August 13, 2019

The National Council of Asian Pacific Islander Physicians (NCAPIP) is deeply concerned about this week’s finalization of the Department of Homeland Security’s (DHS) public charge law because of its significant adverse consequences on the health and well-being of Asians and Pacific Islanders (APIs), and other immigrant communities throughout the U.S. and U.S.-associated jurisdictions in the Pacific.

As physicians at the forefront of caring for immigrant and refugee patients, we are distressed that patients already are deferring or declining needed health care based on the fear that their own, or their loved ones’, immigration status would be adversely affected. Deferred care means delayed diagnosis and worsening of treatable conditions, leading to needless suffering and avoidable morbidity and mortality.

Today, three out of ten new permanent residents are from Asia and Pacific Island nations. Immigrants are vital to the diversity and health of our nation, becoming contributing members of their neighborhoods and communities. For example, API physicians trained in their home countries who continue their training here in the U.S. (international medical graduates) often provide vital primary care to medically underserved populations, serving in medically underserved areas.

By weighing negatively many factors that are highly relevant for API applicants for permanent resident status, the new public charge law will most likely result in limiting the number of API individuals and families who are allowed to enter the U.S., and who are allowed to remain and achieve permanent resident status. Under the new law, applicants who are under 18, over age 61, have any medical condition, have less education, have limited English proficiency, have lower household incomes, and have poor credit histories will have all those factors negatively weighed against them. Receipt of Medicaid, Supplemental Nutrition Assistance Program (SNAP), and public housing support also will be heavily weighed negative factors against them.

Even the DHS continues to concede that, as a result of its intent to scare eligible individuals and families into dis-enrolling from, or failing to enroll, in health, nutrition, and housing programs, the new law will lead to worse health outcomes, including increased prevalence of both malnutrition and obesity, and increased prevalence of avoidable communicable diseases. Moreover, DHS itself continues to admit that the new law will lead to increased use of emergency rooms and acute care as a method of primary health care due to delayed treatment. There will also be increases in uncompensated care in which a treatment or service is not paid for by an insurer or patient. Finally, DHS acknowledges that the proposal will lead to increased rates of poverty and housing instability and reduced productivity and educational attainment among individuals applying for
permanent resident status, and their families. Given all these admitted negative impacts, there is no rational justification for continuing to pursue this policy change.

NCAPIP urges all physicians who serve immigrant patients to remain updated on this new law, including the anticipated legal challenges to block and delay its implementation, which is now scheduled for October 15, 2019. NCAPIP will continue to work with other physician associations and health stakeholders to educate physicians and immigrant families about the devastating consequences of this new law.

Sincerely,

Winston Wong, M.D., M.S.
Chairman of the Board