November 28, 2018

Sent via Electronic Submission at https://www.regulations.gov

Samantha Deshommes, Chief
Regulatory Coordination Division, Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue N.W.
Washington, DC 20529-2140

RE DHS Docket No. USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes:

The National Association of School Psychologists (NASP) submits the following comments in response to the Department of Homeland Security’s proposed regulation titled “Inadmissibility on Public Charge Grounds.” NASP represents 25,000 school psychologists who work with students, parents, teachers, school administrators, and communities to ensure students have the necessary supports needed to thrive at school, at home, and in life. Our members also provide a variety of school-based mental and behavioral health services—some of which are funded with Medicaid dollars—including prevention, early identification, and intervention services. We serve all students who are present in our nation’s schools.

NASP strongly supports policies that ensure all children and youth have access to the physical, educational, and mental health supports and services they need to be successful, including Medicaid. Providing children access to healthcare programs leads to improved academics and higher educational outcomes and are necessary to help students thrive. Long term, it helps young adults become more employable and to be productive contributors to American society. As such, we vehemently oppose the proposed rule as we believe it will have a profoundly negative effect on immigrant children and families. Specifically, we are concerned that families will forego access to benefits for which they and their children qualify and need—including nutrition, healthcare, and mental and behavioral health services, out of fear that receiving them would disqualify them from legal permanent residency or re-entry into the United States.

Schools deliver health services effectively and efficiently to children as schools are where kids spend most of their day. Many families rely on school-based services to meet the range of mental and physical health needs of their children. In fact, the majority of children who need mental and behavioral health services access them at school. Increasing access to health care services through Medicaid improves health care and educational outcomes for all students including immigrant children. The inclusion of Medicaid as a program that can disqualify someone from gaining citizenship or maintaining a visa in the U.S. will have immediate and damaging repercussions for children’s healthcare access inside and outside of school.

Although this regulation technically excludes school-based services from impacting a child’s future status in the U.S., many districts have already reported that parents fearful of the impact of this regulation are revoking their consent to bill Medicaid for special education services in schools. We are extremely concerned about how this will negatively impact children, families, and communities. School districts already face many challenges in enrolling children into the Medicaid/CHIP program, including obtaining parental consent that allows districts to be reimbursed by Medicaid for

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the direct healthcare services they provide. This regulation will exacerbate this problem. Because Medicaid reimbursement for special education services is a critical funding source for many school districts, schools with high numbers of immigrant children will have difficulties meeting their commitments under the Individuals with Disabilities Education Act (IDEA).

Finally, the notice of proposed rulemaking asked whether accessing the Children’s Health Insurance Program (CHIP) should impede a child’s or family’s ability to stay in the U.S. The answer is a resounding no. CHIP, which was just reauthorized on a bipartisan basis in Congress, has provided an invaluable service to children by ensuring that they can access healthcare providers and address healthcare issues early, before they become serious and more costly to treat. If families are deterred from participating in the CHIP program, children will become more reliant on emergency health services for basic medical care instead of accessing basic preventative healthcare. By reducing the likelihood that parents seek medical care for their children when appropriate, the Administration would be making a costly financial and public health mistake.

NASP strongly supports public policy that increases, not hinders, children’s access to comprehensive healthcare. For many of our nation’s youth, including some immigrant youth, Medicaid allows access to critical preventative health and mental health care that is needed to be successful in school and in life. This proposed rule will deter families from seeking needed medical attention out of fear of future impact on their legal status in this country. This will have a direct and harmful effect on children’s wellbeing. We strongly oppose this proposed rule and urge you to withdraw it in its entirety.

Sincerely,

Kathleen Minke, PhD
Executive Director