



## Community Health Centers Oppose the Proposed Public Charge Rule

The proposed public charge rule will harm residents, communities and economies in every state in the country. As immigrants and their families forgo needed health care, food, and affordable housing, their health, wellbeing and economic stability are threatened. This will be felt not just by immigrants and their families, but also by all members of the community and the state.

Community health centers and related stakeholders from across the country strongly oppose the public charge rule because of its impact on immigrant residents and their families, **the strain it will cause on the health care safety net system, and threat to the productivity of the nation's workforce.**

### Why do community health centers oppose public charge?

- The proposed public charge rule will result in millions of people disenrolling (or not enrolling) in health insurance programs that provide access to critical prevention and health care services.
- Without health insurance, individuals will be forced to pay out of pocket for needed health care services—which can be prohibitively expensive and dampens economic growth. This will result in delayed or forgone health care services—and worse health care outcomes.
- Access to prevention and primary care services—such as those provided at community health centers—is a more cost efficient health care delivery model for helping people achieve their optimal health, and keeps people out of more expensive health care settings like hospital emergency rooms.
- Community health centers will see a dramatic increase in the number of uninsured patients which will negatively impact health centers' ability to stretch scarce federal resources, forcing closures of critical services and staff layoffs.

## What did community health centers have to say?

*“NACHC is profoundly concerned about the impacts that this proposal would have on immigrants, their families, and their communities, as well as on the health care “safety net” – including CHCs. Specifically, [it] will lead to worse health outcomes and decreased productivity for immigrants and their families, hampering their ability to become self-sufficient and contribute to their communities...[T]his proposal could have numerous impacts that are in direct contradiction to the CHC mission of providing high-quality, affordable health care to all medically underserved patients, so they can have the opportunity to thrive, contribute to their communities, and reach their full potential.”*

### **National Association of Community Health Centers (NACHC)**

*“[T]he proposed rule threatens the incredible progress that AAPCHO health centers and other health care providers nationally have made in educating and signing up eligible families for insurance and programs for which they are legally eligible. Studies have shown that administrative barriers deter families from enrolling children, even when they are eligible. AAPCHO health centers have worked to reduce those administrative barriers and misperceptions about eligibility requirements. If the proposed rule is implemented, children and families will disenroll from programs like Medicaid, SNAP and public housing, or not sign up in the first place. Rates of uninsurance will increase. For example, if the proposed rule is implemented, AAPCHO estimates that up to 86,000 patients at AAPCHO member health centers alone will disenroll from Medicaid, which could threaten the financial viability of our health centers and/or limit the services our health centers can provide to individuals that keep communities healthy and productive. Overall, research shows that the rule’s chilling effect could cause between 354,000 and 646,000 community health center patients to forgo Medicaid coverage.”*

### **Association of Asian Pacific Community Health Organizations (AAPCHO)**

*“[T]he rule would have an even larger impact beyond those populations, for as many as 41.1 million non-citizens and family members of non-citizens – almost 13 percent of the US population – could be impacted... The Kaiser Family Foundation expects the total number of persons disenrolling from Medicaid to be between 2.1 million and 4.9 million, depending on varying rates of disenrollment. For children, an estimated 1.5 million children would lose Medicaid coverage, 1.1 million of whom would remain uninsured... This rule will also cause problems for safety net providers and hospitals when their patients lose access to health insurance. Community clinics will have to stretch their resources to serve more uninsured patients.”*

### **Families USA**

*“As a result, health center revenue would markedly decline. Total Medicaid revenue losses associated with this loss of coverage would range from \$346 million to \$624 million. These revenue losses would result in clinical staffing reductions - including physicians and nurses - of 3,400 to 6,100 FTEs, meaning that there would be fewer skilled professionals available to care for patients.”*

### **RCHN Community Health Foundation**

*“TPCA represents 30 FQHC or community health center organizations; Tennessee community health centers are located in urban and rural areas across the state. By mission and statute, FQHCs provide care to all individuals who present at their clinics, regardless of insurance status or ability to pay. In 2017, 94% of Tennessee’s community health center patients were low-income (below 200% of the Federal Poverty Level), approximately 33% of patients had no insurance coverage and approximately 33% had Medicaid coverage. These patients turn to FQHCs for high-quality primary care services and have few other options for care. The NPRM has the likelihood of deterring individuals -- including our patients -- from engaging in primary care or addressing their own health care needs and those of their families in a timely manner, ultimately leading to worse health outcomes, higher costs, and reduced productivity. As these impacts are inconsistent with the mission of TPCA and our member health centers, we ask that the Administration reconsider this proposal.”*

### **Tennessee Primary Care Association**

*"I understand from personal experience how important having access to Medi-Cal is. As an immigrant I began working in the U.S. At first, my income was low- and during this time, I started my family. My children were enrolled in Medi-Cal which served to be of great benefit to us. My daughter was very ill, and we had to take her to the emergency room. She had a dangerously high fever. Thanks to her having Medi-Cal she was able to get the life saving care she needed... No family should have to choose between a green card or having medical care for themselves or their children."*

**Testimonial from a Community Clinic Consortium client**

*"My grandpa is at a very old age. He is at risk of heart disease, but is deterred from necessary treatment because of public charge rule."*

**Testimonial from a North East Medical Services client**

*"It would be hard for seniors to afford their medications because millions of seniors would be forced to disenroll from the Medicare Part D program. Seniors, like me, don't have the ability to work. It's already difficult to live. If we still have to pay to see the doctor and take our medications, there's no way we can live anymore."*

**Testimonial from an AAPCHO client**

*"Immigrants are a benefit to our economy and to our society as a whole. This proposed public charge rule is un-American and immoral. Our collective community is standing up and speaking out in record breaking numbers to oppose this dangerous rule. We are driving our own narrative: America is one nation built on the strength of immigrants."*

**Sherry Hirota, CEO of Asian Health Services**