

December 10, 2018

PUBLIC COMMENT LETTER

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
Submitted electronically via: regulations.gov

Re: DHS Docket No. USCIS-2010-0012; Proposed Rule: Inadmissibility on
Public Charge Grounds.

Dear Ms. Deshommes:

On behalf of our more than 450 member hospitals and health systems, including rural, urban, children's, teaching and specialty hospitals, the Texas Hospital Association appreciates the opportunity to provide comments on the above-referenced proposed rule, published in the November 10, 2018 *Federal Register*.

THA shares the concerns of much of the health care community that the proposed rule will create unnecessary barriers for individuals to receive timely, accessible health care and therefore contribute to poorer individual and public health outcomes. As the proposed rule expands the criteria used to make a public charge determination, previously excluded assistance and service programs (such as certain Medicaid programs) will now be included, causing a drop in enrollment for coverage under programs directly included in the expanded criteria. This decrease in participation would include individuals awaiting final determination on immigration status and, perhaps more troubling, their children – many of whom may be U.S. citizens. A lack of health care coverage equates to a loss of access to preventive and primary care, including prenatal and pediatric care, and care for chronic conditions.

Moreover, the proposed rule would create apprehension and confusion among those who *believe* they might be negatively affected, leading to a larger-than-expected decrease in participation in public benefit programs. Again, this decrease would lead to the avoidance of necessary health and preventative care among an already vulnerable population. The proposed rule's preamble recognizes several of these consequences, noting that

Disenrollment or foregoing enrollment in public benefits program by aliens otherwise eligible for these programs could lead to:

- 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.

The proposed rule also recognizes that changes “might result in reduced revenues for healthcare providers participating in Medicaid, [and] pharmacies that provide prescriptions to participants in the Medicare Part D low-income subsidy (LIS) program....” This is troubling to THA and its member hospitals, as affected patients will continue to seek care, when needed, at Texas hospitals but will lack the coverage afforded by public benefit programs. The cost of that care is passed onto taxpayers and increases the financial burden of hospitals providing additional uncompensated care.

Compared to other states, Texas cares for a proportionally larger share of Medicaid enrollees, and thus faces a proportionally larger loss of funds, spending and reimbursement. The proposed rule is estimated to place approximately \$8 billion of Texas Medicaid and CHIP spending at risk, with more than 50 percent of those funds estimated to be attributable to care for children. Almost 600 Texas hospitals would be subject to the proposed rule’s changes, placing almost \$2 billion in hospital payments at risk. A loss of funding and payment to hospitals and providers will result in a negative impact on the delivery of health care to all Texans – not just those subject to the proposed rule.

Due to the significant and detrimental impact on Texas hospitals, the population they care for, the provision of health care to all Texans, and resulting (and acknowledged) loss in revenue to hospitals and increased burden resulting from the provision of additional uncompensated care, THA requests that the proposed rule be withdrawn.

Please contact me at (512) 465-1027 or clopez@tha.org with any questions or comments, or if there is anything else THA can assist with. Thank you for your time and attention. THA looks forward to working with DHS on this issue.

Very truly yours,



Cesar J. Lopez
Associate General Counsel