



## **ASPN-ASN Statement Opposing the Public Charge Final Rule and Ending the Medical Deferral Program**

The American Society of Pediatric Nephrology (ASPN) and the American Society of Nephrology (ASN) strongly oppose two recent Administration policies that pose a serious threat to the health of immigrant children and their families as well as adult patients. The first is the final rule issued by the Department of Homeland Security (DHS) on August 12, 2019 to expand the definition of what it means to be a “public charge.” The second is the U.S. Citizenship and Immigration Services (USCIS) decision to end the Medical Deferral Program.

The DHS final rule puts admissions to the U.S. or applications for green cards at risk if an immigrant or a member of the immigrant’s family uses public programs like Medicare, Medicaid, the Supplemental Nutrition Assistance Program or housing vouchers. It is expected to impact 26 million people nationwide, including one-fourth of all children in the U.S. who live in immigrant families, many of whom are born in the United States.

USCIS announced on August 26 that it has ended the Medical Deferral Program, a policy that allowed migrants to not be deported while they or their family members receive life-saving medical treatment. Without this deferred action, patients will have to voluntarily leave the U.S. within 33 days of receiving notification from the agency, even if medical treatment is ongoing. Otherwise, they are at risk of deportation and a ban from the United States for 10 years.

Kidney healthcare providers routinely provide life sustaining care to children and adults with kidney failure in the form of emergent dialysis procedures. Many immigrants present in our country come from a region of the world where dialysis services are not routinely provided. Patients with kidney failure require thrice-weekly dialysis treatments or a kidney transplant in order to sustain life. To send these patients back to their country without dialysis is a certain death sentence, which is inhumane and not in keeping with American values.

Pediatric nephrologists are unique in that they provide care to children covered by both Medicare and Medicaid, and limiting access to end-stage renal disease (ESRD) care will be catastrophic for these children. Similarly, more than 40 percent of the adults receiving ESRD care in the Medicare program, treated by adult nephrologists are dual-eligible for Medicaid. We are concerned that the final public charge rule will cause patients and families to disenroll from or avoid critical health programs and services that they are otherwise eligible to receive. Furthermore, ending the Medical Deferral Program will harm children who need lifesaving care such as dialysis for kidney failure, many of whom face certain death if forced to return to areas of the world without the resources for such treatment. This arbitrary policy



change jeopardizes the patient-provider relationship, prohibiting nephrologists treating both children and adults from providing medically-necessary and life sustaining care.

We urge the Administration to reverse the public charge final rule and the changes to the Medical Deferral program, which will both carry serious consequences for the health of the children and adults we treat as well as their families.