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Matthew Eyles
President & Chief Executive Officer

April 25, 2022

Ms. Samantha Deshommès – Chief, Regulatory Coordination Division
Mr. Andrew Parker – Branch Chief, Residence and Naturalization Division
Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security
Washington, DC 20529–2140

Via upload to www.regulations.gov

Re: DHS Docket No. USCIS–2021–0013 “Public Charge Ground of Inadmissibility” Proposed Rule

Dear Ms. Deshommès and Mr. Parker:

On behalf of AHIP¹ and its member health insurance providers, we welcome the opportunity to provide comments on the Department of Homeland Security’s (DHS) Notice of Proposed Rule Making (NPRM), Docket No. USCIS–2021–0013, published in the *Federal Register* on February 24, 2022. The proposed rule would make significant modifications to a 2019 final rule regarding whether a noncitizen is inadmissible to the United States or eligible for a change in immigration status because they are likely to become a public charge due to the use of certain non-cash public benefits, such as Medicaid, the Supplemental Nutrition Assistance Program, or housing assistance.

AHIP and our members have been clear: We strongly support the goal of ensuring that regulations do not unduly interfere with or discourage people from accessing the important public health benefits they are legally entitled to. The COVID-19 pandemic has further demonstrated how essential health insurance coverage is to protecting individuals’ and families’ health and financial stability and to addressing issues of population health.

Our previous comments on the changes originally proposed in 2018 and finalized in 2019 raised concerns regarding the negative impact on hardworking Americans and immigrant individuals and families who are legally present in the United States. We noted the chilling effect those changes would have on immigrant families, who would likely avoid or defer care for themselves or their children born in the United States out of fear that it could jeopardize the parents’ immigration status. We also noted the very real financial ramifications these changes would have

¹ AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together we are *Guiding Greater Health*.

on all Americans, including a higher tax burden that would result from increased utilization of emergency care that is not covered by health insurance.

The COVID-19 pandemic has further underscored the importance of access to health care and coverage. As the largest public health care program in the country now covering nearly 1 in 4 Americans, including millions of children, older adults, people with disabilities, and 2 million veterans, Medicaid is critical to that access. And in 40 states, Washington, DC, and Puerto Rico, Medicaid programs provide that access through contracts with Medicaid managed care organizations (MCOs), to provide enrollees with high-quality and cost-effective health care. Medicaid MCOs implement programs that coordinate and improve care and health outcomes, and offer services that promote prevention and healthy living and connect enrollees with non-medical supports (such as social services or transportation),² for a diverse population of more than 60 million people spanning a wide-range of economic, geographic and social circumstances.

We strongly support the NPRM’s approach to ensuring that federal rules in no way restrict or discourage eligible individuals from obtaining access to Medicaid and other public benefits to which they are entitled and that help promote and protect their health and well-being.

Thank you for the opportunity to comment on this important issue. Should you have any questions or need more information, please do not hesitate to contact Rhys Jones at rjones@ahip.org.

Sincerely,



Matt Eyles
President & Chief Executive Officer

² For example, Medicaid MCO enrollees are more likely to receive preventive services, have fewer hospital admissions, and have better access to primary care than enrollees in Medicaid fee-for-service programs. See “The Value of Medicaid: Providing Access to Care and Preventive Health Services”; AHIP, 2018: https://www.ahip.org/documents/ValueMedicaid_Report_4.4.18.pdf.