



# CHC ANYS

Community Health Care Association of New York State

**Impact of PUBLIC CHARGE  
ON NEW YORK STATE HEALTH CENTERS and Patients  
UPDATED August 2019**

**Overview: What is public charge, and what is in the final rule?**

- The US Department of Homeland Security (DHS) assesses individuals seeking admission to the US or applying for a green card to determine if they would be a “public charge.” In the final rule, a public charge is defined as an individual “who receives one or more public benefit for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two public benefits in one month counts as two months).”
- The public charge test **only applies to individuals applying to enter the US, applying to become a lawful permanent resident (green card),** or to green card holders who leave the US for over 6 months consecutively and seek to return to the US.
  - The public charge test does not apply to refugees, asylees, survivors of trafficking, self-petitioners under the Violence Against Women Act, and special immigrant juveniles.
- Individuals who are considered a public charge may be **denied entry to the US or denied a green card.**
- The final rule expands benefits considered under public charge determination, including: non-emergency **Medicaid, “SNAP” (also known as “food stamps”), and Section 8 housing assistance.** Supplemental Security Income (SSI) and TANF (sometimes referred to as “welfare”) are already considered in public charge determination and will continue to be considered under the proposed changes.
- Please note that CHIP, use of health center services (including sliding fee scale), and participation in WIC **are not factors in a public charge determination.**
- However, a person does not have to have used benefits to be deemed likely to become a public charge. Individuals also come under a “totality of circumstances test” whereas the following factors may be weighed against an applicant:
  - Age (less than 18 or over 61, weighted negatively)
  - Health (diagnosed medical conditions affecting ability to work/study, or those that require institutionalization now or in the future, weighted negatively)
  - Family (household size)
  - Financial resources (income less than 125% FPL weighted negatively)
  - Skills and work experience (including English proficiency, education level, and caretaker status)
- There are some **exceptions to the public charge determination test:**
  - Medicaid services received for an emergency medical condition
  - Health benefits received by a person under 21 years of age
  - Health benefits received by a person during pregnancy and for 60 days following birth
  - Benefits received by active duty and reserve members of the armed forces, their spouses, and children under 21
  - Benefits received while a person was exempt from public charge (i.e. DACA recipients, TPS holders, etc.)



# CHCANYS

Community Health Care Association of New York State

## NYS Health Center Facts

- Health centers serve patients regardless of their immigration status, language spoken, income level, or insurance status.
- NYS health centers serve **2.3 million patients** annually, **59%** of whom are enrolled in Medicaid/CHIP.
- Medicaid & CHIP make up about **53%** of NYS health center revenue.
- About **20% of NYS Medicaid enrollees live in a family with at least one non-citizen.**

## Impacts to NYS Health Centers

- NY FQHCs are increasingly worried about the **chilling effects** of the final rule, whereas individuals who are not subject to public charge drop benefits or do not re-enroll in benefits they are eligible due to fear or confusion surrounding the final rule.
- CHCANYS estimates that **20%** of NYS residents in families with at least one noncitizen will **disenroll** from Medicaid.

**Due in part to the chilling effects, in one year, NYS health centers could see as many as 95,000 former Medicaid enrollees become uninsured, with projected Medicaid revenue losses topping \$100,000,000.**

- Over half of NYS health centers that responded to a CHCANYS survey have already reported **an increase in the number of individuals who are eligible but not enrolling** in Medicaid, SNAP, Section 8 Housing, and WIC due to concerns over deportation, inability to attain a green card, or inability to sponsor a loved one to attain legal permanent status.
- Some NYS health centers have already reported that **parents have refused benefits for their citizen children**, fearing for their own ability to gain legal permanent status or the ability for other children in the family to gain legal permanent status.
- NYS health centers have reported that the proposed changes to public charge have stoked fears over accessing Medicaid benefits, leading to:
  - **decreases in early access to prenatal care** among expecting immigrant mothers, and;
  - **decreased medication adherence rates**, including among high need populations (such as individuals with HIV).
- Fears over **deportation** have also led to:
  - **increased behavioral health needs** and corresponding challenges, such as poor performance in school among children and sleep disturbance;
  - **food insecurity, and;**
  - **housing instability.**