December 7, 2018

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

RE: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes:

As Chair of the Board of Supervisors of Contra Costa County, I am writing to submit our comments in opposition to the Department of Homeland Security’s proposed public charge rule.

Through our diverse range of county agencies that deliver mission-driven services, we touch the lives of more than 1.1 million community members annually. We see first-hand the impacts of federal law and regulation changes, such as those proposed within the published notice, and we are concerned about the negative health and economic impacts on our county’s entire population.

Nearly a quarter of Contra Costa County’s community members were born outside of the United States, a figure that represents the area’s diverse population. Almost half of the children in the county (age 0-17) live with at least one parent who was born outside the United States. The parents of these children include naturalized citizens, green card holders, and those who are aiming to become citizens; the children are largely U.S. citizens.

In its proposed rule changes, DHS overturns more than a century of existing policy and practice for determining who may be considered for public charge, setting harsh and potentially unattainable standards for those seeking lawful permanent residency and a path to citizenship, as well as others seeking a change in visa status. Under current law, only cash-based assistance and long-term care benefits are considered in determining public charge risk. The proposed rules would dramatically expand the list of potentially qualifying factors to include critical supports such as non-emergency Medicaid (Medi-Cal in California), the Supplemental Nutrition Assistance Program (SNAP/CalFresh in California) and Section 8 vouchers and other housing assistance programs.
The proposed requirements disregard the realities of everyday life for thousands of hard-working Contra Costa residents who simply cannot afford the loss of a job or an unexpected expense. Many immigrants who help our county thrive hold lower-wage jobs in services that are important to the community but do not provide a high income. They pay U.S. taxes, contributing to benefits for which they may be eligible. Social safety programs support those in need through hard times, helping them to continue on a path toward self-sufficiency.

For people who are eligible, public benefit programs such as CalFresh, non-emergency Medi-Cal and housing assistance are frequently used by working families to help them stay healthy and remain productive. These supports for working families are especially important in our high-cost county, where the Self-Sufficiency Standard for a family of three is $53,551. In Contra Costa County, 63% of noncitizens in benefit-receiving families are employed.

In addition, a wealth of research has demonstrated that population-based public health interventions and services have substantial positive benefits for individuals throughout the lifespan. Benefits including 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.

While the proposed public charge changes are primarily directed toward applications for Legal Permanent Residency for those already in the United States, there could be an overall chilling effect, causing uncertainty and confusion among immigrant families about using public programs for themselves and their children. Our concern is that fear will discourage many immigrant families from accessing benefits for which they are eligible. In some cases, the proposed public charge changes may lead families to feel they must choose between getting food, health care and services they need, and obtaining the citizenship they are legally on track to achieve.

This “chilling effect” could also include non-immigrant family members who would not be impacted by the rule directly but who might choose to go without coverage due to the heightened fear in the community about the potential effects of the new rule. In Contra Costa County, it is estimated that more than 20,000 people could be impacted by this chilling effect.

Not only would disenrollment or foregone enrollment lead to worse health outcomes and greater poverty risk for the families foregoing benefits, but public health at-large could be affected by sicker individuals in the community and increased emergency room use. If Medicaid funding drops and uncompensated care rises, there is likely to be a negative impact on the way hospitals deliver services to their entire communities.

We are especially concerned about the health impacts on families and children, should the proposed changes take effect. Publicly-funded programs like Medicaid and CHIP help families meet their children’s basic needs and provide a buffer against the negative effects of adversity. CHIP is a program for working families who earn too much to be eligible for Medicaid without a share of cost. Making the receipt of CHIP a negative factor in the public charge assessment or including it in the “public charge” definition would likely lead to many eligible children foregoing health care benefits, both because of the direct inclusion in the public charge determination as well as the chilling effect detailed above.
Reducing access to these programs – either directly through the rules changes or indirectly through the chilling effect the rule would have – would be harmful to children’s development and have implications for their well-being into adulthood. For example, children enrolled in Medicaid in their early years not only do better in childhood than children without health insurance, but also have better health, educational and employment outcomes in adulthood.\textsuperscript{vi} Additionally, uninsured children are less likely to receive preventive care and necessary treatment when they are sick or injured, and are generally less healthy compared to children with health insurance.\textsuperscript{vii} As a result, treating health programs as a negative factor in the public charge assessment would have the paradoxical effect of making children less able to contribute as adult workers. If the proposed rule were to be implemented, we will see negative health ramifications in our immigrant children and families since they would be discouraged from enrolling into publicly funded programs like Medicaid and CHIP.

Beyond the health and well-being risks of the rule change, there would be economic impacts as well. In the case of SNAP, the U.S. Department of Agriculture estimates that every $1 in SNAP benefits generates $1.79 in economic activity.\textsuperscript{viii} In Contra Costa County alone, a 1% drop in SNAP benefits could result in an annual decrease of almost $2 million in economic activity. For California as a whole, the UCLA Center for Health Policy Research estimates that the economic spillover effect of people disenrolling from the various benefit programs out of fear and confusion could result in as many as 17,700 lost jobs, up to $2.8 billion in lost economic output and up to $151 million lost state and local tax revenues. The health care, food-related and real estate industries would be particularly impacted.

Based on the importance of California to the overall U.S. economy (approximately 14\% of U.S. GDP), we believe that a significant decrease in economic activity here would not be isolated to our state alone. Further, the proposed rule would disrupt many people’s pathway to citizenship and deprive immigrants and the county, state, and nation of the well-documented benefits of naturalization on earnings, employment, and homeownership.

In addition to the measurable harm that may result from the proposed changes, the potential impacts are not consistent with our county’s core mission of “providing public services which improve the quality of life of our residents and the economic viability of our businesses.” They also run directly contrary to our values as a “Welcoming County” These include treating each person with respect as well as committing to support ongoing inclusion and long-term economic and social integration of newcomers to the community.

For these reasons, Contra Costa County strongly opposes the proposed changes to the public charge rules and respectfully requests that the Proposed Rule “Inadmissibility on Public Charge Grounds” be withdrawn from consideration.

Sincerely,

KAREN MITCHOFF
Chair, Board of Supervisors

cc: Board of Supervisors
David Twa, County Administrator
ii Jeanne Batalova and Michael Fix, “Chilling Effects” of the Proposed Public-charge Rule in Contra Costa County, CA; Migration Policy Institute, November 2018
iii County Health Executives Association of California
iv Based on estimates by the Migration Policy Institute.
v “Medicaid Payments at Risk for Hospitals Under the Public Charge Proposed Rule” Manatt Health, November 2018
vi Rourke O’Brien and Cassandra Robertson, Medicaid and Intergenerational Economic Mobility, University of Wisconsin—Madison, Institute for Research on Poverty, 2015