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Massachusetts Immigrant &
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Contacts:

Marion Davis, 781-654-5160

mdavis@miracoalition.org (MIRA)

Maria R. González Albuixech, 617-320-3659

mgonzalez@hcfama.org (HCFA/HLA)

Suzanne Morse, 617-646-1020

smorse@oneillandassoc.com (MLRI)

THE TRUMP ADMINISTRATION WANTS TO TAKE AWAY HEALTH CARE, FOOD AND HOUSING FROM IMMIGRANT FAMILIES

Mass. advocates vow to fight against over-broad ‘public charge’ definition, which would deny green cards to people who access key safety net programs – or whose jobs don’t pay high enough wages.

BOSTON – The Trump administration yesterday released a proposed regulation that seeks to penalize legal immigrants for accessing programs that help working families with health care, housing and nutrition, or for holding low-wage jobs that don’t enable them to meet an arbitrary income threshold.

The draft regulations would vastly expand the definition of “public charge” – someone who is dependent on government benefits and thus may be denied a green card – to include not only people who receive cash benefits or need long term care, but also those who participate in numerous “safety net” programs used by millions of working Americans. It would also make it easier to deny permanent residency to anyone earning less than 250% of the federal poverty line (\$62,750 for a family of four).

“We all know what this is: It is a reprehensible attempt by the Trump Administration to use access to health care, food, and other critical human needs to further an anti-immigrant political agenda,” said Georgia Katsoulomitis, executive director of the Massachusetts Law Reform Institute. “The proposed new rule would punish immigrants seeking permanent residence in the U.S for accessing assistance for basic human needs. It would unfairly deny green cards based on family relationships if the immigrant received a benefit or couldn’t meet a radical new income test. Denying access to basic needs, or forcing a family to choose between getting health care or getting a green card, is unconscionable. This is not what great nations do. MLRI will work with its many partners to protect the rights of our immigrant families and limit the damage to the Commonwealth that will result from this destructive proposed policy change.”

The Trump administration has been seeking to redefine “public charge” for well over a year, and several draft proposals were leaked to the media. As news spread through immigrant communities, advocates, educators and health care and social service providers began to see families drop out of programs. Indeed, immigrants in areas affected by Hurricane Florence have reportedly avoided shelters and aid programs for fear of being labeled as “public charges.”

The draft rule released yesterday by the U.S. Department of Homeland Security specifically exempts emergency shelters and aid – and, importantly, it excludes benefits received by U.S. citizen children of

immigrants. However, it still includes Medicaid coverage, housing assistance, nutrition programs, and even Medicare Part D discounts for seniors.

The rule is not retroactive: once the 60-day public comment period has been completed and the final rule is approved, there will be a 60-day grace period. **This means that the earliest that immigrants would need to withdraw from programs to avoid being penalized would be in 120 days, but they should consult with their immigration counselors or attorneys before making a decision.**

Massachusetts advocates are deeply concerned about the chilling effects of the proposal and have joined efforts to educate the community about what these changes are, when they may go into effect, who may be potentially impacted, and how to oppose them.

Eva A. Millona, executive director of the Massachusetts Immigrant and Refugee Advocacy Coalition, said the new proposal is “*a toxic blend of nativism and class warfare. It is overtly discriminatory, and we will fight vigorously to ensure that the proposed rule is never adopted.*” Millona also urged immigrant families to stay enrolled in any programs that benefit their families. “*If and when any of these changes are approved, they will have 60 days to disenroll without penalty. Quitting before then would only give the administration what it wants: millions of people willingly giving up their rights out of fear.*”

One in five workers in Massachusetts is an immigrant, including over 59% of medical and life scientists, but also 72.1% of housekeeping employees, 49.4% of taxi drivers, and 48% of nursing, psychiatric and home health aides. **At all levels of education**, immigrants earn less, on average, than their native-born counterparts, reflecting the challenges of getting started in a new country. Nevertheless, immigrant households in the Commonwealth pay an estimated \$8.4 billion per year in federal and \$3.5 billion in local and state taxes, plus payroll taxes. Existing policies sharply limit immigrants’ access to public benefits.

“*This policy is immoral, unjust and does not align with the values of the Commonwealth,*” said Amy Rosenthal, executive director of Health Care For All. “*The best way to build a strong community is to ensure that everyone who lives here has the food, medical care, shelter, and other basics they need to thrive. HCFA has fought for three decades to ensure that individuals and families in the Commonwealth have access to the health care coverage they need and we are proud that we lead the country with the lowest uninsured rate – 97% of our residents have health care coverage. We cannot let this proposed rule take us back in time.*”

Matt Selig, executive director of Health Law Advocates, noted that the proposed rule will not only affect immigrants who access MassHealth, but also limit the ability of immigrants with preexisting conditions to adjust their status. “*The impact and consequences of this rule will be seriously felt in communities across the state,*” he said. “*If individuals are unable to get the preventative care they need or see a doctor when they are sick, our communities and our providers will see more untreated illnesses, unvaccinated children, and possibly disease outbreaks. We do not want to go back to the days when patients arrived in crisis at the emergency department without health insurance coverage, leaving the hospital and Massachusetts taxpayers on the hook.*”

MIRA, MLRI, HCFA and HLA are part of the national **Protecting Immigrant Families** campaign, which was launched to oppose any “public charge” expansion that harms families. We have been working with coalition partners, policy-makers and allies to raise awareness of the potentially devastating impact of the rule change, and will be collecting comments during the 60-day review period.

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The [**Massachusetts Immigrant and Refugee Advocacy Coalition**](#) is the largest coalition working to advance the rights and integration of our Commonwealth's 1.1 million foreign-born residents. Its more than 130 organizational members include grassroots community organizations, refugee resettlement agencies, service providers, faith-based organizations and civil and human rights advocates.

[**Massachusetts Law Reform Institute**](#) (MLRI) is a nonprofit poverty law and policy center. It provides statewide advocacy and leadership in advancing laws, policies, and practices that secure economic, racial, and social justice for low-income people and communities. MLRI advances its mission through legal initiatives and policy reforms that address the root causes of poverty, remove barriers to opportunity, and create a path to economic stability for low-income individuals, families, and communities.

[**Health Care For All**](#) is a non-profit advocacy group that envisions a Massachusetts in which everyone has the equitable, affordable, and comprehensive care they need to be healthy. Health Care For All promotes health justice in Massachusetts by working to reduce disparities and ensure coverage and access for all.

[**Health Law Advocates**](#) is a nonprofit public interest law firm that provides pro bono legal representation to low-income residents experiencing difficulty accessing or paying for needed medical services. HLA is committed to ensuring universal access to quality health care in Massachusetts, particularly for those who are most at risk due to such factors as race, gender, disability, age, or geographic location.