



December 3, 2018

The Honorable Kirstjen M. Nielsen  
Secretary of Homeland Security  
Washington, D.C. 20528  
Email: [DHSSecretary@hq.dhs.gov](mailto:DHSSecretary@hq.dhs.gov)

RE: Notice of Proposed Rulemaking: Inadmissibility on Public Charge Grounds (Docket No. USCIS 2010-0012)

Dear Secretary Nielsen:

On behalf of Nemours Children's Health System (Nemours), I am writing to express concerns with the Department of Homeland Security's *Notice of Proposed Rulemaking: Inadmissibility on Public Charge Grounds*. Nemours appreciates the opportunity to offer comments.

Nemours is an internationally recognized children's health system that owns and operates the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children's Hospital in Orlando, Fla., along with outpatient facilities in six states, delivering pediatric primary, specialty, and urgent care to children from all 50 states. Established as The Nemours Foundation through the legacy and philanthropy of Alfred I. duPont, Nemours provides pediatric clinical care, research, education, advocacy, and prevention programs to families in the communities we serve. In 2017, Nemours provided care to more than 400,000 children, and over the last two years, Nemours has served children from more than 50 countries. Nemours also powers the world's most-visited website for information on the health of children and teens, KidsHealth.org and offers on-demand, online video patient visits through Nemours CareConnect. Moreover, we are committed to leveraging our experience on the ground to inform policies and practices nationally to benefit all children, not just those in the regions we serve. Our mission is to help all children grow up healthy and have the best chance for success in life.

Growing research shows the positive long-term outcome of programs like Medicaid and the Children's Health Insurance Program (CHIP) on children. Medicaid and CHIP provide coverage for 43 percent of children in Delaware<sup>i</sup> and 59 percent of children in Florida.<sup>ii</sup> Maintaining children's access to health care is critical to short and long-term health and academic performance.<sup>iii</sup> Children enrolled in Medicaid and CHIP are more likely to have routine check-ups and vaccinations than uninsured children.<sup>iv</sup> Additionally, children with Medicaid coverage are more likely to receive proper treatment for chronic conditions and are less likely to have avoidable hospitalizations.<sup>v</sup> Medicaid coverage for children produces economic benefits in adulthood, including increased employment and higher tax payments.<sup>vi</sup> Furthermore, children's healthy development is linked to the health and well-being of their parents. There is growing research that shows that parents who are enrolled in a health insurance plan are more likely to have children who are insured.<sup>vii</sup>

In addition to access to medical care, access to healthy foods and proper nutrition is critically important to a child's health, development, and educational attainment.<sup>viii</sup> Nationally, approximately 70 percent of Supplemental Nutrition Assistance Program (SNAP) participants are families with children, and half of all SNAP participants are children, numbering approximately 19.2 million.<sup>ix</sup> In Delaware, more than 71 percent of SNAP participants are families with children,<sup>x</sup> and in Florida, more than 62 percent of SNAP participants are families with children.<sup>xi</sup> Under current law, children who participate in SNAP are categorically eligible for free or reduced-price school lunch through the National School Lunch Program

(NSLP).<sup>xii</sup> School lunch is critical to student health and well-being, especially for low-income students – and ensures that students have the nutrition they need throughout the day to learn and grow up healthy. Maternal receipt of SNAP during pregnancy reduces the incidence of low birth-weight by between 5 and 23 percent.<sup>xiii</sup>

Nemours has serious concerns with the proposed rule’s expansion of the definition of what it means to be a “public charge.” Specifically, we are concerned that the proposed inclusion of Medicaid, SNAP and public housing programs in public charge determinations for immigrants seeking legal permanent resident status would be detrimental to the health, development and well-being of children and families. Additionally, we urge the Administration to continue to exclude CHIP as a public benefit program subject to the public charge determination.

Nemours exists due to the compassion and generosity of our benefactor, Alfred I. duPont, and operates on his long-held philosophy that “it is the duty of everyone to do whatever is in their power to alleviate human suffering.” Nemours and children’s hospitals across the nation are doing their part and encourage the Administration to support us by maintaining the status quo. Even though the proposed rule has not yet taken effect, Nemours pediatricians are sharing stories of confusion among parents who are current Medicaid beneficiaries about whether or not to retain their benefits or forego treatment for their children out of fear that their application for a visa or green card would be jeopardized. This is deeply concerning because access to health care is a vital part of giving children the best chance for success in life. Research shows that children with Medicaid during early childhood are more likely to be healthy as adults compared to their uninsured peers.<sup>xiv</sup> Without access to high-quality preventive care early on, children may develop conditions that remain untreated and when ultimately addressed, create a financial burden on families that could have been avoided or reduced.

Nemours urges the Administration to prioritize all children and families as it considers major policy decisions. Healthy children, supported by healthy families, have the best chance to reach their full potential and contribute to our communities. Respectfully, we ask the Administration to withdraw this proposed rule.

Thank you for your consideration. Please do not hesitate to reach out to Daniella Gratale, Director of the Office of Child Health Policy & Advocacy at Nemours ([Daniella.Gratale@nemours.org](mailto:Daniella.Gratale@nemours.org)), with any questions or requests for additional information.

Sincerely,



Dr. R. Lawrence Moss  
President and CEO, Nemours Children’s Health System

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<sup>i</sup> <https://ccf.georgetown.edu/wp-content/uploads/2018/06/Delaware-Snapshots-2018.pdf>

<sup>ii</sup> <https://ccf.georgetown.edu/wp-content/uploads/2018/07/Florida.pdf>

<sup>iii</sup> <https://www.medicaid.gov/medicaid/program-information/downloads/accomplishments-report.pdf>

<sup>iv</sup> [https://www.macpac.gov/wp-content/uploads/2015/01/Contractor-Report-No\\_1.pdf](https://www.macpac.gov/wp-content/uploads/2015/01/Contractor-Report-No_1.pdf)

<sup>v</sup> <https://www.medicaid.gov/medicaid/program-information/downloads/accomplishments-report.pdf>

<sup>vi</sup> <https://www.medicaid.gov/medicaid/program-information/downloads/accomplishments-report.pdf>

<sup>vii</sup> <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Covering-Parents-v2.pdf>

<sup>viii</sup> <https://www.fns.usda.gov/pressrelease/2015/wh-120815>

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<sup>ix</sup> Center on Budget and Policy Priorities. Policy Basics: The Supplemental Nutrition Assistance Program (SNAP). Washington, D.C. 2018

<sup>x</sup> [https://www.cbpp.org/sites/default/files/atoms/files/snap\\_factsheet\\_delaware.pdf](https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_delaware.pdf)

<sup>xi</sup> [https://www.cbpp.org/sites/default/files/atoms/files/snap\\_factsheet\\_florida.pdf](https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_florida.pdf)

<sup>xii</sup> [https://fns-prod.azureedge.net/sites/default/files/cn/SP36\\_CACFP15\\_SFSP11-2017a1.pdf](https://fns-prod.azureedge.net/sites/default/files/cn/SP36_CACFP15_SFSP11-2017a1.pdf)

<sup>xiii</sup> <https://www.fns.usda.gov/pressrelease/2015/wh-120815>

<sup>xiv</sup> M.H. Boudreaux, et al., *The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program's Origin*, 45 J. HEALTH ECON. 161-175 (Jan. 2016).