



December 7, 2018

Samantha Deshommès, 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

Oregon Health and Science University (OHSU), the only public academic health center in the State of Oregon is submitting this response to the Department of Homeland Security's Notice of Proposed Rulemaking to express our significant concerns to the changes regarding "public charge" published in the Federal Register on October 10, 2018. This proposed rule will cause serious harm on an individual level with devastating health outcomes and do significant harm for public health impacting communities. In addition it will have a profound fiscal impact on the health care system. All of which will be outlined below.

OHSU which includes a Pediatric and Adult Emergency Department, Dental Clinics, Pediatric Hospital (Doernbecher), Medical Clinics and a 576 bed hospital provides care to 303,243 patients¹. OHSU educates over 4,000 students. We award 1,341 degrees, have 2,796 faculty and the U.S. News and World Report ranks the School of Medicine No. 2 in Family Medicine and Rural Medicine, No. 4 in Primary Care and No. 5 in Physician Assistance Education and No. 29 in nation for Research-Oriented Medical Schools².

In regards to research, OHSU has 151 invention disclosures, ranked number 35 on the Reuters 100: The World's Most Innovative Universities in 2016. Some of our researchers have discovered medicine to treat cancer, developed a vaccine candidate for HIV, discovered and developed the first West Nile vaccine to be tested in humans, created the first successful artificial heart valve and pioneered genetic therapies for treatment of the eye.³

We are known as the State's public health hospital and as such we have a long history of providing care to patients who are uninsured or underinsured. Last year 54% of our patients represented that cohort.⁴ As an academic health center we understand firsthand the impact the lack of preventative care has on the individual, the community and the public health system. The delay in basic preventive health care can cause poor, and at worse fatal, health outcomes.

¹ <https://www.ohsu.edu/sites/default/files/2018-07/About-Us.pdf>

² <https://www.ohsu.edu/about/ohsu-facts>

³ <https://www.ohsu.edu/about/ohsu-facts>

⁴ <https://www.ohsu.edu/sites/default/files/2018-07/About-Us.pdf>

Although the rule brings harm in many areas of public health, the impact the proposed public charge could have on the HIV epidemic is perhaps the most striking. At OHSU we house one of the most innovative HIV programs in the country. The OHSU Partnership Project started in 1995 in a response to a Ryan White Funding request for medical case management services to those living with HIV. The mandate of this program is to ensure that all persons living with HIV have access to health insurance because when one has health insurance one can access the lifesaving medications needed to live healthy and prevent future infections. This program provides a number of key activities that impact insurance, access to care and medication adherence. OHSU also provides medical care to almost 1500 patients a year who are living with HIV through their HIV clinic.

Nationally we have made great strides in the treatment and prevention of HIV. As of 2015, annually there are 38,500 new diagnosis in the US which is a decrease from 2010 when there were 41,800 new infections⁵. Due to the advances in medications that effectively fight against HIV, those living with HIV are able to achieve viral suppression. This means that the virus in your blood is at a low enough level as to not be detectable⁶. While this does not mean you are cured, if you are person living with HIV and you have an undetectable viral load you cannot transmit HIV to your partners. As of 2016, a campaign called U=U was launched². U=U means Undetectable = Untransmittable. This campaign has been endorsed by 34 Countries, and leading scientific and medical organizations such as the NIH, CDC, International AIDS Society, UNAIDS and the British HIV Association.⁷

In Oregon we do a profound job of helping people achieve viral suppression at 84%.⁸ Specifically at OHSU Partnership Project, 91% of our clients are virally suppressed.⁹ The proposed public charge regulations place all of this progress and positive health outcomes in significant jeopardy. If these regulations go in effect people will have to choose whether to access health care as well as other basic life needs. If someone is not accessing health care they are not being screened regularly for HIV and for those who are unaware of their status and on HIV medications, they will very likely forgo accessing health care. We have already had many situations where terrified clients have decided not to access insurance, health care and medications because of the fear that the proposed regulation will go into effect. The result of someone not engaging in care and being on medications will be fatal for that individual and potential result in transmission of HIV to another individual. When people living with HIV are not engaged in care or on HIV medications, they will die.

Someone who is HIV + may not become aware of their status, not access health care and life saving medications and if they are untreated they will transmit the virus to others.

⁵ <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>

⁶ <https://www.cdc.gov/hiv/risk/art/index.html>

⁷ <https://www.preventionaccess.org/undetectable>

⁸ Report from Multnomah County Health Department HIV Care Services June 2018

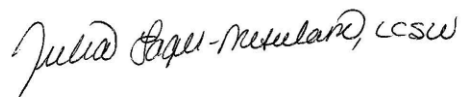
⁹ Data from OHSU Partnership Project

The financial cost of every single HIV diagnosis is \$379,668 (in 2010 dollars)¹⁰ This has a huge impact on the health care system not to mention the emotional cost to the individual, family and community.

In our 18 years of providing this level of services to those living with HIV we have seen the successes health care and medications have provided to people who would otherwise be dying of a fatal disease but are now thriving, going to school, contributing significantly to their families and communities while living with HIV.

We implore you to consider the facts presented here and from others in the medical and scientific communities. The devastating impact this proposed rule will have on millions of families fails to recognize our common humanity.

Respectfully,

A handwritten signature in cursive script that reads "Julia Lager-Mesulam, LCSW".

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¹⁰ <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

