



Oregon Public Health Association

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COVID-19 Update: On March 13, 2020, the [U.S. Citizen and Immigration Services \(USCIS\) announced](#) it will not consider testing, treatment, or preventative care (including vaccines, if a vaccine becomes available) related to COVID-19 as part of a public charge determination. This includes if a person's care is paid for by Medicaid, also known as the Oregon Health Plan. [See Oregon Health Authority's FAQs about COVID-19 and Public Charge](#)

The Oregon Public Health Association (OPHA) condemns the '[public charge](#)' rule created by the Trump administration, which will punish lawfully present U.S. immigrants for accessing public benefit programs they have a legal right to use. OPHA wants to directly state that this rule is in conflict with our organizational values related to equity.

This rule penalizes people for seeking services that improve both their health and health in their community. There will be real and serious consequences from this rule; its resulting chilling effect will be to drive people away from accessing the health, nutrition and housing services they need. Millions of people will forgo benefits because they are fearful that using them will endanger their immigration status. Ultimately this will have drastic impacts on the public's health, eroding decades of progress, and will negatively impact people for generations to come.

We can expect higher rates of obesity, malnutrition and poverty; lower rates of prescription adherence and education attainment; and increased health care costs as immigrants turn to emergency departments to treat preventable illness and chronic disease complications.

In short, this rule is discriminatory and creates a public health emergency. It forces millions of documented immigrants to make the impossible choice between accessing the benefits they need or keeping their families together, and some are already making these difficult choices prior to the rule going into effect merely out of fear. The rule also undermines the administration's stated goal of ensuring that immigrants are self-sufficient.

There is extensive data that shows access to these safety net benefits provides crucial support that allows low-income families to sustain employment, maintain health and promote overall self-sufficiency, as well as data that demonstrates the "chilling effect" of people avoiding public services. A national survey of 1,950 adults who are foreign-born

or living with foreign-born family found that: 42% did not access Medicaid/CHIP; 46% of adults reported that they or family members did not participate in SNAP; and 33.4% did not engage in housing subsidies¹ for fear of losing future permanent residency or temporary visa opportunities.

Nationally it's estimated that approximately 646,000 legal residents may disenroll in Medicaid. Not only will this result in worse health outcomes and higher emergency room utilization rates but it could also result in community health centers losing approximately \$624 million in Medicaid revenue, with 538,000 fewer patients served due to less capacity, and potential loss of 6,100 medical jobs².

In an effort to support potentially impacted communities, OPHA encourages sharing this information. Benefits the federal government may consider when determining whether someone is a public charge (which makes it more difficult to get a green card) include:

- Non-emergency Oregon Health Plan (i.e., Medicaid) coverage for non-pregnant adults 21 and older
- Medicaid-funded long-term care
- Supplemental Nutrition Assistance Program (SNAP) or food stamps
- Federal, state or local cash assistance programs. This includes:
 - Supplemental Security Income (SSI)
 - Temporary Assistance for Needy Families (TANF)
 - Section 8 rental assistance (i.e., housing choice vouchers)
 - Project-based Section 8 housing and subsidized housing

The public charge rule does not apply to many federal and state programs, including but not limited to:

- Oregon Health Plan coverage for youth younger than 21 (i.e., Medicaid and the Children's Health Insurance Program, or CHIP).
- Oregon Health Plan coverage for people who are pregnant including 60 days after giving birth (i.e., Medicaid, Citizen-Alien Waived Emergent Medical (CAWEM) Plus, etc.)
- Oregon MothersCare (OMC)
- Emergency Oregon Health Plan coverage for people of all ages (i.e., CAWEM).
- Oregon's Cover All Kids

¹ Urban Institute. (2019, May). Well-Being and Basic Needs Survey. Retrieved from https://www.urban.org/sites/default/files/publication/100270/one_in_seven_adults_in_immigrant_families_reported_avoiding_publi_2.pdf

² Geiger Gibson / RCHN Community Health Foundation Research Collaborative. (2018, November). How Could the Public Charge Proposed Rule Affect Community Health Centers? Retrieved from [https://publichealth.gwu.edu/sites/default/files/downloads/GGRCHN/Public %20Charge%20Brief.pdf](https://publichealth.gwu.edu/sites/default/files/downloads/GGRCHN/Public%20Charge%20Brief.pdf)

- Special education services funded by the Individuals with Disabilities Education Act (IDEA) that Medicaid covers
- Early Head Start and Head Start/Oregon
- Employment Related Day-Care and child-care
- School based health services for school-aged children
- Free and reduced School Lunch Program (exception: the new rule would consider this if there was a referral to this program through SNAP).
- Women, Infants, and Children (WIC) supplemental nutrition
- Commercial health insurance premium subsidies through Oregon's Health Insurance
- Oregon Food Bank programs and services
- Older Americans Act (OAA) programs
- State-funded programs to aid older adults and people with disabilities (e.g., Oregon Project Independence).
- Medicare Part D Low-Income Subsidy (LIS).
- Many other health and social services programs not listed

Help is available in Oregon through the following:

- Call the Oregon Law Center-Legal Aid Services of Oregon Public Benefits Hotline: 1-800-520-5292.
- Find an immigration attorney at <https://oregonimmigrationresource.org/resources/>

As public health professionals, we do not turn our backs on people in need, and we do not intentionally set roadblocks to accessing services and assistance that promote health. At a time when our nation faces a declining life expectancy and growing health disparities, we cannot afford to discourage people from accessing basic health and nutrition services and limit housing options.

This rule is unconscionable, inequitable and should not stand.