



The Society for Adolescent Health and Medicine (SAHM) submits these comments to express our strong opposition to the Department of Homeland Security's (DHS) Notice of Proposed Rulemaking (NPRM or proposed rule), **Inadmissibility on Public Charge Grounds**, published in the Federal Register on October 10, 2018. **SAHM urges DHS to withdraw the proposed rule.**

The proposed public charge rule that would force millions of children, adolescents, and families to disenroll from vital programs including non-emergency Medicaid, housing assistance such as Section 8 housing vouchers, and food resources through the Supplemental Nutrition Assistance Program (SNAP). These programs are vital to the health and wellbeing of the young people we care for and disenrollment will have severe long-term consequences on their health and wellbeing.

Founded in 1968, the Society for Adolescent Health and Medicine (SAHM) is a multidisciplinary organization committed to improving the physical and psychosocial health and well-being of all adolescents and young adults through advocacy, clinical care, health promotion, health service delivery, professional development and research. SAHM members are advocates for health policy issues that affect the lives of adolescents. Through its ongoing efforts, SAHM is committed to ensuring the highest standards of care for adolescents and young adults; creating greater awareness of the health issues affecting this special population among health and other professionals, policymakers and youth-serving organizations; and helping parents understand the health care needs of their adolescents and young adults.

Given SAHM's mission, we write to make clear our position that the use of Medicaid/CHIP and other public programs as an obstacle to establishing legal residency or citizenship is harmful to adolescents and young adults in immigrant families. SAHM believes that use of Medicaid, CHIP, nutrition, and other programs should be irrelevant when considering a person's potential as an aspiring American. In fact, the growth of Medicaid, CHIP and other public programs in the past few years point more to the real underlying problem—that millions of families who work and live in poverty and need health insurance. Undermining use of health insurance programs, as the proposed rule does, runs directly counter to SAHM's long standing position that adolescents and young adults need affordable access to health care.¹ Adolescence is a period of unique opportunity to prevent health conditions and high-risk behaviors with life-long implications for individuals and for society. Health care services play a key role in primary prevention of costly health problems including obesity, smoking, HIV, and unplanned pregnancy. Health care services are critical to young people with chronic conditions to effectively manage their health as they transition to adulthood.

Adolescents lack health insurance at higher rates than younger children, and young adults have the lowest rate of insurance over the lifespan.² For those who are poor and in immigrant families the likelihood of being without health insurance is even higher. Young adults living in poverty are the most severely affected, with

¹ Society for Adolescent Health and Medicine. Health Care Reform and Adolescents—An Agenda for the Lifespan: A Position Paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*. September 2009; Volume 45, Issue 3, Pages 310–315.

² Kaiser Family Foundation. *Uninsured Young Adults: A Profile and Overview of Coverage Options*. Washington, DC, Kaiser Family Foundation; 2008. Web. 7 December 2018 accessed.

nearly half being uninsured.³ Further undermining their participation due to fear of jeopardizing immigration status is likely to have a disproportionate effect on the health of this age group.

Implementing the proposed rule would have disastrous effects from a public health perspective, undermining access to basic health, nutrition, and other critical programs for immigrant youth and their families. It would make child poverty worse by discouraging enrollment in programs that address health, hunger and economic security, with profound consequences on families' well-being and long-term success.

The Anne e. Casey Foundation's "Race for Results" report highlights the magnitude of the problem: "The majority of the 18 million children in immigrant families in the US are children of color. Those children face obstacles to opportunities, including poverty, lack of health insurance, parents with lower levels of educational attainment, substandard housing, and language barriers. *Most vulnerable are the 5.5 million children who reside with at least one unauthorized immigrant parent.*"⁴ Mixed-status families are those weaved with different immigration status, mixing US-born children and adolescents with some that were brought to the US as children or babies. That creates a tension for the parents supporting those families: parents will distribute their resources equally among those children, regardless if the child is a citizen or not. Research shows that those children reach citizenship status through a variety of venues in an average of 12 years, meaning that our future citizens will get there with higher deprivation, stronger hardship, and fewer opportunities during vital years of their development. This is not the matrix of a great US future.

Research shows that policies that reduce coverage have negative health effects, particularly for low-income families and people with chronic health conditions.⁵ The Medicaid program, as with all forms of health insurance, helps provide families with financial peace of mind and protection from unexpected financial disasters. With health coverage, people are more willing to access preventive and primary care that they otherwise could not afford and are spared some of the anxiety and concern about unexpected medical bills.

Children who have coverage are more likely to get medical care for "common childhood conditions, such as sore throat, or for emergencies, such as a ruptured appendix."⁶ Children with health coverage have a higher survival rates during emergencies than children who are uninsured.⁷ Research studies show that Medicaid coverage is effective in reducing infant and teen mortality.⁸ People with coverage also report improved mental health, and reduced clinical depression compared to people who are uninsured.⁹ Driving people away from using mental health services is a mistake, particularly for patients who are already dealing with exposure to violence, stresses of poverty and who are living in neighborhoods that are severely under-resourced. For such children, there are lifelong consequences of mental health issues that are not addressed. Not only would the proposed rule deter immigrants and their families from enrolling in Medicaid, even when they are legally entitled to do so, it would also have the effect of weakening the healthcare delivery system in many communities with far reaching consequences.¹⁰

³ Ibid

⁴ The Annie E. Casey Foundation. Race to Results: building opportunity for all children. Baltimore; Annie E. Casey Foundation, 2014. Web. 07 December 2018 accessed.

⁵ Sommers BD, Gawande AA, Baicker K. Health Insurance Coverage and Health—What the Recent Evidence Tells Us. *N Engl J Med* 2017; 377:586-593. DOI: 10.1056/NEJMs1706645.

⁶ Paradise J. Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid. Henry J. Kaiser Family Foundation, March 23, 2017.

⁷ Ibid

⁸ Ibid

⁹ Ibid

¹⁰ Orris A, Grady A, Mann C. Public Charge Rule Would Have Significant, Negative Impact on Immigrants' Health Care and the Safety-Net Delivery System. Commonwealth Fund, November 20, 2018.

Finally, the use of health insurance, nutrition, and housing programs to limit immigration is a radical departure from longstanding immigration policy and is unjust and inhumane and will worsen already existing health disparities. The proposed rule is in direct contrast to SAHM's position that policy makers should establish policies and best practices that promote health among diverse populations of adolescents in order to reduce racial/ethnic health inequities.¹¹ Results of the fear created by the proposed rule would extend far beyond any individual who may be subject to the "public charge" test, harming entire communities as well as health centers and hospitals that serve those communities. Research has shown that immigration actions such as those that will result directly and indirectly from the proposed rule cause psychological distress in parents of immigrant adolescents regardless of their immigration status that undermines their ability to effectively care for their children at a critical time in their development.¹² The public charge proposed rule jeopardizes immigrant families' ability to stay together and access vital services they need to be healthy. This threat to family unity comes mere months after the administration pursued a policy of separating immigrant parents and children at the border, many of whom remain separated today.

The Society for Adolescent Health and Medicine urges the administration to withdraw this proposed rule and focus on policies to achieve immigration reform that do not drive adolescents and their families away from needed services.

Sincerely,

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¹¹ Society for Adolescent Health and Medicine. Promoting Equity and Reducing Health Disparities Among Racially/Ethnically Diverse Adolescents: A Position Paper of the Society for Adolescent Health and Medicine
Journal of Adolescent Health. June 2013; Volume 52, Issue 6, Pages 804–807.

¹²Roche KM, Vaquera E, White RMB, Rivera MI. Impacts of Immigration Actions and News and the Psychological Distress of U.S. Latino Parents Raising Adolescents. Journal of Adolescent Health. Volume 62, Issue 5, May 2018, Pages 525-531.