



November 30, 2018

L. Francis Cissna
Director, U.S. Citizen and Immigration Services
U.S. Department of Homeland Security (DHS)
20 Massachusetts Avenue N.W.
Washington, District of Columbia 20529-2140

Samantha Deshommès
Chief, Regulatory Coordination Division – Office of Policy and Strategy
U.S. Citizenship and Immigration Services, U.S. Department of Homeland Security (DHS)
20 Massachusetts Avenue N.W.
Washington, District of Columbia 20529-2140

RE: Proposed Rule “Inadmissibility on Public Charge Grounds” (DHS Docket No. USCIS-2010-0012)

Dear Mr. Cissna and Ms. Deshommès:

The County Health Executives Association of California (CHEAC), representing California’s 61 local health departments, writes to express concerns with the Proposed Rule “Inadmissibility on Public Charge Grounds” (DHS Docket No. USCIS-2010-0012). The proposed changes would expand the public charge test to weigh whether an immigrant is receiving one or more specified public benefits, among other modifications.

A wealth of research has demonstrated that population-based public health interventions and services have substantial positive benefits for individuals throughout the lifespan. Benefits delivered through local health departments and our community-based partners, including the Supplemental Nutrition Assistance Program (SNAP), Medicaid, the Children’s Health Insurance Program (CHIP), and Section 8 housing vouchers and public housing assistance, ensure positive health outcomes, reduce costly chronic disease conditions, and prevent intergenerational poverty and its associated detrimental health impacts.

Should the proposed rule on public charge be implemented, evidence strongly suggests a “chilling effect” among immigrants is very likely to occur. This “chilling effect” has shown to reduce social interactions, increase stress and anxiety, decrease utilization of essential public services, and increase general mistrust toward public institutions among immigrant populations. Despite the fact that the public charge rule has only been proposed, many California local health departments have already seen increases in residents and families

inquiring about how to withdraw pending applications, forgoing services, or disenrolling from public benefits to which they are entitled, including Medicaid, home visiting services, and medical care for children with disabilities.

It can be further reasonably expected that lawful, documented immigrants will be reluctant to engage with or receive services for which they are lawfully eligible from local health departments, Special Supplemental Nutrition for Women, Infant, and Children (WIC) clinics, and community health centers, putting at risk both personal and population health. Going without necessary health and/or social services endangers the health of communities, decreases the ability for residents to contribute to society, triggers housing instability and homelessness, fuels hunger and food insecurity, and increases costs from emergent and uncompensated medical care.

When investigating, treating, and controlling infectious diseases to prevent outbreaks, California local health departments rely on the involvement and cooperation of a broad range of residents in their respective jurisdictions and throughout the state. Reluctance to interact with, provide information to, or receive services from local health department professionals among immigrant populations due to the “chilling effect” of the proposed public charge rule potentially increases the risk of infectious disease exposure and outbreaks among all California residents. With California’s recent unprecedented rise in infectious diseases, including sexually transmitted diseases (chlamydia, gonorrhea, and syphilis), influenza, and measles, this proposed rule places the public’s health and safety in significant jeopardy.

Expanding the public charge test to weigh whether an immigrant is receiving one or more specified public benefits will have both direct and indirect negative impacts on immigrants and communities. In instances where documented immigrants decline services from local health departments—whether by not receiving an immunization to prevent an infectious disease outbreak, declining to seek timely attention for a life-threatening medical condition, or forgoing critical supplemental nutrition benefits and education for a newborn—the “chilling effect” anticipated from the proposed public charge rule will have detrimental lifelong impacts on personal and population health throughout California.

It is for these reasons CHEAC respectfully requests the Proposed Rule “Inadmissibility on Public Charge Grounds” (DHS Docket No. USCIS-2010-0012) be withdrawn from consideration.

Should you have any questions, please feel free to contact me at (916) 327-7540.

Sincerely,

As signed by

Michelle Gibbons
Executive Director