

# Legislative Update



**September 2019**

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## **Trump administration's final public charge rule puts public's health at risk**

On Aug. 15, the Trump administration issued a final rule that provides major changes to the "public charge" policy, a key provision of immigration law that determines if certain individuals seeking legal permanent residence or various types of visas are likely to become primarily dependent on public benefits. Under current law, the federal government can deny an individual's green card status or admission to the U.S. if it is determined that the individual would be reliant on cash-assistance programs, such as Temporary Assistance for Needy Families and Supplemental Security Income, or government-funded institutional long-term care as their primary source of support. The new rule would drastically broaden the definition of public charge to include consideration of an individual's use of health and nutrition programs including:

- Non-emergency Medicaid for nonpregnant adults;
- Supplemental Nutrition Assistance Program;
- Housing assistance such as Section 8 housing vouchers; and
- Medicare Savings Program benefits.

APHA [issued a statement](#) condemning this rule as discriminatory and a threat to the public's health. Broadening the scope of the public charge test to include this wide range of public assistance programs would deny millions access to basic services that are the bedrock of the public health infrastructure. By DHS' own estimate, disenrollment in public benefits programs by individuals otherwise eligible for these programs could lead to worse health outcomes, including an increased prevalence

of obesity and malnutrition and increased prevalence of communicable diseases. If allowed to go into effect, this rule would likely result in millions withdrawing from public benefits programs, including those who are not subject to the public charge test.

The rule will go into effect Oct. 15 unless it is stopped or delayed by the courts. To date, state and advocacy groups have filed five lawsuits challenging the rule.

### **Providers forced to withdraw from the Title X program**

Earlier this year, the U.S. Department of Health and Human Services issued a [final rule](#) that would restrict federal funds for any Title X-funded clinic that performs abortions. Title X grants provide funding to community health centers and family planning clinics, such as Planned Parenthood health centers, to support health care service delivery for more than 4 million Americans, including low-income and uninsured individuals. This new policy, often referred to as a “domestic gag rule,” would cut off Title X funds for health providers and facilities that give referrals for or provide abortions.

After numerous legal challenges by state and advocacy groups, the Ninth Circuit Court of Appeals allowed the rule to take effect in July 2019. On Aug. 9, HHS informed Title X providers that they had until Aug. 19 to provide a plan to comply with the new rule or they would be forced out of the program. On Aug. 19, Planned Parenthood and other health providers announced that they would be pulling out of the program due to the misguided and unethical standards this rule puts in place. Following this announcement, APHA [issued a statement](#) expressing support for these providers and their choice to refuse to provide their patients with anything but the most accurate and complete medical information available.

### **Health organizations urge congressional leaders to act on gun violence prevention legislation**

On Sept. 5, APHA joined six leading medical organizations in a [letter to House and Senate leaders](#) urging Congress to take immediate action on three key proposals to address the epidemic of gun violence in the U.S. In the letter to House and Senate leaders, the organizations urge Congress to quickly enact three critical and commonsense policies already under consideration that would create major progress in reducing the toll of firearm violence. These policies include: 1) appropriating \$50 million through the FY 2020 Labor, Health and Human Services, Education, and Related Agencies appropriations bill for public health research on firearm morbidity and mortality prevention; 2) enacting legislation requiring universal background checks, such as H.R. 8, the Bipartisan Background Checks Act; and 3) enacting legislation that allows the removal of firearms from those deemed potentially harmful to themselves or others through the issuance of extreme risk protection orders, or ERPO, such as H.R. 1236/S.506, the Extreme Risk Protection Order Act. The groups are urging Congress to work to enact these important proposals upon their return to Washington, D.C., following the summer congressional recess. Earlier in August, APHA joined the other signing organizations

in issuing a [call to action](#) urging an array of policy reforms to improve the U.S. response to these unacceptable levels of firearm-related injuries and deaths.

Advocates can [urge their members of Congress to act on key gun violence prevention legislation](#).

### **Advocate for public health this fall**

Next week, members of Congress will return to their Washington, D.C., offices with a challenging fall agenda ahead of them. Before Sept. 30, Congress will need to finalize important public health legislation including the Labor-HHS-Education appropriations bill for fiscal year 2020. With only 15 legislative days left in this fiscal year, now is the time to amplify our efforts to protect and strengthen public health.

Take advantage of these last few days of congressional recess, and urge your members of Congress to support programs that strengthen and protect public health:

- Use APHA's [action alerts](#) to encourage your elected officials to [prioritize public health funding in FY 2020](#), [support gun violence prevention research](#) and [protect the public's health from the impacts of climate change](#).
- Submit an op-ed to your local paper. Email [speakforhealth@apha.org](mailto:speakforhealth@apha.org) for a template letter or technical assistance.
- [Find a town hall](#) near you and [ask a question](#) about how your elected officials are prioritizing critical public health issues.
- Email or call your members of Congress. Advocates can use APHA's Speak for Health resources to develop your talking points, including [state-specific fact sheets](#).

### **Additional APHA advocacy news**

Given the rapid pace of action in Washington, D.C., we wanted to highlight additional issues we have weighed in on recently. Those include:

- [APHA comments](#) on the Nondiscrimination in Health and Health Education Programs or Activities rule proposed by the U.S. Department of Health and Human Services
- [Organization letter](#) urging Congress to ensure that any legislation considered related to autonomous vehicles prevents potential negative impacts on safety, congestion, mobility, pollution and land use
- [Organization letter](#) supporting provisions to the FY 2020 National Defense Authorization Act that will protect the infants, pregnant women, children and the general public from per- and polyfluoroalkyl substances
- [Organization letter](#) to leaders of the Senate Appropriations Subcommittee on the Interior, Environment, and Related Agencies urging increased funding for

the Environmental Protection Agency's Nonpoint Source Management Program

- Organization letters to [Congressional Leadership](#) and leaders of the [House](#) and [Senate](#) Appropriations Committee urging the inclusion of protections for the Title X program and repeal of the global gag rule in fiscal year 2020 appropriations bills
- [Health organization letter](#) to Senate Labor-HHS-Education appropriations subcommittee leaders in support of strong investments in CDC's Racial and Ethnic Approaches to Community Health Program in FY 2020