCharge.

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Association of Asian Pacific Community Health Organizations
“The proposed change to public charge is an attack on Asian American, Pacific Islander and all immigrant families. If the proposed regulation goes through, families would be forced to choose between going to the doctor and other basic needs, and keeping their loved ones together. As an organization representing health centers that serve all communities, this proposed rule is detrimental to the health and well-being of the communities we serve. We call on the administration to rescind this proposal and to ensure that the patients and families we serve are not put at risk. We urge the public to join us in taking action by submitting comments and opposing this harmful public charge proposal.” – Jeffrey Caballero, Executive Director, Association of Asian Pacific Community Health Organizations

California Primary Care Association
“The Trump Administration’s proposed changes to the nation’s public charge regulations are an assault on our immigrant communities, unfairly targeting them and creating an increased atmosphere of fear. If we want our communities to thrive, all of the families in those communities must be able to get the care and services they need. The California Primary Care Association is proud to stand with our immigrant communities and re-affirm our commitment to valuing and protecting the health rights of ALL of our patients. I urge every member of the community to submit a comment during the 60-day public comment period opposing these changes to public charge. Additionally, reach out to your elected officials and urge them to stand in opposition with us. At this time of rising national division, we must come together to protect everyone’s right to access care.” – Carmela Castellano-Garcia, President & CEO, California Primary Care Association

National Association of Community Health Centers
“The Health Center mission is to treat the underserved so they can access the high-quality, affordable health care they need. Access to affordable health care provides the medically underserved with the opportunity to contribute to their communities, thrive and reach their full potential. The rule will likely result in individuals, including those seen at health centers, being deterred from addressing their health care needs, ultimately leading to worse health outcomes for them and their communities. As patient-centered organizations, by mission we seek to provide appropriate and meaningful access to care for all those who come through our doors and fear that this rule works in contrast to this longstanding goal. We ask that the Administration reconsider this effort immediately and work with us to ensure that health centers and the patients they serve are not put at risk.” – Tom Van Coverden, President and CEO, National Association of Community Health Centers

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AHS Family Health Center

“These proposed changes are based on unfair principals that wealth and income determine a person value to society. These proposed regulation changes have a chilling effect on immigrants accessing health care. Without essential screening and access to treatment and nutrition, our patients will be vulnerable to increased incidences of asthma, high blood pressure, diabetes, cancer, and mental health issues." - AHS Family Health Center

Alameda Health Consortium

“The current administration’s portrayal of immigrants and prospective citizens as a drain on our economy is not supported by research and also is inconsistent with American values. Immigrants pay more than $90 billion in taxes every year and receive only $5 billion in welfare. Without their contributions to the public treasury, the economy would suffer enormous losses.” – Ralph Silber, CEO, Alameda Health Consortium

Asian Health Services

“Treating immigrants as public charges is based on the unfair principle that income and wealth determine one’s value to society. America is one nation built on the strength of immigrants. We are only as strong as the most vulnerable among us. We will not let the Trump policy agenda force families to choose between healthcare, stability, food they need, and their children and the people they love.” – Sherry Hirota, CEO, Asian Health Services

Asian Services in Action, Inc.

“Asian Services in Action, Inc. (ASIA, Inc.) opposes the Trump Administration’s proposed regulation that will expand the definition of “public charge. This proposed rule is causing many immigrant families to feel the need to disenroll from their benefits/access to health services, public housing, and other basic needs. Initially, this proposed rule will endanger families and their children. No family should have to choose between being with their loved ones or meeting their basic needs.” –Michael Byun, CEO, Asian Services in Action, Inc

California Pan-Ethnic Health Network

“This is an attack on the health of California’s communities of color - including the millions of lawfully present immigrant families now forced to choose between critical life needs, such as food and medical care, and the ability to live peacefully in their adopted home. The proposed changes to public charge are intended to further discourage hard-working families from seeking help when they need it. Without health care, routine health problems will turn into emergencies and public health crises will only be made worse.” – Sarah de Guia, Executive Director, California Pan-Ethnic Health Network

Coalition of Orange County Community Health Centers

"The Coalition of Orange County Community Health Centers opposes the proposed changes to the Public Charge rule. The proposed changes would adversely affect our patient population. Though health centers do not inquire into immigration status, the rule nonetheless discourages the use of health and wellness programs. Our patients will be less inclined to utilize services that are available to them, which will lead to negative health outcomes. We aim to provide accessible care to all, and this rule undermines our mission." - Esen Sainz, Director of Policy and Government Affairs, Coalition of Orange County Community Health Centers

Community Clinic Association of Los Angeles County

“Clinics are a safe space for patients to seek help for a wide array of services. This rule would deter patients from accessing critical programs they are entitled to and have a chilling effect on our efforts to improve the health, well-being and economic security of our communities. This rule would undermine the health, safety and well-being of immigrant families and our communities. CCALAC will work closely with our partners to fight this proposal, protect our immigrant communities and ensure that our patients remain able to safely access health care services and programs.” – Louise McCarthy, President and CEO, Community Clinic Association of Los Angeles County
Community Health Care Association of New York State
“The Trump administration’s proposed changes to the ‘public charge’ rule stand in stark contrast to CHCANY’s’ vision of promoting health and well-being through the work of community health centers. These regulations make it possible for the Trump administration to tear immigrant families apart by denying them the programs and services they need to survive, including access to health care. By making it harder for legal immigrants to follow the path to residency, the president is ignoring what has always made America great: ‘your tired, your poor, your huddled masses yearning to breathe free.’ We urge all New Yorkers to let the Trump administration know we do not agree with this proposed rule.” - Rose Duhan, President and CEO, Community Health Care Association of New York State

Golden Valley Health Centers
“This proposed regulation on public charge is creating fear and confusion among the most vulnerable communities and their families. Services such as health care, mental health, and health education are vital to ensure that people are healthy and contribute to their communities at large.” - Ruben Chavez, Chief Operations Officer, Golden Valley Health Centers

Lāna’i Community Health Center
“Lāna’i Community Health Center is gravely concerned of the chilling effects this proposed rule change will have on an individual’s ability and willingness to obtain necessary care and assistance. We are a nation built upon the blood, sweat and tears of immigrants. We stand on the shoulders of our history – this proposed rule is diametrically opposed to our history and beliefs.” - Diana M. V. Shaw, Executive Director, Lāna’i Community Health Center

LifeLong Medical Care
“LifeLong Medical Care provides health services to residents of the Bay Area. It serves none of our interests to have our patients and their families be afraid to seek basic care because it might be used against them in the citizenship complex. If our patients don’t seek primary care they will end up being served in emergency rooms and hospitals with much more costly and less appropriate care. We want everyone in our community to receive basic care and be as healthy as possible so we can all be healthy. LifeLong is 100% against proposed regulations that would make residents that use MediCal and other health related benefits a “public charge”. Let’s do everything we can to support the immigrants who do so much for our community.” - Marty Lynch, CEO & Executive Director, LifeLong Medical Care

Neighborhood Health Care
“The Neighborhood Healthcare family of providers and staff witness daily how access to health care, food security and adequate housing are used as tools by immigrants to build self-sufficiency, support their families and contribute to communities. This proposal essentially removes the tools from the grasp of immigrant contributors to our economy and abruptly halts the decades of progress by destroying the health and safety of the communities we serve.” – Dr. Rakesh Patel, CEO, Neighborhood Health Care

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