December 10, 2018

Samantha Deshommes
Regulatory Coordination Division Chief
Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts NW
Washington, DC 20529-2140

Submitted electronically to www.regulations.gov.
Re: USCIC-2010-0012: Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes and the Office of United States Citizenship and Immigration Services:

The Association of University Center on Disabilities (AUCD) writes to express our strong opposition to the above-captioned proposed rule. AUCD is a national organization that supports and promotes a national network of university-based interdisciplinary programs. AUCD’s mission is to advance policies and practices that improve the health, education, social, and economic well-being of all people with developmental and other disabilities, their families, and their communities by supporting our members in research, education, health, and service activities that achieve our vision.

AUCD is concerned with the proposed “public charge” rule for several reasons. A primary concern is that individuals with disabilities and their families may avoid accessing care as they seek to avoid being deemed a charge. In numerous and troubling ways, the consequences of avoiding care are likely to impact lives and communities. The inclusion of non-emergency Medicaid means that adults or children who may require Medicaid waiver services, which allow people with disabilities to receive support to live in their communities instead of institutions, could be denied entry or lawful legal residence based on disability or illness.

In this request for public comments, DHS has specifically requested input on the inclusion of the Children’s Health Insurance Program (CHIP) as an additional qualifier for public charge status. AUCD has supported previous bipartisan reauthorizations of CHIP. Alongside Medicaid, CHIP provides critical health care coverage to more than 36 million children. For families, some who may have members who are citizens, it is predicted that people will decline health programs and lose access to care. The proposed rule change could force families to choose between staying together or applying for health care their children need.

The proposed rule would also add new language to the current regulation describing how an individual’s health is to be considered in making public charge
determinations. The new language would specify that, when considering an individual’s health, DHS will consider “whether the alien has any physical or mental condition that . . . is significant enough to interfere with the person’s ability to care for him- or herself or to attend school or work, or that is likely to require extensive medical treatment or institutionalization in the future.” This standard is broad, and AUCD is deeply concerned that it may include all types of disabilities, and not reflect the real strength and skills that people with disabilities from other countries can bring to America. A criteria that disincentivizes access to individualized supports like Individualized Education Plans or reasonable accommodations at work would undermine our country’s commitment to the civil rights of children and adults with disabilities.

AUCD is concerned about the proposed rule’s impact on the already strained healthcare provider workforce. As reported in Immigrants and the Direct Care Workforce 2018 report from PHI, nearly one-fourth of health care support workers, like home health aides, are immigrants. The nature of these hourly positions means that many of these workers do not have access to employer-sponsored health insurance. The proposed change will result in immigrants declining needed health care coverage and treatment to avoid public charge status, which may make them ineligible for ongoing legal resident status. As reported by the U.S. Department of Health and Human Service’s Administration for Community Living (ACL), the shortage of workers to provide home health care is classified as a crisis by the President’s Committee for People with Intellectual Disabilities. Further reduction of the workforce as individuals seek to avoid being classified as a public charge stands to directly and negatively impact critical access to care and support for children and adults with disabilities seeking to remain in their homes and out of institutions.

AUCD urges the Administration to withdraw the proposed “public charge” rule changes. In addition to the benefits of a robust health care workforce and the ethical concerns of denying entry or residence to the United States due to the status of disability, our entire community is positioned to thrive when adults, children, and families have access to necessary healthcare.

Sincerely,

Andrew J. Imparato
Executive Director