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M E M O R A N D U M

December 5, 2018

Regulatory Coordination Division  
Office of Policy and Strategy  
U.S. Citizenship and Immigration Services  
Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington, DC 20529-2140

*Submitted via [www.regulations.gov](http://www.regulations.gov)*

*Re: Comments on DHS Docket No. USCIS-2010-0012 – Notice of Proposed Rulemaking on “Inadmissibility on Public Charge Grounds”*

The Texas Association of Community Health Centers (TACHC) is writing to express profound concern and strong opposition to the Notice of Proposed Rulemaking (NPRM) on inadmissibility on public charge grounds.

TACHC represents 73 Federally Qualified Health Centers and 2 Look-Alikes in Texas. FQHCs are safety-net health care providers located in urban, rural, and frontier communities across the country. Health centers provide medical, dental, behavioral health, and other enabling services to every patient who needs services, regardless of income or immigration status. Texas health centers served over 1.4 million patients last year for over 5.3 million patient visits. Texas Health Centers are located in 126 Texas counties, and offer services at over 500 individual sites. Health centers are not free clinics, 42% of our patients are uninsured and thus benefit from our sliding fee scale self-pay program, and thus contributed over \$84 million in revenue to health center operations in 2017.

In Texas, 68% of health center patients live at or below 100% of poverty. Because health centers do not turn away patients based on ability to pay at time of service, many patients we serve would otherwise be forced to seek primary care in an emergency room without access to our services. Centers play a critical role in managing chronic conditions like diabetes and hypertension, keeping patients out of the costly emergency room. Health centers have a continually growing role in caring for Texas women for family planning and prenatal care, as well as a growing prevention and treatment role in addressing substance use disorders.

Despite Texas's choice not to expand Medicaid to a greater number of adults as allowed by the Affordable Care Act, Medicaid is the largest insurance payer at Texas health centers; 28% of our patients, predominately children, receive Medicaid, and the program's payments were the largest source of revenue for health centers in 2017, amounting to 27% of all revenue, or over \$310 million.

The proposed changes to the public charge rule put health centers and the communities they serve at risk. Individuals eligible for Medicaid who dis-enroll from the program out of fear of being labeled a public charge will take one of two paths- 1) transition to being a "self-pay" patient at the health center, threatening health center viability and further straining grant limited resources or 2) foregoing preventive, outpatient care altogether and delaying care, later seeking care only in the costly and inefficient emergency room, placing a greater burden not on health centers but on local taxpayers and insured individuals. While the rule no longer proposes to penalize parents whose U.S. citizen children enroll in Medicaid, children are only able to thrive when their parents do so as well.

As an organization of health care providers, TACHC is equally concerned about this proposed rule's potential impact on targeted individuals, as well as the "chilling effect," or impact on adjacent communities who may be misinformed about the public charge rule, or fearful of its impact on themselves and their families. Individuals who are already legal permanent residents or citizens may fear negatively impacting an immigrant family member by accessing benefits to which they are entitled. Further, legal immigrants who are not subject to public charge determination, such as refugees and asylees, may refrain from using benefits to which they are entitled due to concerns or confusion about how program utilization would impact their immigration status. U.S. citizens with immigrant family members may also fall victim to this effect. The "chilling effect," is well-researched and documented during 1996, when the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), otherwise known as welfare reform, became law. Studies found that the chilling effect during this period reduced enrollment in affected programs by anywhere from 17 to 78 percent.<sup>1</sup>

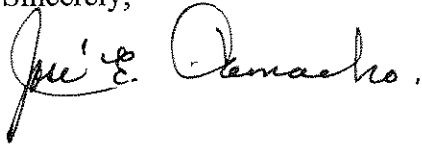
The Center on Law and Social Policy estimates that as many as 3.9 million Texans, including 1.5 million children could be impacted by this rule change. In Texas' largest county, Harris, as many as 939,000 people could be affected- 21% of the total population. The number is even great in border counties such as El Paso and Hidalgo, where 24% and 37% of the population respectively could be impacted.

In addition to TACHC's public health and financial concerns about this rule, there is considerable reason to be concerned about the welfare of our patients beyond health care access. Addressing social determinants of health, particularly food insecurity, are part of what makes health centers a unique provider model. Many member health centers host out-stationed state eligibility workers to help families enroll in programs for which they qualify, including Supplemental Nutrition Assistance Program (SNAP). Adequate nutrition and health are inextricably linked, and without access to critical SNAP benefits that make the difference between adequate food and hunger, health center patients will face even greater barriers to staying healthy.

Texas health centers and our national counterparts will continue to be a fixture in our communities, serving every patient in need of our care. However, both the direct and "chilling"

effects of this rule will make our work more difficult, and will lead to worse health outcomes for immigrants and their families, and ultimately our entire communities. Discouraging people from seeking needed health care services and penalizing those who have entered the United States legally and sought to abide by long-established rules benefit no one. The Texas Association of Community Health Centers asks the administration to reject this proposal.

Sincerely,

A handwritten signature in black ink that reads "José E. Camacho". The signature is written in a cursive style with a large initial "J" and a distinct "E".

José E. Camacho, Esq.  
Executive Director / General Counsel

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<sup>1</sup> Leighton Ku PhD MPH, Jessica Sharac MSc MPH, Rachel Gunsalus MPH, Peter Shin PhD MPH, Sara Rosenbaum JD, *How Could the Public Charge Proposed Rule Affect Community Health Centers?* Geiger Gibson/ RCHN Community Health Foundation Research Collaborative, November 2018.