



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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December 19, 2025

Ms. Kristi Noem, Chief
Regulatory Coordination Division
Office of Policy and Strategy
U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, D.C. 20529-2140
ATTN: DHS Docket Number USCIS-2025-03041

Re: Notice of Proposed Rulemaking, “Inadmissibility on Public Charge Grounds” (Published in Federal Register Volume 90, Number 221 on November 19, 2025)

Dear Chief Noem:

The Massachusetts Health Connector (Health Connector), a state-based health insurance Marketplace authorized under the Patient Protection and Affordable Care Act of 2010 (ACA), appreciates the opportunity provided by the Department of Homeland Security (DHS) to comment on the proposed rule, “Inadmissibility on Public Charge Grounds.”¹

The Health Connector was created in 2006 as part of Massachusetts’s state-level bipartisan health reform law and is designed to connect Massachusetts residents with high quality, affordable health coverage and to promote universal health coverage in the Commonwealth. The Health Connector is a State-based Marketplace (SBM) and administers the sale of commercial health insurance, in some cases subsidized with federal Advance Premium Tax Credits, to income-eligible individuals, including both U.S. citizens and lawfully present residents. Through almost two decades of effort and close collaboration with local commercial insurance carriers, hospitals and health care providers, business leaders, and consumer groups, we have been successful in this mission: the Commonwealth has a nation-leading health insurance

¹ 90 FR 52168 at <https://www.federalregister.gov/documents/2025/11/19/2025-20278/public-charge-ground-of-inadmissibility>.

rate of 97.2 percent,² and we are ranked as the number one state in the nation for health care affordability and access.³

The Health Connector, along with the Commonwealth of Massachusetts as a whole, is strongly opposed to the proposed rule and urges DHS to withdraw it. This proposed rule would undermine our state's ability to further the Health Connector's mission and would threaten the gains our state has made to secure near-universal health coverage, in addition to driving up costs.

The provisions of the proposed rule would increase health care costs statewide, lead healthier people to avoid purchasing coverage, worsen the health insurance risk pool, and result in higher amounts of uncompensated care. The proposed changes and the removal of regulatory limitations for what constitutes a public charge would represent a dramatic and reckless departure from the public charge approach DHS established in the 2022 regulations. That approach sensibly recognizes the valuable role of health insurance benefits in allowing lawfully present immigrants and their dependents, including American citizens, to stay healthy so that they may fully contribute to their families, communities, local economies, states, and the United States as a whole. We urge DHS to reverse its current course, which dispenses with this proven policy and instead puts private commercial health coverage through the Health Connector at risk for thousands of Massachusetts residents who may make the difficult choice to go uninsured rather than risk a negative impact to their immigration status, bringing health and financial risk to them directly, as well as an greater number of residents who will face higher costs and reduced access due to having fewer people in our insurance market risk pool. This threatens to destabilize our insurance market and our state's historic and proven approach to health coverage, while also failing to further the Congressional intent of decreasing the availability of public benefits to disincentivize immigration to the United States. We urge withdrawal of this misguided and injurious rule.

We respectfully offer the following specific comments relating to the proposed rule.

A. The broad discretion granted by this proposed rule to define a public charge will create undue uncertainty and fear regarding what actions will lead to dire consequences for lawfully present immigrants in the U.S.

Without clear rules for what activities inform public charge determinations, individuals may opt not to apply for programs to which they are lawfully eligible, for fear it may impact their future immigration status, or that of a family member. DHS's proposal to move to a completely discretionary process for evaluating the likelihood of an immigrant becoming a "public charge" creates needless and overt ambiguity and complexity regarding the relevant factors included for consideration. The proposed changes include removing the definitions and regulatory framework for making public charge inadmissibility determinations included in 8 CFR 212.21. DHS proposes moving away from a "bright-line" dependence standard and instead removing all regulatory limitations on the types of public resources that are relevant for considering whether an immigrant is dependent on public benefits by removing and eliminating explicit definitions that make it clear to individuals what actions may jeopardize their status. The statutory factors and definitions established in the 2022 final rule provide a consistent framework for assessing factors relevant to an individual's likelihood of being dependent on the government. This enables individuals to make informed choices about

² American Community Survey Data (2025) at <https://www.shadac.org/news/2024-ac-s-tables-state-and-county-uninsured-rates-comparison-year-2023>.

³ Massachusetts Ranks #1 for Health Care Affordability and Access (2025) at <https://www.mass.gov/news/massachusetts-ranks-1-for-health-care-affordability-and-access>.

applying for and/or accessing certain benefits. By eliminating this regulatory framework and associated definitions, immigrants and their dependents have no clarity on what individual factors may be considered by a DHS officer in a public charge determination.

B. Adding the past receipt of public benefits and any application for public benefits would allow DHS to apply an overly-broad consideration of likelihood of becoming a public charge to those who may have received benefits while in a protected status, applied for but did not receive benefits, and to dependents of immigrants who are U.S. citizens and legally entitled to receive public benefits.

Allowing the consideration of past, current, or future receipt of public benefits, broadly defined, is not warranted to determine if an immigrant would become dependent on public benefits. DHS's proposal to remove regulations outlining the public charge inadmissibility determination included in 8 CFR 212.22 is purported to "restore the case-by-case and inherently discretionary nature of the determination." However, this "inherently discretionary" approach would instead enable DHS officers to make public charge determinations based on unsubstantiated claims, without sufficient evidence, that an immigrant would be dependent on public benefits, and generate uncertainty and fear among potential applicants. This approach is particularly concerning for lawfully present immigrants and their U.S. citizen dependents who would be unfairly penalized for applying for public benefits to which they are legally entitled.

The proposed rule's approach to eliminate the bright-line standard that prohibits consideration of an application is particularly troubling for an integrated application for Medicaid and Marketplace coverage such as the one the Health Connector shares with the Massachusetts Medicaid program, MassHealth. The 2022 regulations explicitly assert that, "an individual's application for a public benefit on their own behalf or on behalf of another does not constitute receipt of public benefits by such individual."⁴ Removal of these 2022 regulations would enable an application for benefits – *even if no benefits were granted* – to be considered in a public charge determination. As part of the integrated application for health coverage in Massachusetts, applicants may choose to apply for commercial coverage for themselves without requesting consideration for financial assistance, or they may qualify for federal premium tax credits but choose not to apply them. However, without clarity about DHS's decision-making process, individuals may even forgo insurance they pay for in full, without any tax credits, for fear of endangering their ability to stay in the country.

C. The proposed rule does not further the Congressional intent of decreasing the availability of public benefits to disincentivize immigration to the U.S. Instead, H.R.1, passed in July 2025, significantly restricts eligibility for health coverage programs by preventing a subset of currently eligible lawfully present individuals from accessing publicly funded health coverage.

As a result of H.R.1, eligibility guidelines for lawfully present immigrant access to premium tax credits available through the federally-facilitated marketplace and SBMs will be significantly restricted. Thus, those individuals that DHS has deemed to be "at risk of becoming a public charge" will already be prevented from accessing many forms of publicly available health coverage. Therefore, eliminating the specific set of factors that can be considered when making a determination of a public charge (as detailed in the 2022 rule), and instead replacing it with an expansive authority that permits DHS to consider any and all factors when making a determination of a public charge will not further the stated goal of limiting the likelihood that access to public benefits is seen as an incentive for immigration to the U.S. Rather, that incentive has already been achieved through H.R.1. Moreover, these non-citizens still qualify under the law to purchase

⁴ 212.21 Definitions at [https://www.ecfr.gov/current/title-8/chapter-I/subchapter-B/part-212/section-212.21#p-212.21\(d\)](https://www.ecfr.gov/current/title-8/chapter-I/subchapter-B/part-212/section-212.21#p-212.21(d))

private commercial health insurance coverage through the Health Connector at full cost. However, with this proposed rule they may be discouraged from applying, due to concerns about public charge for themselves or members of their family, which could negatively impact the risk pool, despite Congress's intention to allow them to purchase full-cost commercial coverage.

Eligibility to purchase commercial health insurance and access federal premium tax credits through SBMs, such as the Massachusetts Health Connector, is already limited to lawfully present immigrants under the Affordable Care Act statute in place since 2013 . However, recent provisions of H.R.1, or the "*One Big Beautiful Bill*" Act, passed in July 2025, further restricts immigrant eligibility for federal premium tax credits by denying categories of lawfully present immigrants. Starting January 1, 2026, individuals with income less than 100 percent of the Federal Poverty Level who do not qualify for Medicaid coverage due to their immigration status will be barred from federal premium tax credit eligibility. This will result in approximately 21,000 lawfully present immigrants in Massachusetts who do not have a green card losing eligibility for premium tax credits starting in 2026 plus another 14,000 green card holders. Additionally, starting January 1, 2027, eligibility for federal premium tax credits will be further limited to lawful permanent residents (i.e., green-card holders), individuals who lawfully reside in the U.S. in accordance with the Compact of Free Association (COFA), and Cuban and Haitian entrants. These new, more restrictive eligibility requirements related to immigration status apply to eligibility for federal premium tax credits available through the Massachusetts Health Connector, as well as to other public benefit programs, such as Medicaid and Medicare. As a result, between 25,000 and 30,000 lawfully present immigrants living in Massachusetts are expected to lose eligibility for premium tax credits starting in 2027. Many of these individuals would be discouraged from keeping their coverage during 2026 if the proposed rule is finalized.

D. The proposed rule creates unnecessary uncertainty and fear surrounding access to publicly funded health coverage programs that are available to U.S. citizens and lawful permanent residents. This is particularly harmful to U.S. citizens living in mixed immigration status households.

The proposed rule generates uncertainty and fear for certain U.S. citizens and lawful permanent residents alike who are applying for public benefits to which they are legally entitled. DHS's proposal to remove the "bright-line dependence standard" would no longer prohibit consideration of the receipt of public benefits by an immigrant's dependents, such as a U.S. citizen child in a mixed-status household. Additionally, an application for public benefits would also be permissible for consideration of a public charge determination. Thus, a parent may make the difficult decision not to apply for benefits for their U.S. citizen child for fear that it could impact the ability of another non-citizen member of the household from becoming a lawful permanent resident or a U.S. citizen in the future. This is harmful to U.S citizens who have a right to these benefits.

By widening consideration of public charge to include application for or receipt of any public resources not only by the immigrant but also the immigrant's dependents, the proposed rule introduces unwarranted administrative complexity separate from the goal of restricting public benefits from immigrants with the potential to become a "public charge." It effectively restricts access to public benefits among U.S. citizens and lawful permanent residents who are legally entitled to those benefits and are not subject to any consideration as a public charge.

Many Americans live in mixed status households. A Kaiser Family Foundation (KFF) analysis of American Community Survey data from 2023, suggests that about 13.4 million Medicaid or CHIP enrollees were living

in a household with a noncitizen as of 2023, including 5.9 million citizen children.⁵ In December 2025, Health Connector data show that while 30 percent of enrollees are non-citizens, about 39 percent of enrolled households have at least one non-citizen member in their household. Starting in January 2026, we expect the percentage of non-citizen enrollees to decrease to about 22 percent.

Mixed-status households are already more likely to avoid government benefits due to green card concerns even without the proposed rule. In the proposed rule, DHS highlighted that an updated 2023 study found that 13 percent of adults in immigrant families avoided noncash government benefits like Medicaid, SNAP, or housing subsidies in 2022 due to green card concerns, a chilling effect likely driven by modifications to public charge pursued under the first Trump administration. Moreover, 25 percent of adults in mixed-status families reported chilling effects compared to 13 percent of those in green card families and 7 percent of all-citizen families.⁶ Thus, this proposed rule creates extra burden for these mixed status families, harms U.S. citizens and lawful permanent residents and does not further the Congressional intent of decreasing availability of public benefits to non-citizens as a strategy to disincentivize immigration. It instead, disincentivizes U.S. citizens from accessing benefits to which they are legally entitled.

In fact, nothing is more contrary to the Congressional intent of evaluating the likelihood of an immigrant becoming dependent on public resources than expanding evaluation to U.S. citizens who simply *applied* for a public benefit to which they are legally entitled. DHS itself states that “Individuals who might choose to disenroll from or forgo future enrollment in a public benefits program include aliens as well as U.S. citizens who are members of mixed-status households.” DHS also states that “reduced access to public benefit programs by eligible individuals, including aliens and U.S. citizens in mixed-status households, may lead to downstream effects on public health, community stability, and resilience.”

E. The proposed rule’s chilling effect on enrollment could diminish the Health Connector’s long-standing role as a competitive marketplace available to nearly all Massachusetts residents. Reducing enrollment in Health Connector coverage undermines its ability to empower all Commonwealth consumers to shop for commercial insurance in a competitive, transparent fashion.

In 2006, Massachusetts enacted a landmark bipartisan package of health care reforms, including state subsidy programs for low- and moderate-income individuals, as well as a state-level individual mandate to have health insurance to encourage individual responsibility. Massachusetts currently leads the nation in health insurance coverage among its residents at 97.2 percent, which is the result of decades of work, even pre-dating the 2006 reform law.⁷ The removal of regulatory limitations on the types of public resources that are relevant for consideration in a public charge determination as proposed by DHS significantly alters the incentives and disincentives for families as they contemplate enrolling in coverage. This will undermine the Commonwealth’s hard-won progress over the past 19 years to ensure all lawfully present Massachusetts residents eligible for Health Connector coverage, such as lawful permanent residents or “green card” holders as defined in H.R. 1, have access to affordable health care and prevent the Commonwealth from maintaining its steady and high insurance rate.

⁵ KFF. Changes to Public Charge Regulations Will Likely Lead More Immigrant Families to Avoid Health Care and Assistance Programs (2025) at <https://www.kff.org/quick-take/changes-to-public-charge-regulations-will-likely-lead-more-immigrant-families-to-avoid-health-care-and-assistance-programs/>.

⁶ One in Four Adults in Mixed-Status Families Did Not Participate in Safety Net Programs in 2022 Because of Green Card Concerns (2023) at <https://www.urban.org/research/publication/one-four-adults-mixed-status-families-did-not-participate-safety-net-programs>

⁷ 2024 ACS Tables: State and County Uninsured Rates, with Comparison Year 2023 (2025) at <https://www.shadac.org/news/2024-ac-tables-state-and-county-uninsured-rates-comparison-year-2023>.

In 2026 and 2027, the Health Connector already expects to see decreased enrollment among the more than 60,000 non-citizen members that will experience restricted eligibility for federal premium tax credits due to new eligibility restrictions for lawfully present immigrants enacted by H.R. 1. Moreover, historic coverage gains will be further threatened by the expiration of enhanced premium tax credits at the end of 2025.

Nationwide, DHS estimates a 17.3 percent disenrollment rate from public benefit programs as a result of the proposed rule. A portion of that will be among U.S. citizens who are lawfully entitled to those benefits. In Massachusetts, this would mean tens of thousands of members dropping coverage.

Additional research from KFF shows the far-reaching ramifications of the chilling effect, exacerbated by the current climate related to aggressive and, in many documented instances, indiscriminate immigration enforcement activities. The share of immigrant adults who reported skipping or postponing health care in the past 12 months increased from 22 percent to 29 percent between 2023 and 2025, with 19 percent of this group citing immigration-related concerns.⁸ With almost 1 in 5 immigrant adults already forgoing health care due to immigration related concerns, there is no legitimate additional need for this proposed rulemaking to further disincentivize reliance on public benefits.

F. Financial insecurity and negative health impacts caused by a lack of health insurance will harm the health of U.S. citizens as well as the economy overall.

If finalized, this rule could lead to thousands of excess deaths annually. We agree with the acknowledgement by DHS that the proposed rule will result in worse health outcomes, such as increased prevalence of obesity and malnutrition (especially among pregnant or breastfeeding women, infants, and children), reduced prescription adherence, and increased use of emergency rooms for primary care due to delayed treatment. Furthermore, DHS rightfully acknowledges the likelihood of higher prevalence of communicable diseases, including among U.S. citizens who are not vaccinated. These worsened health outcomes will have long-term downstream impacts on overall population and economic health in the U.S. and will increase the cost burden of addressing worsened health on taxpayers and insureds.

Moreover, when families go without health insurance, a minor health event can lead to economic instability and even bankruptcy. Data from the Roosevelt Institute shows that in 2022, medical debt made up 58 percent of all debts gone to collections, and 62 percent of bankruptcies were attributed in part to medical debt.⁹ Medical debt is shown to discourage individuals from seeking preventive medical care and makes catastrophic health events more likely and strains emergency medical systems. The 2023 Massachusetts Health Insurance Survey conducted by the Massachusetts Center for Health Information Analysis (CHIA) reported that 13 percent of Massachusetts residents have family medical debt or medical bills that are being paid over time.¹⁰ In comparison, 36 percent of U.S. households reported having medical debt in 2024, demonstrating the strengths of near-universal health coverage on reducing medical debt in Massachusetts that would be threatened by this proposed rule.¹¹

⁸ KFF. Changes to Public Charge Regulations Will Likely Lead More Immigrant Families to Avoid Health Care and Assistance Programs (2025). Accessed at <https://www.kff.org/quick-take/changes-to-public-charge-regulations-will-likely-lead-more-immigrant-families-to-avoid-health-care-and-assistance-programs/>.

⁹ The US Medical Debt Crisis: Catastrophic Costs of Insufficient Health Coverage (2025) at <https://rooseveltinstitute.org/publications/medical-debt/>.

¹⁰ Massachusetts Health Insurance Survey (2023), at <https://www.chiamass.gov/massachusetts-health-insurance-survey/>

¹¹ Medical debt and collections in the United States (2025) at <https://pmc.ncbi.nlm.nih.gov/articles/PMC12394938/>

We agree with the acknowledgement by DHS that rates of uncompensated care in our health care delivery system will increase, where treatments or services are not paid for by insurers or patients. Relatedly, we support DHS's recognition that this rule will result in indirect effects to various entities that this proposed rule does not directly regulate, such as to hospital systems, and other organizations that provide public assistance to non-citizens and their households. Still, the proposed rule does not convincingly argue that this resulting economic harm is offset by the larger goal of reducing reliance on public benefits.

DHS references detrimental economic effects in its discussion of the proposed rule. The stated purpose of the proposed rule is to limit the "availability of public benefits" and "disincentivize immigration" by removing restrictions on the public benefits considered in a public charge determination. The approach proposed by DHS would not achieve this goal, but would instead have downstream negative effects on the economy including:

- Lower revenues for healthcare providers, especially those participating in Medicaid;
- Higher costs resulting from increases in uncompensated care being shifted to families, small businesses, and tax-payers;
- Reduced income for companies manufacturing medical supplies or pharmaceuticals;
- Decreased sales for grocery retailers participating in SNAP;
- Negative economic impacts on agricultural producers supplying SNAP-eligible foods; and
- Worsened financial strain on landlords participating in federally funded housing programs.

All these factors further harm U.S. citizens, including those who are small business owners and community leaders, by destabilizing local economies and health care systems.

G. The remaining insured individuals – citizens and immigrants alike – are likely to face increased premiums as the result of fewer healthier individuals enrolling in coverage.

The Health Connector is the conduit to commercial health insurance for over 370,000 Massachusetts residents – roughly 87 percent of all individuals who buy non-group commercial (or individual market) coverage in the state.¹² On behalf of its members, the Health Connector is able to procure high-quality plans at competitive premiums in a way that individual enrollees are not situated to do on their own. Federal policies that deter consumers from enrolling in Marketplace coverage weaken the collective impact of individual market purchasers, yielding a less competitive insurance market for all.

Those most likely to risk going without coverage are the relatively younger and healthier population – people who feel they can afford to take a risk. When healthy people opt out of health insurance coverage, this harms the health insurance risk pool, increasing premiums for U.S. citizens and immigrants with health needs who remain insured. Changes to the health insurance risk pool when mixed household families make the difficult decision not to apply for coverage will further contribute to rising premiums for all those who remain covered, destabilizing state insurance markets. A study of states with a Medicaid Expansion population shows that providing insurance to immigrants costs the health care system approximately \$3,800 per person per year, compared to \$9,428 per person per year for U.S.-born adults. These findings suggest that immigrants' health care utilization upon coverage remains modest, and that the direct coverage of providing health insurance to immigrants is far less than for U.S.-born adults.¹³

¹² Enrollment in Health Insurance (2025) at <https://www.chiamass.gov/enrollment-in-health-insurance/>.

¹³ Cost of Public Health Insurance for US-Born and Immigrant Adults (2023) at <https://pmc.ncbi.nlm.nih.gov/articles/PMC10504616/>

Marketplace plan premiums for 2026 are already spiking owing to recent Marketplace policy changes in H.R. 1, rising health care costs, and the expiration of enhanced premium tax credits at the end of December 2025. In the absence of an extension of the enhanced premium tax credits that have been in place since 2021, national net premiums for eligible enrollees are increasing by 25 to 100 percent, and 4 million people across the country will likely become uninsured.¹⁴ In Massachusetts, an estimated 337,000 health insurance marketplace enrollees will experience premium increases due to changes in federal subsidies in 2026, amounting to a loss of about \$1,300 in federal premium tax credits per person annually and in some cases resulting in monthly premiums doubling or tripling.¹⁵ Additionally, H.R. 1 already excludes many lawfully present immigrants from eligibility for premium tax credits, who tend to be younger and healthier. Adding to that, provisions in the proposed rule would lead families from mixed status households to go without health insurance rather than risk future implications if a family member later wants to adjust their status will leave the Marketplace insurance risk pools smaller and sicker, likely causing premiums to increase for everyone.¹⁶

Conclusion

This proposed rule would undermine our state's ability to further the mission of connecting Massachusetts residents with high quality, affordable health coverage and to promote universal health coverage in the Commonwealth and threatens the gains our state has made to secure near-universal health coverage. Immigrants are a vital and valued part of the Massachusetts economy and critical participants in the state's long-standing and successful approach to keeping our population healthy, productive, and financially secure. By adopting policies that could lead to a decline in participation in health care programs by U.S. citizens and immigrants alike, DHS would fray the fabric of the insurance compact Massachusetts has taken great pains to foster over the last 30 years and that have proven successful. All Massachusetts residents stand to lose because of this misguided proposed rule. We urge its withdrawal.

We thank you for consideration of our comments.

Sincerely,



Audrey Morse Gasteier
Executive Director

¹⁴ Enhanced Premium Tax Credits for ACA Health Plans: Who They Help, and Who Gets Hurt If They're Not Extended (2025) at <https://www.commonwealthfund.org/publications/explainer/2025/feb/enhanced-premium-tax-credits-aca-health-plans>.

¹⁵ Health insurance premiums set to rise for more than 330K Mass. residents in 2026 (2025) at <https://neal.house.gov/2025/11/06/health-insurance-premiums-set-to-rise-for-more-than-330k-mass-residents-in-2026/>

¹⁶ New Federal Policies Spur Higher Health Insurance Premiums for Consumers in 2026, Insurer Filings Show (2025) at <https://www.commonwealthfund.org/blog/2025/new-federal-policies-spur-higher-health-insurance-premiums-consumers-2026-insurer-filings#:~:text=Why%20Are%20Marketplace%20Insurers%20Raising,the%20effect%20of%20general%20inflation.>