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New Report Sees Major Implications of Revised Federal ‘Public Charge’ Rule on Health Care in Massachusetts

Amid COVID-19 Pandemic, Thousands of Eligible, Legal Immigrants May Forgo Health and Nutrition Benefits; Nearly Half a Billion Dollars in Hospital Spending at Risk

BOSTON (Sept. 29, 2020) – The [Blue Cross Blue Shield of Massachusetts Foundation](#) today released a new analysis of the revised “public charge” admissibility rule, finding that the federal policy will likely prompt thousands of Massachusetts residents to forgo or disenroll from health care and nutrition benefits. This occurs as the COVID-19 pandemic’s public health and economic crisis is leading to a greater need with more than a million Massachusetts residents losing their jobs. At the same time, up to \$457 million in hospital spending is at risk, due to people avoiding health coverage and provider care.

The revised public charge rule makes it harder for certain immigrants to obtain green cards or visas if they have applied for or enrolled in public benefits such as MassHealth (Medicaid and the Children’s Health Insurance Program) or SNAP (Supplemental Nutritional Assistance Program). The rule took effect in Massachusetts in February and, while applying to a relatively narrow subset of the population, it is having a chilling effect on many more lower income individuals who could receive public benefits for health, nutrition and housing without consequence, but may decline to claim such federal assistance out of concern it will affect their immigration status.

The report, a collaboration between the Foundation’s Massachusetts Medicaid Policy Institute and UMass Medical School’s Commonwealth Medicine, estimates that 55,000 to 129,000 Massachusetts residents will likely avoid enrolling in, or disenroll from, MassHealth; and 27,000 to 63,000 residents will be in households that avoid enrolling in, or disenroll from, SNAP. These individuals and families are likely to experience worse health outcomes and a lower quality of life without public benefits for health and nutrition.

Despite this reduction, MassHealth overall enrollment is still expected to rise given the economic hardship created by the pandemic. Also, these estimates are based on national studies and do not account for strategies that are taking place within Massachusetts to try to mitigate the impact of



public charge on enrollment in MassHealth – including intensive outreach and education in immigrant communities.

“Leaders within immigrant communities and health care providers who serve those communities were worried as soon as it became clear that the federal administration was thinking of making public charge stricter than the previous rule,” said Audrey Shelto, president of the Blue Cross Blue Shield of Massachusetts Foundation. “They knew that it would harm vulnerable people and many have already reported that people are deciding not to continue services. This analysis demonstrates that many more people to whom this policy change does not apply will be harmed as well, given their fear that it might apply to them, and the result will be poorer health, more food insecurity and greater stress for many in the Commonwealth.”

The report also warned that the public charge rule may hamper the Commonwealth’s longstanding public policy priorities of controlling health care costs, maintaining the lowest uninsured rate in the nation, and addressing the social determinants of health such as housing and food security. Lower enrollment in public benefits results in less federal revenue flowing into Massachusetts, including matching dollars for MassHealth and federal housing subsidies, and as much as \$85 million per year in SNAP benefits used by individuals and families to buy food at Massachusetts retail stores.

“Access to food, housing, and health care are essential parts of individual and societal well-being,” said Lisa Colombo, executive vice chancellor at UMass Medical School. “Policies that reduce access to basic services can have far-reaching consequences that may take years to fully realize.”

The report was developed prior to the onset of the coronavirus pandemic. While the report does not factor the COVID-19 public health crisis into the MassHealth and SNAP enrollment estimates, the researchers state that the impacts of the revised public charge rule are likely to be magnified. For example, residents without health care coverage are more vulnerable to COVID-19 due to a lack of access to care and testing. In addition, food insecurity has become more prevalent and severe during the pandemic due to higher unemployment.

The full report, “The Final Public Charge Admissibility Rule: Implications for Massachusetts,” is available online at: <https://bluecrossmafoundation.org/publication/final-public-charge-admissibility-rule-implications-massachusetts>

About the Blue Cross Blue Shield of Massachusetts Foundation

The mission of the [Blue Cross Blue Shield of Massachusetts Foundation](https://bluecrossmafoundation.org) is to expand access to health care for low-income and vulnerable individuals and families in the Commonwealth. The Foundation was created in 2001 with an initial endowment from Blue Cross Blue Shield of



Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

About the Massachusetts Medicaid Policy Institute

The Massachusetts Medicaid Policy Institute (MMPI) – a program of the Blue Cross Blue Shield of Massachusetts Foundation – is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, MassHealth. MMPI’s mission is to promote the development of effective Medicaid policy solutions through research and policy analysis.

About Commonwealth Medicine

[Commonwealth Medicine](#) (CWM) is the health care consulting and operations division of the University of Massachusetts Medical School. It draws on the academic knowledge and public health service expertise of Massachusetts’ only public medical school to provide comprehensive, innovative health care and policy solutions to MassHealth and other human services agencies. Commonwealth Medicine provides state and federal agencies with the tools they need to develop and administer entire programs serving vulnerable populations. Today CWM’s work has expanded to more than 20 states, as well as a number of countries.

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