PUBLIC CHARGE PROPROSAL IS AN ATTACK ON AAPI FAMILIES

APIAHE & AAPCHO ASIAN HEALTH SERVICES

A new "Public Charge" proposal from the White House threatens Asian Americans, Pacific Islanders (AAPI), and other immigrant communities. Under this proposed regulation, anyone applying for a green card or entry to the U.S. could be denied if they or their non-U.S. citizen family members use government programs. This administration wants to divide us based on who we are, where we come from and how much money we make. But, you can stay updated by visiting bit.ly/JoinUsToProtectFamilies.

	AT RISK	•••			
1.4M	AAPI immigrants are in families that use Medicaid or the Children's Health Insurance Program (CHIP) ⁱ . This includes 182K children. ⁱⁱ		Top 5 states by number of AAPIs Medicaid or CHIP. ^{√1} These states cuts due to a chilling effect amo	could see \$2.9	billion in Medicaid
983K	AAPI children who are U.Sborn live with immigrant parents in families that use Medicaid or CHIP . Evidence demonstrates that children are more likely to have coverage if their parents have coverage. Parents forced to forgo health insurance and nutritional assistance will have a significant impact on their children's health and well-being. ^{III}			2	259,100
\$64M	Providers that serve AAPI communities will be hurt. Health Centers in the Association of Asian Pacific Community Health Organizations (AAPCHO) network could lose up to \$64 million in Medicaid funds due to patient disenrollment. ^{iv}		433,300	NY 73,400	47,200 46,700
1.1M	AA noncitizens live in families earning under 125% of poverty and could have had their visas or green cards rejected due to their income. ^v		CA	TX	IL WA

31% of the 1.1 million getting green cards each year are

from Asia and Pacific Island nations.viii

40%

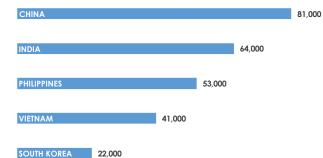
54%

of family-based immiarants are from Asia & Pacific Island nations.

of employment-based immigrants are from Asia & Pacific Island nations.

SIGNIFICANT IMPACT

Top Asian and Pacific Island Countries with number of people receiving green cards in 2016



Citizens from the Republic of Palau, the Federated States of Micronesia and the Republic of the Marshall Islands may enter, live, and work in the U.S. under an agreement (Compact of Free Association, or COFA) stemming from U.S. nuclear testing around their home islands. Health disparities in COFA communities are linked, in part, to U.S. colonialism in the region, including the elevated healthcare challenges in some Marshallese communities as a result of US nuclear weapons testing in the Marshall Islands. Public charge could be used to deny COFA entry and ability to live in the U.S. - abandoning our nation's commitment to our Pacific allies. This could impact the over 61,000 COFA persons now living in the U.S.^{ix}

¹ Batalova, Jeanne, Michael Fix and Mark Greenberg, "Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use," Migration Policy Institute. (June 2018). Available at: https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families Table 5. In the proposed regulation, Medicaid is explicitly counted as a negative factor. CHIP is proposed as a potential negative factor.

ⁱⁱ Migration Policy Institute tabulation of the U.S. Census Bureau's 2014-16 American Community Survey data produced at the request of APIAHF. For more public-charge related resources and data from the Migration Policy Institute (MPI), visit MPI at: https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families.

^{III} See, for example, Hudson, J. L., & Moriya, A. S. (2017). Medicaid Expansion For Adults Had Measurable 'Welcome Mat' Effects On Their Children. Health Affairs, 36(9), 1643-1651. doi:10.1377/hlthaff.2017.0347, available at https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.0347; Venkataramani, M., Pollack, C. E., & Roberts, E. T. (2017). Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services. Pediatrics. doi:10.1542/peds.2017-0953, available at http://pediatrics.aappublications.org/content/pediatrics/ early/2017/11/09/peds.2017-0953.full.pdf

^{iv} Estimates prepared by the Association of Asian Pacific Community Health Organizations, derived in part from U.S. Dept. of Health and Human Services, Health Resources Services Administration, Uniform Data System (UDS). (2016). AAPCHO has a network of 34 health centers.

^v "Public Charge Proposed Rule: Potentially Chilled Population Data Dashboard." Manatt, www.manatt.com/Insights/Articles/2018/Public-Charge-Rule-Potentially-Chilled-Population.

^{vi} Migration Policy Institute tabulation of the U.S. Census Bureau's 2014-16 American Community Survey data produced at the request of APIAHF. For more public-charge related resources and data from the Migration Policy Institute (MPI), visit MPI at: https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families.

vii AAPCHO calculation of Medicaid funding cuts based on average per-beneficiary spending and a 60% disenrollment scenario among AAPI noncitizens.

viii APIAHF analysis of Department of Homeland Security Data.

* "Compacts of Free Association: Actions Needed to Prepare for the Transition of Micronesia and the Marshall Islands to Trust Fund Income," Government Accountability Office. (May 2018). Available at: https://www.gao.gov/assets/700/691840.pdf.