



Maryland
Hospital Association

December 10, 2018

Kirstjen Nielsen
Secretary, Department of Homeland Security
U.S. Citizenship and Immigration Services
20 Massachusetts Avenue NW
Washington, DC 20529-2140

Dear Secretary Nielsen:

On behalf of the Maryland Hospital Association's 63 hospital and health system members, we appreciate the opportunity to comment on the U.S. Department of Homeland Security's proposed rule on Inadmissibility on Public Charge Grounds. This proposal could jeopardize access to health services for thousands of legal immigrants across Maryland, including children, seniors, the disabled, and those with chronic conditions. As such, we write to **express concern regarding the impact of the proposed rule.**

The proposed rule would expand the types of programs that can contribute to a "public charge" determination to include Medicaid and the Medicare Part D low-income subsidy, among other programs. When making immigration determinations, consideration is given to whether individuals can support themselves financially or if they are at risk for becoming a public charge – that is, primarily dependent upon the government for subsistence.

Maryland's hospitals and health systems have serious concerns that the rule could cause people, including noncitizens fully eligible for Medicaid or Medicare Part D subsidies and their citizen family members, to **forgo enrolling in these programs and delay their access to care.** Forgoing care will exacerbate medical conditions, leading to sicker patients and a higher reliance on hospital emergency departments. In turn, this could drive up costs for all who access health care services, particularly in Maryland where the burden of uncompensated care is equally shared by all payers. Moreover, it undermines efforts in Maryland under the federally approved Total Cost of Care Model to direct care to more appropriate, lower cost settings.

The proposed rule also has a disproportionate negative impact on the most vulnerable in Maryland. Specifically, data prepared by Manatt Health Solutions note that nearly 12 percent of spending on Medicaid and the Children's Health Insurance Program is subject to a "chilling effect," that is, at risk of loss due to disenrollments or non-use of health care by those who fear repercussions under the proposed rule. In 2016, this represented more than \$1 billion in coverage. Data also note that 41 percent of this at-risk spend represents children. While coverage is imperative for access to care for all populations, Medicaid coverage for children has benefits beyond health care, affecting, for example, their educational outcomes.

Secretary Kirstjen Nielsen
December 2018
Page 2

As Maryland heads into a new agreement with the Centers for Medicare and Medicaid Services, where hospitals are responsible for whole-person care, we are undertaking efforts to address the nonmedical drivers of health and health care utilization. Hospitals recognize that addressing social determinants of health will help the state meet its ultimate goal of providing high-quality, low-cost health care. The impact of this proposed rule will produce outcomes that run directly counter to this goal. We therefore have strong concerns about this proposed rule and hope that you reconsider the proposal.

Thank you again for the opportunity to comment. Please do not hesitate to reach out to me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Atlas". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Robert F. Atlas
President & CEO