

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

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Submitted via electronic record at www.regulations.gov

Samantha Deshommnes, 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:

The National Health Care for the Homeless Council (NHCHC) is strongly opposed to the Department of Homeland Security's proposed changes to the public charge rule. NHCHC is a membership organization representing federally qualified health centers and other organizations providing health services to people experiencing homelessness. Last year, nearly 300 Health Care for the Homeless (HCH) programs served approximately 1 million patients in more than 2,000 locations across the United States. Our members offer a wide range of outpatient primary care, mental health and addiction treatment, case management, and other services to people without stable housing. As a network of providers caring for very vulnerable adults, families, and children, we are extremely concerned about the impact the public charge changes would have on our patients' health and livelihood. If finalized, the proposed rule on public charge would put millions of people at serious risk of illness, hunger and homelessness, and would drive many families deeper into poverty. I urge you to rescind this rule and instead create more inclusive policies that reflect the values this country holds most dear: inclusion, equity, compassion, and opportunity.

Human Rights: As a human rights organization committed to ending homelessness and alleviating its consequences, we firmly believe in the human right to housing, health care and adequate food. We work every day to ensure that our patients are able to access housing assistance, Medicaid, and the SNAP program so they can meet basic needs. We directly see how health insurance coverage, particularly through Medicaid, helps our clients care for themselves, address chronic health conditions, combat addiction and mental health problems, and avoid unnecessary pain and death. We also see significant improvements in health when our clients are able to access housing assistance—often

through the Section 8 program or through public housing. Other supports, such as SNAP, improve access to healthy food. These programs are critical to helping people avoid (or escape) poverty.

Immigrant families are a part of our communities, whether as clients, staff, volunteers, families, or neighbors. Limiting these programs makes it more difficult to care for those living in or on the brink of poverty and homelessness. The safety net programs outlined in the proposed rule should be more broadly available in the best interests of society, not curtailed and stigmatized. We believe a just society sees the dignity in all people and works to enact policies accordingly.

Responsive Commentary: While the proposed rule seeks comments on many issues and questions, we focus on three areas that most impact people experiencing homelessness:

- Whether additional programs should be counted.
- Whether income below 125% of poverty should be a negative factor.
- Whether the proposed rule is likely to produce various other unanticipated consequences and indirect costs.

1. **Additional programs (FR 51173):** *The Department asks about unremunerated benefits -- both whether additional programs should explicitly be counted, and whether use of other benefits should be counted in the totality of circumstances.*

Response: We vehemently oppose the current listing of programs that would be held against an individual in their application for entry to the country and/or their application to become a legal resident, and would likewise strongly oppose adding any additional programs.

2. **Poverty as a negative factor (FR 51187):** *The Department asks for comment about treating household income below 125% of the federal poverty guidelines (FPG) as a negative factor. Conversely, the Department proposes that income above 250% FPG be required to be counted as a heavily weighed positive factor.*

Response: Poverty is often temporary—health care, housing, and food assistance programs specifically lift people out of poverty, and help them attain self-sufficiency. We believe that a person's income does not determine their value as a human being, nor should income be used to determine whether they are “worthy” enough to enter and/or stay in the United States. We adamantly oppose provisions that punish people for being impoverished.

3. **Unanticipated consequences and costs (FR 51270):** *The Department acknowledges that “disenrollment or forgoing enrollment in public benefits program by aliens otherwise eligible for these programs could lead to:*

- *Worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence;*
- *Increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment;*

- *Increased prevalence of communicable diseases, including among members of the U.S. citizen population who are not vaccinated;*
- *Increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient;*
- *Increased rates of poverty and housing instability;*
- *Reduced productivity and educational attainment."*

The Department asks for comments on other possible consequences of the rule and appropriate methodologies for quantifying these non-monetized potential impacts.

Response: The Department should take no action that yields any of these six outcomes. Other outcomes not listed here—but are likely if this proposed rule were enacted—are misery and death. It is unconscionable that these listed outcomes should be considered acceptable given their impact on human beings who are looking to build a better life for themselves and their family. While the Department might see "cost-savings" from lower enrollment in public programs, all of the above outcomes have dire consequences and costs for individuals, families, and the communities where they live. Hospitals and other public systems will still be caring for them and incurring costs, hence is counter-productive (and short-sighted) to limit participation in programs that help both individuals and the providers who serve them.

Our Partners: As a network of health care providers, individuals with the experience of homelessness, and countless others who rely on public benefit programs to survive homelessness and escape poverty, we share the concerns and fully endorse the comments submitted by our partners. These include, but are not limited, to the National Association of Community Health Centers, the Food Research and Action Center, the National Law Center on Homelessness & Poverty, and the National Housing Law Project. As detailed in their comments, this rule is an infringement on the health and well-being of millions of people, and will have catastrophic consequences to people who rely on safety net programs that meet basic human needs.

In conclusion, access to public benefits is critical to maintaining health and stability, and the presence of immigrants has direct benefits to our communities and to society at large. The proposed rule punishes people for experiencing poverty, would yield poor health outcomes, and lead to homelessness and even death for individuals, children, and families. We stand alongside many other organizations in adamant opposition to this proposed rule and strongly urge The Department of Homeland Security to withdraw it from consideration. If you would like to discuss these comments further, please contact Barbara DiPietro, PhD, Senior Director of Policy, at 443-703-1346 or at bdipietro@nhchc.org.

Sincerely,



G. Robert Watts
CEO