



December 10, 2018

Samantha Deshommès
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: Request for Public Comment on Proposed Regulation: “Inadmissibility on Public Charge Grounds”—DHS Docket No. USCIS–2010–0012

Dear Ms. Deshommès:

On behalf of the Childhood Asthma Leadership Coalition (CALC),¹ a multi-sector coalition dedicated to raising awareness and improving public policy to reduce the burden of childhood asthma, thank you for the opportunity to provide comments on the Department of Homeland Security’s proposed expansion of the definition of “public charge.”² The expanded definition would consider the receipt or potential receipt of a broad range of public benefits as a negative factor against people seeking U.S. residency or citizenship. As leading advocates and experts in childhood asthma, public health, environmental health, poverty, housing, health care, and health care economics, CALC members are deeply concerned about the potential effects of this rule on children with asthma.

The current definition of “public charge” is a person who has become or is likely to become primarily dependent on the government for subsistence. In its proposed rule “Inadmissibility on Public Charge Grounds,” the Department of Homeland Security (DHS) proposes to begin considering an immigrant’s receipt of crucial public non-cash benefits, including Medicaid, Section 8, and other social programs, as part of the public charge determination process. We anticipate that these changes would worsen health outcomes for children with asthma and increase healthcare spending.

This change to public charge determinations is likely to lead to significant disenrollment from vital programs to which families are otherwise legally entitled. We are concerned about the impact of this massive disenrollment on noncitizen children as well as the roughly 5.8 million U.S. citizen children whose lawfully-present, non-citizen parents might forego services to which their families are entitled, out of fear of jeopardizing their immigration status. As these children subsequently lose access to the services that help them maintain good health, we anticipate worse childhood asthma outcomes, greater emergency department use, and higher healthcare spending.

¹ CALC aims to accelerate prevention and improve the diagnosis, treatment, and long-term management of childhood asthma through targeted state and federal efforts. The Coalition also works to address barriers that prevent children from accessing the health care services they need to control and manage asthma. For more, please see: <http://www.childhoodasthma.org/>

² Department of Homeland Security, “Inadmissibility on Public Charge Grounds” (Oct. 10, 2018). Available at <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds#citation-335-p51169>.

We strongly oppose the proposed rule as a threat to the health and safety of children with asthma. Our concerns are detailed below.

Linking public benefits to immigration status deters legitimate uses of needed services

After welfare reform in the late 1990s, there were fears among even documented immigrants that their receipt of various health and social services would be counted against them in immigration decisions. Rather than risk losing a chance at citizenship, immigrant families began to forego basic medical assistance and other benefits to which they were legally entitled.³ Declines were seen even among categories of immigrants like refugees, whose eligibility was not legally impacted by welfare reform.⁴ In 1999, the Immigration and Naturalization Service issued guidance to address the problem, clarifying that noncash benefits should not be considered in public charge determinations. The guidance specifically noted that this clarification was necessary because confusion about the policy “deterred eligible aliens and their families, including U.S. citizen children, from seeking important health and nutrition benefits that they are legally entitled to receive.”⁵ The current proposed rule would intentionally recreate this chilling effect.

According to a study presented at the American Public Health Association Annual Meeting on Sept 12, 2018, this phenomenon may already be in effect. The research, conducted by Boston Medical Center’s Children’s HealthWatch, revealed that Supplemental Nutrition Assistance Program (SNAP) participation among immigrant families of US citizen children has declined significantly this year, following steadily increasing participation from 2007 through 2017.⁶ The draft of the now-proposed public charge rule was leaked to the public in early 2017.

Access to Asthma Care Saves Money and Lives

Asthma is the single most common chronic condition among children in the United States. Approximately 6.13 million children in the U.S. have asthma, with poor and minority children suffering a greater burden of the disease.⁷ Children with asthma are more likely to visit the emergency department and to miss school, putting a significant cost burden on our medical system, economy, and their

³ Passel J. Trends in noncitizens' and citizens' use of public benefits following welfare reform. *Urban Institute*. 1999. <https://www.urban.org/research/publication/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform>

⁴ Passel J. Trends in noncitizens' and citizens' use of public benefits following welfare reform. *Urban Institute*. 1999. <https://www.urban.org/research/publication/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform>

⁵ Field Guidance on Deportability and Inadmissibility on Public Charge Grounds. Immigration and Naturalization Service, Justice, 64 Fed. Reg. 28689-28693. March 26, 1999.

⁶ Bovell-Ammon, Allison, et al. 3242.0: Trends in Food Insecurity and SNAP Participation among Immigrant Families of US Born Young Children. Presented at: APHA Annual Meeting and Expo. Nov 12, 2018. At: <https://apha.confex.com/apha/2018/meetingapp.cgi/Paper/416646>

⁷ Zahran HS, et al. Vital Signs: Asthma in Children — United States, 2001–2016. *MMWR*. 2018; 67: 149–155. DOI: <http://dx.doi.org/10.15585/mmwr.mm6705e1>.

futures.^{8,9,10} The annual cost burden of childhood asthma is estimated at \$5.92 billion annually in direct healthcare expenditures alone.¹¹ Under the proposed rule, these costs would likely increase.

The proposed rule would threaten access to Medicaid for noncitizen children, reducing their access to comprehensive asthma management services that have demonstrated substantial health and economic benefits.^{12,13,14,15} The rule would likely also reduce access for *citizen* children with noncitizen parents, because of the chilling effect on uptake of services among families worried about their immigration status. With fewer children with asthma utilizing fewer preventive and chronic care services, their reliance on emergency departments would likely increase, and with it, so too would health care spending.

While CALC strongly supports the continued exclusion of Medicaid coverage of emergency treatment during public charge determinations, emergency care is not sufficient or appropriate for asthma management. Access to primary and preventive care is one of the best strategies available to mitigate the high cost of asthma for patients and the healthcare system at large.

Primary and preventive care have demonstrated widespread benefits. Innovative models piloted through public programs like Medicaid and CHIP have reduced emergency department use and have saved money. For example, by providing access to routine care and chronic disease management, Community Care of North Carolina, a Medicaid health home program, reduced the asthma ED visit rate among children with asthma by 34 percent, and saved Medicaid and CHIP about \$135 million.^{16,17} Additionally, evidence suggests that improving asthma management and reducing exposure to triggers

⁸ Witt, Whitney P., Weiss, Audrey J., and Anne Elixhauser. Overview of Hospital Stays for Children in the United States, 2012. HCUP Statistical Brief #187. *Agency for Healthcare Research and Quality*. December 2014. Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb187-Hospital-Stays-Children-2012.pdf>

⁹ National Health Interview Survey, 2003 and 2013. Cited by National Center for Environmental Health. Vital Signs. *Centers for Disease Control and Prevention*. Feb 2018. At: <https://www.cdc.gov/vitalsigns/pdf/2018-02-vitalsigns.pdf>

¹⁰ Sullivan, Patrick W., et al. The national burden of poorly controlled asthma, school absence and parental work loss among school-aged children in the United States. *Journal of Asthma*. 2018; 55(6). Available at: <https://www.tandfonline.com/doi/abs/10.1080/02770903.2017.1350972>

¹¹ Sullivan, Patrick W., et al. The national burden of poorly controlled asthma, school absence and parental work loss among school-aged children in the United States. *Journal of Asthma*. 2018; 55(6). Available at: <https://www.tandfonline.com/doi/abs/10.1080/02770903.2017.1350972>

¹² Margellos-Anast, H., Gutierrez, M. A., & S. Whitman. Improving asthma management among African-American children via a community health worker model: Findings from a Chicago-based pilot intervention. *The Journal of Asthma*. May 2012; 49(4), 380-389.

¹³ Woods, E. R., Bhaumik, U., Sommer, S. J., Chan, E., Tsopelas, L., Fleeger, E. W., et al. Community asthma initiative to improve health outcomes and reduce disparities among children with asthma. *MMWR Supplements*. Feb 2016; 65(1), 11-20.

¹⁴ Hsu, Joy, et al. Economic Evidence for U.S. Self-Management Education and Home-Based Interventions. *Journal of Clinical Immunology Practice*. Sept 2016; 4(6): 1123-1134.

¹⁵ Lantz, Paula M., et al. "Pay for Success" Financing and Home-Based Multicomponent Childhood Asthma Interventions: Modeling Results From the Detroit Medicaid Population. *The Millbank Quarterly*. June 2018; 96(2): 272-299.

¹⁶ Steiner et al., 2008. Community care of North Carolina: Improving care through community health networks. *Annals of Family Medicine*. Vol 6, No 4 July/Aug.

¹⁷ Mann, Cindy. "Reducing Nonurgent Use of Emergency Departments and Improving Appropriate Care in Appropriate Settings." *CMCS Informational Bulletin*. Jan 16, 2014.

could save as much as 25 percent of total asthma costs, and help millions of children lead healthy, active lives.^{18,19}

In comparison, DHS has laid out potential outcomes of the proposed rule. The Department states that program disenrollment and foregone services caused by the proposed rule could result in:

- Worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence;
- Increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment;
- Increased prevalence of communicable diseases, including among members of the U.S. citizen population who are not vaccinated; and
- Increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient.²⁰

We do not consider these to be acceptable public health outcomes, for children with asthma or for anyone.

Housing is Foundational to Health

DHS has also proposed considering the receipt of federal housing assistance as a negative factor in public charge determinations. Again, due to the likelihood that such a determination could dissuade families with asthmatic children from making use of this program, we oppose this change.

The relationship between housing status and asthma is well-established. Homelessness is significantly associated with asthma, with nearly a quarter of young children who experience homelessness also suffering from asthma, over twice the national average.²¹ At the same time, poor housing conditions can also exacerbate asthma onset and trigger symptoms. Numerous indoor environmental triggers of asthma are prevalent in homes rented or owned by low-income populations. Contributing conditions include poor ventilation, dampness, mold, pests, and dust.²² Federal housing assistance programs provide people with the opportunity to afford a safer and healthier home, and greater protection against lifelong chronic illnesses like asthma.

Conclusion

In the preamble, DHS contemplates adding the Children’s Health Insurance Program (CHIP) to the list of benefits considered in public charge assessments. Given CHIP’s crucial role in supporting children’s healthcare and innovative programs that improve children’s health and well-being, we vehemently oppose this idea. And for the reasons detailed above, we oppose the proposed rule as drafted.

¹⁸ Hoppin, P, Jacobs, M and Stillman, L. Investing in Best Practices for Asthma: A Business Case for Education and Environmental Interventions, *Asthma Regional Council of New England*, June 2010.

¹⁹ Successes of the National Asthma Control Program, 2009-2014, Stories from “Addressing Asthma from a Public Health Perspective” Grantees. CDC. At: https://www.cdc.gov/asthma/pdfs/Success_Stories_Final_508.pdf

²⁰ Department of Homeland Security, “Inadmissibility on Public Charge Grounds” (Oct. 10, 2018). Available at <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds#citation-335-p51169>.

²¹ Cutuli, J.J., et al. Asthma and Adaptive Functioning among Homeless Kindergarten-Aged Children in Emergency Housing. *Journal of Health Care for the Poor and Underserved*. May 2014; 25(2): 717-730.

²² Ganesh, Bhargavi, et al. The Relationship between Housing and Asthma among School-Age Children. *The Urban Institute*. Oct 2017. At: https://www.urban.org/sites/default/files/publication/93881/the-relationshi-between-housing-and-asthma_1.pdf

Thank you for your consideration of these comments. We remain hopeful that, upon careful consideration of the long-term health and wellbeing impacts the proposed rule could have, the Administration will reverse course on this policy. If you have any questions, please feel free to contact Jane Sheehan at (202) 628-3030 or JSheehan@familiesusa.org.

Sincerely,

Allergy & Asthma Network
Association of Clinicians for the Underserved
Asthma and Allergy Foundation of America
Families USA
Green & Healthy Homes Initiative
Healthy Schools Campaign
IMPACT DC Asthma Clinic - Children's National Health System
National Association of School Nurses
Regional Asthma Management and Prevention (RAMP)
School-Based Health Alliance
Trust for America's Health