**Sample Letter**

DATE

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 *(Name of your hospital/system)*, I am writing to oppose a recently proposed rule published by the Department of Homeland Security (DHS) (DHS Docket No. USCIS-2010-0012). The proposed rule provides 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 that their legal status could otherwise be in jeopardy and may result in significant cost shifting to hospitals and health systems.

*(Include information regarding numbers of legal immigrants your hospital serves or other pertinent information relating to your hospital here)*

The proposed rule changes how the department determines whether legal immigrants are likely, at any time, to become a public charge (i.e., dependent on the government for financial support). Additionally, the rule expands the list of public benefits considered to be a public charge and increases the importance of income and benefit use in the public charge analysis. The proposed rule also adds consequences to the use of benefits that some immigrants are eligible for including Medicaid and Medicare coverage only available to lawfully present immigrants.

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. *(If you are a hospital that serves large immigrant communities or a safety net provider, include additional hospital specific information here regarding potential negative outcomes or other information you wish to provide.)*

As fewer legal immigrants and their families access public benefits lawfully available

to them, the hospital community will be negatively affected. Less access to these vital benefits, especially medical assistance programs such as Medicaid and the Children’s Health Insurance Program (CHIP), will result in loss of revenue *(insert dollar amounts if available)* for (*name of your* *hospital/hospital system)* as people drop off programs or fail to apply. This will result in increased uncompensated care costs *(insert dollar amounts if available)* as people use hospital services but do not have the means to pay for them. *(Place additional negative financial outcomes for your hospital here.)* DHS also estimates that over the first 10 years of implementation, the quantified direct costs of the proposed rule could be up to $1.2 billion.

*Name of Hospital/Hospital system* strongly urges you not to finalize the changes included in the proposed rule. Please feel free to contact me if you need any additional information or have any questions.

*Provide any additional closing remarks here.*

Sincerely,

*Name*

*Title*

*Name of hospital/health system*