



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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November 2, 2020

U.S. Citizenship and Immigration Services
Department of Homeland Security
20 Massachusetts Avenue NW
Washington, D.C. 20529-2140
ATTN: DHS Docket Number USCIS-2019-0023

Re: Notice of Proposed Rulemaking, “Affidavit of Support on Behalf of Immigrants” (Published in Federal Register Volume 85, Number 192 on October 2, 2020)

To whom it may concern:

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, “Affidavit of Support on Behalf of Immigrants.”

The Health Connector was created 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 health insurance exchange and administers the sale of health insurance, in some cases subsidized with federal Advance Premium Tax Credits (APTC), to eligible individuals, including both citizens and lawfully present residents. Through over a decade of effort and close collaboration with local insurance carriers, health care providers, business leaders, and consumer groups, we have been successful in this mission: the Commonwealth has a nation-leading health insurance rate of 97%,¹ we are consistently ranked as one of the healthiest states in the nation,² and we have the lowest-cost average Marketplace premiums in the country.³ The proposed rule would undermine our state’s ability to further this mission and threaten the gains our state has made to secure near-universal health coverage.

The Health Connector opposes the proposed rule and strongly advises that the proposed rule be withdrawn. The Commonwealth of Massachusetts values the immigrant community’s role in making our state a vibrant and competitive commonwealth and believes the proposed changes to the affidavit of support rule would harm these interests by discouraging citizens and lawful Massachusetts residents from accessing basic supports such as medical care and other programs intended to help households build economic self-sufficiency.

The addition of a 36-month “look-back” period on sponsors’ use of means-tested benefits is likely to deter qualified individuals from accessing the health care they need. Although its own applicants and enrollees are

¹ U.S. Census Bureau, at <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>

² United Health Foundation, at https://assets.americashealthrankings.org/app/uploads/ahr_2019annualreport.pdf.

³ 2020 CMS Enrollment Report, at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Early-2020-2019-Effectuated-Enrollment-Report.pdf>

not subject to a negative assessment under the proposed rule, the Health Connector is concerned that many individuals will be deterred from applying for or enrolling in Marketplace coverage due to the close relationship between Medicaid and Marketplaces at a state level.

In 2006, Massachusetts enacted a landmark 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. The onerous requirements DHS has proposed significantly alter the incentives and disincentives for families as they contemplate enrolling in coverage. This will undermine the Commonwealth's hard-won progress over the past 14 years to ensure all lawful residents have access to affordable health care and erode the Commonwealth's steady and high insurance rate.

Beyond reducing insurance coverage, the proposed rule is likely to result in many of the same negative impacts associated with similar provisions in the agency's public charge rule. DHS's attempt to extend similar punitive requirements to the sponsors of immigrants is likely to result in the same kinds of negative impacts: compromised public health, increased insurance premiums, and reduced household spending contributing to the overall economy.

Massachusetts has pursued universal health coverage for the last 30 years because each individual enrolled in coverage makes everyone healthier.⁴ Individuals with health insurance are more likely to receive preventive care, such as vaccinations. Coverage expansions such as those Massachusetts enacted in 2006 help to ensure that traditionally underserved populations have access to care.⁵ In addition to allowing individuals to access care when they need it, the security of having health insurance improves self-reported physical and mental health status.⁶

Keeping individuals healthy allows them to keep their household finances stable and to contribute to the economy at large. Research by the Federal Reserve Bank found that, in addition to improving labor market participation, Massachusetts's health care reforms decreased personal debt and increased credit scores among state residents.⁷ Stabilizing a household's finances makes members less likely to need any public programs, whether considered in a determination of public charge or not. It also enables the household to more fully participate in local economies, which benefits everyone.

In conclusion, immigrants and their families are a vital part of the Massachusetts's economy and vital participants in the state's long-standing approach to health policy. By adopting policies that could lead to a decline in participation in health care programs, DHS would fray the fabric of the insurance compact Massachusetts has taken great pains to foster over the last 30 years. All Massachusetts residents stand to lose as a result of this proposed rule.

We thank you for consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis Gutierrez", with a long horizontal flourish extending to the right.

Louis Gutierrez
Executive Director

⁴ Sommers, B. D., Gawande, A.A., and Baicker, K. (2017). Health Insurance Coverage and Health—What the Recent Evidence Tells Us. *N Engl J Med* 2017; 377:586-593DOI: 10.1056/NEJMs1706645.

⁵ Centers for Disease Control and Prevention. (2010). Short-Term Effects of Health-Care Coverage Legislation – Massachusetts 2008. *MMWR* 2010; 59:9.

⁶ Van Der Wees PJ, Zaslavsky AM, Ayanian JZ. Improvements in health status after Massachusetts health care reform. *Milbank Q* 2013; 91: 663-89.

⁷ Mazumder, B. and Miller, S. (2015). The effects of the Massachusetts health reform on financial distress. Federal Reserve Bank of Chicago Working Paper, 2014 (01). Available at <https://www.chicagofed.org/publications/working-papers/2014/wp-01>.