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December 10, 2018

Kirstjen M. Nielsen
U.S. Citizenship and Immigration Services,
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140
DHS Docket No. USCIS-2010-0012

Dear Secretary Nielsen:

On behalf of the American Thoracic Society, thank you for the opportunity to provide comments on the Department of Homeland Security's proposed rule: 83 FR 51114; DHS Docket No. USCIS-2010-0012. The ATS is a medical professional organization of more than 16,000 members who work to prevent, detect, treat and cure respiratory, sleep and critical care related illnesses through research, clinical care and advocacy. Ours is a population that includes millions of people across the U.S., including immigrants, with respiratory illnesses such as asthma, COPD, pneumonia, tuberculosis and obstructive sleep apnea. Our patients need continuous, affordable health coverage, including access to specialty care and comprehensive diagnosis, treatment and prevention services. We have the following concerns with this rule:

Public Charge Policies

The ATS is gravely concerned that the proposed changes to the "Public Charge" policies under this proposed rule – to consider utilization of Medicaid, Supplemental Nutrition Assistance, the Medicare Part D Low-income Subsidy program and housing assistance programs – will cause many immigrant individuals and families in the U.S. to not seek vital health care services for themselves and their children. Immigrants are legally entitled to these services through Medicaid and the State Children's Health Insurance Program as well as food and housing assistance. Barring their access to these services will have significant negative consequences for their health, for the healthy growth and development of their children and for public health in the U.S. overall.



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These consequences include reduced prescription medication adherence, increased emergency room use (which will cause increases in uncompensated care costs for hospitals) and delayed detection, diagnosis and treatment of communicable and chronic diseases, which will exacerbate illness and increase poverty, all of which will have significant adverse impacts on communities around the country, including transmission of communicable diseases such as influenza, measles and tuberculosis and ultimately, higher health care costs.

We are particularly concerned about vulnerable immigrant populations, including U.S. citizen children born to immigrants, the elderly and those with respiratory and critical illnesses and sleep disorders, including common chronic respiratory conditions such as asthma, who need continuous access to affordable health care detection, diagnosis, treatment, management and prevention services.

Tuberculosis

Every state in the U.S. reports cases of tuberculosis annually. Some states, such as California, New York, Texas and Florida report cases of costly drug-resistant TB, which, due to the complication of treatment, is dangerous for the very young, elderly and immuno-compromised, including people with diabetes. There are also up to 13 million people in the U.S. with latent TB infection, the future reservoir of active TB cases. A key component of the CDC's Division of TB Elimination's Strategic Plan 2016 – 2020 is the identification and treatment of latent TB among high risk populations, which includes the foreign-born population. In 2017, 70 percent of reported TB cases in the U.S. occurred among non-U.S.-born persons and the TB case rate among the foreign-born population was 15 times higher than among U.S. born individuals.ⁱ The airborne nature of TB poses a unique public health threat to the U.S.

The control and prevention of community transmission of TB depends on our ability to proactively detect, diagnose and treat it. But the expanded public charge definition will serve to deter legal immigrants who have active or latent TB from seeking care through Medicaid or through state and county public health department TB control programs for this airborne disease, not only jeopardizing their health, but also the health of their families, co-workers and any others they are in close contact with. Although state and local public health department utilization is not included in the proposed public charge determination, we believe that the expanded public charge definition will cause confusion among immigrant communities and result in many legal immigrants avoiding public health department care, which are the U.S.'s frontline defense systems against the transmission of this airborne disease.

Communicable Diseases

The control and prevention of infectious diseases such as influenza, HIV, pneumonia and tuberculosis are vitally important to protecting public health. In accordance with the Department's strategic objective to prevent, treat and control communicable diseases in the U.S., the ATS urges the DHS to preserve open access to immunizations, diagnosis and treatment for influenza; and detection, diagnosis and treatment services for TB for all persons in the U.S., regardless of immigration status in order to protect public health from these communicable diseases.ⁱⁱ



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Specifically, we urge the Department to exempt detection, diagnosis and treatment for any communicable diseases, including influenza and TB, through Medicaid from public charge determinations.

Asthma

Asthma is a serious respiratory health condition that is common in the U.S., including among immigrant populations. Among children, it is one of the most common chronic diseases, with 6.1 million children diagnosed. The disease causes millions of lost school and work days every year and is the third leading cause of hospitalization among children. According to the American Lung Association, Hispanics with asthma are less likely to be under the care of a regular doctor or clinic, less likely to be prescribed appropriate medicines, and more likely to end up being treated in the emergency department or hospitalized with an asthma exacerbation.ⁱⁱⁱ Children, adolescents and adults with asthma require access to health care services, including specialty providers and prescription medications to prevent dangerous and costly asthma exacerbations which Medicaid coverage ensures. The ATS is concerned that including consideration of Medicaid enrollment and utilization will cause some immigrant individuals and families, including children, to forgo needed care for this chronic disease.

CHIP

The proposed rule solicits comments about whether utilization of CHIP benefits should be considered in public charge determinations. The ATS urges the Department in the strongest possible terms NOT to include CHIP utilization in public charge determinations in order to protect the health and development of children of immigrants. Including CHIP in the public charge determination will deter legal immigrant parents from seeking needed health care services for their children, including children with chronic life-threatening illnesses such as asthma, influenza and TB. putting the lives and long-term health of some children at risk. Delaying needed detection and treatment of illness will place these children at significant risk of school absence and failure, exacerbated, long-term illness, and even death, and in addition, missed work, resulting in lost income for parents and poverty for entire families. Erecting barriers to health care for potentially large numbers of children will additionally, put entire communities across the country at risk for transmission of communicable diseases such as influenza and TB.

Sincerely,



Polly Parsons, MD, ATSF
President
American Thoracic Society



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ⁱ CDC. *Reported Tuberculosis in the United States, 2017*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, October 2018. Available at <http://www.cdc.gov/tb/statistics/reports/2017/>.

ⁱⁱ Department of Health and Human Services Strategic Plan 2018 - 2022. <https://www.hhs.gov/about/strategic-plan/index.html>.

ⁱⁱⁱ The Burden of Asthma on Hispanics. American Lung Association. 2011. <https://www.lung.org/assets/documents/research/asthma-in-hispanics-english.pdf>



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