

## Possible Impacts of the Sept. 22 Proposed Public Charge Rule

### Talking points to consider for the comment period

<p><b>Overall Expected Effects</b></p>	<ul style="list-style-type: none"> <li>• According to a forecast by the U.S. Department of Homeland Security, the rule will cause 324,438 people each year to drop or forgo public benefits for which they are eligible.</li> <li>• In 2014, immigrants and their employers contributed \$88.7 billion in private insurance premiums, but spent only \$64 billion for care. Native-born consumers paid \$616 billion in premiums and received nearly \$641 billion in insurers’ payments for care. They also consistently outspent immigrants across all age groups.             <ul style="list-style-type: none"> <li>○ On average, individual immigrants paid \$1,123 more for premiums in 2014 than they received in insurance-covered care.</li> </ul> </li> <li>• It would likely result in lower rates of health insurance coverage not only for immigrants, but also for their U.S.-born children and other dependents.</li> <li>• An increased number of uninsured would reduce the use of prenatal and postnatal care and could lead to higher rates of low birth weight, infant mortality, and maternal morbidity. It may result in individuals forgoing preventive care such as well-child visits, routine checkups, immunizations, and cancer screenings.</li> <li>• A community’s overall health depends on the health of all of its members. The impact of this proposed rule will impact others in many ways. Without insurance, families may delay care or forego it altogether. This means there will be more children in school, and adults in the workplace, without needed preventive services and untreated illnesses. More people delaying care until the last possible moment will strain emergency resources. Hospitals’ and clinics’ uncompensated care burdens will increase.</li> <li>• The proposal will also hurt the health care workforce. About 17 percent of all health care workers and nearly one-fourth of health care support workers, such as nursing aides and home health aides, are immigrants.</li> <li>• This policy would impact over 10 million non-citizens, which is equivalent to nearly half of the U.S. non-citizen population.</li> </ul>
<p><b>Federally Qualified Health Centers (FQHC)</b></p>	<ul style="list-style-type: none"> <li>• Uncompensated care will likely grow significantly for FQHC and public hospitals if the current proposal is established. The expanded public-charge rule could lead to more patients lacking health coverage and higher costs from uncompensated care. Confusion among immigrant families and could jeopardize progress that has been made in improving access to health care.</li> <li>• Many older immigrants are not eligible for Medicare and instead rely on financial assistance to help them afford coverage through HealthCare.gov and on community health centers for services, including oral and behavioral health care.</li> </ul>

<p><b>Children’s Health Insurance Program (CHIP) KidsCare in Arizona</b></p>	<ul style="list-style-type: none"> <li>• One in four U.S. children — approximately 18 million children under age 18 — live with at least one immigrant parent. An estimated 5 million children live with an unauthorized immigrant parent, and nearly 80 percent of these children are U.S. citizens; the other 13 million live with a parent who is foreign born and either a legal resident or a U.S. citizen.</li> <li>• 5.8 million citizen children with a noncitizen parent received Medicaid or CHIP in 2016.</li> <li>• Medicaid and CHIP help millions of children get the routine care they need to develop into healthy adults. For example, CHIP and Medicaid cover oral health care so that toothaches won’t distract kids from school lessons. Vision exams and glasses to help kids see the blackboard. Vaccines and prompt care for the flu to keep children and their schoolmates healthy. Treatment for life-threatening conditions such as asthma keeps children in school.</li> </ul>
<p><b>Medicaid AHCCCS in Arizona</b></p>	<ul style="list-style-type: none"> <li>• Children with Medicaid have better health as adults, with fewer hospitalizations and emergency room visits; they also earn more and pay more in taxes.</li> <li>• If 25% of currently enrolled noncitizen adults, noncitizen children, and U.S.-citizen children disenroll from Medicaid and CHIP — a level of disenrollment that occurred after welfare reform was enacted in 1996 — and do not obtain alternative coverage, the number of uninsured people could rise by more than 1 million and place a greater burden on the number of sliding fee scale visits at Federally Qualified Health Centers (FQHC).</li> <li>• The number of uninsured people could rise by more than 1 million and place a greater burden on the number of sliding fee scale visits at Federally Qualified Health Centers (FQHC).</li> <li>• Medicaid is also critical for long-term care, home and community-based services, dental, transportation, and other services Medicare does not cover and older adults (seniors) could otherwise not afford.</li> </ul>
<p><b>Nutrition Programs</b></p>	<ul style="list-style-type: none"> <li>• Children with access to Supplemental Nutrition Assistance Program (SNAP) (food stamps) are more likely to complete high school and have lower rates of certain health problems in adulthood, such as heart disease and obesity.</li> <li>• Numerous studies demonstrate that benefits (Earned Income Tax Credit [ETC], Women Infants and Children [WIC], and Supplemental Nutrition Assistance Program [SNAP]) improve health throughout the life course and increase selfsufficiency in adulthood.</li> <li>• More than 5 million seniors benefit from Supplemental Nutrition Assistance Program (SNAP) each month, and millions more participate in other programs such as home-delivered and Congregate Meals Programs under the Older Americans Act (including Meals on Wheels), the Commodity Supplemental Food and Senior’s Farmers Market Nutrition Programs.</li> </ul>
<p><b>Housing and Tax Credits</b></p>	<ul style="list-style-type: none"> <li>• Reductions in the use of tax credits and housing energy assistance would increase poverty rates among noncitizen immigrants, potentially pushing millions of adults and children into poverty and at risk homelessness. Poverty is a primary determinant of risk for illness and death.</li> <li>• Federal housing assistance programs provide vital support to over 1.7 million households with older adults who would otherwise be unable to afford the cost of shelter.</li> </ul>

<p>Seniors</p>	<ul style="list-style-type: none"><li>• Seniors and their families would be forced to make impossible choices between obtaining a permanent legal status in the U.S. and meeting their basic needs, caring for their children and aging parents, and keeping their families together.</li><li>• An increasing share of paid caregivers for older adults are immigrants, and many of the immigrant direct care work force are themselves over age 55. As our nation ages, we will increasingly rely on immigrants to provide essential care.</li><li>• An estimated one million immigrants work in direct care, making up a quarter of the workforce. More than four in five are women, and nearly a third are over age 55. Because caregiving jobs tend to be part time and low-wage, 40% of those employed as caregivers rely on programs such as Supplemental Nutrition Assistance Program (SNAP) and Medicaid to support themselves and their families.</li><li>• Many older adults, both citizens and noncitizens, live in families that benefit from programs that support their basic needs Nearly half of noncitizen adults age 55+ live in families that receive Temporary Assistance for Needy Families (TANF), Social Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), and/or Medicaid/ Children’s Health Insurance Program (CHIP).</li><li>• While Medicare is a lifeline for most seniors, nearly 12 million seniors and people with disabilities are enrolled in both Medicare and Medicaid.</li></ul>
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