

December 10, 2018

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

**RE: Request for Public Comment on Proposed Regulation: “Inadmissibility on Public Charge Grounds” —DHS Docket No. USCIS-2010-0012**

Dear Ms. Deshommes:

I am the President of the Board of Supervisors of the County of San Mateo (County) and, on behalf of the Board of Supervisors, I respectfully submit these comments in response to the Proposed Rulemaking by the Department of Homeland Security (DHS), “Inadmissibility on Public Charge Grounds”—DHS Docket No. USCIS—2010-0012. For the reasons set forth below, the County urges the DHS to withdraw its proposal to amend the definition of public charge.

#### **Public Charge Background**

On October 10, 2018, DHS published proposed changes to portions of Title 8 of the Code of Federal Regulations regarding public charge. The term “public charge” describes individuals deemed unable to support themselves and likely to become “primarily dependent on the government for subsistence.” The “public charge” concept has existed in United States immigration law for decades as grounds for inadmissibility and removability. Public charge applies to immigrants who are requesting entry/re-entry into the U.S. or applying to become lawful permanent residents. Individuals determined likely to become a public charge may be denied entry or re-entry or to the United States or lawful permanent resident status.

Under the current rule, persons may be considered a public charge if they receive cash benefits from the government for their income, such as CalWORKs, General Assistance or Supplemental Security Income, or if they require long-term residential care at government expense. The proposed rule would expand the government benefits used in the public charge determination to include the Supplemental Nutrition Assistance Program (SNAP) and non-emergency Medicaid (referred to as CalFresh and Medi-Cal in California), Medicare Part D low-income subsidies and Section 8 housing and rental assistance. The proposed rule also changes how immigration officers weigh factors such as income and financial resources, ability to pay for medical costs, and receipt of public benefits when determining whether an immigrant may become a public charge.



## **San Mateo County & County Services**

According to the latest U.S. Census figures, approximately 775,000 persons live in San Mateo County, 35% of whom are foreign-born. Approximately 46.5% of San Mateo County speak a language other than English at home. With such a diverse population, the County recognizes and values all of its residents, regardless of their ethnic or national origin, gender, race, religion, sexual orientation, or immigration status.

The County's mission is to protect and enhance the health, safety, welfare and natural resources of the community and to provide quality services that benefit and enrich the lives of the residents of the County. To this end, our County partners with the federal and state governments to implement policies and administer services that further our mission. Given the responsibility that California counties hold in the delivery of critical health and human services, we offer a unique perspective regarding the potential impacts that this proposed rule is having, and could have, if adopted.

The County of San Mateo provides services to all its residents through its many departments, including the San Mateo County Human Services Agency, the San Mateo County Department of Housing, and San Mateo County Health (SMC Health), an essential safety net healthcare provider to the most vulnerable and underserved in the County.

SMC Health, for example, serves more than 72,000 children, adults, and seniors every year, 50,000 of whom are in ongoing primary care relationships. SMC Health's San Mateo Medical Center (SMMC) consists of an acute care hospital, medical and psychiatric emergency services, a pain management clinic, a senior care center and behavioral health and drug treatment clinics. In addition, SMMC also operates eight health clinics across the County which offer pediatric and adult primary care, specialty services, dental services and mental health services.

SMMC's payor mix is 58% Medi-Cal, 21% Medicare, 14% Charity Care, 2% Self Pay, and 5% Other, which shows that almost two thirds of our patients are low-income and require government assistance to receive healthcare services.

### **Chilling Effect**

The County believes that if adopted, the new public charge rule would discourage lawful, working immigrants from accessing non-cash health, nutrition, and housing support programs to which they are entitled and that are designed to help their families succeed and thrive in San Mateo County.

The proposal itself has already caused a chilling effect in the use of programs among our County's immigrant communities. Anecdotal client reports from our Human Services Agency and SMC Health suggest client confusion regarding who the proposed rule changes apply to and fear that enrollment in any public program could negatively impact their immigration status. These concerns are shared across the spectrum of our immigrant communities, including among legal immigrants who are eligible for programs and for whom a rule change would not apply. The chilling effect was clearly visible at a recent County-sponsored citizenship workshop that normally draws hundreds of lawful permanent resident participants. Only 50 residents attended the workshop with many reporting to staff that others had stayed away because of their concerns about the rule change.

While we are currently uncertain of the exact number of persons who would be directly impacted by the rule change, a recent Migration Policy Institute (MPI) analysis found that 41% of noncitizens (i.e., approximately 32,600 individuals) in San Mateo County are members of families that use at least one of the four means-tested benefits that could be considered in a public-charge determination—up from 2%

under the current policy. The number of persons who will be potentially impacted grows, however, when looking at entire family units. MPI's analysis has determined that approximately 98,600 persons living in mixed-status households could be affected by the proposed rule change when noncitizen adults and children, U.S. citizen children, and U.S. citizen adults are added together. This is a broad universe of adults and children in immigrant families in San Mateo County who could potentially experience chilling effects from the proposed rule change. Moreover, the impact of the proposed rule change, according to MPI, would be felt most acutely among our Latino/Hispanic and Asian American/Pacific Islander immigrant communities. MPI also found that 72% of non-citizens in benefit-receiving families in San Mateo County were also employed.

The fact that many in our immigrant community are foregoing or withdrawing from health and human service programs which help to ensure their wellbeing is deeply concerning to our County. The chilling effect of the proposed rule change threatens to jeopardize immigrant County residents' use of essential work support benefits and services and would significantly undermine policies that have helped our community to thrive. We are also extremely concerned about the additional impacts the pervasive fear regarding this proposed rule change is having on U.S. citizen family members who would not be affected by the rule directly, but who may choose to go without coverage due to heightened fear. Research has shown that in addition to decreased utilization of essential public services, this chilling effect leads to reduced social interactions, increased stress and anxiety, and increased general mistrust toward public institutions (which our County works hard to maintain and expand) among immigrant communities.

#### **Cost Shifts to Counties**

Serving as the safety net for all our residents, the County is concerned that the above referenced chilling effect will ultimately increase County costs to deliver services essential to the health and wellbeing of all persons in our community as individuals choose to forgo federal/state health care, food and housing assistance programs.

The County of San Mateo is proud of the enormous progress we have made in providing health care coverage and access to all our residents. From 2013 to 2017, our state's uninsured rate dropped from 17% to under 7%. As a result, one in three California residents are now enrolled in the Medi-Cal program. Our County's Medi-Cal enrollment rate now stands at approximately 20%. It is partially due to lower rates of uninsured adults and children that San Mateo County consistently ranks among one of the healthiest counties in the state.

A wealth of research has demonstrated that population-based public health interventions and services have substantial positive benefits for individuals throughout their lifespan. Benefits delivered through local health departments and our community-based partners, including SNAP/CalFresh, Medicaid/Medi-Cal, and Section 8 housing vouchers and public housing assistance, ensure positive health outcomes, reduce costly chronic disease conditions, and prevent intergenerational poverty and its associated detrimental health impacts.

Decreased rates of participation in Medicare/Medi-Cal will undoubtedly result in poorer health outcomes for our community but will also lead to increased uncompensated care costs for all counties. If immigrants in the County become afraid that receiving basic health care may jeopardize their ability to reside and participate in our community, they may avoid our County clinics, local health department and other providers, ultimately forgoing preventative care such as immunizations or well-baby checkups. Uncared for individuals increase the risk of infectious disease exposure and outbreaks among all California residents. With the state's unprecedented rise in infectious diseases, including sexually

transmitted diseases, influenza, and measles, this proposed rule places the public's health and safety in significant jeopardy.

San Mateo County also opposes the proposal to include receipt of SNAP/CalFresh as a new public benefit to be considered in the public charge analysis. Nearly four million California residents participate in the program and the clear majority do so for a limited period of time. Furthermore, adding federal subsidized housing as a public benefit to be considered may lead to increased housing instability for some immigrant families in states with very expensive housing costs, such as California. Finally, the County supports the continued exclusion of the Children's Health Insurance Program (CHIP) as a factor in determining public charge and its exclusion from the list. The CHIP program is essential to working families whose incomes exceed the Medicaid income guidelines. If participation in CHIP became a negative factor in the public charge assessment, it too would likely lead to many eligible children foregoing health care benefits, both because of the direct inclusion in the public charge determination as well as the chilling effect detailed above.

### **Other Financial Impacts**

The combined direct impact and further chilling effect of this proposed rule could result in financial losses for SMC Health. Medi-Cal is an essential source of federal funding for our system that enables the County to provide high-quality care to approximately 72,000 patients each year and to continuously improve service delivery and efficiencies. For decades, SMC Health has provided care to everyone, regardless of their ability to pay or other individual circumstances. Significant disenrollment in Medi-Cal could reduce SMC Health's revenue, while increasing the costs associated with providing a greater level of uninsured care. Without a strong fiscal foundation, SMC Health's ability to serve all our patients could be at risk.

Outside of our health system, the proposed rule change will affect our state's economy, given the projected reductions in the use of health coverage and nutrition benefits. The U.S. Department of Agriculture estimates that every \$1 in SNAP benefits generates \$1.79 in economic activity. Even a one percentage point drop in SNAP enrollment due to the proposed rulemaking would equate to a loss of more than \$100 million per year in economic activity. The UCLA Center for Health Policy Research has estimated the economic effects on the state due to the chilling effect. Their analysis estimates that the projected \$718 million to \$1.67 billion in reduced federal benefits would result in the loss of 7,600 to 17,700 jobs, \$1.2 to \$2.8 billion in reduced economic output, and \$65 to \$151 million in decreased state and local tax revenues.

For these reasons, the County of San Mateo opposes adding the proposed additional public benefits programs and heavily weighed factors to the public charge analysis and urges DHS to withdraw the proposed rule.

If you have any questions about our position, please contact Connie Juarez-Diroll, Legislative Officer, at [cjuarez-diroll@smcgov.org](mailto:cjuarez-diroll@smcgov.org) or 650-599-1341.

Sincerely,



Dave Pine, President  
San Mateo County Board of Supervisors