



April 21, 2022

Alejandro N. Mayorkas  
Secretary  
Department of Homeland Security  
20 Massachusetts Ave., NW  
Washington, DC 20529-2140

***SUBJECT: [CIS No. 2715–22; DHS Docket No. USCIS–2021–0013]; Public Charge Ground of Inadmissibility; Notice of Proposed Rulemaking (Federal Register Vol. 87, No. 37), February 24, 2022***

Dear Secretary Mayorkas:

California hospitals are dedicated to ensuring every Californian receives equitable, high-quality care. Disparate health outcomes for immigrants are the result of historic and systemic inequalities that persist today. Unequal access to health care and health resources, as well as unequal and damaging environmental conditions due to race, socioeconomic status, and other factors is untenable in a just and healthy society.

On behalf of our more than 400 hospitals and health systems, the California Hospital Association (CHA) appreciates the opportunity to provide comments on the Department of Homeland Security's (DHS) notice of proposed rulemaking that would prescribe requirements for determinations on whether a noncitizen is inadmissible to the United States because they are likely at any time to become a public charge.

**CHA applauds DHS for responding to stakeholder concerns and proposing policies that are clear, consistent, and will not cause undue fear among immigrant families accessing the public services available to them.** Hospitals understand that the health and well-being of our communities are at risk when community members forgo basic needs such as food, housing, and health care services out of fear for their immigration status. Unfortunately, the policies finalized in an August 2019 final rule had a significant chilling effect on immigrants seeking health care services. California — which is home to nearly 11 million immigrants — was disproportionately impacted by previous public charge policies that caused fear and confusion in the immigrant community. According to a [report](#) from the University of California, Los Angeles Center for Health Policy Research, 25% of low-income immigrant adults in California reported avoiding public programs such as Medicaid (Medi-Cal, in California) and Supplemental Nutrition Assistance Program (SNAP) in 2019, fearing a negative impact on their immigration status.

499 So. Capitol Street SW, Suite 410, Washington, DC 20003 ■ Office: (202) 488-3740 ■ FAX: (202) 488-4418

---

1215 K Street, Suite 700, Sacramento, CA 95814 ■ Office: (916) 443-7401 ■ [www.calhospital.org](http://www.calhospital.org)

By proposing policies that limit public charge determinations to specific benefits for subsistence, considering the totality of circumstances, and clarifying that only receipt of public benefits by named beneficiaries are considered in public charge inadmissibility determinations, DHS has addressed many of the concerns that contributed to the chilling effect of the previous regulation. **CHA strongly supports the proposed rule, which will ensure that immigrants can access needed health care services and other programs that are essential to our collective well-being.**

Specifically, DHS proposes an individual is likely at any time to become a public charge if the individual is likely to become primarily dependent on the government for subsistence. This could be demonstrated by either receipt of public cash assistance for income maintenance or long-term institutionalization at government expense. Under this definition, Medi-Cal benefits (except for long-term care institutionalization) would not be considered in public charge determinations. The proposed rule also clarifies that benefits provided via tax credit or deduction, such as Covered California subsidies, would not be considered cash assistance for income maintenance. **CHA strongly supports this proposal, which will ensure that immigrants will not fear reprisal for accessing the health care benefits available to them, contributing to improved health outcomes for individuals and healthier communities for all.**

We also appreciate that DHS has clarified it does not consider Stafford Act disaster assistance, including financial assistance provided to individuals and households under Individual Assistance under the Federal Emergency Management Agency's Individuals and Households Program, as cash assistance for income maintenance. Further, it would not consider pandemic-related assistance provided during the COVID-19 public health emergency (PHE) — such as Economic Impact Payments and the California Pandemic Emergency Assistance Fund payments — or any other supplemental, special purpose cash assistance programs established in response to future PHEs in public charge inadmissibility determinations.

In addition, by clarifying that SNAP (known as CalFresh in California), Section 8 Housing Assistance under the Housing Choice Voucher Program, Section 8 Project-Based Rental Assistance, and public housing under the Housing Act of 1937, are considered examples of non-cash benefits that do not directly provide subsistence, DHS will ensure these programs can be accessed by immigrants who are eligible without fear of impacting their immigration status. **CHA strongly supports these clarifications, which will help improve health equity by ensuring immigrants in vulnerable communities can access benefits that impact social determinants of health, including nutrition, transportation, and housing assistance.**

While CHA appreciates that the proposed rule takes significant steps to address the chilling effect of the 2019 final rule, we are concerned that lasting confusion and fear remains in the immigrant community. When the 2019 final rule was promulgated, many hospital employees were approached to answer questions on how accessing health care benefits and services would affect a particular individual's immigration status. Hospitals are not in the position to provide immigration advice and do not ask patients about their immigration status or report undocumented individuals to federal immigration officials. **When DHS issues a final rule, we urge the department to invest in public education efforts to ensure its policies are communicated in clear terms so that no person unnecessarily avoids the care they need and the benefits they are eligible for.**

---

CHA appreciates the opportunity to comment on this important proposed rule. If you have any questions, please contact me at [mhoward@calhospital.org](mailto:mhoward@calhospital.org) or (202) 488-3742.

Sincerely,

/s/

Megan Howard

Vice President, Federal Policy