



December 19, 2025

The Honorable Kristi Lynn Arnold Noem, Secretary
U.S. Department of Homeland Security
2707 Martin Luther King Jr. Ave SE
Washington, DC 20528

The Honorable Joseph B. Edlow, Director
U.S. Citizenship and Immigration Services
Department of Homeland Security
5900 Capital Gateway Drive
Camp Springs, MD 20746

Submitted electronically via <http://www.regulations.gov>

Re: Comments on DHS Proposed Rule – Public Charge Ground of Inadmissibility (DHS Docket No. USCIS-2025-0304)

Dear Secretary Noem and Director Edlow:

Local Health Plans of California (LHPC), representing the state's 17 not-for-profit, community-based Medi-Cal (Medicaid) managed care plans, respectfully submits public comment to express our strong concern with the Department of Homeland Security's proposed Public Charge Rule published on November 19, 2025. Collectively, LHPC member plans deliver health care to approximately 70% of all enrollees in the California Medicaid managed care program, Medi-Cal. The proposed draft rule would inject profound uncertainty into these families' lives, disrupt the health care safety-net system, and undermine public health.

Excessive Officer Discretion Will Create Unpredictability for Families and Undermine Fairness

The proposed rule eliminates critical regulatory definitions and guardrails that currently provide clarity in public charge determinations. Removing the "primarily dependent" standard and eliminating the definition of "receipt of public benefits" will allow immigration officers to consider any past or future use of public benefits—including Medicaid and CHIP—under an undefined "totality of circumstances" test. Within the cost-benefit analysis of the proposed rule, DHS states that, "...the elimination of certain definitions may lead to public confusion or misunderstanding of the proposed rule, which could result in decreased participation in public benefit programs by individuals who are not subject to the public charge ground of inadmissibility..." (90 FR 52207).

For the families LHPC plans serve, this will translate to deep confusion. Families will not know whether enrolling a child in the Medicaid program, accessing pregnancy care, or applying for benefits for a U.S. citizen family member could be held against them. Immigration decisions must be governed by clear, predictable standards—not the unfettered discretion of individual officers. Without explicit limits and definitions, outcomes will vary widely, leading to inconsistent treatment

and outcomes within families and across communities. Additionally, inconsistent determinations are likely to lead to unnecessary legal challenges.

The Proposed Rule Will Increase Uninsurance and Destabilize California's Healthcare System

LHPC plans are extremely concerned that the proposed rule would lead to eligible Californians forgoing or disenrolling from Medicaid and CHIP due to fear and uncertainty created by the new rule. The expected disenrollment from Medicaid and CHIP will undoubtedly increase the amount of uncompensated care and strain providers across California, particularly community clinics, county health systems, and safety-net hospitals, all of which depend heavily on Medicaid funding and already find themselves in a precarious position. A large volume of coverage loss across our communities will lead to consequences that reverberate beyond Medicaid and CHIP. It will lead to increases in delayed and foregone care, higher emergency department utilization, increased health care costs, reduced financial stability for safety-net providers, and worse health outcomes across California and the country at large.

As stated in the analysis of the proposed rule, "...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, to include: 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" (90 FR 52218). These recognized impacts will undoubtedly have negative consequences on the American family, regardless of immigration status.

DHS Must Consider Impacts on Family Well-Being as Required by Federal Law

Under Section 654 of the Treasury and General Government Appropriations Act of 1999 (Pub. L. 105-277), federal agencies must conduct a Family Policymaking Assessment to analyze how proposed rules affect the stability, health, and economic security of families. The proposed rule does not adequately evaluate these impacts, despite clear evidence that discouraging families from accessing Medicaid and CHIP will undermine child and maternal health, as well as household financial stability. California families—especially parents of U.S. citizen children—deserve the certainty the current rule provides. Undermining that clarity without a demonstrated policy need fails to meet statutory requirements.

Recommendations

Based on the concerns outlined above, LHPC respectfully urges DHS to consider the following:

- Extend the comment period to 120 days, consistent with requests from numerous state Attorneys General and stakeholders.
- Conduct a Family Policymaking Assessment consistent with federal law to fully understand the impact of the proposed rule on the well-being of American families.
- Retain or reinstate clear definitions of public benefits, public charge factors, and "receipt" of benefits.
- Explicitly exclude Medicaid and CHIP from public charge determinations to ensure that eligible individuals, including children from mixed status families who are U.S. citizens, can access these programs without having negative consequences on their or their family's immigration status.

- Ensure the rule is not retroactive as to not penalize individuals who have utilized services that were not included in previous guidance by having them considered in public charge determinations.
- Reaffirm that benefits used by family members—including U.S. citizen children—are not considered.

Conclusion

LHPC has strong concerns regarding the proposed rule for Public Charge Ground of Inadmissibility. It creates unnecessary ambiguity, grants excessive discretion to individual officers, and endangers the health and well-being of the families our member plans are committed to serving. Clear, stable, and predictable public charge standards are essential to maintaining trust in the immigration system and ensuring that immigrant families—and their U.S. citizen children—can safely access the healthcare services they need. We appreciate your consideration.

Sincerely,



Katie Andrew
Director of Government Affairs
Local Health Plans of California