April 14, 2026

William N. Parham, III
Director, Division of Information Collections and Regulatory Impacts
Office of Strategic Operations and Regulatory Affairs
Centers for Medicare & Medicaid Services
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Room C4-26-05
Baltimore, Maryland 21244-1850

Submitted electronically via regulations.gov (https://www.regulations.gov/document/CMS-2026-0630-0001/comment)

Re: Paperwork Reduction Act Notice: Transformed – Medicaid Statistical Information System (T-MSIS), OMB Control No. 0938-0345, Form CMS-R-284

Dear Director Parham,

The National Health Law Program (NHeLP) and the undersigned 45 organizations submit these comments opposing the proposed changes to the information collection in the Transformed-Medicaid Statistical Information System (T-MSIS) to add individualized immigration identifiers.[1]

Our organizations collectively advocate, educate, and litigate to preserve, protect, and expand access to health care for low-income and underserved populations, including immigrant families. We strongly oppose the proposed collection, as it is unnecessary and will cause significant harm to individuals eligible for Medicaid by exacerbating fears among immigrant families that their Medicaid data will be shared with Immigration and Customs Enforcement (ICE). The consequence will be to deter many individuals, including U.S. citizen children, from enrolling in health care to which they are entitled.

I. The collection is not necessary for the proper performance of the functions of the agency

CMS offers no explanation for why this additional information is necessary for the performance of its functions as required by the Paperwork Reduction Act.[2] The core purpose of Medicaid is to furnish health coverage to eligible low-income individuals.[3] And as described below, this change will undermine that core purpose by deterring eligible individuals from enrolling in Medicaid coverage. An information collection that runs counter to the core purpose of the program cannot be deemed necessary for the proper performance of the functions of the agency that administers the program.

Further, the fact that this information has not been collected in the past decades undermines any suggestion to the contrary. While it is true that individuals must have their immigration status verified to obtain full-scope Medicaid, by statute, that obligation falls on the states.[4] Thus it is not necessary for CMS to collect that information within T-MSIS because CMS is not responsible for conducting those verifications. Moreover, T-MSIS already contains a data element that categorizes an individual's immigration status.[5] That field already indicates whether the individual holds an immigration status that makes them eligible for emergency Medicaid only, for coverage under the lawfully residing children and pregnancy coverage option, or for other full-scope coverage.[6] CMS has not explained why this existing collection is not sufficient for the proper performance of its functions.

The supporting documents with the proposed information collection suggest that this collection will be mandatory for all "Medicaid and CHIP beneficiaries."[7] As the supporting documents explain, "[e]ach eligible person in T-MSIS has a record in the T-MSIS eligibility file," which is what CMS is proposing to modify here.[8] The Eligibility Identifier Type data element is mandatory.[9] The newly proposed Valid Value list for this data element instructs that this element should reflect the "Immigration Identifier Number," which is "[r]eported for Medicaid beneficiaries who are not U.S. citizens or

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[1] 91 Fed. Reg. 6843-6845 (Feb. 13, 2026).
[2] 42 U.S.C. § 3506(c)(2)(A)(i).
[3] *See* 42 U.S.C. § 1396-1.
[4] *Id.* § 1320b-7.
[5] *See* T-MSIS Data Elements, ELG.003.042, https://www.medicaid.gov/tmsis/dataguide/data-elements/elg003042/.
[6] *Id.*
[7] CMS-R-284 Supporting Statement A (2026 version 3) 508 at 3.
[8] TMSIS Record Segment Relationships v4.0.1 at 24.
[9] T-MSIS Data Dictionary Crosswalk v.4.0.0 to v. 4.0.1 508 rev at 2 (ELG-IDENTIFIER-TYPE/ELG.022.261).

nationals."[10] When that is the case, "then [the] value must be"[11] completed to reflect either an A-number, I-94 number, SEVIS-ID number, I-797 number, or other identifier. In short, nothing in the supporting documents indicates any individuals in T-MSIS are excluded from the reporting requirement.

Requiring collection for *all* individuals within T-MSIS is particularly overbroad and unnecessary: for many populations, immigration status is simply not relevant to Medicaid eligibility, such as those receiving only services to treat an emergency medical condition, those enrolled in CHIP's from conception to end of pregnancy option, and presumptively eligible individuals.[12] Collecting this information from these populations is not only unnecessary, it is prohibited.[13] Requiring this collection for all individuals whose information appears in T-MSIS would force states to violate this requirement.

II. The agency burden estimates are inaccurate

CMS asserts that there are no added burdens to states from submitting this information to T-MSIS because the states already collect it. CMS's burden estimates are inaccurate. First, as described above, there are many individuals for whom immigration status is irrelevant to eligibility and, thus, is not collected by states. Requiring collection of an immigration identifier for all individuals in T-MSIS would impose significant ongoing burdens to begin collecting, retaining, and reporting this information from these populations.

Even for individuals for whom states verify immigration status, their collection and retention practices vary. First, states are not required to collect A-numbers or any immigration identifiers specifically, but may accept for verification "such other documents as the State determines constitutes reasonable evidence indicating a satisfactory immigration status."[14] In fact, CMS has confirmed that states are not required to collect A-numbers or other immigration identifiers from applicants, noting in

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[10] T-MSIS Valid Value Lists v4.0.1 508 rev at 11 ("ELG-IDENTIFIER-TYPE" value "3").
[11] T-MSIS Data Dictionary Crosswalk v.4.0.0 to v. 4.0.1 508 rev at 2 (ELG-IDENTIFIER-ISSUING-ENTITY-ID/ELG.022.262).
[12] *See* 42 U.S.C. § 1320b-7(f) (emergency Medicaid); 42 C.F.R. § 435.1102(d)(2)(ii) (states "[m]ay not . . . require verification of the conditions for presumptive eligibility" for children); *id.* § 435.1103(a) (same for pregnant women); *id.* § 435.1103(c)(1) (same for breast and cervical cancer & family planning services); *id.* § 457.10 (establishing CHIP from-conception-to-end-of-pregnancy option).
[13] 42 C.F.R. § 435.907(e)(1) ("The agency may only require an applicant to provide the information necessary to make an eligibility determination or for a purpose directly connected to the administration of the State plan.").
[14] 42 U.S.C. § 1320b-7(d)(2)(B).

recent guidance that "[a]pplicants who attest to having satisfactory immigration status . . . are not required to[] provide additional information to support electronic verification, such as document type," or to attest to a particular status.[15]

Second, even if states use an immigration identifier for verification, it is not necessarily retained. Federal regulations require only that states "maintain a record of having verified citizenship or immigration status for each individual."[16] That does not mean that states necessarily retain the particular immigration identifier once the status has been verified and the fact of verification has been recorded. For example, California has recently explained to CMS that "[d]etailed identifiers such as United States Citizenship and Immigration Services (USCIS)/A-Number, Form I-94 number, SEVIS ID, or I-797 Receipt number are used only for eligibility verification purposes, and not retained beyond that purpose, since federal law does not require retention."[17] Indeed, CMS's recent guidance recognizes that some states do "not retain data on the specific, verified immigration status or category for a beneficiary but, instead, retains a general designation of verified qualified noncitizen," while others may "retain[] only the immigration status for those who are LPRs," but not other statuses.[18]

Other states may retain the information, but in a field that cannot be easily transferred to T-MSIS. For example, we are aware that certain states sometimes retain immigration identifiers in case worker notes or as documents associated with an individual (e.g. by retaining a picture of an immigration document).[19] In these states, there would be added burden of manually transferring this information into a T-MSIS file. Alternatively, states may face the added burden of adding a new field that must be routinely completed by case workers.

The burden of reporting immigration identifiers is particularly pronounced for individuals who hold immigration statuses that are more complicated to document, or

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[15] CMS, *SHO 26-1: Implementation of Section 71109 "Alien Medicaid Eligibility" of the Working Families Tax Cut Legislation (Public Law 119-21)*, 12 (Apr. 8, 2026), https://www.medicaid.gov/federal-policy-guidance/downloads/sho26001.pdf.

[16] 42 C.F.R. § 435.956(a)(4)(i).

[17] Ltr. From Tyler Sadwith, Cal. State Medicaid Dir. to Dan Brillman, Dir., Ctr. for Medicaid and CHIP Servs., CMS, & Kimberly Brandt, Acting Dir., Ctr. for Program Integrity, CMS (Feb. 17, 2026), https://www.dhcs.ca.gov/Program-Integrity/documents/California%27s-Response-to-CMS%27-Program-Integrity-Request.pdf.

[18] CMS, *SHO* 26-1 at 9, n.38.

[19] *See, e.g.*, North Carolina Medicaid Manual, MA-3330, § VII.B.3 ("Retain a copy of every alien a/b's immigration documentation in his file. Return the original documentation to the alien."), https://policies.ncdhhs.gov/wp-content/uploads/MA-3330-1.pdf; *Cf.* 42 U.S.C. § 1320b-7(d)(4)(B)(i) (referring to "photostatic or similar copies of" documents establishing immigration status).

rely on documents without a clear immigration identifier. For example, individuals who have established a prima facie case under the Violence Against Women Act may rely on a letter without a clear identifier.[20] Likewise, victims of trafficking, certain Cuban and Haitian entrants, individuals whose Temporary Protected Status has been extended via a federal register notice, and individuals who have been granted relief by a court will not always have a clear numerical immigration identifier, making the proposed collection more complicated and burdensome for these populations. This problem will be particularly burdensome in states which have opted to cover lawfully residing children or pregnant individuals as there are a wider range of statuses to verify for those coverage categories.[21]

In sum, states will incur ongoing burdens to supply immigration identifiers, even for those individuals whom they do already collect that information at application.

III. The proposed collection does not explain the reasons the information is being collected or how the information will be used.

CMS has not met its obligation under the Paperwork Reduction Act to inform the person receiving the collection of "the reasons the information is being collected," and "the way such information is to be used."[22]

Disclosing this information is especially important in the Medicaid context because federal law restricts states' ability to share Medicaid data. The Medicaid Act requires each state plan to include "safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan."[23] Further, 42 U.S.C. § 1320b-7, which governs how states verify income and eligibility for a number of public programs, including Medicaid, mandates that states have adequate safeguards in effect "so as to assure that the

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[20] *See* USCIS, *Commonly Used Immigration Documents*, (Mar. 27, 2026), https://www.uscis.gov/save/current-user-agencies/commonly-used-immigration-documents ("Other Documents" tab showing sample of prima facie letter).

[21] *See* CMS, *Dear State Health Official Letter, SHO# 10-006, Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women* (July 1, 2010), https://www.medicaid.gov/federal-policy-guidance/downloads/SHO10006.pdf (listing covered statuses). For a list of states who have elected to cover children, pregnant people, or both, *see* KFF, *Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women* (Jan. 2025), https://www.kff.org/affordable-care-act/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[22] 44 U.S.C. § 3506(c)(1)(B)(iii)(I)-(II)

[23] 42 U.S.C. § 1396a(a)(7).

information exchanged by the State agencies is made available only to the extent necessary to assist in the valid administrative needs of the program receiving such information" and "is adequately protected against unauthorized disclosure for other purposes." Thus, states must know how CMS plans to use that data in order to ensure that it is adequately protected from disclosure. For example, if CMS plans to use the data for purposes beyond the valid administrative needs of the Medicaid program—such as to facilitate immigration enforcement by ICE—then the states would be "prohibited from disclosing information to persons who announce in advance an intent to use the information for purposes beyond those set forth in" the statute.[24]

Yet CMS offers nothing at all to explain the way the new immigration identifiers will be used. This is particularly problematic given CMS's lack of transparency about its ongoing efforts to share Medicaid data with ICE. Only after it was revealed in the press and then became the subject of a federal lawsuit, did CMS announce its intention to share Medicaid data from T-MSIS with ICE for purposes of immigration enforcement.[25] Yet, CMS has refused to provide public information about the nature of ongoing or anticipated future data sharing.[26] Here, too, CMS fails to acknowledge whether the additional data it is seeking will be shared with external entities including ICE or other components of the Department of Homeland Security.

With respect to the reason the information is being collected, CMS has made only general statements about how T-MSIS data is used overall, asserting that "[t]he enhanced data from T-MSIS supports program and financial management, provides for more robust evaluations of demonstration programs, enhances the ability to identify potential fraud, improves program efficiency, and reduces the number of duplicative data requests from states." But these general statements do not specify whether they relate to the addition of immigration identifiers or the other T-MSIS changes CMS is proposing and are insufficient to explain the reason that immigration identifiers are needed or why the existing T-MSIS field for immigration status is insufficient.

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[24] *California v. U.S. Dep't of Agric.*, No. 25-CV-06310-MMC, 2025 WL 2939227, at *10 (N.D. Cal. Oct. 15, 2025).

[25] *California v. U.S. Dep't of Health & Hum. Servs.*, No. 25-cv-05536-VC, 2025 WL 2356224 at *1 (N.D. Cal. Aug. 12, 2025) (summarizing events).

[26] *See California v. U.S. Dep't of Health & Hum. Servs.*, No. 25-cv-05536-VC, 2025 WL 3751931 at *1, 3 (Dec. 29, 2025) (finding that new ICE and HHS policies are "totally unclear" as to what information will be shared); Phil Balewitz & Amanda Seitz, "With ICE using Medicaid data, hospitals and states are in a bind over warning immigrant patients," CNN (Feb. 5, 2026), https://www.cnn.com/2026/02/05/health/medicaid-data-ice-immigrants.

IV. The proposed collection will cause significant harm

CMS asserts that the addition of immigration identifiers into T-MSIS "does not introduce new privacy or confidentiality risks" because states already collect that information. That conclusory assertion could not be further from the truth. As described above, CMS has begun novel data sharing practices with ICE that raise substantial new privacy concerns for Medicaid enrollees. Meanwhile, several states have emphasized their intentions to maintain the privacy of immigration status information and have promised not to submit that information to immigration enforcement themselves.[27] The mandatory collection of immigration status information from states that would not otherwise share that information thus introduces significant and unprecedented privacy risks that CMS is ignoring.

A. Sharing individualized immigration identifiers will worsen the existing chilling effect.

The announcement of data sharing between CMS and ICE has already created significant fear and confusion among Medicaid enrollees and potential applicants, which has deterred eligible individuals from obtaining necessary medical care. Our organization has collected stories from dozens of individuals all over the country who have already been deterred by the announcement of this data sharing, including pregnant women who have delayed prenatal care and experienced complications that could have been avoided, U.S citizen children whose parents have disenrolled them from Medicaid out of fear, and families making difficult choices to forego critical behavioral health services to protect their data privacy.[28]

The effects are likely largest among children and pregnant individuals. Under federal statute, states have the option of providing Medicaid coverage to lawfully residing children and/or pregnant women who are otherwise ineligible for full-scope Medicaid

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[27] *See, e.g.*, Cal. Dep't of Health Care Servs., "Statement From the Department of Health Care Services on the Federal Use Of Medi-Cal Data and Member Privacy," (Jan. 2, 2026), https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/2025/25-20-Statement-Federal-Use-Medi-Cal-Data-6-13-25.aspx; Wash. St. Health Care Auth., "HCA statement on use of Apple Health (Medicaid) client data," (Feb. 3, 2026), https://www.hca.wa.gov/about-hca/news/announcements/hca-statement-use-apple-health-medicaid-client-data; Oregon Health Auth., "Frequently asked questions about the federal government sharing personal information," (Feb. 2026), https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-1086100c.pdf.

[28] National Health Law Program, Amicus Brief, No. 136-1, California v. HHS, No. 3:25-cv-5536 (2025), https://healthlaw.org/resource/amicus-california-v-u-s-department-of-health-and-human-services-u-s-district-court-northern-district-of-california/.

coverage due to their immigration status.[29] This group includes LPRs (who are not yet eligible for full-scope Medicaid coverage due to the five-year waiting period) and individuals in various other immigrant and non-immigrant statuses.[30]

Many individuals who are eligible for this coverage, although they are here lawfully, are nonetheless currently facing increased scrutiny and historically unprecedented threats of immigration enforcement. This administration has targeted LPRs, refugees, persons granted parole, those with Temporary Protected Status (TPS), those with valid non-immigrant visas, and other non-citizens for immigration enforcement, and has even declared its intent to denaturalize some U.S. citizens.[31] As a result of this perilous immigration environment, survey data show that half of lawfully present immigrants worry that they or a family member could be detained or deported, and over one-third of lawfully present immigrants are already avoiding activities outside the home, including seeking health care.[32]

Adding immigration identifiers to T-MSIS will also increase chilling among U.S. citizen children living in mixed-status families. One in four children in the U.S. – 19

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[29] 42 U.S.C. § 1396b(v)(4)(A).

[30] See CMS, *Dear State Health Official Letter, SHO# 10-006, Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women* (July 1, 2010), https://www.medicaid.gov/federal-policy-guidance/downloads/SHO10006.pdf (listing covered statuses).

[31] *See* Ashley Wu & Albert Sun, *How Trump Has Targeted New Groups for Deportation*, N.Y. Times (May 30, 2025), https://www.nytimes.com/interactive/2025/05/21/us/trump-immigration-policy.html; Zolan Kanno-Youngs et al., *As Trump Broadens Crackdown, Focus Expands to Legal Immigrants and Tourists*, N.Y. Times (Mar. 21, 2025), https://www.nytimes.com/2025/03/21/us/politics/trump-immigration-visa-crackdown.html; U.S. Citizenship & Immigration Servs., *FAQs on the Effect of Changes to Parole and Temporary Protected Status (TPS) for SAVE Agencies* (Nov. 28, 2025), https://www.uscis.gov/save/current-user-agencies/guidance/faqs-on-the-effect-of-changes-to-parole-and-temporary-protected-status-tps-for-save-agencies; Kaanita Iyer, *US will reexamine all green cards issued to people from 19 countries as Trump administration ramps up immigration crackdown*, CNN (Nov. 28, 2025), https://www.cnn.com/2025/11/27/politics/us-reexamining-green-card-holders-19-countries; U.S. Citizenship & Immigration Servs., *Policy Memorandum: Hold and Review of all Pending Asylum Applications and all USCIS Benefit Applications Filed by Aliens from High-Risk Countries* (Dec. 2, 2025), https://www.uscis.gov/sites/default/files/document/policy-alerts/PM-602-0192-PendingApplicationsHighRiskCountries-20251202.pdf.

[32] *See* Shannon Schumacher et al., KFF, *KFF/New York Times 2025 Survey of Immigrants: Worries and Experiences Amid Increased Immigration Enforcement* (2025), https://www.kff.org/racial-equity-and-health-policy/kff-new-york-times-2025-survey-of-immigrants-worries-and-experiences-amid-increased-immigration-enforcement/.

million children – are U.S. citizens and have a non-citizen parent.[33] Research shows that U.S. citizen children are disproportionately affected by chilling effects when policies link health coverage with immigration enforcement.[34]

Requiring states to share more detailed immigration status information will only exacerbate these harmful effects. Evidence demonstrates that policies that threaten immigration consequences from health coverage or health care use cause a widespread "chilling effect," including among individuals who are not the asserted target of the policies.[35] Even DHS has acknowledged as much in other contexts.[36] Thus, it is inevitable that many lawfully residing children and pregnant women will forgo Medicaid coverage if they fear their individual immigration identifiers will be collected by CMS and shared with ICE.

B. Deterring Medicaid enrollment will result in significant health harms to low-income children, pregnant individuals, and adults.

Because Medicaid serves low-income families who cannot otherwise afford care, forgoing coverage means forgoing critical health care services. Prenatal care is, of

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[33] Drishti Pillai et al., KFF, *Children of Immigrants: Key Facts on Health Coverage and Care* (2025), https://www.kff.org/racial-equity-and-health-policy/children-of-immigrants-key-facts-on-health-coverage-and-care/.

[34] *See, e.g.*, Randy Capps et al., *Anticipated 'Chilling Effects' of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families*, Migrationpolicy.Org, (Dec. 2020), https://www.migrationpolicy.org/news/anticipated-chilling-effects-public-charge-rule-are-real (finding that after proposed changes to the public charge rule, the share of children receiving public benefits, including Medicaid, fell twice as fast for U.S. citizen children in a household with noncitizens as for U.S. citizen children in a household with citizens); Russell B. Toomey et al., *Impact of Arizona's SB 1070 Immigration Law on Utilization of Health Care and Public Assistance Among Mexican-Origin Adolescent Mothers and Their Mother Figures*, 104 Am. J. Pub. Health S28 (2014), https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301655 (finding passage of a state law empowering police to detain individuals who could not prove U.S. citizenship upon request was associated with decreased use of routine health care among Mexican-origin adolescent mothers, even those born in the U.S., as well as among their young children).

[35] *See, e.g.*, Samantha Artiga et al., KFF, *Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage* (2019), https://files.kff.org/attachment/Issue-Brief-Estimated-Impacts-of-Final-Public-Charge-Inadmissibility-Rule-on-Immigrants-and-Medicaid-Coverage; Jennifer Tolbert et al., KFF, *Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients* (2019), https://www.kff.org/medicaid/impact-of-shifting-immigration-policy-on-medicaid-enrollment-and-utilization-of-care-among-health-center-patients/.

[36] *See* Public Charge Ground of Inadmissibility, 87 Fed. Reg. 55472, 55579, 55505 (Sept. 9, 2022) (finding that the 2019 public charge rule caused a widespread chilling effect among U.S. citizen children and lawful permanent residents (LPRs) who were not subject to the rule).

course, essential to infant and maternal health outcomes. A cohort study examining nearly 29 million deliveries found inadequate prenatal care significantly increased the odds of preterm birth, stillbirth, and neonatal death.[37] Research demonstrated that expanding Medicaid eligibility during pregnancy to previously uncovered immigrants increased use of prenatal care and supported more regular prenatal visits. In turn, this resulted in improved birth outcomes, as measured by increased average gestational length (*e.g.*, fewer premature births) and higher birth weight among infants born to immigrant mothers.[38] On the other hand, a study using New York State Medicaid data from 2014-2019 found that the initial leak of a new public charge rule in 2017 was associated with a significant delay in prenatal Medicaid enrollment and a significant decrease in birth weight among their newborn babies.[39]

Similarly, health care coverage, and Medicaid coverage in particular, is essential to favorable child health outcomes. Compared with children enrolled in private insurance or Medicaid, uninsured children are less likely to have seen a doctor in the past year and are more likely to go without needed care due to cost.[40] By contrast, the positive effects of Medicaid coverage are significant. Medicaid is a primary source of coverage for childhood vaccines against communicable diseases, and childhood vaccination has been identified as perhaps the most successful evidence-based tool in combating many epidemics.[41] Medicaid coverage is associated with numerous additional positive outcomes for children, including better self-reported health, lower mortality, and lower hospitalization rates, as well as higher educational attainment and higher earnings in adulthood.[42]

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[37] Sarah Partridge, et al. *Inadequate Prenatal Care Utilization and Risks of Infant Mortality and Poor Birth Outcome: A Retrospective Analysis of 28,729,765 U.S. Deliveries Over 8 Years*, 29 Am. J. Perinatology 787 (2012), https://www.ncbi.nlm.nih.gov/pubmed/22836820.
[38] Sarah Miller et al., *Covering Undocumented Immigrants: The Effects of a Large-Scale Prenatal Care Intervention, NBER Working Paper 30299* (2024), https://www.nber.org/papers/w30299.
[39] Scarlett Sijia Wang et al., *Changes in the Public Charge Rule and Health of Mothers and Infants Enrolled in New York State's Medicaid Program, 2014-2019*, 112 Am. J. Pub. Health 1747 (2022), https://doi.org/10.2105/AJPH.2022.307066.
[40] Jennifer Tolbert et al., KFF, *Key Facts about the Uninsured Population* (2024), https://www.kff.org/uninsured/key-facts-about-the-uninsured-population/.
[41] *See* Daniel G. Orenstein & Y. Tony Yang, *From Beginning to End: The Importance of Evidence-Based Policymaking in Vaccination Mandates*, 43 J.L. Med. & Ethics 99 (2015).
[42] Janet Currie & Anna Chorniy, *Medicaid and Child Health Insurance Program Improve Child Health and Reduce Poverty But Face Threats*, 21 Acad. Pediatrics S146 (2021), https://pmc.ncbi.nlm.nih.gov/articles/PMC9172269/ (summarizing the relevant research).

Conclusion

The PRA is designed to minimize information collection burdens on the public and encourage government efficiency, but protecting the public is the primary purpose. The proposed new collection of immigration identifiers (1) is not necessary for CMS to conduct its agency functions, (2) will impose new burdens on the state which CMS has not acknowledged, (3) leaves unexplained why immigration identifiers are being collected or how that information will be used, exacerbating existing privacy concerns, and, most critically (4) will affirmatively harm the population CMS is supposed to serve by deterring Medicaid enrollment. We therefore urge CMS to abandon this proposed change to T-MSIS. If you have any questions or concerns, please feel free to contact Sarah Grusin at grusin@healthlaw.org.

Sincerely,

Sarah Grusin
Senior Attorney
National Health Law Program

Access Reproductive Justice
AIDS Foundation Chicago
Asian & Pacific Islander American Health Forum (APIAHF)
Association of Asian Pacific Community Health Organizations
Bend the Arc
California Rural Legal Assistance Foundation
Center for Law and Social Policy (CLASP)
Center for the Study of Social Policy
Children's Defense Fund-Texas
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Community Catalyst
Community Health Partnership
Conference of Boston Teaching Hospitals
Family Service and Mental Health Center of Cicero
Florida Health Justice Project
Foundation Communities
Georgetown University Center for Children and Families
Health Care For All, Inc.

Health Law Advocates
Houston Immigration Legal Services Collaborative
Illinois Coalition for Immigrant and Refugee Rights
Indiana Justice Project
James B Moran Center for Youth Advocacy
Justice in Aging
Legal Council for Health Justice
Legal Key Partnership for Health and Justice
Long Island Immigrant Justice Alliance
Massachusetts Immigrant and Refugee Advocacy Coalition
Massachusetts Law Reform Institute (MLRI)
Movement Advancement Project
National Center for Law and Economic Justice
National Health Care for the Homeless Council
National Immigration Law Center
NC FIELD, Inc.
North Carolina Justice Center
Northwest Health Law Advocates (NoHLA)
Oregon Law Center
Planned Parenthood Federation of America
Praxis Health Empowerment
The Arc of Northern Virginia
The Coelho Center for Disability Law, Policy, and Innovation
Virginia Poverty Law Center
Western Center on Law & Poverty
William E. Morris Institute for Justice
Wisdom en Familias, LLC