

November 21, 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.

**RE: 8 CFR Parts 103, 212, 213, 214, 245 and 248
[CIS No. 2499-10; DHS Docket No. USCIS-2010-0012]
RIN 1615-AA22
Inadmissibility on Public Charge Grounds**

Dear Ms. Deshommes:

On behalf of our more than 200 hospital and nearly 50 health system members, the Illinois Health and Hospital Association (IHA) appreciates the opportunity to comment on the Department of Homeland Security (DHS) Inadmissibility on Public Charge Grounds proposed rule, which changes how the department determines whether legal immigrants are likely, at any time, to become a public charge -- a determination which may put their immigration status at risk. **IHA is deeply concerned that the proposed rule would cause fewer legal immigrants to access medical, nutritional, and other public benefits for which they are eligible, resulting in reduced health and wellbeing as well as significant cost shifting to hospitals and health systems.**

IHA strongly opposes the proposed rule because of our serious concerns that it would create a severe disincentive for immigrant families to seek medical and nutrition programs that support their basic needs. This in turn may lead to many families forgoing important medical benefits for which they qualify, out of fear their immigration status could be at risk. This proposed rule has the potential to impact more than 1.04 million immigrants and their family members (including U.S. citizen children) living in Illinois – a state which has the fifth largest number of immigrants who receive benefits in the United States.

Specifically, the proposed rule would expand the current list of benefits used to make a public charge determination to include the Medicaid Program, the Medicare Part D Low Income Subsidy, and Supplemental Nutrition Assistance, among others. Although certain benefits within these programs (e.g., services for emergency medical conditions and school-based Medicaid benefits) would not be counted toward a public charge analysis, we believe program benefits would be avoided due

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to the complexity of the rule and uncertainty about immigration enforcement.

Additionally, the proposed rule includes new circumstances that would negatively impact an individual under a public charge analysis, including having an income below 125 percent of the federal poverty level, having a serious medical condition, and receiving one or more public benefit.

Finally, among other changes, the proposed rule would add new populations subject to the public charge determination. Currently, it applies to individuals seeking to enter the United States or those legally in the country and seeking to become a Lawful Permanent Resident. However, the proposed rule also expands the list to include immigrants seeking to extend or change their current visas (e.g. student visa to employment visa).

Taken together, the proposed rule includes drastic changes, which will negatively impact hundreds of thousands of legal immigrants in Illinois and shift costs to hospitals and health systems. For example, as people drop or fail to apply for Medicaid, hospitals will likely experience an increase in uncompensated care. Additionally, legal immigrants and their families may forego preventive care or chronic care management, which drives an increase in costly emergency and acute care.

As fewer legal immigrants and their families access public benefits lawfully available to them, the hospital community stands to be negatively affected. Less access to these vital benefits, especially medical assistance programs such as Medicaid, will result in loss of revenue for hospitals as people drop off programs or fail to apply. This will result in increased uncompensated care costs as people use hospital services but do not have the means to pay for them.

As more people and their families forego preventive care or chronic care management, the result is an increase in costly emergency and acute care in hospitals. Hospitals in immigrant communities and safety net providers—including hospitals and community health centers—will feel the greatest impact. Additionally, if finalized, the proposed rule has the ability to broadly impact consumers, providers, state budgets, and local governments who are ill equipped to handle these negative outcomes.

DHS has even acknowledged that the proposed rule could increase poverty among families with citizen children and that immigrants who are foregoing benefits could experience lost productivity, adverse health effects, increased medical expenses due to delayed health care, and reduced educational attainment. DHS also estimates that over the first 10 years of implementation, the quantified direct costs of the proposed rule could be upwards of \$1.2 billion.

IHA strongly urges you not to finalize the changes included in the proposed rule. Please feel free to contact me should you be interested in additional information or if you have any questions.

Sincerely,

A.J. Wilhelmi
President & CEO