

American Academy of Pediatrics
Georgia Chapter
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TO: U. S. Department of Homeland Security
FROM: Terri McFadden, MD, FAAP, President
DATE: December 10, 2018
RE: Comments on Proposed Rule on Inadmissibility on Public Charge Grounds, proposed Oct. 10, 2018, Urge withdrawal.

Dear Sir or Madam:

On behalf of the Georgia Chapter of the American Academy of Pediatrics, we urge the Department to withdraw its proposed change to the “public charge” rule because it will harm the health of children and adolescents, families and, for that matter, the economy of the state of Georgia

First and foremost, the proposed rule would discourage the use of public programs essential to children’s health including Medicaid and SNAP. The confusion and fear caused by the proposed rule will create a chilling effect on the use of these programs that will harm the health of thousands of children and families in our state. As the pediatricians who serve children in Georgia, we urge DHS to withdraw the proposed rule which puts parents in the impossible position of choosing between their keeping their families together and keeping their families healthy.

1. The proposed rule will harm the health of Georgia’s children by chilling the use of government programs essential to children’s health.

DHS proposes to deny some immigrants a green card or visa if they make typical use of public programs essential to health including Medicaid and SNAP by designating them a “public charge”.¹ Immigrants fearful for their immigration status will disenroll from these programs, as DHS acknowledges.² As pediatricians, we find it unacceptable that DHS’s analysis recognizes that the proposed rule will cause adults and children to forgo medical care and nutrition assistance but makes no mention of the harm to health such disenrollment will cause. To make matters worse, the Department has underestimated how many eligible people will disenroll. Based on research compiled by the Henry J. Kaiser Family Foundation (KFF), we expect fear and confusion about the proposed rule to have a chilling effect--causing a broader group of immigrants to disenroll than just those immediately affected.³ Based on studies of prior changes to immigration law and program eligibility,⁴ KFF projects the proposed rule will lead to Medicaid and CHIP⁵ disenrollment rates ranging from 15% to 35% among people in immigrant families. Our members report that immigrant families in their care are already worried and disenrolling their children from Medicaid, CHIP and SNAP.

The proposed rule would also make the growing problem of uninsured children in Georgia even worse. Georgia already ranks 48th among states in the number of uninsured children.⁶ Five percent of the nation’s uninsured children live in Georgia, although the state has just over 3% of the country’s population.⁷ Alarming, Georgia’s rate of uninsured children went up between 2016 and 2017 from 6.7% to 7.5%. According to our analysis, the chilling effect of the proposed rule would cause an additional **30,600 to 71,400 U.S. citizen children** from immigrant families in Georgia to disenroll in Medicaid and CHIP,⁸ and raise the number of uninsured children by between 22,950 and 53,550 (*see* Figure 1). The worst-case projection would leave one in four U.S. citizen children from an immigrant family in Georgia without health coverage of any kind.

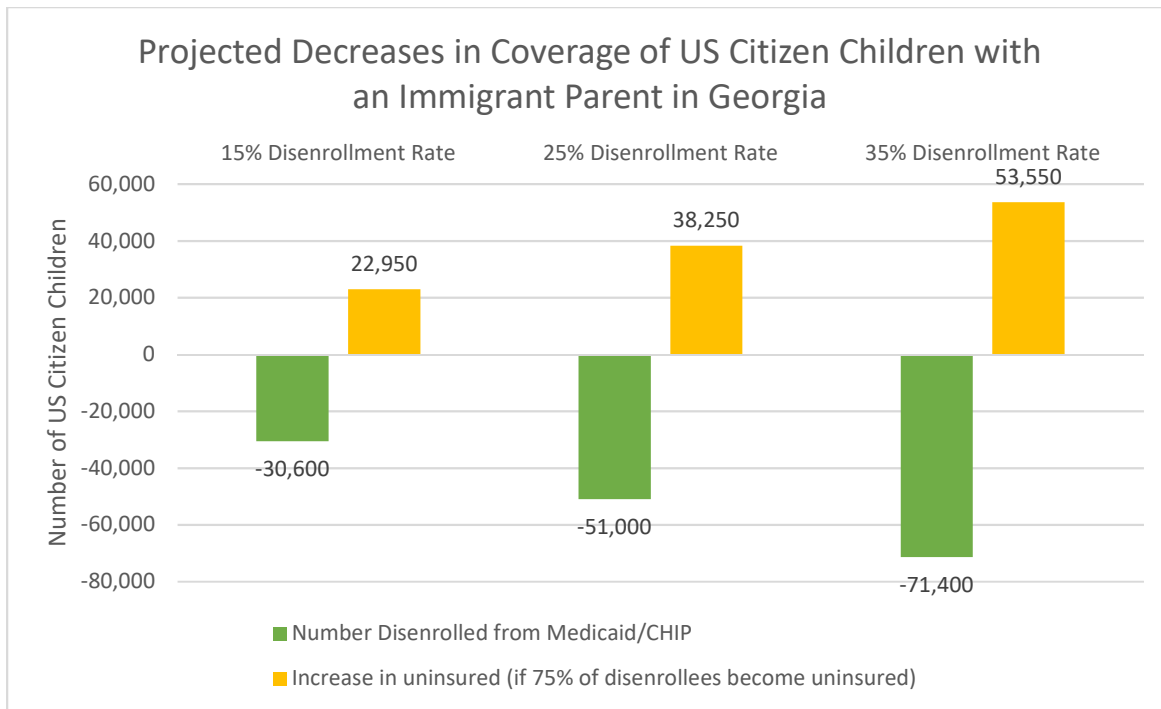


Figure 1 Analysis based on methodology described in “Potential Effects of Public Charge Changes on Health Coverage for Citizen Children,” Artiga, Damico and Garfield, Henry J. Kaiser Foundation Family Foundation May 2018 Issue Brief.⁹

Research shows and our experience as pediatricians tells us that Medicaid coverage greatly improves the health of children. Children with Medicaid or CHIP coverage are less likely to have suboptimal health and unmet medical needs and more likely to have a usual source of preventative care including a primary care physician than uninsured children.¹⁰ Medicaid coverage in childhood leads to healthier adults, improves educational outcomes (all the way through college), and decreases mortality in adulthood.¹¹ Conversely, studies have shown uninsured children in immigrant families “have higher odds of having no usual source of care, having no health care visits in a 2 year period, having high Emergency Department reliance and having unmet health care needs,” compared to their Medicaid-covered siblings.¹² Disenrollment from Medicaid/CHIP **will particularly endanger children with disabilities and special health care needs** from immigrant families in Georgia. Almost half of Georgia’s children with disabilities or special healthcare needs depend on Medicaid or CHIP for care.¹³ In addition to usual medical care, Medicaid/CHIP covers expensive but necessary treatment for children with special healthcare needs including behavioral health services; physical, occupational and/or speech therapy; and long-term care services that help these children remain at home with their families.¹⁴ Disenrollment from Medicaid/CHIP could mean life or death for this particularly fragile group of our patients. The proposed rule should be withdrawn because it will likely expose many children in Georgia to malnutrition and hunger. SNAP is the nation’s largest anti-hunger program helping millions of people afford a nutritionally adequate diet.¹⁵ We expect the proposed rule would have a similar chilling effect on participation in SNAP as is predicted for Medicaid/CHIP enrollment. In fact, service providers in Georgia report that immigrants started dropping from the SNAP roles in early 2017 in response to President Trump’s anti-immigrant policies.¹⁶ The children in our care often depend on SNAP to avoid malnourishment and hunger. SNAP benefits our patients tremendously. Recent studies show children born to poor women with access to food stamps have better health outcomes as adults and that, in particular, girls grow up to be more self-sufficient, than those without access.¹⁷ DHS’s acknowledgment that the proposed rule would result in the disenrollment of eligible immigrants from programs including

SNAP,¹⁸ runs directly contrary to Congress’s intent of making SNAP available to all eligible documented alien children.¹⁹

The proposed rule will further harm Georgia’s children by negatively impacting the health of their parents. A child’s health depends directly on the health of their parents and caregivers.²⁰ For example, maternal depression “has been shown to negatively impact young children’s cognitive and social-emotional development, as well as their educational and employment opportunities later.”²¹ More than half of children born into poverty have a mother who is experiencing some depressive symptoms, meaning the disenrollment of low-income moms from Medicaid as a result of this rule will harm their children. The children of uninsured parents are also more likely to be uninsured and are less likely to receive regular check-ups and other care.²² The proposed rule will also likely lead to the separation of immigrant parents found to be a “public charge” and their U.S. citizen children. Separation from parents has lifelong consequences for children who may experience toxic stress and trauma, both of which “has biological consequences on brain development in ways that are enduring for a lifetime.”²³

2. The proposed rule will do harm to Georgia’s hospitals, healthcare providers and broader economy.

The chilling effect on the use of federal health and nutrition programs which the proposed rule will create will also degrade Georgia’s healthcare infrastructure. Disenrollment from these programs, according to one study, will cause a loss of between \$139-\$323 million dollars in federal funds to the state of Georgia. (See Figure 2)²⁴ The vast majority of these lost disbursements will be the reduced federal funding of Medicaid and CHIP, which makes up 17% of Georgia’s budget.²⁵ The loss of this funding will particularly harm the healthcare systems and healthcare providers serving rural and low-income communities, which rely heavily on Medicaid and CHIP for survival. The chilling effect of the proposed rule will accelerate the healthcare crisis in rural Georgia where sixty-four of 159 counties have no pediatrician and nine have no doctor at all.²⁶ It will add to the failing rural hospital system where seven hospitals have closed in the last four years.²⁷ This loss of funding would damage Georgia’s economy by as much as \$612 million dollars and the loss of over 4,000 jobs.²⁸

Potential Economic Loss to Georgia			
Projected Impact of Proposed Rule	Lower Estimate (15% Disenrollment)	Middle Estimate (25% Disenrollment)	Higher Estimate (35% Disenrollment)
Loss of Federal Funds	\$139 million	\$231 million	\$323 million
Economic Ripple Effects	\$262 million	\$437 million	\$612 million
Jobs Lost	1,787	2,978	4,169

Figure 2 Reproduced with Permission from “Potential Changes to Public Charge Would Negatively Impact Georgia Families, Economy” Jennifer Owens, Georgia Budget and Policy Institute, November 1, 2018.²⁹

In conclusion, the Department’s proposed rule trades short-term cost savings in Medicaid, CHIP and SNAP participation with long-term harm to the health of Georgia’s children and its economy.³⁰ The Department’s focus on dollars and cents with disregard for the implications for the health and well-being of children violates essential American values held dear by the membership of the Georgia Chapter of the American Academy of Pediatrics. For the reasons set out above we respectfully ask the Department to withdraw the proposed rule for the sake of current and future generations of Georgians. In closing, we

want to acknowledge the contribution of Margaret Middleton, assistant clinical professor of law at Georgia State University whose research is utilized here and provided invaluable assistance in preparing this commentary. Thank you.

C: Governor Nathan Deal
Sen. Johnny Isakson
Sen. David Perdue

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¹ Inadmissibility on Public Charge Grounds, 83 Fed. Reg. 51114 (proposed October 10, 2018) (to be codified at 8 C.F.R. pts 103, 212, 213, 214, 245 and 248).

² Proposed rule at 51117.

³ “Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid” Artiga, Garfield and Damico, October 2018 Issue Brief published by the Henry J Kaiser Family Foundation at 3. Advocacy groups around the country report that they are already seeing the chilling effect of the rule, even though it has not been adopted. See e.g. reports of chilling effect from proposal of rule nationwide (<https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html?login=email&auth=login-email>), in Arizona (<https://www.azcentral.com/story/news/politics/immigration/2018/11/14/public-charge-rule-affect-200-000-arizonans-donald-trump-immigration/1989952002/>), California (<https://www.fresnobee.com/news/local/article219129850.html>), and Washington, Kansas and New York (<https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>). In Georgia service providers reported that the decline in SNAP enrollment started because of Trump’s anti-immigrant rhetoric even before the rule was announced. <https://www.myaic.com/news/breaking-news/wary-immigrants-georgia-drop-food-stamps/jV6ziVbq3zkB43gBQUxtjN/>.

⁴ Id.

⁵ The proposed rule does not propose that CHIP be included in the list of federal programs that would be included in the public charge analysis, but does ask that commenters address whether CHIP should be included. In our experience as pediatricians, parents rarely distinguish between CHIP and Medicaid, and we therefore expect the chilling effect on children’s enrollment in CHIP and Medicaid to be indistinguishable.

⁶ “Nations Progress on Children’s Health Coverage Reverses Course,” Joan Alker and Olivia Pham, Georgetown University Health Policy Institute Center for Children and Families November 2018. Hereinafter “Georgetown Report.” Available at https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf?utm_source=Voices+Master+List&utm_campaign=90c3421d41-EMAIL_CAMPAIGN_2018_11_29_01_43&utm_medium=email&utm_term=0_da24a184d9-90c3421d41-56400369

⁷ Georgetown report at 5 and Georgia and United States’ population estimates for 2017 provided by the US Census Bureau at <https://www.census.gov/en.html>.

⁸ Note that the proposed rule does not propose including CHIP enrollment in the revised public charge calculation, but does solicit comment on its inclusion. In the experience of our membership few parents know the difference between the Medicaid and CHIP programs and under which they are enrolled. Therefore, for the purposes of discussing the chilling effect on children’s healthcare enrollment we consider Medicaid and CHIP to be essentially the same program.

⁹ The author’s methodology was the same as that performed in the KFF brief with the following exception: the rate of uninsured children in Georgia in 2017 was sourced from “Children’s Health Coverage Reverses Course,” see endnote 7. Source of rates of uninsured children generally: “Health Insurance Coverage of Children 0-18” during 2016 provided by KFF at <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

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- ¹⁰ Flores, G., Lin, H., Walker, C., Lee, M., Currie, J. M., Allgeyer, R., Portillo, A., Henry, M., Fierro, M., ... Massey, K. (2017). The health and healthcare impact of providing insurance coverage to uninsured children: A prospective observational study. *BMC public health*, 17(1), 553. doi:10.1186/s12889-017-4363-z
- ¹¹ Wagnerman, Chester and Alker, "Medicaid is a Smart Investment in Children," Georgetown University Health Policy Institute Center for Children and Families, March 2017 at 1.
- ¹² PERCHESKI, C.; BZOSTEK, S. Public Health Insurance and Health Care Utilization for Children in Immigrant Families. *Maternal & Child Health Journal*, [s. l.], v. 21, n. 12, p. 2153–2160, 2017.
- ¹³ "Georgia Snapshot of Children's Coverage: How Medicaid, CHIP, and the ACA Cover Children," Georgetown University Health Policy Institute and American Academy of Pediatrics 2017 (available at <https://ccf.georgetown.edu/wp-content/uploads/2017/02/Georgia-Medicaid-CHIP-new-v2.pdf>).
- ¹⁴ Musumeci, Foutz "Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services and Spending," Kaiser Family Foundation Issue Brief published Feb. 22, 2018. (Available at <https://www.kff.org/medicaid/issue-brief/medicaids-role-for-children-with-special-health-care-needs-a-look-at-eligibility-services-and-spending/>)
- ¹⁵ "Policy Basics: The supplemental nutrition assistance program (SNAP)", Center on Budget and Policy Priorities, updated February 13, 2018 (available at <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap>).
- ¹⁶ Schneider and Redmon, "Wary immigrants in Georgia drop food stamps," Atlanta Journal-Constitution, April 24, 2017 (available at <https://www.myajc.com/news/breaking-news/wary-immigrants-georgia-drop-food-stamps/jV6ziVbq3zkB43gBQUxtjN/>)
- ¹⁷ Baumgaertner, "Spooked by Trump Proposals, Immigrants Abandon Public Nutrition Services," New York Times, March 6, 2018. (<https://www.nytimes.com/2018/03/06/us/politics/trump-immigrants-public-nutrition-services.html?login=email&auth=login-email>)
- ¹⁸ Proposed Rule at 51117 "Individuals may make a choice due to concern about the consequences to that person receiving public benefits...even if such individuals are otherwise eligible to receive benefits." The text of the proposed rule does not acknowledge that the chilling effect is likely to spread far beyond those to whom the proposed rule applies.
- ¹⁹ In The Farm Security and Rural Investment Act of 2002 (the 2002 Farm Bill) congress restored eligibility for food stamps (now known as SNAP) to qualified alien adults and all qualified alien children under 18. "A short history of SNAP," US Department of Agriculture Food and Nutrition Service (available at <https://www.fns.usda.gov/snap/short-history-snap#2002>).
- ²⁰ "Health Coverage for Parents and Caregivers Helps Children" Georgetown University Health Policy Institute Center for Children and Families, March 2017.
- ²¹ Id.
- ²² Id.
- ²³ Santhanam, Laura "How the toxic stress of family separation can harm a child," PBS News Hour, June 18, 2018. (available at <https://www.pbs.org/newshour/health/how-the-toxic-stress-of-family-separation-can-harm-a-child>).
- ²⁴ Jennifer Owens, "Potential Changes to Public Charge Would Negatively Impact Georgia Families, Economy," Georgia Budget and Policy Institute, November 1, 2018 available at <https://gbpi.org/2018/proposed-changes-to-public-charge-rule-could-have-significant-impact-on-georgia-families-economy/>
- ²⁵ Tharpe, Wesley "Georgia State Budget Overview for Fiscal Year 2018," Georgia Budget and Policy Institute available at (<https://gbpi.org/2017/georgia-state-budget-overview-fiscal-year-2018/>).
- ²⁶ Ariel Hart, "Georgia faces rural doctor shortage," Atlanta Journal Constitution, August 17, 2018. (available at <https://www.ajc.com/news/state--regional-govt--politics/georgia-faces-rural-doctor-shortage/JqAwfs1SLiqCwVNronKScM/>)
- ²⁷ Hart, Ariel "Another Georgia hospital to shut down," Atlanta Journal Constitution, April 28, 2017. (Available at <https://www.ajc.com/news/another-georgia-hospital-shut-down/Y4dNyTh8bZ8uA0ZyNnqR2L/>)
- ²⁸ See Figure 2.
- ²⁹ Id.
- ³⁰ Brown, et al., Medicaid as an Investment in Children: What is the Long-Term Impact on Tax Receipts?, National Bureau of Economic Research, Working Paper 20835, January 2015 (finding that children who participated in Medicaid expansion paid more in cumulative taxes by 28, collected less in EITC payments and the women had higher cumulative wages by age 28) (available at <https://www.nber.org/papers/w20835.pdf>).