

October 16, 2019

RIN 1125-AA84: Inadmissibility and Deportability on Public Charge Grounds Testimony in opposition

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Comments

- Hennepin Healthcare System is one of the largest safety-net hospital systems in the country. Almost half of the patients served at Hennepin Healthcare System (hospitals and clinics) are covered by Medicaid, many of whom face complicating factors such as immigration status, chronic disease, deep poverty, homelessness, food insecurity, serious mental illnesses, and substance use disorders.
- The public charge deportation proposal poses new threats to the health and well-being of our patients and their families who are legally present in the United States, when individuals lack what they need to survive, there is a cascade effect into the larger community.
- It also poses a significant threat to the financial stability of Hennepin Healthcare System which is already operating at a negative margin. We understand that very few people are actually effected by the proposal, and the proposed rule does not alter eligibility for Medicaid, it does create an extreme consequence for using Medicaid for certain lawful immigrants.
- While we are relieved that the courts have stopped the implementation of the broader DHS public charge rule, in many ways, the damage has been done.
- It's quite clear that the DOJ has not considered a number of factors, including that using deportation to threaten legal immigrants will decrease enrollment in public programs, as has already been shown in some studies, the costs to our hospital systems in loss revenue and increasing costs of uncompensated care.
- Public charge proposals are yet another confusing proposal added on top of layer after layer of confusing proposals. It is extremely challenging for anyone to wade through the various proposals, ideas, rumors, executive orders and more that are being shared in the media, in communities, on the internet, and more.
- Professionals, immigrants, advocates and others are inundated with proposals that are complex and difficult to understand, and have dire consequences for families. We've extended tremendous resource and capacity to educate patients and staff to ensure correct information is available on this issue, despite these efforts, many are too fearful to trust their participation in any programs designed to help them will not result in consequences to their status.

I'd like to let Dr. David Hilden and Dr. Maria Svetaz share their perspectives. We have included in our submitted testimony the citations.