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12 IN THE UNITED STATES DISTRICT COURT
13 FOR THE NORTHERN DISTRICT OF CALIFORNIA
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17 **STATE OF CALIFORNIA, DISTRICT OF**
18 **COLUMBIA, STATE OF MAINE,**
19 **COMMONWEALTH OF**
PENNSYLVANIA and STATE OF
OREGON,
20 Plaintiffs,
21 v.
22 **U.S. DEPARTMENT OF HOMELAND**
23 **SECURITY; KEVIN McALEENAN,** in his
24 official capacity as Acting Secretary of
Homeland Security; **U.S. CITIZENSHIP**
25 **AND IMMIGRATION SERVICES;** and
KENNETH T. CUCCINELLI, in his official
26 capacity as Acting Director of U.S. Citizenship
and Immigration Services,
27 Defendants.
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CASE NO. 3:19-cv-04975
**DECLARATION OF CARMELA COYLE
IN SUPPORT OF PLAINTIFF'S
MOTION FOR A PRELIMINARY
INJUNCTION**

1 I, Carmela Coyle declare as follows:

2 1. I am the President and Chief Executive Officer of the California Hospital Association
3 (CHA) and have held this position since October 2017. As such, I have overall responsibility for
4 CHA's activities under the oversight and direction of CHA's Board of Trustees. Prior to October
5 2017, I was the President and Chief Executive Officer of the Maryland Hospital Association for
6 nine years, where I played a leading role in refashioning the state's hospital payment system;
7 Maryland is now a national leader in health care policy and innovation. Before that, I spent 20
8 years with the American Hospital Association, including 11 years as the senior vice president of
9 policy. Earlier in my career, I worked for the Congressional Budget Office in Washington, D.C.,
10 advising members of Congress and their staff on the economic and budgetary implications of
11 legislative policy.

12 2. This declaration is based on my personal knowledge and my experience working at
13 CHA. If called and sworn as a witness, I could and would testify competently to the information
14 in this declaration.

15 3. CHA is a not-for-profit corporation and one of the largest hospital trade associations
16 in the nation, serving more than 400 hospitals and health systems and 97 percent of the patient
17 beds in California. CHA's members include general acute care hospitals, acute psychiatric
18 hospitals, academic medical centers, county hospitals, inpatient rehabilitation, long-term acute
19 care hospitals, multi-hospital health systems, and more. These hospitals provide vital health care
20 services to millions of our state's residents every year. As the largest advocacy organization for
21 hospitals in California, CHA represents its members in state and federal legislative, judicial, and
22 regulatory arenas as we work to improve health care quality and access, as well as the overall
23 health of all Californians. CHA's efforts include educating members of the federal and state
24 legislative and executive branches, and others, about the complex laws and regulations governing
25 health care operations, as well as sharing pertinent information regarding California's health care
26 delivery system. CHA's vision is an "optimally healthy society," and CHA's mission is for every
27 Californian to have equitable access to affordable, safe, high quality, and medically necessary
28 health care.

1 9. More broadly, Medi-Cal is the primary source of health coverage for 13 million
2 people in California — a third of the state’s population. Securing health care coverage for all
3 Californians is paramount, and California’s hospitals and health systems provide care to millions
4 of Medi-Cal and CHIP enrollees. Loss of coverage will result in poorer health and health
5 outcomes for people as well as an increase in uncompensated care, which strains hospitals’ efforts
6 to maintain high quality and access to care. This unnecessary burden could force health care
7 system changes that would impact *all* patients.

8 10. In addition, if entire households are fearful to enroll in (or feel the need to disenroll
9 from) Medi-Cal, which would hamper their access to critical health care services, hospitals will
10 face additional challenges in providing services to many medically underserved communities.

11 11. As patients disenroll from Medi-Cal due the Rule, the number of uninsured
12 individuals in the State will increase. Uninsured families often rely on care in emergency
13 departments (the highest-cost health care setting), forgo treatment altogether, and avoid seeking
14 care until an emergency arises.

15 12. California experienced significant gains in health care coverage enrollment as a result
16 of recent coverage expansions as California’s uninsured rate shrank from 17 percent in 2013 to
17 6.8 percent in 2017. This Rule would reverse this positive trend, jeopardizing the health of all of
18 our residents.

19 13. California’s hospitals know that the health and well-being of those they serve is at
20 risk when our friends and neighbors — regardless of their immigration status — forgo basic
21 needs such as food or health care.

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14. The immediate impact of the Rule on patients who hospitals serve, as well as its long-term negative consequences, is simply unacceptable.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on August 23, 2019, in Sacramento, California.



Carmela Coyle
President and Chief Executive Officer