



America's Leading Health Plans Oppose the Proposed Public Charge Rule

The proposed public charge rule would dramatically **reverse the progress made in expanding health care coverage, resulting in high rates of people without health insurance**. Without health coverage, individuals and families would delay or forgo preventive care and necessary medical services - resulting in worse and more expensive health care outcomes, increased use of emergency departments, and increased health insurance premiums for everyone.

Why public charge matters to health plans?

- Access to Medicaid, SNAP and housing all positively contribute to students' educational outcomes - and to their lifetime success.
- The proposed rule will result in more people being uninsured as fear and confusion result in people dropping or not enrolling in Medicaid and CHIP. More than 14 million Medicaid and CHIP enrollees live in a household with a noncitizen, and half of these individuals are U.S. citizen children. They are all at risk.
- Fear and confusion about public charge will also deter people from applying for private health insurance - like from healthcare.gov. This will result in more people forgoing health insurance.
- Delaying care or only enrolling in Medicaid for emergency needs, rather than preventive services, results in worse health and higher costs. When people are insured, health plans help manage chronic conditions, provide care coordination, improve health outcomes and avoid more expensive care.
- The proposed rule will result in a sicker population. Health insurance increase access to care, helps people get preventive care and manage their health, and improves health outcomes. When people are uninsured, there will be fewer people getting screenings and preventive services, including routine check-ups, immunizations, and cancer screenings.
- All people - not just immigrants - would bear the burden of poorer health and less effective care. Health care costs and health insurance premiums will rise for everyone.
- Delayed care and increased emergency room use will lead to longer waits, worse outcomes and higher health care costs for everyone.
- Health plans will have to field difficult questions from their members on whether they should stay in Medicaid or not.

What did major health plans have to say?

“Informed in part through research supported by the Foundation, Blue Shield understands the Proposed Rule is antithetical to our mission and jeopardizes the health and well-being of entire communities - including immigrants, non-immigrants, and citizens. We urge DHS and other federal agencies with important expertise to take full measure of the potential damage that would result from this policy if enacted.”

Blue Shield of California

“Kaiser Permanente is also deeply concerned the NPRM would create an impossible situation for plans and providers as they would be forced to weigh the potential immigration consequences of providing access to necessary health care. Health plans will need to consider whether to continue to advise that individuals remain enrolled in Medicaid or Medicare Part D LIS plans for which they are eligible. Physicians and other clinicians will be challenged to provide medically necessary care that could be perceived to amount to a “public charge” and lead to adverse immigration consequences.”

Kaiser Permanente

“BCBSA concurs with DHS’ conclusion that the Proposed Rule will result in a chilling effect for public benefit programs. One of our core principles is the belief that everyone should have access to healthcare coverage. As such, BCBSA does not support policies that would result in fewer children and families having access to healthcare coverage and added strain on under-resourced safety net hospitals and community health centers.”

Blue Cross Blue Shield Association

“[Including] Medicaid as part of the public charge determinations is likely to negatively impact not only the health, but also the financial stability and livelihood of individuals and families. The proposed rule could adversely impact the promotion of self-sufficiency.”

Medicaid Health Plans of America

“The proposed rule would also significantly increase administrative costs, as our hospitals would need to devote considerable time and resources to educating frontline and clinical staff about the various ways patients would be impacted by the rule’s provisions. If finalized, the proposed rule will cause financial strain on our system, compromising our ability to do more in the communities we serve, such as expanding services, clinical innovations and other community benefit programming and investments that address social and environmental determinants of health issues.”

Dignity Health

“Well before the proposed rule was ever published, one Medicaid health plan in Texas found that leaked versions of the proposal contributed to declining enrollment in its state; it is thought that nearly 150,000 fewer individuals currently access Medicaid in Texas in part due to the leaked rule. Another Medicaid health plan in California - along with many of its contracted providers - has already received calls from Medicaid enrollees expressing their fear of being considered a public charge and requesting information on how to disenroll from the program.”

Association of Community Affiliated Plans

“AHIP and its members have serious concerns about these proposed changes, which would impact hardworking Americans and legally present immigrant individuals, as well as their families. Based on our industry’s experience, we believe such changes would have serious negative consequences for public health and the U.S. economy, including: sicker people, including seniors and children; weaker communities, resulting from sicker populations and weakened hospital systems; weaker American businesses, resulting from a sicker employee base; and higher taxes, as federal and state costs increase for emergency care and premiums go up for everyone.”

America’s Health Insurance Plans (AHIP)