



Getting Medicare right

December 10, 2018

VIA ELECTRONIC SUBMISSION

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, DC 20529-2140

**Re: DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds**

Dear Chief Deshommes:

The Medicare Rights Center (Medicare Rights) appreciates the opportunity to comment on the proposed changes to the “public charge” rule. Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Medicare Rights provides services and resources to three million people with Medicare, family caregivers, and professionals each year.

Medicare is a strong, vibrant program that helps preserve the health and economic security for millions. While Medicare is not solely targeted toward low-income beneficiaries, it serves many people who can need assistance affording out-of-pocket costs in the program. One in three people with Medicare Part D coverage (12 million) rely on the Low-Income Subsidy (“Extra Help”) to afford their premiums and high out-of-pocket prescription costs. One in five people with Medicare (11.7 million) rely on Medicaid to afford their monthly Part B Medicare premiums or cost-sharing. Nearly 12 million older adults and people with disabilities are enrolled in both Medicare and Medicaid.

The “public charge” assessment allows the Department of Homeland Security (DHS) to review an immigrant’s request to enter the United States or to get a green card to determine if they are likely to become primarily dependent on government benefit programs. Currently, this assessment includes only the receipt of cash benefits and institutional long-term care. The proposed rule would extend this assessment and penalize people with even modest use of vital

programs like Medicaid, housing assistance, SNAP (Supplemental Nutrition Assistance Program, formerly Food Stamps), and Medicare Extra Help. This means a dramatic increase in both the scope and punitive effect of public charge. The proposal also includes penalties for being over 61 or having a disability. This is unfair targeting of older adults and people with disabilities, along with their families, who are on the path to citizenship. Because of this, we strongly oppose the proposed rule and we urge DHS to withdraw the rule in its entirety.

Expanding the public charge definition puts older adults and people with disabilities at risk of having to choose between their immigration status and their health, food, or having a roof over their heads—an unacceptable choice. Medicaid is particularly critical to helping people with disabilities, including older adults, live in the community because it covers services and equipment that private insurance does not, such as personal and attendant care services, durable medical equipment, and supportive housing services. We must not put access to vital programs at risk or discourage enrollment in public benefits that serve to keep older adults and people with disabilities healthy, together with their families, and safe in their homes.

Medicare Rights operates a national helpline that receives calls from people in all walks of life, from every income level, and in all stages of immigration. During the past few months, we have increasingly seen calls from people worried about joining Medicare, Medicaid, or a Medicare Savings Program or Low-Income Subsidy because of fears of this new public charge proposal. The chilling effect this proposed rule has had on public programs is real, and it is leading to eligible people losing access to vital programs that can help preserve their health and economic security. Such effects are not isolated to immigrant families. A chilling effect that causes older adults and their families to forgo needed health care puts general public health at risk as well.

Older adults and people with disabilities enrich our communities and contribute meaningfully to our economy, our culture, and our lives. We must recognize the value of intergenerational families and the critical role family plays in child care, other family caregiving, and household support rather than reject individuals as a burden because of their age, health needs, and language ability. A new estimate shows that nearly 75 percent of people age 62 and older seeking legal permanent residence would have two or more of the proposed negative factors count against them—meaning older adults would be at greater risk of being denied green cards.<sup>1</sup>

Moreover, the proposed rule threatens the well-being of millions of older adults and people with disabilities who rely on direct care workers for critical assistance at a time when our nation is facing unprecedented growth in our senior population due to the aging of the baby boomers. One in four direct care workers are immigrants<sup>2</sup>, and their jobs often leave them below the proposed rules' new income threshold and reliant on programs like Medicaid or SNAP. The proposed changes to the public charge rule risks suppressing entry into caregiving jobs at a time when the workforce most needs bolstering.

For the reasons detailed above, DHS should immediately withdraw this proposal. Communities thrive when every member of the community, including older adults and people with disabilities,

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<sup>1</sup> Migration Policy Institute, Gauging the Impact of DHS' Proposed Public-Charge Rule on U.S. Immigration (November 2018), <https://www.migrationpolicy.org/research/impact-dhs-public-charge-rule-immigration>.

<sup>2</sup> PHI, Immigrants and the Direct Care Workforce (June 2017), <https://phinational.org/wp-content/uploads/2017/06/Immigrants-and-the-Direct-Care-Workforce-PHI-June-2017.pdf>.

can get the care, services, and supports they need to remain healthy and productive. We look forward to working together to advance policies that protect and strengthen this well-being and economic security. For additional information, please contact Lindsey Copeland, Federal Policy Director at [LCopeland@medicarerights.org](mailto:LCopeland@medicarerights.org) or 202-637-0961 and Julie Carter, Senior Federal Policy Associate at [JCarter@medicarerights.org](mailto:JCarter@medicarerights.org) or 202-637-0962.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Baker". The signature is fluid and cursive, with the first name "Joe" being more prominent than the last name "Baker".

Joe Baker  
President  
Medicare Rights Center