



April 21, 2022

Alejandro Mayorkas  
Secretary  
Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington, DC 20529

Re: USCIS-2021-0013; Public Charge Ground of Inadmissibility Proposed Rule

Submitted electronically via <http://www.regulations.gov>

Dear Secretary Mayorkas

Trinity Health appreciates the opportunity to comment on policies set forth in USCIS-2021-0013. Our comments and recommendations reflect a strong interest in public policies that support better health, better care and lower costs to ensure affordable, high quality, and people-centered care for all.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 115,000 colleagues and nearly 26,000 physicians and clinicians caring for diverse communities across 25 states. Nationally recognized for care and experience, the Trinity Health system includes 88 hospitals, 131 continuing care locations, the second largest PACE program in the country, 125 urgent care locations and many other health and well-being services. Based in Livonia, Michigan, its annual operating revenue is \$20.2 billion with \$1.2 billion returned to its communities in the form of charity care and other community benefit programs.

Trinity Health has 17 Clinically Integrated Networks (CINs) that are accountable for approximately 1.5 million lives across the country through alternative payment models. Our health care system participates in 14 markets with Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), which includes eleven markets partnering in one national MSSP Enhanced Track ACO, Trinity Health Integrated Care. Two of the 14 markets also participate in CPC+. In addition, we have 33 hospitals participating in the Bundled Payments for Care Improvement Advanced (BPCIA) initiative, and three hospitals in the Comprehensive Care for Joint Replacement (CJR) program. Our work—and experience in value-based contracting—also extends beyond Medicare as illustrated by our participation in 123 non-CMS APM contracts.

Trinity Health applauds the Department of Homeland Security (DHS) for returning to its long-standing interpretation of public charge for grounds of inadmissibility for entry into the United States or for becoming a permanent resident. As outlined in the proposed rule, DHS is reversing prior regulation and would not penalize immigrants for choosing to access health services, such as the Children's Health Insurance Program and Medicaid, Supplemental Nutrition Assistance Program and other services that are available to them when determining eligibility for entry or permanent residency status.

The public charge rule finalized in 2019 made a dramatic departure from historic policy that undermined the health and well-being of immigrant communities. Trinity Health strongly opposed these policies as they were in direct conflict with our Catholic values and our mission of providing people-centered care for all patients, including immigrants, and being a transforming and healing presence within our communities. Such a change would result in a system that directly contradicts both our nation's history of offering refuge to the poor and oppressed as well as the commitment of Trinity Health to care for the most vulnerable while honoring the sacredness and dignity of every person. In addition, the rule imposed harsh and punitive new requirements on those legal immigrants seeking to better their lives in our nation and to become productive residents and citizens.

Health care coverage allows people to use the health care system more effectively and efficiently, leading to increased accountability, lower costs, a healthier population, and a more vibrant economy. Further, as providers of health care in our communities, we have seen that losing health care coverage hampers the financial stability of families and creates a burden to receiving necessary care. When people become uninsured, they may delay or avoid seeking vital care, which results in the exacerbation of a person's condition or symptoms, poorer health outcomes, and increased cost of care.

The rule promulgated in 2019 would reverse improvements our country has made to ensure healthier populations, improve preventative care, reduce health care disparities, and reduce health care costs.

Specifically, Trinity Health was extremely concerned by the negative impact the 2019 rule would have on:

1. Coverage and care for legal immigrants and family members and the chilling effect as people forego participation in programs that support their long-term self-sufficiency.
2. Public health and social determinants of health, including access to health insurance coverage, essential and preventive services and healthy food and housing.
3. Economic well-being of individuals and families, the health care system, states and our communities.

### **Conclusion**

Trinity Health applauds DHS for revising this regulation and believes that the proposed rule will alleviate some apprehension non-citizens have in accessing critical services and will lead to improved health outcomes for this population, including pregnant women and children. If you have any questions, please feel free to contact me at [jennifer.nading@trinity-health.org](mailto:jennifer.nading@trinity-health.org) or 202-909-0390

Sincerely,

/s/

Jennifer Nading  
Director, Medicare and Medicaid Policy and Regulatory Affairs  
Trinity Health