

*In Focus with NFPRHA is an occasional feature where NFPRHA staff members provide additional context and calls to action beyond a traditional Family Planning in Focus piece. This week, Lauren Weiss, a manager on NFPRHA's Advocacy & Communication team, sheds light on the implications behind a newly proposed policy that would dramatically expand the factors by which the Department of Homeland Security (DHS) would consider some immigrants' applications for status changes.*

## How Public Charge Could Impact Family Planning Patients

**By Lauren Weiss**

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All people, regardless of their citizenship status, deserve affordable, confidential, and high-quality health care.

This statement guides NFPRHA's work on health care access for immigrants, and I know it resonates with many of you in your work in health centers and administrative offices across the country. Over the past several years, that access has been threatened in numerous ways, from votes to overturn the Affordable Care Act to imposition of work requirements in Medicaid to attempts by state legislators to eliminate effective contraceptive programs. Today, I'd like to talk about yet another attack – [the proposed change](#) to how immigrants are assessed when applying for a green card or modifying their temporary status in the United States.

The proposed rule, which was published on October 10, focuses on what factors the DHS can use when determining if someone is likely to become a "public charge." That term refers to a person who relies on public assistance to meet their daily needs and is a basis in immigration law for denying someone's petition to come to the United States or to change their status while already here. This rule [would expand the criteria](#) DHS could use from the current restricted list (only a person's likelihood to need cash benefits or government-supported long-term institutional care) to a much more expansive set considered as part of a holistic review. These factors would include immigrants' likelihood to use health care, food, and housing assistance; their overall financial and health status; their age; and their level of education and English proficiency. Of note, this proposed rule only applies to certain types of immigration applications; it would not impact certain protected groups, like refugees, and people with green cards who are seeking naturalized citizenship.

If this rule is finalized, DHS may use these factors to determine that a person is likely to become a public charge and could use that finding to deny their application. These new criteria would limit immigrants' access to the basic social supports that make a healthy life possible for them and their families. Concerningly, even though the rule is still just a proposal, people are already starting to avoid needed services in order to improve their chances of avoiding this scrutiny.

In October, Cecilia Im, a medical student in San Francisco, [wrote to DHS](#):

*[M]y father is not a citizen. He . . . has blood in his urine and has to use the bathroom every 30 minutes to an hour. Getting an affordable urology appointment for him took a lot of work going through free clinics that have referrals. He also qualifies for Medi-Cal but is a green card holder up for renewal next year. He refuses to apply for Medi-Cal because of this policy. He has a greater than 25% risk of having cancer but his fear of this policy is just as real and even more frightening.*

In the same vein, Heather Maisen, the Family Planning Program Manager for Seattle & King County's Department of Public Health and NFPRHA board member, recently shared this story about the patients connected to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):

*When the Public Charge proposed rule was first revealed in early 2018, the proposal included WIC. At Public Health - Seattle & King County, we immediately started to hear stories of clients who are afraid to access or maintain services. We received many questions from clients, including requests to dis-enroll from programs and to have their identities removed from our systems (which is not possible). We even had one client bring in her unused WIC checks to return them.*

I worry that, similar to Cecilia's father and Heather's patients, people may begin to avoid seeking essential health care services across the safety net, including in Title X-funded health centers, to avoid being classified as a potential public charge, even though Title X is not mentioned anywhere in the proposed rule. Indeed, the National WIC Association reports that WIC sites are continuing to see patient drop off, even though WIC enrollment was not included as a potential negative factor in the published version.

In the coming weeks, NFPRHA will share template comments with members based upon the recommendations of groups with expertise in immigration law and in reproductive health, rights, and justice. Comments are due on December 10. In the meantime, check out [factsheets](#) and [frequently asked questions](#) from the Protecting Immigrant Families campaign, research on [Medicaid](#) and [health coverage overall](#) from the Kaiser Family Foundation, and NFPRHA's [sample social media posts](#). For NFPRHA members who work directly with patients, I recommend reviewing [this presentation](#) from NFPRHA's seasonal meeting in Atlanta to get suggestions of how to make your health center a safe place for immigrants. Finally, if you know of a patient who may want to speak to the media about the proposed rule's impact on their ability to access family planning services, please let NFPRHA staff know so that our communications team can reach out to them if we get media requests.

Thanks, as always, for all that you do for the individuals and families that rely on the family planning safety net.

*Lauren focuses on federal policy related to funding, public health, and health equity in her work at NFPRHA. She is also available for trainings on advocacy and education with state and federal legislators. Prior to joining NFPRHA, Lauren worked at the Center for Reproductive Rights and earned a Masters of Social Work and Masters of Public Health from Washington University in St. Louis. She can be reached at 202-552-0151 or [lweiss@nfprha.org](mailto:lweiss@nfprha.org).*