



CHC NYS

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.)



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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.**