

# Public Charge Media Talking Points

Revised September 30, 2019



## Community Health Centers

- California's 1,330 community health centers treat 6.9 million patients – that's 1 in 6 Californians.
- For decades, community health centers have provided care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances. Our goal is a healthy community, and that requires universal access to primary care services.
- We want to reassure our patients that community health centers will remain a safe space for everyone to seek services and California's community health centers maintain their commitment to serve everyone – no matter their immigration status.

## Changes to Public Charge

- The final rule amends the definition of “public charge” to a person who uses or receives one or more specified public benefits for at least 12 months in a 36-month period and would expand the public benefit programs currently considered in the public charge determination.
- While the final rule provides clarification that a person applying to adjust or change their status, or seeking to obtain a green card will NOT be penalized if family members use public benefits, we are deeply concerned that the rule penalizes immigrants for using lifesaving public benefit programs such as Medicaid and SNAP.
- Moreover it discourages them from accessing more than one program at a time since receiving two benefits in one month counts as 2 months of benefits.
  - This means that if a person uses SNAP and Medicaid for 6 months, they would reach the 12 month limit within half the year.

## Impact to Health Centers

- Since the leaked executive order on public charge, California's health centers have reported an increase in mental health concerns in our patient population.
  - At my health center providers and staff have seen [please include any MH impact you've seen in patients].
- **We understand from patient activity in our health centers that the chilling effect of these changes has already been driving entire families away from enrolling in programs (or compelling them to dis-enroll from programs).**
- When immigrant families no longer enroll in public benefits, they will need to rely on state/ local public health and other under-resourced systems, at a significant cost to states and localities.
  - Some examples of this would be increased utilization of emergency rooms as a form of primary health care or delaying treatment until medical conditions are more severe and more costly to treat.
- If the policy changes go into effect, it will no longer be possible to assure patients that using Medicaid or other health benefits won't affect their ability to adjust their immigration status.

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- Clearly the rule is increasing access barriers to healthcare for immigrant. At my health center we've seen a decline in use of [INSERT ANY DATA ON LOWER USE OF SERVICES BY PATIENTS].
- We are also concerned about the financial impact that this rule is likely to have on my health center [INSERT ESTIMATED FISCAL IMPACT IF YOU HAVE ONE]. Already we've had to reallocate hours of our staff's time to learning more about the rule and helping to explain the nuances to patients.

## Importance of Immigrants

- The people impacted by changes to public charge are our colleagues, our neighbors and our friends.
- These individuals contribute to our society and this Administration's inability to recognize that will hurt all of us in the end.
- Our immigrant population makes up a large portion of the workforce and pays billions of dollars in taxes each year.
  - As a crucial part of our workforce, we need to ensure that our immigrant and migrant workers continue to have access to public benefit programs, like healthcare, without threatening their ability to become a legal permanent resident.
- California has worked hard to protect our immigrant communities, and changes to the public charge rule will undermine these protections.
- It is vital that our patients and their families continue to access medical care and other social services without fear of adverse immigration consequences as healthy families are better able to assimilate and contribute to the U.S. economy
- We are troubled that the final public charge rule will punish low-income individuals who are seeking to adjust their status, thus if they choose to deny themselves public benefits they may still be deemed public charges and unable to adjust their status.
- We understand from patient activity in our health centers that the chilling effect of these changes will drive entire families away from enrolling in programs (or compel them to dis-enroll from programs) that help them stay healthy and pay for medical care at community health centers, even if they are eligible for programs.
- Not only will the expansion of public charge deter many immigrants from accessing public programs, but it will deter parents from enrolling their children, including children with legal immigrant status, in services for which their legally eligible, even if the rules do not apply to them.