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RULES

December 10, 2018

The Honorable Kirstjen M. Nielsen
Secretary of Homeland Security
U.S. Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

RE: DHS Docket No. USCIS-2010-0012; Proposed Rule on Inadmissibility on Public Charge Grounds

Dear Secretary Nielsen,

As the State Senator of New York's 28th District, I write to express my adamant opposition to the Department of Homeland Security's Notice of Proposed Rulemaking changes regarding "public charge," published in the Federal Register on October 10, 2018. By creating negative consequences for some immigrants and instilling fear and uncertainty in others, the proposed rule would severely disrupt access to programs that provide vital support to make immigrant families and our state as a whole healthier and stronger. I urge that the rule be withdrawn in its entirety.

I am gravely concerned about the harm the rule change will cause on the national, state, and local levels. In New York State there will be vast impacts which range from harming the health of our most vulnerable infants and seniors, to threatening the financial sustainability of hospitals, to weakening the economy impacting agriculture and job creation. According to research by the New York City Mayor's Office for Economic Opportunity, Mayor's Office of Immigrant Affairs, and Department of Social Services, there are 3.1 million immigrants in New York City making up thirty-eight percent of the city's residents – the largest number in our history. Over half of the city's children have a foreign-born parent, and approximately 4.9 million, or 60 percent, of New Yorkers live in households with at least one immigrant member. Immigrants make up 45 percent of the city's workforce and, in 2017, immigrants contributed an estimated \$195 billion to the city's Gross Domestic Product. New York City is a city of immigrants, and changes felt by immigrants have citywide and nationwide implications to both citizens and non-citizens alike.

If the proposed rule is implemented, residents of New York could be discouraged from accessing health care, nutrition, housing assistance, and other supports that help individuals move out of poverty. Further, our state would be forced to shoulder the cost of addressing the harms caused by this rule and of its negative economic and public health impacts on our state's residents.

As the founding Director of the New York City Food Bank and the former Associate Director of the Community Food Resource Center, I have spent decades monitoring and evaluating the effectiveness of federal and state food programs in New York City, identifying barriers to participation, and fighting for improvements in the effectiveness of these programs. I understand that the use of the public charge doctrine in immigration policy has been in place since the late 1800s. Its intent has been to identify individuals who would not be able to care for themselves. However, the application of public charge policy has been largely restricted to the receipt of cash assistance. The proposed rule would disastrously expand the list of programs that would be considered in public charge determinations to include Medicaid, Supplemental Nutrition Assistance Program (SNAP), and housing. These programs are vital to the health and wellbeing of our communities. The public charge proposed rule will spur rates of hunger, poverty, and poor health among immigrant families.

It is proven that investing in nutrition, health care, and other essential needs keeps children learning, parents working, families strong, and allows all of us to contribute fully to our communities. The policies articulated in the proposed rule would terrify immigrant families, discourage or prevent hard-working people from immigrating, and deter immigrant families, most of which include U.S. citizen children, from seeking the help they need to lead a healthy and productive life.

Food insecurity is associated with some of the most common and costly health problems in the U.S., including diabetes, heart disease, obesity, hypertension, chronic kidney disease, and depression. Food insecurity and related health problems are immensely costly; the U.S. had \$178 billion in avoidable healthcare, educational, and lost work productivity costs attributable to hunger and food insecurity in 2014. Restricting access to SNAP would increase avoidable costs attributable to hunger and food insecurity.

Not only will the proposed change leave New Yorkers hungrier and less healthy, it will harm New York's economy. SNAP generates economic activity throughout our state's food chain, from farmers to local retail grocers. Diverting SNAP dollars from the state would impact an important relationship between consumers and growers, and weaken a revenue source for our state's agricultural economy. It is estimated that every \$1 spent in SNAP benefits generates \$1.73 in economic activity. Lower participation in SNAP means less federal funding to support local economies and lower worker productivity. Families who are stripped of federal assistance will still need assistance with food and other basic needs, meaning additional costs for states and existing social service providers. In the wake of eliminating SNAP eligibility for many legal immigrants after the 1996 welfare law change, several states invested state dollars to meet part of the resulting need for food assistance; those stop-gap measures proved to be neither comprehensive nor sustainable in the long run. States and localities should not have to bear the costs of federal withdrawal of assistance to people who depend on safety net and public benefit programs to live and move out of poverty.

Simultaneously, confusion over the proposed rule and fear of its implications would drive immigrant community members away from having regular medical appointments, obtaining needed medications, and vaccinations. Upon analysis, NYC Health + Hospitals, the largest public health system in the U.S., asserts that this policy would cause harm to nearly 350,000 of its patients and \$362 million in losses to its health system during the first year. Additional consequences would include spread of communicable diseases within communities, as well as a significant increase in emergency room visits and health care costs. I cannot support this inhumane and dangerous proposed rule that would be detrimental to New Yorkers and health care providers.

As a State Senator who is a staunch supporter of women's health and reproductive rights, I cannot support a proposed rule that would have a negative impact on women and infants. This proposed rule would also cause decreases in utilization of WIC and Medicaid, which are critical to having a healthy pregnancy and baby. Women would be forced to make the detrimental decision to forgo pre- and post-natal care, and breastfeeding support. Pregnant women with serious health conditions would have to decide whether to seek treatment, have an abortion if necessary to save their lives, or to do nothing and hope for the best. Our rates of maternal morbidity and mortality are already unacceptably high. The Public Charge proposed rule would increase these rates even further, along with the rate of infant mortality.

As a New Yorker and an elected official, I urge you to respond to the following questions and withdraw this unnecessary proposed rule to avert the needless administrative burdens it would place on our state agencies as well as the negative impacts this rule would have on our state's children and families, economy, and wellbeing.

Given that the proposed rule is inconsistent with the history of how public charge has been understood – what warrants the administration's efforts to broaden the doctrine?

Given that historically individuals who have accessed benefits have not become dependent on the government for long term support – what will ultimately warrant the administration's determination?

Given that the proposed rule will have a disproportionate impact on the health and wellbeing on the most vulnerable individuals, including infants and seniors, as well as people of color – how does the administration justify the disproportionate and unfair impact?

Given that the proposed rule will not eliminate the need for social programs, but simply transfer the burden – how does the administration justify transferring this burden to already overloaded social service providers, including non-profits, public hospitals, community based organizations, and churches?

Given that the proposed rule will greatly impact hospitals – how will the administration support hospitals that will experience a significant loss in revenue?

Given that the proposed rule will not eliminate the need for health care, but transfer the burden to hospital emergency departments – how does the administration justify transferring this burden to already overloaded emergency departments?

Given that the proposed rule has already created fear and confusion among immigrant communities – what will the administration do to mitigate the disturbing impact of misinformation?

Sincerely,

A handwritten signature in black ink that reads "Liz Krueger". The signature is written in a cursive, flowing style.

Liz Krueger
State Senator

cc: Ms. Samantha Deshommes, Chief Regulatory Coordination Division, Office of Policy and Strategy, U.S. Citizenship and Immigration Services