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*Submitted via [www.regulations.gov](http://www.regulations.gov)*

Ms. Samantha Deshombres, Chief  
Regulatory Coordination Division, Office of Policy and Strategy  
U.S. Citizenship and Immigration Services  
U.S. 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 Ms. Deshombres,

March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers representing every state, the District of Columbia and Puerto Rico, appreciates this opportunity to comment on the proposed rule, Inadmissibility on Public Charge Grounds, as published in the *Federal Register* on October 10, 2018.

As an organization dedicated to fighting for the health of all moms and babies, March of Dimes is profoundly concerned about the implications of the proposed rule for numerous aspects of maternal and child health. The proposed rule would allow government officials to consider the use of an applicant's broad range of services such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and housing assistance when determining eligibility for green cards and/or lawful admission to the U.S. The proposed rule poses significant risk of causing major harm to the health and wellbeing of all women, children and families without any commensurate or corresponding benefit to their health. **March of Dimes strongly opposes the proposed rule and urges the Department to withdraw it in its entirety.**

***Medicaid and SNAP Are Critical to the Health of Women, Children and Families***

Women, children and families across our nation rely heavily on programs the Department would newly include in the public charge review, particularly Medicaid and the Supplemental Nutrition Assistance Program (SNAP). Briefly:

**Medicaid** provides quality, affordable health coverage to 74 million of our nation’s most vulnerable people.<sup>1</sup> Of that number, approximately 37 million are children, making Medicaid the nation’s largest insurer of children.<sup>2</sup> Over eight million U.S. citizen children with an immigrant parent have Medicaid or CHIP coverage.<sup>3</sup> Medicaid also provides coverage for 20.6 percent of all women of childbearing age (age 15-44), or 13.2 million women.<sup>4</sup>

Today, Medicaid covers roughly half of all births in the United States, including a significant percentage of high-risk pregnancies.<sup>5</sup> Medicaid provides a range of pre-pregnancy, prenatal and postpartum services, including regular prenatal visits and associated services, prenatal vitamins, genetic counseling, and breast pumps.<sup>6</sup> This coverage plays a critical role in guiding a safe pregnancy, identifying preventable risks, and promoting healthy practices like breastfeeding. Without Medicaid coverage, these services would be out of reach for many families, resulting in poorer pregnancy and birth outcomes.

Medicaid is an essential source of coverage for families with babies born with complications like prematurity, low birth weight, and birth defects. Without Medicaid coverage, most low income families would likely lack access to any health insurance option regardless of their immigration status, which would leave them vulnerable to catastrophic maternity and newborn care costs. The average cost per maternity stay for an uncomplicated birth ranges from \$1,189 to \$11,986, with a median cost of \$4,215.<sup>7</sup> Complicated births can be significantly more expensive –as much as ten times that of an uncomplicated birth. Employers pay 12 times more for health care costs for babies born premature and/or low birth weight compared with babies without complications (\$54,149 compared to \$4,389).<sup>8</sup> Such costs are unsustainable for virtually any family,

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<sup>1</sup> U.S. Centers for Medicare and Medicaid, “Medicaid & CHIP Enrollment Data Highlights,” Medicaid.gov, April 2018, accessed July 25, 2018, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/>

<sup>2</sup> Medicaid and CHIP Payment and Access Commission, “Child Enrollment in CHIP and Medicaid by State, FY2016,” Macpac.gov, accessed July 25, 2018, <https://www.macpac.gov/publication/child-enrollment-in-chip-and-medicaid-by-state/>

<sup>3</sup> Kaiser Family Foundation, “Nearly 20 Million Children Live in Immigrant Families that Could Be Affected by Evolving Immigration Policies” (Apr. 18, 2018), <https://www.kff.org/disparities-policy/issue-brief/nearly-20-million-children-live-in-immigrant-families-that-could-be-affected-by-evolving-immigration-policies/>.

<sup>4</sup> American Community Survey, 2017. Data analyzed using: IPUMS-USA, University of Minnesota, [www.ipums.org](http://www.ipums.org).

<sup>5</sup> March of Dimes, Maternity and Newborn Care in Medicaid Factsheet, February 2017. [https://www.marchofdimes.org/materials/March-of-Dimes-Maternity-and-Newborn-Care-in-Medicaid\\_Feb2017.pdf](https://www.marchofdimes.org/materials/March-of-Dimes-Maternity-and-Newborn-Care-in-Medicaid_Feb2017.pdf)

<sup>6</sup> Kaiser Family Found., “Medicaid Coverage of Pregnancy and Perinatal Benefits: Results from a State Survey” (Apr. 2017), <https://www.kff.org/womens-health-policy/report/medicaid-coverage-of-pregnancy-and-perinatal-benefits-results-from-a-state-survey/>.

<sup>7</sup> Xiao Xu, et al., “Wide Variation Found in Hospital Facility Costs For Maternity Stays Involving Low-Risk Childbirth,” 34 Health Affairs 1212 (2015).

<sup>8</sup> March of Dimes. 2013. Premature birth: The financial impact on business.

but particularly for those whose low income would normally qualify them for Medicaid coverage.<sup>9</sup>

**The Supplemental Nutrition Assistance Program (SNAP)** plays a critical role in the health and nutrition of women, children and families. In a typical month in 2017, SNAP helped about 42 million low-income Americans afford a nutritious diet, including the nearly 70 percent of SNAP participants in families with children.<sup>10</sup> Over 2.5 million children with an immigrant parent rely on SNAP benefits to maintain their nutritional health.<sup>11</sup> It has been found that households with greater food insecurity are likelier to use health care and have higher costs.<sup>12</sup> Pregnant women, in particular, depend on SNAP to have a healthy pregnancy. Women who accessed SNAP during pregnancy when the program was gradually expanded nationwide in 1960s and early 1970s gave birth to fewer low birth weight babies.<sup>13</sup> If SNAP food assistance is not available to pregnant women, it could have serious health implications for both mother and baby as food insecurity has been associated with poor pregnancy outcomes, including low birth weight and gestational diabetes.<sup>14</sup>

Together, these programs play an indispensable role in promoting and protecting maternal and child health across our nation for all families, regardless of their immigration status. Medicaid coverage helps families sustain their health and wellbeing. Medicaid coverage allows families to access vital health care services – especially during the prenatal and perinatal periods – without having to forego other household essentials.<sup>15</sup>

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<https://www.marchofdimes.org/materials/premature-birth-the-financial-impact-on-business.pdf>

<sup>9</sup> Institute of Medicine, Preterm Birth: Causes, Consequences, and Prevention (2006).

<sup>10</sup> Carlson S, Keith-Jennings B. SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs. Center on Budget and Policy Priorities. January 17, 2018.

<https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

<sup>11</sup> Skinner, C. “SNAP Take-up Among Immigrant Families with Children,” National Center for Children in Poverty, (Mar. 2011). [http://www.nccp.org/publications/pdf/text\\_1002.pdf](http://www.nccp.org/publications/pdf/text_1002.pdf).

<sup>12</sup> Carlson S, Keith-Jennings B. SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs. Center on Budget and Policy Priorities. January 17, 2018.

<https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

<sup>13</sup> Almond D, Hoynes H, Schanzenbach D. “Inside the War on Poverty: The Impact of Food Stamps on Birth Outcomes,” The Review of Economics and Statistics, 93(2), 2011.

[www.mitpressjournals.org/doi/pdfplus/10.1162/REST\\_a\\_00089](http://www.mitpressjournals.org/doi/pdfplus/10.1162/REST_a_00089).

<sup>14</sup> Borders AE, Grobman WA, Amsden LB, Holl JL. Chronic stress and low birth weight neonates in a low-income population of women. *Obstet Gynecol* 2007;109:331–8. Laraia BA, Siega-Riz AM, Gundersen C. Household food insecurity is associated with self-reported pregravid weight status, gestational weight gain, and pregnancy complications. *J Am Diet Assoc* 2010;110:692–701

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018748/>

<sup>15</sup> Hu L et al. “The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Wellbeing,” NBER Working Paper No. 22170 (Apr. 2016).

## ***Congress and States Have Demonstrated Clear Intent in Extending These Programs to Qualified Immigrants***

In recognition of the importance of good nutrition and quality health care for maternal and child health, the federal government and states have actively promoted access to Medicaid and food aid for pregnant women and young children, including immigrants. Both Congress and the states demonstrate lengthy and unambiguous records of extending eligibility for Medicaid and SNAP to non-citizens under specific circumstances. For example, for over twenty years, most legal immigrants were subject to a five-year bar on accessing Medicaid coverage under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.<sup>16</sup> This ban was reversed in the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), which permitted states to extend medical coverage to children and pregnant women who are lawfully present and would otherwise be eligible for Medicaid or CHIP.<sup>17</sup> Since the option became available in 2009, thirty-four states have elected to exercise this option with respect to immigrant women who are pregnant.<sup>18</sup>

All state Medicaid programs cover perinatal care for pregnant women with income levels up to 138 percent of the federal poverty level, and many states allow women at higher family income levels to access this care via Medicaid coverage. Several states have adopted income limits for pregnant women that are more than twice as high as the highest limit allowed for non-pregnant adults.<sup>19</sup> The higher income thresholds for Medicaid and CHIPRA’s state option for pregnant women represent a clear intent by Congress to ensure that immigrant women who are pregnant have access to the medical services that they need to ensure healthy pregnancies and positive birth outcomes. The reasons are clear: preventative health treatment before, during and after pregnancy leads to positive health outcomes throughout life – a strategic investment in the health and future of the mother, child and family.<sup>20</sup>

## ***Loss of Access to Medicaid and SNAP Will Harm Maternal and Child Health***

March of Dimes is deeply concerned that the proposed rule will cause pregnant women and families to avoid the entirely legal and permissible use of Medicaid and SNAP, which

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<sup>16</sup> See 8 U.S.C. § 1613.

<sup>17</sup> Pub. L. No. 111-3 § 214 (2009).

<sup>18</sup> Georgetown University Health Policy Institute, Center for Children and Families, Health Coverage for Lawfully Residing Children. [https://ccf.georgetown.edu/wp-content/uploads/2018/05/ichia\\_fact\\_sheet.pdf](https://ccf.georgetown.edu/wp-content/uploads/2018/05/ichia_fact_sheet.pdf)

<sup>19</sup> U.S. Centers for Medicare and Medicaid, “Medicaid, CHIP, and BHP Eligibility Levels,” (Apr. 2018), <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>

<sup>20</sup> Boudreaux M et al. “The long-term impacts of Medicaid exposure in early childhood: Evidence from the program’s origin,” 45 J. of Health Economics 161 (2016); Georgetown Univ. Health Policy Inst., “Medicaid Provides Needed Access to Care for Children and Families,” <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Medicaid-provides-needed-access-to-care.pdf> (Mar. 29, 2017).

will result in significant harm to maternal and child health and wellbeing. Women who do not access medical services run the risk of a vast range of health issues that have implications for their present and future health, as well as for the health of their child and any future pregnancies. Such conditions may include substance use, high blood pressure, obesity, infectious disease, sexually transmitted infections, HIV, and much more. Conditions like these can not only harm a woman's immediate health but, in the case of pregnancy, can cause or contribute to preterm birth, low birth weight, birth defects, and other birth outcomes with severe long-term consequences.

The potential effects of loss of access to medical services for children is equally dire. The first months and years of a child's life are marked by rapid growth and brain development and are especially important for consistent health care.<sup>21</sup> Children require not only routine services such as checkups and immunizations but also regular screening for conditions that can endanger their health. The American Academy of Pediatrics recommends in its Bright Futures guidelines a full range of well child visits, screenings, and vaccinations throughout childhood.<sup>22</sup>

Conversely, the positive effects of access to Medicaid on health outcomes are clear. Medicaid coverage is associated with improved health in adults, improved health and developmental outcomes in children, and declines in infant mortality and morbidity.<sup>23</sup> Medicaid expansion under the Affordable Care Act is associated with reductions in infant mortality.<sup>24</sup> As compared to children without health insurance, children enrolled in Medicaid in their early years have better health, educational, and employment outcomes not only in childhood but later as adults. In fact, Medicaid coverage in early childhood (birth to age 5) is associated with improved health in adulthood (ages 25 to 54), including lower likelihood of high blood pressure, heart disease, adult-onset diabetes, and obesity.<sup>25</sup> Policies that result in the mass exodus of families from these programs threaten to have decades-long ramifications for our nation's health and economic wellbeing.

Access to SNAP is essential for women, children and families who are at risk of food insecurity and poor nutrition. The central role of nutrition in assuring the health of a

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<sup>21</sup> Wright Burak E. Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP), Georgetown Center for Children and Families, 2018.

<https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf>.

<sup>22</sup> American Academy of Pediatrics. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition. <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

<sup>23</sup> March of Dimes Issue Brief: Value of Medicaid, <https://www.marchofdimes.org/materials/Value-of-Medicaid-Issue-Brief-April-2015.pdf>

<sup>24</sup> Bhatt CB, Beck-Sagué CM, Medicaid Expansion and Infant Mortality in the United States, *American Journal of Public Health*, 2018;108(4):565-567

<sup>25</sup> Boudreaux MH, Golberstein E, McAlpine DD. The long-term impacts of Medicaid exposure in early childhood: Evidence from the program's origin. *J Health Econ*. 2016;45:161-75.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4785872/pdf/nihms-761668.pdf>

pregnant woman and her child is abundantly acknowledged.<sup>26 27</sup> The long-term positive health impacts of participation in SNAP for pregnant woman and children are also well documented.<sup>28</sup> The inability of families to access food aid through SNAP could cause or contribute to a wide range of illnesses that threatens the health or even lives of women and children, including various vitamin and mineral insufficiencies that can cause birth defects or conditions like stunting, rickets or anemia. Policies that compel families to go hungry will have devastating health, economic and other consequences for our nation for the foreseeable future.

### ***Underutilization of Health Care Services Directly Threatens General Public Health***

If the proposed rule causes large numbers of immigrants to avoid using Medicaid and the health care system, our nation can expect a precipitous increase in threats to the public health. This is particularly the case for infectious diseases, but will also have implications for mental health, substance use disorders, and a range of other conditions for which people will be unable or unwilling to access care.

To protect our nation's children effectively from diseases like measles, rubella and pertussis, well over 90 percent of the population must be vaccinated in order to achieve "herd immunity." Numerous examples have been documented in recent years of outbreaks of preventable infectious disease in communities where vaccination rates are too low.<sup>29</sup> If immigrant families are unable to access Medicaid, it is reasonable to expect that large numbers of children may go unvaccinated or under vaccinated. Given that immigrants often live in communities together, it is likely that pockets of unvaccinated children will rapidly develop, allowing disease to spread not only among them, but into the community at large. The greatest risk will be borne by the most vulnerable, including infants too young to be vaccinated, the elderly, and those with immunocompromising conditions. March of Dimes is deeply concerned that this could lead to the resurgence of conditions like birth defects and miscarriages caused by rubella.

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<sup>26</sup> Borders AE, Grobman WA, Amsden LB, Holl JL. Chronic stress and low birth weight neonates in a low-income population of women. *Obstet Gynecol* 2007;109:331–8

<sup>27</sup> Laraia BA, Siega-Riz AM, Gundersen C. Household food insecurity is associated with self-reported pregravid weight status, gestational weight gain, and pregnancy complications. *J Am Diet Assoc* 2010;110:692–701 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018748/>

<sup>28</sup> Hoynes, H, Schanzenbach, D, Almond D. (2016). Long-run impacts of childhood access to the safety net. *American Economic Review*, 106(4), 903–934.

<sup>29</sup> Phadke VK, Bednarczyk RA, Salmon DA, Omer SB.. Association Between Vaccine Refusal and Vaccine-Preventable Diseases in the United States: A Review of Measles and Pertussis. *JAMA*, 2016;315(11):1149-58.

Similarly, sexually transmitted infections (STIs) can spread quickly in a community if individuals are unable to access treatment.<sup>30</sup> Many STIs can have serious long-term reproductive health consequences, including increased risk for poor birth outcomes and infertility.<sup>31</sup> There is also a strong linkage between lack of health coverage and poor outcomes for people with mental health and substance use disorders. For example, maternal depression has major implications for increased risk of pregnancy complications<sup>32</sup> and can hinder healthy child development. However, access to Medicaid has been found to reduce the incidence of depression by increasing access to mental health services and diminishing financial barriers to care.<sup>33</sup>

### ***Individuals and Families Eligible for Programs Will Avoid Them and Suffer Short- and Long-Term Harm***

March of Dimes believes strongly that the proposed rule will have a widespread “chilling effect” on participation in public assistance programs that low-income women, children and families depend upon to stay healthy and maintain their quality of life, regardless of their actual eligibility or the potential impact on their current or future immigration status.

Under the proposed rule, merely applying for any of the programs is enough to be considered by an immigration official,<sup>34</sup> and receipt of any benefit would be considered “a heavily weighted factor.”<sup>35</sup> These provisions will result in non-citizens withdrawing from both listed and non-listed public assistance programs – both on behalf of themselves and their dependent children – out of fear that there would be negative consequences to their immigration status. Citizen children would bear a particular brunt of the proposed rule’s adverse effects because of their families’ decision to forego access to public assistance for which they are eligible.<sup>36</sup> There are already alarming reports of pregnant women and parents disenrolling or declining to enroll their eligible

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<sup>30</sup> Haley DF, Edmonds A, Belenky N, Hickson DA, Ramirez C, Wingood GM, Bolivar H, Golub E, Adimora AA. Neighborhood Health Care Access and Sexually Transmitted Infections Among Women in the Southern United States: A Cross-Sectional Multilevel Analysis. *Sex Transm Dis.* 2018;45(1):19-24.

<sup>31</sup> March of Dimes. Sexually Transmitted infections, 2018.

<https://www.marchofdimes.org/complications/sexually-transmitted-infections.aspx>

<sup>32</sup> Witt WP, Wisk LE, Cheng ER, Hampton JM, Hagen EW. Preconception mental health predicts pregnancy complications and adverse birth outcomes: a national population-based study. *Maternal Child Health J.* 2012;16(7):1525-41.

<sup>33</sup> Georgetown University Health Policy Institute Center for Children and Families and CLASP, “Medicaid Expansion Promotes Children’s Development and Family Success by Treating Maternal Depression,” July 2016. <https://ccf.georgetown.edu/wp-content/uploads/2016/07/Maternal-Depression-4.pdf>

<sup>34</sup> NPRM at 51,291 (to be codified in 8 C.F.R. § 212.22(b)(4)(i)(F)(i)).

<sup>35</sup> NPRM at 51,292 (to be codified in 8 C.F.R. § 212.22(c)(1)(ii), (iii)).

<sup>36</sup> Kenney G, Haley J, Wang R. “Proposed Public Charge Rule Could Jeopardize Recent Coverage Gains among Citizen Children,” Urban Institute, December 4, 2018.

<https://www.urban.org/research/publication/proposed-public-charge-rule-could-jeopardize-recent-coverage-gains-among-citizen-children>

children in Medicaid health coverage over fears of jeopardizing their immigration status and applications for residency.<sup>37</sup>

According to estimates by the Kaiser Family Foundation, “if the proposed rule leads to Medicaid disenrollment rates ranging from 15 to 35 percent among Medicaid and CHIP enrollees living in a household with a noncitizen, between 2.1 to 4.9 million Medicaid/CHIP enrollees would disenroll” from the programs.<sup>38</sup>

An analysis from the California Health Care Foundation estimates that “4.8 million children in need of medical attention live in households with at least one noncitizen adult and are insured by Medicaid or CHIP.” The authors estimate that “700,000 to 1.7 million of these children are likely to be disenrolled from Medicaid or CHIP.”<sup>39</sup> This includes approximately:

- 143,000 to 333,000 children with at least one potentially life-threatening condition, including asthma, influenza, diabetes, epilepsy, or cancer
- 122,000 to 285,000 children on prescribed medications
- 102,000 to 238,000 newborns
- 53,000 to 124,000 children with musculoskeletal and rheumatologic conditions like fractures and joint disorders

As individuals go uninsured and avoid health services due to this proposed rule, our nation’s public health will suffer. Having health insurance has been associated with a reduction in the risk of mortality by 25 percent.<sup>40</sup> Furthermore, being uninsured is associated with poorer access to care, such as preventative health services.<sup>41</sup> In particular, women without insurance have poor access to health care and poorer health.<sup>42</sup>

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<sup>37</sup> Goldberg D, Colliver V, Rayasam R. “Public charge rule keeps immigrants away from health programs, advocates say,” Politico Pro Healthcare, November 20, 2018. <https://subscriber.politicopro.com/health-care/article/2018/11/public-charge-rule-keeps-immigrants-away-from-health-programs-advocates-say-960797>

<sup>38</sup> Artiga S, Garfield R, Damico A. “Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid,” Kaiser Family Foundation, October 11, 2018, <https://www.kff.org/disparities-policy/issue-brief/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid/>

<sup>39</sup> Zallman L, Finnegan K. “Changing Public Charge Immigration Rules: The Potential Impact on Children Who Need Care,” California Health Care Foundation, October 23, 2018, <https://www.chcf.org/publication/changing-public-charge-immigration-rules/>

<sup>40</sup> Woolhandler S, Himmelstein D. The Annals of Internal Medicine, “The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?” September 19, 2017. <http://annals.org/aim/fullarticle/2635326/relationship-health-insurance-mortality-lack-insurance-deadly>

<sup>41</sup> “America’s Uninsured Crisis: Consequences for Health and Health Care,” The National Academies Press, February 23, 2009. <http://www.nationalacademies.org/hmd/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx>

<sup>42</sup> Kaiser Family Foundation, Women’s Connections to the Healthcare Delivery System: Key Findings from the 2017 Kaiser Women’s Health Survey, March 13, 2018. <https://www.kff.org/womens-health-policy/issue-brief/womens-connections-to-the-healthcare-delivery-system-key-findings-from-the-2017-kaiser-womens-health-survey/>

Access to adequate prenatal care is especially important to ensuring a healthy birth and preventing birth complications. For example, studies show that maternal mortality rates are three to four times higher for women who do not receive prenatal care,<sup>43</sup> while access to early prenatal care has been shown to reduce rates of low birth weight.<sup>44</sup> Prenatal care typically includes screening and treatment for high blood pressure, gestational diabetes, and numerous other medical conditions that can impact pregnancy health and birth outcomes. Prenatal care also includes identification of and interventions for behavioral risk factors associated with poor birth outcomes, such as tobacco use or substance abuse. Without coverage and appropriate benefits, women may be unable to access these services, which could lead to poor health outcomes for both themselves and their infants.

The Department acknowledges freely that, “the proposed rule may decrease disposable income and increase poverty of certain families and children, including U.S. citizen children.”<sup>45</sup> It also notes that “an expansion of the current public charge standard would result in “[disenrollment or foregoing enrollment in public benefit programs by aliens otherwise eligible for these programs.”<sup>46</sup> However, independent analysis has shown that the magnitude of disenrollment could be far greater than the Department estimates. One analysis by the Milken Institute, which accounts for the proposed rule’s chilling effect, estimates that between 354,000 and 646,000 community health center patients will forego Medicaid coverage if the rule goes into effect.<sup>47</sup> March of Dimes believes that such a negative policy outcome far outweighs any possible benefit the proposed rule could have, as millions of pregnant women and children stand to lose access to critical health care and nutrition assistance jeopardizing their health and wellbeing.

### ***States and Institutions Will Suffer Harm as Individuals and Families Avoid Programs***

The proposed rule’s chilling effect on program participation is also expected to lead to greater health care costs and administrative burden. As affected populations disenroll from their Medicaid coverage and become uninsured, individuals will delay seeking needed care, leading to increased uncompensated care costs straining health care systems. According to analysis from Manatt Health, hospitals which deliver a substantial share of the care under Medicaid are expected to lose an estimated \$17 billion in 2016

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<sup>43</sup> MMWR, Pregnancy-Related Mortality Surveillance – United States, 1991-1999. February 21, 2003, 52(SS02);1-8. <https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5202a1.htm#tab3>

<sup>44</sup> Loftus, CT, Stewart, OT, Hensley, MD et al. *Matern Child Health J* (2015) 19: 2627. <https://rd.springer.com/article/10.1007/s10995-015-1783-1>

<sup>45</sup> Department of Homeland Security, Proposed Rule: Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51,114, 51,277 (Oct. 10, 2018) (“NPRM”).

<sup>46</sup> NPRM at 51,270.

<sup>47</sup> Milken Institute School of Public Health, “How Could the Public Charge Proposed Rule Affect Community Health Centers?”, Policy Brief #55, November 2018.

<https://publichealth.gwu.edu/sites/default/files/downloads/GGRCHN/Public%20Charge%20Brief.pdf>

(\$7 billion for noncitizen enrollees and \$10 billion for citizen enrollees who have a noncitizen family member).<sup>48</sup>

Additionally, while public charge determinations will continue to be made at the federal level, state officials have raised concerns about operational challenges the new proposed rule will present to state agencies in implementing numerous aspects of the proposal, such as verifying Medicaid participation, amending application procedures, and handling increased consumer inquiries.<sup>49</sup> March of Dimes expects these activities will divert critical resources away from providing care to women, children and families as states and health care institutions are confronted with managing the new administrative requirements and associated costs under the proposed rule.

### ***CHIP Should Be Explicitly Excluded from the Proposed Rule***

**March of Dimes opposes in the strongest possible terms the inclusion of CHIP in the proposed rule.** For the same reasons we oppose the inclusion of Medicaid, March of Dimes adamantly opposes the inclusion of CHIP, which would aggravate the problems with the proposed rule by extending it further. In addition to millions of children, CHIP serves about 370,000 pregnant women each year.<sup>50</sup> Some states that have exercised the CHIPRA option to serve immigrant women who are pregnant have organized those medical services under CHIP. The inclusion of CHIP in public charge review would greatly exacerbate the negative public health effects of the proposed rule. Under no circumstances should the Department include the CHIP program in public charge determinations.

### ***Conclusion***

The proposed rule would put in place daunting disincentives that will leave millions of women, children and families without access to programs that address their basic health needs. It is entirely foreseeable that this ill-advised proposal will not only drive eligible individuals away from Medicaid and SNAP, but will also cause an exodus from other critical programs. Public health will suffer not only from the direct morbidity and mortality caused by lack of access to care, but from the consequences of untreated infectious disease and other conditions. The result will be significant, unnecessary and potentially lifelong harm to the health and wellbeing of women, children and families. **For all of the above reasons, March of Dimes urges the Department to withdraw this**

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<sup>48</sup> Mann C, Grady A, Orris A. "Medicaid Payments at Risk for Hospitals Under Public Charge," Manatt Health, November 16, 2018. <https://www.manatt.com/Insights/White-Papers/2018/Medicaid-Payments-at-Risk-for-Hospitals-Under-Publ>

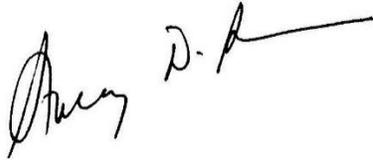
<sup>49</sup> Cardwell A, Hensley-Quinn M. "State Health Officials Concerned about the Proposed Public Charge Rule," National Academy for State Health Policy, November 20th, 2018. <https://nashp.org/state-health-officials-concerned-about-the-proposed-public-charge-rule/>

<sup>50</sup> March of Dimes, "CHIP Coverage for Pregnant Women," <https://www.marchofdimes.org/materials/chip-coverage-for-pregnant-women-may-2014.pdf> (accessed Oct. 1, 2018).

**harmful rule that would be destructive to maternal and child health in its entirety, not only for immigrant families but for all Americans.**

Once again, the March of Dimes appreciates the opportunity to comment. If we can provide any further information or otherwise be of assistance, please contact our Director of Federal Affairs, KJ Hertz, at [khertz@marchofdimes.org](mailto:khertz@marchofdimes.org) or 202-659-1800.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacey Stewart". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Stacey Stewart  
President