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December 7, 2018

Ms. 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

Docket No. USCIS–2010–0012

Dear Ms. Deshommes:

On behalf of the University of California (UC) system, we write to strongly oppose the U.S. Department of Homeland Security's (DHS) proposed rule (Docket No. USCIS–2010–0012) to expand the list of federally-financed public benefits that could be considered in a lawful immigrant's "public charge" inadmissibility determination.

DHS's proposed expansion of the public charge definition penalizes lawful immigrants for accessing medical care, nutrition assistance, housing assistance, and other vital benefits for which they are eligible by jeopardizing their ability to remain on the path towards United States (U.S.) citizenship. The proposal is antithetical to the University's mission as a public institution and its commitment to protect public health and safety and to promote education and research opportunities for a diverse community of University faculty, students, and employees for the benefit of the people of California and beyond.

The proposed rule contradicts and undermines the capacity of the University of California Health system (UC Health) to fulfill its tripartite mission of providing high-quality patient care, training the next generation of clinicians, and innovating medical cures. Comprised of five nationally ranked academic medical centers at Davis, Irvine, Los Angeles, San Diego, and San Francisco, each of UC Health's medical centers is a vital safety net provider that meets Medicaid and Medicare Disproportionate Share Hospital (DSH) eligibility criteria. Throughout the UC Health system, Medicaid is the most common payer followed by Medicare: 60 percent of UC Health's patient population is uninsured or enrolled in Medicare or Medicaid (Medi-Cal), and UC Health delivers hundreds of millions of dollars of charity care and undercompensated care annually. UC Health provides high-quality, timely care for all patients who seek treatment, regardless of ability to pay or immigration status. As some of California's top ranked tertiary and quaternary providers of health care services, we see numerous patients of a high medical acuity, and it is imperative that these patients obtain timely medical care.

The University urges DHS not to expand the definition of public charge to include non-emergency Medicaid benefits or low-income seniors' receipt of subsidies to purchase Medicare Part D drugs. The University is concerned that, if implemented, this proposed rule could discourage many patients from accessing medical care, for fear that doing so might jeopardize their immigration status. As acknowledged by DHS, delaying or foregoing care could ultimately lead to adverse and costly health outcomes for patients, including greater prevalence of communicable diseases, reduced prescription adherence, and increased usage of emergency rooms and emergent care arising from a delay in treatment. For the same reason, UC Health does not support expanding the definition of public charge to include Children's Health Insurance Program (CHIP) benefits. Children, like adults, can only thrive when they have access to non-emergency medical care.

This proposed rule could also undermine UC Health's efforts to attract the best and brightest students to study, train, and research at its 18 health professional schools and eight hospitals. Possessing some of the United States' and the world's highest ranked residency programs and medical and health science schools, UC Health is a magnet for the world's most talented medical and health science students, biomedical researchers, and physicians, many of whom seek to stay in the United States to advance biomedical research and practice medicine. Today, more than 25 percent of physicians currently practicing in the United States are foreign-born.[1] UC Health similarly attracts — and benefits from — great diversity, including residents and medical students from all over the world. For example, 2017-18 academic year enrollment data for California's medical schools shows that UC Health's medical schools enrolled 223 of the state's 326 first-year medical students who belong to ethnic groups deemed under-represented in medicine (UIM).[2] Today, half of California's medical residents are trained at UC Health medical centers. UC Health's investment in medical students and residents is a long-term investment that directly benefits Californians, with 70 percent of physicians trained in California remaining in California once licensed to independently practice medicine.[3]

UC is also concerned that the expansion of monetizable benefits in the proposed rule (8 CFR 212.24) would include basic need programs such as the Supplemental Nutrition Assistance Program (SNAP), which provides nutrition benefits to low-income households. While UC does not provide SNAP benefits, the University does provide services in California related to two federal nutrition-education programs, the Expanded Food and Nutrition Education Program (EFNEP) and SNAP-Ed, known as the UC CalFresh Nutrition Education Program,[4] which together serve low-income households in 40 of California's counties.

The primary purpose of SNAP-Ed and EFNEP, which are the nation's largest federal nutrition education programs, is to assist individuals and families with learning how to eat healthfully on a limited budget.

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[1] The American Medical Association reported in May 2017 that there are 230,000 foreign born physicians, which represents over one-quarter of the physician workforce, treating patients in the United States.

[2] *See* California Medical Schools, First Year Class Enrollments 2000-2018, Under-Represented In Medicine. UIM groups include: American Indian/Alaskan Native, Black/African-American, Hispanic/Latino, Native Hawaiian/Other Pacific Islander (+Filipino), and Multiple Races.

[3] *See* Association of American Medical Colleges 2017 State Physician Workforce Data Report, Figures 4.1 at p. 56 and Figure 4.3 at p. 61, at https://members.aamc.org/ewcb/upload/2017%20State%20Physician%20Workforce%20Data%20Report.pdf. California leads other states in its physician retention rate. As many as 70 percent of physicians who received undergraduate medical education (UGME) at a California institution, and as many as 70 percent of physicians who received Graduate Medical Education (GME) from a California institution, later independently practice medicine in California.

[4] UC acts as one of five Supplemental Nutrition Assistance Program Education (SNAP-Ed) State Implementing Agencies in California.

Healthier diets are closely associated with the prevention of obesity and its severe medical, psychological, and social consequences — and their associated health care costs. More than two-thirds of adults and nearly one-third of children and youth are overweight or obese. These high rates of overweight and obesity and chronic disease have persisted for more than two decades and come not only with increased health risks, but also at high cost. In 2008, the medical costs associated with obesity were estimated to be $147 billion. In 2012, the total estimated cost of diagnosed diabetes was $245 billion, including $176 billion in direct medical costs and $69 billion in decreased productivity.[5] Research has shown that for every $1 spent on California EFNEP and SNAP-Ed, $8.34 in health care costs are saved.[6]

While participation in SNAP is not a prerequisite to participating in SNAP-Ed or EFNEP nutrition education programs, UC is concerned that the inclusion of SNAP benefits in the proposed rule could lead participants in SNAP-Ed and EFNEP programs to believe that their participation could be considered in a public charge determination, and therefore, impact their ability to seek any future changes to their immigration status. Taking any step that would discourage an eligible participant from benefitting from nutrition education programs could ultimately reduce participation in SNAP-Ed and EFNEP, thereby reducing nutrition and health outcomes, and increasing our nation's already high health care costs.

UC is also concerned that the proposed rule would reduce access to SNAP benefits, thereby increasing food insecurity for families and children. In addition, because the ability to offer nutrition education services depends on participation and interested families may be fearful of completing any paperwork necessary to participate in such programs, including the National School Lunch Program, the proposed rule could lead to a reduction in eligible sites offering SNAP-Ed and EFNEP services. UC urges DHS not to expand the definition of public charge to include SNAP benefits. The proposed rule fails to account for the nexus between expanding public charge to include SNAP benefits, and the potential for even many non-SNAP enrollees to forego participation in SNAP-Ed and EFNEP nutrition education services, for fear that they too could be implicated in a public charge determination.

The University is also concerned that the proposed rule could further diminish international student enrollment by erecting barriers to studying in the United States. In recent years, we have seen a decline in international students applying to participate in undergraduate and graduate studies in the United States, with the number of international students enrolled at U.S. universities declining by approximately 4 percent between 2016-17.[7] We are concerned that the proposed rule could further depress international collaboration by discouraging students and scholars from pursuing international studies, as well as from accessing public benefits for which they are eligible, for fear of reprisal or becoming inadmissible under a public charge determination.

The University supports students having uninterrupted access to medical services when studying or working at our campuses. The United States government requires foreign students, post-doctoral students, and researchers seeking to study or work in the United States to show proof of existing health insurance coverage when making a visa application. However, we are aware that upon arriving in the United States,

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[5] *See* Dietary Guidelines For Americans 2015-2020, Eighth Edition, U.S. Department of Health and Human Services, at: https://health.gov/dietaryguidelines/2015/guidelines/introduction/nutrition-and-health-are-closely-related/.

[6] *See* University of California, Agriculture and Natural Resources, California Agriculture, Cost-benefit analysis conducted for nutrition education in California, at: http://calag.ucanr.edu/archive/?article=ca.v060n04p185.

[7] National Science Foundation - National Science Board, Science & Engineering Indicators 2018 https://www.nsf.gov/statistics/2018/nsb20181/assets/561/tables/tt02-10.pdf

some of these visa holders may find themselves unable to acquire private health insurance coverage from U.S. issuers if they suffer from a pre-existing medical condition. Consequently, it is critical that by default these foreign students and scholars be encouraged to access medical services via Medicaid, if eligible. Expanding the definition of public charge to include non-emergency Medicaid services could preclude these individuals from seeking medical care.

We ask for your thoughtful consideration of the concerns we have shared. If you have any questions or concerns about this comment letter, please contact Chris Harrington, Associate Vice President in UC's Office of Federal Governmental Relations, at Chris.Harrington@ucdc.edu or (202) 974-6300.

Yours very truly,

Janet Napolitano
President

John D. Stobo, M.D.
Executive Vice President, UC Health

Glenda Humiston
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cc: Chancellor Carol Christ
Chancellor Gary May
Chancellor Howard Gillman
Chancellor Gene Block
Chancellor Dorothy Leland
Chancellor Kim Wilcox
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