

October 22, 2019

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

As the largest professional association for physicians and medical students, and the umbrella organization for state and national medical specialty societies, the American Medical Association (AMA) has been, and continues to be, deeply committed to ensuring the health and safety of all individuals regardless of immigration status. I am writing regarding your recent [Presidential Proclamation](#) on the Suspension of Entry of Immigrants Who Will Financially Burden the United States Healthcare System. The AMA is highly concerned about the proclamation's potential negative impact on individuals and families, who are legally immigrating to the U.S., to access health care services. Impeding access to health-related benefits for these individuals and families will adversely impact population health in general, and thus we strongly urge you to rescind the proclamation.

It is our understanding that, effective November 3, 2019, the proclamation would suspend entry of immigrants unless they can prove they will be covered by approved health insurance within 30 days of entry into the U.S. or that they have financial resources to pay for reasonably foreseeable medical costs. Under the proclamation, approved health insurance would include employer-sponsored and other private coverage, including unsubsidized coverage through the Affordable Care Act (ACA) Marketplaces, short-term plans, traveler plans, or catastrophic plans. Subsidized Marketplace coverage and Medicaid coverage for adults would not be considered approved coverage. In addition, state or local programs and other programs, such as the Ryan White HIV/AIDS Program, are not considered approved coverage under the proclamation.

The proclamation claims that suspension is necessary to protect the health care system and taxpayers from uncompensated care costs. We disagree. In 2017, there were 22 million non-citizens residing in the U.S., accounting for approximately seven percent of the total U.S. population.¹ Although non-citizens, including lawfully present and undocumented immigrants, are more likely to be uninsured than citizens, reflecting limited eligibility for coverage options and enrollment barriers, data show that immigrants' overall health care expenditures were generally one-half to two-thirds those of U.S.-born individuals, across all assessed age groups, regardless of immigration status.²

¹ Kaiser Family Foundation [Population Distribution by Citizenship Status](#), 2017

² Lila Flavin, Leah Zallman, Danny McCormick, and J. Wesley Boyd, Medical Expenditures on and by Immigrant Populations in the United States: [A Systematic Review](#), (Boston, MA: Tufts University School of Medicine, 2018)

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October 22, 2019

Page 2

On August 3, 2018, a final short-term limited duration insurance (STLDI) rule was issued by the U.S. Departments of Health and Human Services (HHS), Labor (DOL), and Treasury (Treasury). The AMA opposed the rule, which expanded the availability of STLDI plans, in part, because the AMA was, and remains, concerned that the expansion of STLDI will ultimately undermine the individual insurance market and create an uneven playing field by luring away healthy consumers, thereby damaging the risk pool and driving up premiums for consumers left in the ACA-compliant market. The AMA believes that the expansion and increased usage of STLDI plans will result in consumers purchasing inadequate, skimpy coverage and will reverse progress that has been made in expanding meaningful coverage to millions of previously uninsured Americans.

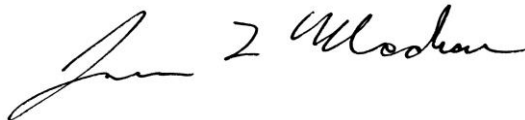
In half of the states, pregnant women lawfully immigrating to the U.S. are eligible for Medicaid; however, under the proclamation, these women will be forced to find other health coverage, such as STLDI, to immigrate to the U.S. Yet, STLDI plans are exempt from the ACA's consumer protection provisions and benefit standards, including the prohibition on pre-existing condition exclusions. Since pregnancy is often considered a pre-existing condition, STLDI plans will provide inadequate coverage for pregnant women. By forcing them into such coverage, we believe the proclamation will have a direct negative impact on the health and well-being of pregnant women seeking to legally immigrate to the U.S.

Although the proclamation recognizes Medicaid as approved coverage for legal immigrants under 18 years of age, we are concerned that immigrant parents will be discouraged from enrolling their children in the program. Recent reports have shown that adults in immigrant families with children were more than twice as likely to report chilling effects on enrollment in public benefit programs from fear of losing their legal status under this Administration's immigration policies as adults in families without children—17 percent versus about nine percent. The Supplemental Nutrition Assistance Program (SNAP), Medicaid, and the Children's Health Insurance Program (CHIP) were the three most common programs that immigrants reported either not enrolling in or terminating the benefit as a result of fear.³ We believe that the proclamation will cause confusion and have a chilling effect—likely discouraging non-citizens, especially pregnant women and children, from applying for certain public benefits even if they are eligible. We are also concerned that the proclamation does not include CHIP as approved coverage.

In conclusion, we strongly urge the Administration to rescind this proclamation and instead work with the AMA and other health care experts to develop policies that ensure the health of children and families is protected throughout the immigration process.

If you have any questions, please contact Margaret Garikes, Vice President for Federal Affairs, at margaret.garikes@ama-assn.org, or by calling 202-789-7409.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

³ Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, Stephen Zuckerman, One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018 ([Urban Institute](https://www.urbaninstitute.org/publications/one-in-seven-adults-in-immigrant-families-reported-avoiding-public-benefit-programs-in-2018), May 2019)