



Challenges Posed by the New Public Charge Regulation September 2019

NASH urges Congress to ensure that enrollment in Medicaid does not qualify legal immigrants as public charges.

Recent Changes in Public Charge Regulations

The August 2019 revisions of public charge regulations call for all legal immigrants enrolled in Medicaid and certain other safety-net programs to be designated public charges and denied access to permanent residency and green card status. Legal immigrants will still be eligible for emergency care without jeopardizing their legal immigrant status but only if the care they seek is deemed truly to be an emergency and their children will remain eligible to participate in the Children's Health Insurance Program (CHIP) without being classified as public charges. These changes will take effect on October 15 of this year.

The Implications of These Changes

Various estimates suggest that as a result of this new regulation, as many as 13 million people who were already enrolled in Medicaid or who will be eligible for Medicaid in the future will choose not to seek or retain Medicaid benefits out of fear of losing their legal immigration status and facing the potential loss of green card status and even, possibly, deportation – even though the regulation does not even apply to many of these people. The practice of some legal immigrants avoiding participation in safety-net programs for which they are legally eligible was already a problem even before the new public charge regulation was adopted: a 2018 Urban Institute survey found that one out of every seven adults in immigrant families reported that they or a family member chose not to apply for or withdrew from a non-cash benefit government program out of fear of risking future green card status.

These individuals will soon have no health insurance. Unless they find local government clinics that provide free care, or care for which they are charged on a sliding scale based on income, they will only be able to obtain care they can afford to pay for out of their own pockets. Entire families, and in some places entire communities, face a loss of access to care and the prospect of minor illnesses and injuries going untreated and becoming major health problems.

Lacking Medicaid coverage, when these legal immigrants are injured or ill and face medical challenges too great to be addressed at a local clinic they will turn to the nearest hospital for help. Often, that hospital will be a private safety-net hospital, and such hospitals will find themselves caring for growing numbers of such patients. Some of those patients – again, including many to whom the new regulation does not even apply – will wait too long before seeking care and will be sicker and more difficult and more costly to treat than should be the case. Over time, this increase in uninsured patients could lead to



significant strains on hospitals, leading to the potential for reduced access to care for entire communities of people, including those with private insurance and Medicare.

NASH's Request

The new public charge regulation threatens the health of families and communities and threatens the ability of private safety-net hospitals to serve those families and those communities. NASH asks Congress to overturn the new regulation or remove Medicaid from the list of safety-net programs affected by it.

About the National Alliance of Safety-Net Hospitals

The National Alliance of Safety-Net Hospitals advocates for adequate recognition and financing of private safety-net hospitals that serve America's neediest communities. These private safety-net hospitals differ from other hospitals in a number of key ways: they serve communities whose residents are older and poorer; they serve patients who are more dependent on Medicare and Medicaid for health care coverage; they provide more uncompensated care; and unlike public safety-net hospitals, they have no statutory entitlement to local or state funds to underwrite their costs. NASH's role is to ensure that when federal officials make policy decisions, they understand the implications of those decisions for these distinctive private safety-net hospitals.

