

Impacts of Implementation of Proposed Public Charge Rule Asian Health Services Community Health Center July 24, 2019

Background

Asian Health Services, founded in 1974, provides health, social, and advocacy services for all regardless of income, insurance status, immigration status, language, or culture. Our approach to wellbeing focuses on "whole patient health," which is why we provide more than primary care services, including mental health, case management, nutrition, and dental care to 29,000 patients in English and over 14 Asian languages: Cantonese, Vietnamese, Mandarin, Khmer, Korean, Tagalog, Mien, Lao, Mongolian, Karen, Karenni, Arabic, ASL, and Burmese.

- 29,000 patients served annually.
- 14 languages and cultures.

Burden

- Outreach, training, and intensive education required to prepare for and implement the proposed public charge rule should it be published.
- Creates significant diversion from essential patient care, costs significant resources and time.
- Already the threat of the proposed rule has required training of 450+ providers and staff. Actual
 implementation would require more training; and
- **Hundreds** of group sessions, one-on-one meetings, patient leadership groups, all staff meetings, patient town halls.
- Translation required of materials into 14 languages and cultures.
- Professional Legal Support required on site and in language and in culture. To mitigate fear and
 cost and increase effectiveness, data and experience has proven the necessity of providing in
 language and in culture legal workshops and assistance on-site at the health center sites.
- Staff training to try to mitigate fear and stress. To work with patients counsel them, support them, and in some instances, try to divert them from withdrawing from care and avoiding treatment.
- Intensive training of clinical and support staff to address the effects of an environment of heightened threats to access to care, family unity, and safety.

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