



December 10, 2018

The Honorable Kirstjen Nielsen
Department of Homeland Security
Regulatory Coordination Division, Office of Policy and Strategy
U.S. Citizenship and Immigration Services
20 Massachusetts Avenue NW
Washington, DC 20529-2140

Dear Secretary Nielsen:

The Healthcare Leadership Council (HLC) appreciates the opportunity to comment on the “Inadmissibility on Public Charge Grounds” proposed rule.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation’s healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, pharmacies, post acute care providers, home care providers and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

While we would not typically comment on Department of Homeland Security (DHS) proposed rules, we are writing in this instance to express our concerns about the impact this rule will have on the healthcare sector and even more importantly our patients. In this proposal, officials will be able to consider new benefits for determination such as nonemergency Medicaid, Children’s Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program, Women Infants and Children, Section 8 housing vouchers, the Low-Income Home Energy Assistance Program, the earned income tax credit, and financial assistance provided through the health insurance marketplaces established under the Affordable Care Act.

This proposed rule will decrease participation in Medicaid, CHIP, and many other healthcare programs, increasing the number of uninsured individuals seeking care. DHS has noted that the rule would likely worsen health outcomes, especially among pregnant or breastfeeding women, infants, and children; reduce prescription adherence; increase emergency room utilization due to delayed care; increase the prevalence of certain diseases; increase uncompensated care in which treatment or service is not paid for by an insurer or patient; and reduce productivity and educational attainment.

HLC agrees with this analysis. In addition, this will not only affect patients, but will have a larger impact on the healthcare system. Patients without health insurance will seek care when needed even without a means to pay. The Emergency Medical Treatment and Active Labor Act

(EMTALA) requires anyone coming to an emergency department to be stabilized and treated regardless of their insurance status or ability to pay. These uncompensated care costs will be passed along resulting in increased costs for insured individuals as well as the uninsured individuals. Additionally, forgone care will result from this proposed rule as well. Individuals will skip medications, vaccinations, preventative care, and other necessary services that otherwise help keep individuals and those around them healthy and working.

Due to these concerns, HLC urges DHS to examine ways to better define public charge without causing a financial burden on healthcare institutions and worsening health outcomes for all individuals.

Thank you for the opportunity to comment on this proposed rule. Should you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Grealy". The signature is written in a cursive, flowing style.

Mary R. Grealy
President