



December 7, 2018

**Statement Regarding Inadmissibility on Public Charge Grounds Proposed Rule  
(DHS Docket No. USCIS-2010-0012, RIN 1615-AA22)**

Meals on Wheels America is a national leadership organization representing and advocating on behalf of the more than 5,000 community-based programs delivering vital nutrition and social services to 2.4 million seniors vulnerable to hunger, isolation and losing their independence. With more than 9 million seniors struggling with hunger today, we remain steadfast in our mission to empower local community programs to improve the health and quality of life of the seniors they serve so that no one is left hungry or isolated, helping to achieve our vision of an America in which all seniors live nourished lives with independence and dignity.<sup>1</sup> It is with this mindset that we oppose the changes to existing guidance on public charge determinations that are proposed in this rule, including: the expanded definition of who is deemed a public charge; the additional negative factors considered in an applicant's totalities of circumstances; and the expanded list of public benefits considered as part of the public charge determination.

If implemented, this rule would have widespread negative impacts on the health and well-being of millions of U.S. residents, immigrants and citizens alike, by directly and indirectly limiting their access to certain publicly funded health and human service programs for nutrition, healthcare and housing.<sup>2,3</sup> The proposed changes in this rule are expected to contribute to the disenrollment of immigrant families from public programs, and projected impacts of its implementation show that there will continue to be decreased participation in public benefits.<sup>4-7</sup> Simply put, the proposed rule will affect vulnerable families, including seniors, and compel them to choose between their future immigration plans and meeting basic human needs.

Limiting access to nutrition programs, like the Supplemental Nutrition Assistance Program (SNAP) at a time when 1 in 7 seniors already faces the threat of hunger, will not only lead to more older adults struggling, but will contribute to more health issues and greater healthcare costs, as well.<sup>1,8</sup> The impacts of malnutrition and food insecurity among seniors are severe and strongly linked to negative health consequences. For example, food insecure seniors can have activities of daily living limitations comparable to food secure seniors 14 years older, meaning there is a large disparity between one's age by birth year and physical mobility.<sup>9</sup> The healthcare cost associated with senior malnutrition alone is estimated to be \$51 billion annually.<sup>10</sup> Prevalence of such conditions and their respective costs can be reasonably expected to increase among groups who forgo participating in public programs that are known to improve and maintain health and nutritional status. As such, our healthcare system, already strained by the high demand and cost for services, will be further burdened by increased utilization and spending among the many families who will experience adverse health effects attributable to the regulatory guidance provided in this rule.

The public benefits that are proposed to be considered in the public charge determination, including SNAP, most Medicaid programs, Medicare Part D low income subsidies and public housing assistance are of vital importance to helping seniors stay independent and healthier in their own homes, and subsequently out of significantly more costly healthcare settings like hospitals and long term care facilities. Therefore, it is critical for all individuals in the

community, including immigrants, who are at risk of or are already experiencing food insecurity, poverty and other health-related conditions to have access to community-based programs that provide such services. This is fundamental not only for the good of overall public health, but for the health of the national economy at large.

Furthermore, over time, as our senior population continues to rapidly escalate, the aging services and supports network will need a stable direct care workforce to meet the rising demand for services. Immigrants already account for approximately 25% of the direct care workforce, indicating their role as a critical component in the growing healthcare economy.<sup>11</sup> Jobs in direct care (e.g., nursing assistants, home health and personal care aides, etc.), however, tend to be lower wage and/or part-time, making it difficult to maintain an income that is adequate for a basic standard of living. In fact, 40% of immigrant direct care workers rely on some form of public benefit as a relief to the economic disadvantage – a protection to their health and well-being that would undoubtedly be threatened by the implementation of this proposed rule.<sup>11</sup> In short, we should be doing more to build human resource capacity for addressing the healthcare needs and growing demands of the older adult population in the years to come – not creating additional barriers to their livelihood.

This rule constructs barriers to accessing services that are critical to the well-being of both seniors and their communities. For this reason, and the negative impact this rule will continue to have on such access, we oppose the components of this proposed rule and any effort to expand the criteria for which an individual would be determined a public charge.

Thank you for your consideration and the opportunity to submit comments on the proposed rulemaking.

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<sup>1</sup> J. Ziliak & C. Gunderson, report prepared for Feeding America & National Foundation to End Senior Hunger, 2016: The State of Senior Hunger in America (May 2018), available at <https://www.feedingamerica.org/research/senior-hunger-research/senior>

<sup>2</sup> Center for American Progress, Trump's 'Public Charge' Rule Would Radically Change Legal Immigration (November 2018), available at <https://cdn.americanprogress.org/content/uploads/2018/11/27080618/Trump-LPC-Misconceptions2.pdf>

<sup>3</sup> Fiscal Policy Institute, 'Only Wealthy Immigrants Need Apply': How a Trump Rule's Chilling Effect Will Harm the U.S. (October 2018), available at <http://fiscalspolicy.org/wp-content/uploads/2018/10/US-Impact-of-Public-Charge.pdf>

<sup>4</sup> American Public Health Association, Study: Following 10-year gains, SNAP participation among immigrant families dropped in 2018 (November 2018), available at <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2018/annual-meeting-snap-participation>

<sup>5</sup> The Washington Post, The Health 202: Under Trump, immigrants back away from Medicaid, Obamacare subsidies (April 2018), available at [https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2018/04/11/the-health-202-under-trump-immigrants-back-away-from-medicaid-obamacare-subsidies/5accda4e30fb0406a5a122fe/?utm\\_term=.1d4e10cdd639](https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2018/04/11/the-health-202-under-trump-immigrants-back-away-from-medicaid-obamacare-subsidies/5accda4e30fb0406a5a122fe/?utm_term=.1d4e10cdd639)

<sup>6</sup> POLITICO, Immigrants, fearing Trump crackdown, drop out of nutrition programs (September 2018), available at <https://www.politico.com/story/2018/09/03/immigrants-nutrition-food-trump-crackdown-806292>

<sup>7</sup> Henry J. Kaiser Family Foundation, Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid (October 2018), available at <https://www.kff.org/report-section/estimated-impacts-of-the-proposed-public-charge-rule-on-immigrants-and-medicaid-key-findings/>

<sup>8</sup> Center for Budget and Policy Priorities, SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs (January 2018), available at <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>

<sup>9</sup> C. Gunderson & J. Ziliak, Food Insecurity and Health Outcomes (November 2015), *Health Affairs Vol. 23 No. 11*, available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>

<sup>10</sup> J.T. Snider et al., Economic Burden of Community-based Disease-associated Malnutrition in the United States (November 2014), *Journal of Parenteral and Enteral Nutrition Vol. 38 No. 2S*, abstract available at <https://www.ncbi.nlm.nih.gov/pubmed/25249028>

<sup>11</sup> PHI, Immigrants and the Direct Care Workforce (June 2017), available at <https://phinational.org/wp-content/uploads/2017/06/immigrants-and-the-direct-care-workforce-phi-june-2017.pdf>