



December 10, 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, N.W.
Washington, D.C. 20529-2140

RE: Notice of Proposed Rulemaking; Inadmissibility on Public Charge Grounds, DHS Docket No. USCIS-2010-0012, (Vol. 83, No. 196, October 10, 2018)

Dear Ms. Deshommes:

On behalf of the New Jersey Hospital Association (NJHA) and its nearly 400 hospital, health system and post-acute members, we appreciate the opportunity to comment on the Department of Homeland Security's (DHS) proposed rule that could limit legal immigrants' future immigration status based on their receipt of public benefits.

Specifically, the rule proposes to change current policies that govern "public charge" determinations, which assess how likely an individual is to become dependent on government assistance (public benefits) for support and subsistence. The rule recommends expanding the types of public benefit programs that could contribute to a "public charge" determination, to include Medicaid, Medicare Part D Low Income Subsidy, Supplemental Nutrition Assistance Program and housing assistance.

The proposed rule will have significant implications for the vulnerable populations served by NJHA members as well as for New Jersey's Medicaid and Children's Health Insurance Programs (CHIP). While the proposed rule does not recommend eligibility changes to Medicaid, legally present immigrants, as well as their citizen family members, may choose to either disenroll from or not apply for Medicaid coverage for fear of putting their future immigration status, either citizenship or permanent residency, in jeopardy. This "chilling effect" on coverage could put millions of individuals and their families at risk for loss of coverage – consequently putting payments to healthcare institutions. This loss of coverage will inevitably lead to poor health outcomes for vulnerable immigrant communities and greater financial strain for the hospitals and other healthcare institutions that serve them. **We strongly oppose the DHS proposed rule on "public charge" and recommend that it be withdrawn.**

An analysis prepared by Manatt Health examines the implications of the chilling effect for state Medicaid and CHIP programs as well as Medicaid hospital payments. Overall, the analysis shows that as many as 13.2 million people could be affected by the rule's chilling effect in one year. This loss of coverage translates, for the Medicaid and CHIP programs, to an estimated \$68 billion in health care

services that would be at risk. For hospitals nationwide, this loss of coverage puts an estimated \$17 billion in hospital payments at risk. Hospitals in New Jersey could see a reduction of \$608 million in payments. This hospital estimate only examines the potential loss in Medicaid and CHIP payments to hospitals and does not account for the increase in uncompensated care that hospitals could incur by providing services to immigrants and their families. Further, it does not examine potential impacts on other New Jersey healthcare providers such as nursing homes, PACE organizations, home health agencies and others. According to Mannatt's estimate, the full effect on New Jersey's Medicaid and CHIP payments could be over \$2 billion. These reduced Medicaid payments would likely increase financial strain on the entire healthcare system in New Jersey.

The implications of the proposed rule and the likely loss of coverage resulting from these policies could have a significant, detrimental impact on the vulnerable populations New Jersey hospitals, health systems and post-acute care providers serve as well as on the state's Medicaid and CHIP programs. **NJHA opposes this proposed rule and requests that DHS withdraw it from further deliberation.**

Thank you for your consideration of our comments.

Sincerely,

Jonathan Chebra
Senior Director, Federal Affairs