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Executives weigh in on how public-charge rule will affect health care

HEALTH PULSE TEAM

The Trump administration on Monday issued its [final public-charge rule](#), which expands the list of public benefits that can be used to determine whether immigrants can enter and remain in the U.S.

Local health care providers fear hundreds of millions of dollars in resulting costs and hundreds of thousands of people going without care. The rule now says that immigrants can be deemed a public charge if they receive assistance beyond cash benefits, including through the Supplemental Nutritional Assistance Program, certain housing programs and most forms of Medicaid.

"For the services that are directly affected—Medicaid [access to health care], food stamps [access to nutrition] and housing subsidies—they are damaging three core factors that drive health and the ability to achieve self-sustainability," said Lisa David, president and CEO of Public Health Solutions.

People will be more reluctant to seek benefits, and it will negatively affect preventive care, she said. As a result, treating patients in emergency departments who have put off care and are suffering from food and housing insecurity will mean sprawling costs.

"If the logic is saving money for taxpayers, this is not going to work," David said.

As for New York City Health + Hospitals, the health system could [see a loss of up to \\$362 million](#) in the first year alone. The rule also could affect roughly 350,000 of the more than 1 million patients it sees each year, and up to 62,000 patients could abandon Medicaid and other insurance. Many more patient visits and prescriptions—including those to treat and prevent contagious diseases—could fall by the wayside.

Dr. Mitchell Katz, president and CEO of H+H, said his greatest concern is "how these attacks on immigrants cause a climate where people avoid getting all of the care that they need and deserve."

He continued, "We live in New York City. We live in a tight urban environment where we are very close to our neighbors on the bus, in the lobby or on the street. We all have an interest in people being healthy and getting the care they need."

Doug Wirth, president and CEO of Amida Care, also denounced the rule for its potential effect on public health.

"This new rule will be especially damaging to our attempt to end the HIV/AIDS epidemic," he said. "Immigrants living with HIV will not be able to get the treatment they need to become virally suppressed, which jeopardizes their health and makes it more likely for HIV to be transmitted to others. In addition, fewer individuals who are HIV-negative will be connected to proven HIV-prevention methods, like pre-exposure prophylaxis."

Wirth called the rule "fiscally reckless."

"It will lead to new cases of HIV, which are expensive to treat—one new HIV infection can amount to as much as \$500,000 in lifetime medical costs," he said. "It will drive immigrants away from primary and preventive care and force those who are living with HIV and other chronic conditions to seek regular care in hospital emergency rooms, which is more costly to taxpayers."

In response to criticism from health care providers, a U.S. Citizenship and Immigration Services official told *Crain's* that the final rule does not affect eligibility or access when it comes to public benefits.

The rule does not include emergency medical assistance, national school lunch programs and homeless shelters, among other services, the official said. It also does not include Medicaid benefits for the treatment of an emergency medical condition or the provision of services in connection with the Individuals with Disabilities Act as well as for individuals under the age of 21, pregnant women and women within 60 days of their last day of pregnancy.

The official added that the rule does not restrict access to vaccines for children and is not intended to discourage people from obtaining vaccines.

The rule will be published in the federal register Wednesday and could take effect 60 days later. Legal challenges are expected. —Jennifer Henderson