



“PUBLIC CHARGE” RULE CHANGE

The “public charge” rule change proposed by the US Department of Homeland Security would result in devastating harm to vulnerable individuals in Cook County by:

- Depriving thousands of households access to affordable and timely health care
- Endangering residents’ health by subjecting them to insufficient nutrition and inadequate housing

The proposed rule would penalize certain noncitizens for benefiting from programs that many are eligible for under the law, including:

- Non-emergency Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Low-income subsidies for prescription drug costs under Medicare Part D
- Certain federal housing programs



HURTS PEOPLE, DEPRIVES ACCESS TO CARE



Impossible choice:
Access to care **or**
legal status?

Immigrants

Many Cook County residents will be forced to choose between programs and services that grant them access to essential health services and their ability to legally live and work in this country.



50% of IL births are covered by Medicaid

Pregnant Women

Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care¹. The proposed rule would push immigrant mothers and their babies away from the care they need, at a time when U.S. maternal and infant mortality rates are unacceptably high.



26% of IL children may be affected

Children of Immigrants

Children thrive when their parents have access to health care, food to eat and a roof over their heads. About 26% of children in Illinois – many of them US citizens – have at least one immigrant parent whose caregiving abilities may be affected, undermining their child’s development².

¹ U.S. Department of Health & Human Services, Office on Women’s Health, <https://www.womenshealth.gov/a-z-topics/prenatal-care>.

² “Nearly 20 million children live in immigrant families that could be affected by evolving immigration policies,” Kaiser Family Foundation, April 18, 2018.

NEGATIVE IMPACT ON SOCIAL

An individual's health outcomes significantly depend on lifestyle and environmental factors. If finalized, the "public charge" rule change would push legal residents to forgo vital benefits such as SNAP and housing programs that are instrumental in ensuring the health of Cook County residents.

FOOD INSECURITY

Food insecurity is a significant problem in Cook County.



94,000 IL children live in a household with at least one noncitizen enrolled in SNAP³



30% of Cook County Health primary care patients screen positive for food insecurity

Cook County Health (CCH) response:

- CCH hosts **fresh food markets** at our health centers in Ford Heights, Oak Forest and Robbins, where purchases can be paid for and doubled in value for those who use SNAP or WIC/Senior Farmers Market Coupons.
- CCH also partners with the Greater Chicago Food Depository to host **Fresh Truck** distributions at CCH community health centers:



410,000 pounds of fresh produce delivered



Benefiting **19,000** households with **62,600** individuals

³ "Nearly 20 million children live in immigrant families that could be affected by evolving immigration policies," Kaiser Family Foundation, April 18, 2018.

DETERMINANTS OF HEALTH

HOUSING INSTABILITY

Housing instability can have enormous health consequences. In Illinois, 26% of all renter households are housing insecure and 20% of CountyCare members are concerned about a place to sleep tonight or in the future.



Hospitalization and emergency room costs are **3.8 times** higher for homeless patients than an average Medicaid recipient⁴

Cook County Health response:

- CCH partners with Housing Forward, All Chicago, Alliance to End Homelessness in Suburban Cook County and the Corporation for Supportive Housing to connect low-income residents to rental subsidies and to connect homeless patients with supportive housing units.

POVERTY

Poverty increases the chances of poor health, particularly for undocumented immigrants who are unable to get insurance. When people cannot pay for a doctor, they avoid seeking routine care and instead risk worse health outcomes and use costly emergency services.

Cook County Health response:

CareLink is an innovative CCH program that provides primary and preventive services, as well as care coordination, to our uninsured population, many of whom are undocumented. It is free for most participants.



More than **30,000** are now enrolled in CareLink



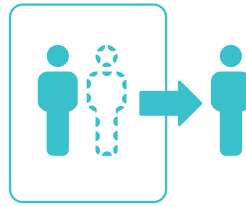
87% have income **200%** or less the federal poverty level

⁴ Health Care Utilization Patterns of Homeless Individuals in Boston: Preparing for Medicaid Expansion Under the Affordable Care Act,” American Journal of Public Health, November 20, 2013.

CHILLING EFFECT



After welfare reform in **1996**, public program participation by immigrants declined **21%–54%**⁵



1.7 million Illinoisans estimated to drop out or not apply in **2019**⁶

FINANCIAL IMPACT ON COOK COUNTY HEALTH

Cook County Health (CCH) is the largest provider of charity care to uninsured and underinsured individuals in Illinois. CCH is uniquely positioned to understand how this rule will harm our patients, their families, and our mission to provide care to all Cook County residents.

If the rule goes into effect, many of our patients will be **less likely to be insured** and **sicker when they come to us for care**.



\$265 Million in charity care provided in 2017



CCH provides **50%** of charity care in Cook County⁷



Estimated impact of rule change on CCH: **\$30 Million**⁸

IN THEIR OWN WORDS

According to the US Department of Homeland Security⁹, disenrollment or foregoing enrollment in public benefits programs for which they are otherwise eligible could lead to:

“Worse health outcomes, including increased prevalence of obesity and malnutrition, especially for pregnant or breastfeeding women, infants, or children, and reduced prescription adherence.”

“Increased use of emergency rooms and emergent care as a method of primary health care due to delayed treatment.”

“Increased prevalence of communicable diseases, including among members of the US citizen population who are not vaccinated.”

“Increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient.”

“Increased rates of poverty and housing instability.”

“Reduced productivity and educational attainment.”

⁵ “Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid,” Kaiser Family Foundation, Oct. 11, 2018.

⁶ Estimates by Manatt, Phelps & Phillips, as reported Dec. 2, 2018 by Chicago Tribune, “Illinois doctors say Trump immigration proposal already scaring away patients.”

⁷ Illinois Health Facilities and Services Review Board, “Hospital Data Profiles for 2016.”

⁸ “Medicaid Payments at Risk for Hospitals Under the Public Charge Proposed Rule,” Manatt Health, prepared on behalf of America’s Essential Hospitals, Et al, Nov. 1, 2018.

⁹ “Transfer of Payments and Indirect Impacts of Proposed Regulatory Changes” on page 51,270 of the Federal Register, Vol. 83, No. 196, October 10, 2018.