



**King County**

December 10, 2018

Submitted via [www.regulations.gov](http://www.regulations.gov)

Samantha Deshommes  
Chief, Regulatory Coordination Division  
Office of Policy and Strategy  
U.S. Citizenship and Immigration Services  
Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington DC 20529-2140

Re: DHS Docket No USCIS-2010-0012, RIN 1615-AA22, Comments in Response to Proposed Rulemaking: Inadmissibility on Public Charge Grounds

Dear Ms. Deshommes:

We are writing in response to the Department of Homeland Security's (DHS) proposed rule regarding "public charge," published in the Federal Register on October 10, 2018.

**As elected leaders of King County, we raise our voices in strong opposition to this rule.** King County, including Seattle, is one of the largest regional governments in the United States, and the most populous county in Washington State with a metropolitan population of nearly 2.2 million people. Nearly half of our region's population increase since 2010 has been from people not born in this country. Our new neighbors are fundamental to our economic, civic, and cultural health. **The federal action proposed is a threat to the immediate and long-term public health and economic vitality of our region. We urge you to withdraw the proposed rule in its entirety.**

The proposed rule is already having negative effects. In our Public Health clinics and other offices where we deliver services, clients have withdrawn from benefits for which they are eligible, out of fear that receipt will prevent them or their family members from attaining permanent status in the United States. We estimate that this chilling effect could have a huge and insidious impact by creating fear and anxiety for more than 220,000<sup>1</sup> people and leading some portion of these individuals to deny themselves basic needs such as food assistance, health care and housing.

The proposed rule will: increase sickness and poor nutrition; exacerbate homelessness; weaken our economy, and traumatize thousands of members of our community who work hard and play

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<sup>1</sup> See page 3 for discussion of chilling effect methodology.

by the rules. The specific impacts in each of these areas are startling and saddening. We detail those impacts below.

This policy shift is not justified, and runs counter to our values in King County where we proudly uphold the American promise that we are a nation that welcomes those fleeing oppression, seeking opportunity, and yearning for freedom. We know from our own history that immigrants bring extraordinary skills and vigor to our region. They spark innovation, fuel our economy, and make our communities more dynamic, vibrant places to live.

### **Immigrants are Valued Members of Our Community**

Many new immigrants begin their journey in our community with the help of friends and family with income from self-employment or one or more low-wage jobs. Public benefits such as Medicaid provide a foundation of support as they learn English, gain education, and strengthen their self-sufficiency.

In King County, 93 percent of adults aged 18-64 who are enrolled in Medicaid are employed,<sup>2</sup> but in many cases these jobs do not provide insurance or pay a full living wage. The proposed changes to public charge will undermine foundational supports that help low-income workers stay healthy and keep food on the table as they progress to higher paying jobs that offer benefits and greater stability.

Disrupting this pathway to prosperity and erecting barriers to keep people from entering and remaining in this country are threats to the economic success and vibrancy of our entire region. In King County, we welcome people from across the globe to our region. Fully 24 percent of our residents—more than 500,000 people—are foreign born. That is up from 20 percent in 2010.

More than half of King County's immigrant population is from Asia, with smaller shares from Latin America, Europe, and Africa. These new residents speak more than 170 languages, have lived and worked all over the world and add tremendous diversity to our local economy, political climate, and social fabric. They are important contributors to our economy, as they drive innovation, open small businesses, and add diversity that attracts new people and opportunities.

If this rule were to become law, it could potentially impact nearly 200,000 people in King County who are not legal permanent residents, some portion of whom would be subject to a public charge test if they apply for a green card or other type of visa.<sup>3</sup> In this scenario, individuals deemed "inadmissible" could be denied re-entry into the U.S. after visiting friends or family overseas or

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<sup>2</sup> Analysis of US Census Bureau, 2012-2016 American Community Survey Public Use Microdata Sample, prepared by: Public Health- Seattle & King County; Assessment, Policy Development & Evaluation Unit, 11/2018.

<sup>3</sup> Hall, Matthew et al, "Estimates of King County Population At-Risk of Changes to Public Charge," Center for Studies in Demography and Ecology, University of Washington, November 2018.

forced to leave their homes and lives here in King County. This direct impact would represent deep human suffering and the loss to our greater community of a people with diverse interests, talents and strengths who belong here.

### **The Chilling Effect**

An even greater number of people will be impacted by the chilling effect – the indirect impact of this rule. The chilling effect is a wave of confusion and fear in immigrant communities that causes people to drop benefits that they are eligible for or forgo needed assistance out of concern that doing so will jeopardize their immigration status, even when the benefit in question would not be taken into consideration in a public charge test. As noted in the proposed rule, the chilling effect is a well-documented phenomenon.<sup>4</sup> Researchers observed a steep decline in use of public benefits by immigrants in the late 1990s in the wake of welfare reforms, including immigrant groups such as refugees who were exempt from new rules.<sup>5</sup>

Reports of this chilling effect are widespread in King County. Since rumors of this rule began to spread, we have been hearing anecdotal evidence from staff at our Public Health clinics about new mothers saying no to baby formula that they needed, pregnant women declining nutrition services, and parents removing children from health insurance. And private health care providers and social service agencies are telling us stories of people terminating food assistance and even stopping cancer treatments.

To quantify this, we estimate that, at a minimum, people who live in families who meet the following two criteria will experience this sense of fear about receiving public benefits:

- 1) Families that include at least one non-citizen immigrant
- 2) Families where someone in that family has received Supplemental Nutrition Assistance Program (SNAP) or Medicaid

More than 220,400 people in King County live in families who meet these two criteria. This includes 68,900 children, as illustrated in the table below:

### ***Chilled Population in King County, Washington<sup>6</sup>***

People of all Ages	220,440
Children	68,900

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<sup>4</sup> For example, the U.S. Department of Agriculture (USDA) published a study shortly after the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) took effect and found that the number of people receiving food stamps fell by over 5.9 million between summer 1994 and summer 1997.

<sup>5</sup> Batalova, Jeanne; Fix, Michael and Mark Greenberg. “Chilling Effects, The Expected Public Charge rule and Its Impact on Legal Immigrant Families’ Public Benefit Use,” Migration Policy Institute, June 2018.

<sup>6</sup> Prepared by: Public Health- Seattle & King County; Assessment, Policy Development & Evaluation Unit, 11/2018

These numbers are likely an underestimate of the actual number of people who will experience this uncertainty and contemplate dropping benefits. While the proposed rule clarifies that the public charge test will not consider use of benefits by a family member, it is very likely that non-citizen parents will be nervous about receipt of benefits by their citizen children and that there will be confusion about what government programs are or are not considered in a public charge test. This real life example, reported recently by our King County Outreach and Enrollment staff, illustrates this point:

*Recently, an international student from a local university came to our enrollment office. She has two children, the younger child born in the US. She's planning on staying in the US after graduation and will be applying for a green card. Her professor advised her that because of Public Charge she needed to take her toddler off of WIC; her school-aged child off the free lunch program; terminate her Medicaid coverage for her children and cancel her reduced-fare transit card. Our staff tried to explain to her that her Professor was giving the incorrect information but she was afraid and set on making these choices.*

We have deep concern for the impact of this rule on this parent and her children and the cumulative impact on the thousands of families like hers across King County. Erecting new and confusing barriers to entry to people working hard to follow the rules and support their families is not the direction that we as locally elected public officials support.

### **The Proposed Rule will Undercut Access to Food Assistance and Health Coverage**

Thousands of working families in King County, including a significant subset of immigrant families, rely on SNAP, Medicaid, and Medicare Part D Low-Income Subsidies — three of the four new public benefit programs that the proposed rule seeks to add to the public charge test. As the chart below illustrates, more than 81,800 non-citizens access health and food assistance through these programs.

Including these public benefits in the public charge rule would have an inhumane effect, deterring non-citizen families from accessing support they need to stay healthy, put food on the table and purchase their medications. We oppose the inclusion of these programs in the public charge test.

***Health and Food Assistance in King County, Washington<sup>7</sup>***

<b>Benefit</b>	<b>Citizens &amp; Non-Citizens Enrolled</b>	<b>Non-Citizens Enrolled</b>
<b>SNAP</b>	278,900	43,200
<b>Medicaid – Adults</b>	223,800	30,000
<b>Medicaid and CHIP - Children</b>	180,000	8,600
<b>Medicare Part D Subsidies</b>	31,000	n/a
<b>TOTAL</b>	<b>713,700</b>	<b>81,800</b>

**SNAP**

SNAP is the nation's most important anti-hunger program. In Washington State, SNAP benefits (which average \$122 per month per household member) provide critical nutrition to one in eight families; more than 60 percent of participants are in families with children, almost 32 percent are in families with members who are elderly or have disabilities, and more than 48 percent are in working families.<sup>8</sup> In King County, where the general profile of participants is likely to be consistent with this statewide picture, 43,200 non-citizens are enrolled in SNAP.

Deterring these families from accessing SNAP benefits would lead people to skip meals or opt for less nutritious foods, negatively impacting their health.

Including SNAP in the public charge test will lead thousands of people in our county to forgo subsidies for purchasing healthy foods and end opportunities for education about how to cook healthy meals. If families with immigrants no longer access these programs, we expect King County would experience an increase in hunger and food insecurity among children and families;

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<sup>7</sup> Calculated by Public Health – Seattle King County, Data Sources include: U.S. Census Bureau; American Community Survey (ACS), 5-Year Public Use Microdata Sample (PUMS), 2012-2016.

Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2011 – 2018, Community Health Assessment Tool (CHAT), September 2018.

Washington State, DSHS Client Services, Unduplicated client counts, use rates and cost by age group.

Medicaid eligibility data, WA State Health Care Authority (HCA).

"Apple Health: Enrollment and Cost Trends", January 9, 2018

<sup>8</sup> Center on Budget and Policy Priorities, Basic Food Program Fact Sheet, March 14, 2018.

increases in childhood malnutrition that would require taxpayers to fund additional support services in our schools, health care, and other public systems; and increases in the rates of childhood obesity, as fewer families have access to the nutrition counseling and resources.

### **Medicaid - Adults**

We are equally concerned about the potential impacts of the proposed rule on health coverage. In King County, 422,000 people, or nearly one out of every 5 people, is covered by Medicaid, known as Apple Health.<sup>9</sup> This includes 30,000 non-citizen adults. If some portion of these non-citizens dis-enroll from coverage due to the chilling effect, they will be left in the vulnerable and risky position of being uninsured. An uptick in the rate of uninsured would unwind the enormous success we have had in King County expanding access to health coverage since passage of the Affordable Care Act. Since 2013, the percent of people in King County who are uninsured has declined by half, from more than 16 percent to less than 8 percent of all adults in 2017. This rule would undercut this success by leading some portion of the chilled population to drop coverage and by discouraging new enrollments.

### **Medicaid and CHIP – children**

Medicaid and the Children’s Health Insurance Program (CHIP) – also known as Apple Health in Washington State — are fundamental to the goal in Washington to provide coverage to all kids. Statewide, one out of every two births is covered by Apple Health and in King County, 8,600 non-citizen children are enrolled in either Medicaid or the Children’s Health Insurance Program (CHIP)<sup>10</sup>. Due to successful outreach and enrollment activities in King County, we have reduced the number of uninsured children to less than 2 percent.

This rule would reverse these gains. We adamantly oppose the potential inclusion of CHIP enrollment in a public charge determination for the same reasons that we oppose the inclusion of Medicaid. As noted by the Kaiser Family Foundation, “CHIP can have a positive impact on health outcomes, including reductions in avoidable hospitalizations and child mortality, and CHIP improves health which translates into educational gains, with potentially positive implications for both individual economic well-being and overall economic productivity.”<sup>11</sup>

In addition to the health risks that would ensue (described in the next section of this comment letter) an increase in the uninsured would have a negative impact on safety-net health care providers across our region. More than 35 percent of visits to safety-net hospitals are covered by Medicaid<sup>12</sup> and Medicaid is the single largest source of funding for federally qualified health

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<sup>9</sup> APDE Medicaid Claims data

<sup>10</sup> Due to data limitations we are unable to sort out Medicaid vs. CHIP

<sup>11</sup> Kaiser Family Foundation, The Impact of the Children’s Health Insurance Program (CHIP): What Does the Research Tell Us? July, 2014.

<sup>12</sup> Essential Data: Our Hospitals, Our Patients, (America’s Essential Hospitals 2017)

<https://essentialhospitals.org/institute/essential-data-our-hospitals-our-patients/>

centers.<sup>13</sup> The chilling effect would lead to increased costs for uncompensated care and declines in patient generated revenue. King County-run public health clinics, which are committed to serving all patients regardless of insurance status, would be significantly impacted.

### **Medicare Part D Low-Income Subsidies**

Medicare Part-D Low-Income Subsidies provide critical support to help low-income seniors pay for their prescription drug coverage. We estimate that 31,000 King County residents receive these subsidies but do not have data to discern what portion of this population are citizens vs. non-citizens. It is likely, however, that a significant subset of the population of low-income seniors who receive this benefit will experience the chilling effect. This could result in individuals with multiple chronic conditions skipping medications or failing to fill prescriptions, common patterns among low-income patients that lead to health complications. We also have particular concern for the one-fourth of people living with HIV who receive health insurance through Medicare and who may also be eligible for these subsidies and impacted by this rule.

### **The Proposed Rule Will Undermine Housing Stability**

The proposed rule threatens the overall well-being of low- and moderate-income individuals and families struggling to afford the high cost of housing in our community. Immigrants feeling the chilling effect may steer away from applying for critical housing assistance. Others who are already participating in these programs may feel compelled to give up the lifeline assistance that keeps their families one step away from homelessness. This could cause increased rates of homelessness and unstable housing among an already vulnerable population.

The Housing Choice Voucher (HCV) program is a vital source of support in King County for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. With a voucher, tenants pay at least 28 percent, but generally not more than 40 percent, of their household income for rent and utilities. The King County Housing Authority (KCHA) pays the difference between the tenant's portion of the rent and the amount requested by the landlord.

In 2017, the average KCHA household received \$11,325 in housing assistance payments during a 12-month period. The HCV program is critical for controlling shelter burden among extremely low-income families in King County and across the country; this resource is in turn critical for: preventing and ending homelessness; ensuring housing stability in high quality neighborhoods, and supporting families in putting limited resources toward other areas such as health care, education, and asset building that are essential for wellness and economic self-sufficiency.

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<sup>13</sup> Community Health Centers: Recent Growth and the role of the ACA (Kaiser Family Foundation Issue Brief 2017) <https://www.kff.org/medicaid/issue-brief/community-health-centers-recent-growth-and-the-role-of-the-aca/>

In alignment with direction from the U.S. Interagency Council on Homelessness, King County is working to make homelessness rare, brief, and one-time for all populations, including immigrants and their families. The proposed rule will make that goal more challenging.

With rents in King County rising much faster than incomes, many working families require brief periods of rental assistance to avoid homelessness. Average rents in King County have increased 43 percent in the last five years while incomes have only risen 30 percent.<sup>14</sup> Indeed, rental assistance programs such as Section 8 tenant-based vouchers are strongly supported by private landlords in our region as it reduces costly evictions and apartment turnover. Reduced access to other work supports including health care or nutrition will also make it harder for this at-risk population to pay rent or remain in private housing, further burdening the private landlords in our community.

This outcome will not only hurt these families while they struggle to find housing in the short term, but will lead to reduced opportunities and increased health problems for these families in the long term. Studies have shown that unstable housing situations can cause individuals to experience increased hospital visits, loss of employment, and mental health problems. Having safe and stable housing is crucial to a person's good health, sustained employment, and overall self-sufficiency.

### **The Proposed Rule is A Threat to the Public's Health**

As we have illustrated in this letter, the proposed rule will discourage immigrant families from accessing the health insurance coverage, nutrition and housing and other basic need supports they need to stay healthy and thrive. Undermining these supports will impact the social determinants of health – the conditions in which people are born, grow, live, work, and age.

According to the World Health Organization, it is the social determinants of health that are mostly responsible for health inequities.<sup>15</sup> The U.S. Department of Health and Human Services has identified the need to focus on social determinants as a key health promotion and disease prevention strategy outlined in Healthy People 2020,<sup>16</sup> which states that, "Healthful social conditions ensure that all members of society – especially the most vulnerable – benefit from the same basic rights, security, and opportunities." In November 2018, Secretary Azar announced a new effort to address social determinants of health by allowing Medicaid to let hospitals and health systems directly pay for housing, healthy food, or other solutions for the "whole person."<sup>17</sup>

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<sup>14</sup> Regional Affordable Housing Task Force, Washington State Office of Financial Management, 2017

<sup>15</sup> "About Social Determinants of Health," World Health Organization, accessed April 25, 2018, [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/).

<sup>16</sup> "Healthy People 2020: Social Determinants of Health," Office of Disease Prevention and Health Promotion, accessed April 25, 2018, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

<sup>17</sup> Barr, Paul and Virgil Dickson, "CMS may allow hospitals to pay for housing through Medicaid," Modern Healthcare, November 14, 2018.



The proposed rule runs counter to this focus on social determinants and equity by seeking to deny people access to health coverage and other basic needs based on immigration status. This is not only wrong, it is a threat to overall public health and will drive up health care costs. If this rule goes into effect here are a few examples of what we would expect to see:

**Immigrant families avoiding or delay seeking medical care.** People who are uninsured are more likely to receive an initial diagnosis in the advanced stages of a disease,<sup>18</sup> die or suffer impairment after an accident or sudden-onset condition<sup>19</sup> or live with a chronic condition that could be managed if diagnosed.<sup>20</sup> This means that when they do eventually seek treatment, it will be more expensive and more intensive, and often through an uncompensated emergency room visit.

**Greater inequities in maternal and child health outcomes.** Without coverage for birth control, we would expect to see an uptick in unintended pregnancies and teenage pregnancies. With reduced access to prenatal care, we would expect an increase in premature births and poor birth outcomes, which lead to lifelong complications. This would reverse progress we have made in King County on all of these fronts and widen health inequities. For example, in King County today, only 47 percent of mothers in our county who are native Hawaiian/Pacific Islander receive early and adequate prenatal care, compared to 74 percent of white mothers. This policy will undermine the goal of ensuring that all mothers and their babies have a fair opportunity to achieve good health.

**A higher risk of infectious disease epidemics.** As a result of the chilling effect, fewer immigrants will have access to routine primary and preventive care, including access to routine vaccination and medications to control infections. This puts not only them but also the broader population at risk for outbreaks of diseases such as influenza and mumps. Immigrants living with HIV may drop coverage for anti-retroviral therapy, out of concern for how this assistance could impact their ability to get a green card. This would be devastating to their health and for the entire community, potentially leading to increased transmission rates or drug resistant strains of HIV.

**Untreated mental health and substance use disorders.** Untreated mental health or substance use disorders can lead to medical or behavioral health crises – including depression and suicide risk<sup>21</sup> –resulting in expensive emergency treatment, criminal justice system involvement, and/or homelessness.<sup>22</sup> In King County, several community behavioral health organizations – such as Asian Counseling and Referral Services – provide culturally and linguistically appropriate services

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<sup>18</sup> Karen Davis, *The Costs and Consequences of Being Uninsured* (The Commonwealth Fund, June 2003), [http://www.commonwealthfund.org/~media/files/publications/in-the-literature/2003/jun/the-costs-and-consequences-of-being-uninsured/davis\\_consequences\\_itl\\_663-pdf.pdf](http://www.commonwealthfund.org/~media/files/publications/in-the-literature/2003/jun/the-costs-and-consequences-of-being-uninsured/davis_consequences_itl_663-pdf.pdf)

<sup>19</sup> *America's Uninsured Crisis: Consequences for Health and Health Care* (The National Academies Press, 2009), [www.iom.edu/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx](http://www.iom.edu/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx).

<sup>20</sup> Michael McWilliams, "Health Consequences of Uninsurance among Adults in the United States: Recent Evidence and Implications," *The Milbank Quarterly* 87.2 (2009): 443–494.

<sup>21</sup> See <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>

<sup>22</sup> Ettner SL, Huang D, Evans E, Ash DR, Hardy M, Jourabchi M, Hser YI. Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? *Health Serv Res.* 2006 Feb;41(1):192. , 2006.

to immigrant populations. Because these organizations rely heavily on Medicaid, the proposed rule could undermine the stability of these vitally important services.

**Widening of the longevity gap.** For average life expectancy, King County is a top performer among all counties in the U.S. — 95th percentile.<sup>23</sup> But when we drill down and look at life expectancy at the neighborhood level, we have stark inequities based on race and place, with a low ranking of 74 years some areas of our county and a high of 87 in others. We predict that the long-term, combined effect of this rule will be to widen this longevity gap and reduce the number of healthy years overall enjoyed by our population.

### **Concern for Vulnerable Populations**

#### **Children**

We have an additional obligation to children, whether their parents were born in the U.S. or elsewhere. We now know that 85 percent of brain development occurs in the first three years of life, and conversely, a child's adverse experiences correlate directly with life-long physical and behavioral health problems. Routine medical checks, preventive care, proper nutrition, and timely vaccinations for children are cost-effective investments that tremendously improve the overall health of the community.

Housing instability is directly correlated to decreases in student retention rates and contributes to homeless students' high suspension rates, school turnover, truancy, and expulsions, which limit students' opportunity to obtain the education they need to succeed later in life.

The proposed rule poses a grave threat to children in our community and works in the opposite direction of our nationally recognized *Best Starts for Kids* levy, which is based on the premise that promotion, prevention and early intervention strategies support healthier, more resilient children, youth, families, and communities.

#### **Seniors**

Over half a million King County residents are age 55 and older<sup>24</sup>, and 76,000 are foreign-born older adults.<sup>25</sup> These older adults are a growing population that play a vital role in our economy. This rule jeopardizes the health of King County families and communities by scaring people into forgoing benefits that they are eligible for and that their tax dollars help fund. This neglects to consider the importance of older adults to our community—as workers, caregivers, childcare providers, and volunteers. In King County, 70 percent of people living with disability reside with

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<sup>23</sup> Add APDE Footnote

<sup>24</sup> Washington State Office of Financial Management, Forecasting & Research, January 2018

<sup>25</sup> [http://www.agingkingcounty.org/wp-content/uploads/sites/185/2016/09/Presentation\\_Demographics\\_February2012.pdf](http://www.agingkingcounty.org/wp-content/uploads/sites/185/2016/09/Presentation_Demographics_February2012.pdf)

a family caregiver, and 23 percent of those family caregivers are themselves older adults aged 60 or older.<sup>26</sup> Grandparents also often provide vital childcare for grandchildren, allowing younger generations to work and improve their economic contributions.

The proposed rule threatens foundations that our population of older immigrants rely on, including health care benefits, Section 8 housing vouchers and SNAP benefits, which help older adults make ends meet—many of whom are on fixed incomes. 17 percent of older adults in King County live on Social Security alone,<sup>27</sup> while 19.3 percent have a family income below 200 percent of the Federal Poverty Level.<sup>28</sup> Moreover, 11 percent of older adults are experiencing food scarcity,<sup>29</sup> and 20 percent of King County’s homeless residents are over the age of 50.<sup>30</sup>

### **People with Disabilities**

The proposed rule would be devastating for immigrant families who feel the chilled effect who have a family member with a disabilities or chronic health condition. Individuals with intellectual or developmental disabilities (I/DD) depend on Medicaid-funded services (particularly home and community-based care) to maintain independence, health and wellbeing. Under the proposed rule, some individuals with I/DD may be at risk of losing vital supports, including employment, community inclusion and personal care.

King County provides employment supports to 2,194 individuals with I/DD and community inclusion supports to 248 individuals with I/DD.<sup>31</sup> If families lose access to or forgo these services, individuals and their support networks would be forced to shoulder more financial, emotional and medical burdens. In addition, they may lose meaningful opportunities to connect with their communities and become more isolated.

### **Withdraw the Proposed Rule**

As local elected officials, we see a positive return on investment and clear preventive benefit from ensuring that all people have their basic health and nutrition needs met and housing stability. Because of the escalating costs of health care, transportation, housing and other necessities of life, it is widely recognized that we should encourage *all* people to benefit from affordable basic services (including health insurance, transit passes, and nutrition programs focused on infants and children). By making these essential services affordable to all, we actually enable people to strengthen their self-sufficiency – and we promote a healthier, more resilient, safer society.

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<sup>26</sup> [https://www.kingcounty.gov/~media/depts/community-human-services/VHS-Levy/VSHSL%20Planning/VSHSL\\_Implementation\\_Plan\\_-\\_Passed\\_-\\_Sans\\_Line\\_Numbering.ashx?la=en](https://www.kingcounty.gov/~media/depts/community-human-services/VHS-Levy/VSHSL%20Planning/VSHSL_Implementation_Plan_-_Passed_-_Sans_Line_Numbering.ashx?la=en)

<sup>27</sup> 2012-2016 ACS PUMS

<sup>28</sup> U.S. Census Bureau, American Community Survey PUMS Dataset, 2012-2016.

<sup>29</sup> <http://www.agingkingcounty.org/wp-content/uploads/sites/185/2016/09/1-PopProfile.jpeg>

<sup>30</sup> <http://allhomekc.org/wp-content/uploads/2018/05/FINALDRAFT-COUNTUSIN2018REPORT-5.25.18.pdf>

<sup>31</sup> Washington State Department of Social and Health Services, Developmental Disabilities Administration CARE System as of 10/1/18.

Samantha Deshommes

December 10, 2018

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We urge the Department of Homeland Security to withdraw this rule and instead advance policies that strengthen the ability of immigrants to support themselves and their families in the future. If we want our communities to thrive, everyone in those communities must be able to stay together and get the care, services, and support they need to remain healthy and productive.

Thank you for the opportunity to submit comments on the proposed rulemaking. If you have any questions, please contact April Putney, Director of Government Relations for King County Executive Dow Constantine at [april.putney@kingcounty.gov](mailto:april.putney@kingcounty.gov) or Mac Nicholson, Director of Government Relations, Metropolitan King County Council, at [mac.nicholson@kingcounty.gov](mailto:mac.nicholson@kingcounty.gov).

Sincerely,



Dow Constantine  
King County Executive



Joe McDermott  
Chair, King County Council  
District Eight



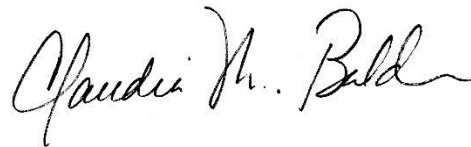
Rod Dembowski  
King County Council  
District One



Larry Gossett  
King County Council  
District Two



Jeanne Kohl-Welles  
King County Council  
District Four



Claudia Balducci  
King County Council  
District Six