July 6, 2026

Submitted electronically via www.regulations.gov

John R. Pfirrmann-Powell, Acting Deputy Chief
U.S. Citizenship and Immigration Services
Office of Policy & Strategy, Regulatory Coordination Division
Camp Springs, MD 20746

Re: Docket ID USCIS-2008-0018
OMB Control Number 1615-0007
Agency Information Collection Activities; Reinstatement, With Change, of a Previously Approved Collection for Which Approval Has Expired: Alien Change of Address

Dear Deputy Chief Pfirrmann-Powell,

The National Health Law Program (NHeLP) writes in opposition to the U.S. Citizenship and Immigration Services' (USCIS) notice of proposed changes (hereinafter the "Notice") to Form AR-11, Alien's Change of Address Card.[1] For over 55 years, NHeLP has advocated, educated and litigated to preserve, protect and expand access to healthcare for low-income and underserved populations. We have continually worked to support immigrants' access to healthcare and thus submit these comments that strongly oppose USCIS's proposed changes.

The proposal would transform a simple address change form into an assessment tool for public charge determinations. We strongly oppose the proposed changes, as they will cause significant confusion and harm to individuals eligible for public benefits by exacerbating fears among immigrant and mixed-status families that their use of vital programs like Medicaid will result in adverse immigration consequences. This "chilling effect" will deter many individuals, including U.S. citizen children, from

enrolling in health care to which they are entitled. Conversely, the proposal would not advance its stated goal of assisting the Secretary of the Department of Homeland Security (DHS) to enforce immigration laws. Sowing confusion and fear through unnecessary information requests will undermine the relationship between DHS and the public.

Additionally, the proposed changes raise statutory concerns as they go far beyond Form AR-11's original statutory purpose in the Immigration and Naturalization Act of 1952 (INA), and the proposal is not in accordance with the Paperwork Reduction Act of 1980 (PRA). For these reasons, NHeLP urges USCIS to withdraw the proposed changes and limit Form AR-11 to collecting address information.

I. The proposed changes will create a chilling effect that significantly harms immigrant families

Converting Form AR-11 into a public charge assessment tool will heighten fears among immigrant and mixed-status families, which will lead them to avoid using public benefits and needed health care. There is robust evidence that demonstrates the "chilling effect" of unclear immigration policy such as this, and the harm that results when individuals avoid using health and other public benefits.[2]

Public charge has historically been interpreted as a narrow term with limited applications. Courts and agencies have consistently determined the term to encompass only individuals who are primarily dependent on the government to avoid destitution.[3] The public charge ground for deportability holds an even narrower application.[4] In contrast, USCIS states its

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[1] USCIS, *Agency Information Collection Activities; Reinstatement, With Change, of a Previously Approved Collection for Which Approval Has Expired: Alien Change of Address*, 91 Fed. Reg. 24910 (2026).

[2] Samantha Artiga et al., KFF, *Potential "Chilling Effects" of Public Charge and Other Immigration Policies on Medicaid and CHIP Enrollment* (2025), https://www.kff.org/medicaid/potential-chilling-effects-of-public-charge-and-other-immigration-policies-on-medicaid-and-chip-enrollment/; Stephanie Ettinger de Cuba et al., *Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule*, 1 HEALTH AFFAIRS SCHOLAR (2023); Jennifer Haley et al., *One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019* (2020), https://www.urban.org/sites/default/files/publication/102406/one-in-five-adults-in-immigrant-families-with-children-reported-chilling-effects-on-public-benefit-receipt-in-2019_1.pdf. *See* Maria-Elena De Trinidad Young et al., *Beyond "Chilling Effects": Latinx and Asian Immigrants' Experiences with Enforcement and Barriers to Health Care*, 61 MED. CARE 306 (2024).

[3] *See* Howe v. United States, 247 F. 292, 294 (2d. Cir. 1917); Matter of Harutunian, 14 I. & N. Dec. 583, 586 (BIA 1974); Matter of Perez, 15 I. & N. Dec. 136, 137 (BIA 1974) (noting that past receipt of welfare benefits alone is not enough to render a noncitizen a public charge); INS, *Field Guidance on Deportability and Inadmissibility on Public Charge Grounds*, 64 Fed. Reg. 28,689 (1999); Torrie Hester et al., *Historians' Comment on DHS Notice of Proposed Rule, Inadmissibility on Public Charge Grounds* (2018), https://www.ilcm.org/wp-content/uploads/2018/10/Historians-comment-FR-2018-21106.pdf.

[4] *See* DHS, *Notice of Proposed Rulemaking: Public Charge Ground of Inadmissibility*, 90 Fed. Reg. 52168 (2025) (stating that "this NPRM does not propose to interpret or change DHS's application of the public charge ground of deportability" and neither did the 2022 Final Rule, thus deportability criteria under 1999 Filed Guidance (INS, *supra* note 3) remains in effect).

desire through this form to collect "any" information related to the receipt of means-tested public benefits to use toward enforcement of the public charge ground of deportability under INA § 237(a)(5).[5] In doing so, USCIS fails to justify the need for the collection as it relates to the narrow definition of public charge, and it also fails to contextualize the need for the collection on this particular form.

A. The proposed collection will create a chilling effect.

It has been well documented that policy that links benefit use and immigration consequences spreads fear and confusion among immigrant communities, resulting in harmful outcomes for U.S. citizens and immigrants alike. USCIS will further these harms through its deeply confusing proposal. By collecting information regarding the use of all public benefits on a form which USCIS intends, in part, to use for evaluating individuals for public charge deportability, USCIS will lead individuals to believe that all of these benefits factor into the public charge analysis, even though that is not the law.[6]

States, local governments, and enrollment assisters will not be able to offer definitive reassurances to immigrant families, including mixed-status families with U.S. citizen children, that public benefits programs are safe to use. The chilling effect of USCIS's latest proposal is predictable. It will likely reproduce many of the harms that were observed in the wake of the public charge ground of inadmissibility rule changes in 2019.

Following the 2019 Public Charge Final Rule, 15.6% of adults in all immigrant families, and 31% of adults in families that included one or more non-permanent residents, reported avoiding applying for non-cash benefits.[7] Evidence shows that chilling effects extend beyond those subject to the public charge rule. For example, individuals with immigration statuses that are not subject to the public charge inadmissibility test nevertheless withdrew from Medicaid despite being eligible.[8] Other studies show that the chilling effect extends to lawful permanent residents as the family members of permanent residents avoid using public benefits out of fear of adversely affecting their immigration status.[9] Immigration policy changes between 2016 to 2019 led to sharp declines in participation in Medicaid and other public benefit programs among households with non-U.S. citizen members due to fear and uncertainty stemming from those changes.[10]

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[5] USCIS, *supra* note 1.
[6] *See* DHS, *supra* note 4.
[7] Hamutal Bernstein et al., Urban Inst., *Amid Confusion over the Public Charge Rule, Immigrant Families Continued Avoiding Public Benefits in 2019* (2020), https://www.urban.org/research/publication/amid-confusion-over-public-charge-rule-immigrant-families-continued-avoiding-public-benefits-2019.
[8] Leighton Ku and Alyse Freilich, KFF, *Caring for Immigrants: Health Care Safety Nets in Lose Angeles, New York, Miami, and Houston* (2001), https://aspe.hhs.gov/system/files/pdf/72701/report.pdf.
[9] Bernstein et al., *supra* note 7.
[10] Food Rsch. & Action Ctr., *New Data Reveal Stark Decreases in SNAP Participation Among U.S. Citizen Children Living With a Non-Citizen* (2021), https://frac.org/wp-content/uploads/SNAP-Participation-Among-U.S.-Citizen-Children.pdf.

The chilling effect has a history of spreading following unclear or complicated immigration policy change. For example, immigrant eligibility restrictions in the 1990s likewise demonstrate that individuals who were not directly affected by the changes still withdrew from public benefit programs.[11] Even lawfully present immigrants and all-citizen families avoided accessing benefits for which they were eligible because of fears about immigration consequences or confusion around complex eligibility requirements.[12]

The effect is reinforced by other immigration fears. Research has found that experience with immigrant enforcement increases non-citizens' concerns about public charge.[13] Between 2023 and 2025, around a third of immigrants reported limiting their participation in activities outside the home (*e.g.*, applying for public benefits, seeking medical care) due to concerns about deportation and drawing attention to their or a family member's immigration status.[14] Similar to public charge, the survey data demonstrated that the chilling effect of broad immigration enforcement policies widespread and affected individuals not subject to the policies as over one-third of lawfully present immigrants avoided activities outside the home, including seeking health care because of the unsafe environment this administration has created.[15]

USCIS would reproduce similar results here with its unclear policy in the context of an address change form. USCIS will make it harder for various stakeholders and assistors to provide helpful guidance on what Form AR-11 is asking, why the information is being asked, and how that information may be used in the future. Individuals are likely to forgo needed benefits to preserve future immigration options, as they cannot understand USCIS's rationale.

B. The chilling effect will result in substantial harm.

The harms of the chilling effect are profound and outweigh the need of this proposal. DHS itself has noted that avoidance of public benefits leads to "worse health outcomes . . . increased use of emergency rooms for primary care due to delayed treatment . . . increased poverty, housing instability, reduced productivity, and lower educational attainment."[16]

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[11] Michael E. Fix and Jeffrey S. Passel, Urban Inst., *Trends in Noncitizens' and Citizens' Use of Public Benefits Following Welfare Reform: 1994–1997* (1999), http://www.urban.org/research/publication/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform.

[12] *Id.*

[13] Lei Chen et al., *Immigrants' Enforcement Experiences and Concern about Accessing Public Benefits or Services*, 25 J. IMMIGR. & MINORITY HEALTH 1077 (2023).

[14] Shannon Schumacher et al., *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/.

[15] *Id.*; Public Charge Ground of Inadmissibility, 87 Fed. Reg. 55472 (2022) (finding that the 2019 public charge rule caused a widespread chilling effect even among those not subject to the rule).

[16] DHS, *supra* note 4.

People get sicker when they avoid using health care and other public benefits. Policies that deter Medicaid use and enrollment increase poverty, housing instability, and financial distress.[17] Treatment avoidance also results in delayed care, "underground" care use, and greater reliance on uncompensated care at safety net providers.[18] Again, these findings apply to individuals who are not the asserted targets of the immigration policy, and in this case, harms could also impact U.S. citizen newborns and children. The chilling effect may cause pregnant people of various immigration statuses to forego prenatal care or regular check-ups for their children. Inadequate prenatal care significantly increases the odds of preterm birth, stillbirth, and neonatal death.[19] Similarly, public charge concerns lead many individuals to disenroll from Medicaid and go uninsured — uninsured children are less likely to visit their doctor and are more likely to go without needed care due to the high costs of private insurance.[20]

Tying Medicaid use and other public benefits to an address change form is confusing and will produce the same chilling effect observed in other unclear immigration proposals. This confusion will predictably, and regrettably, lead to Medicaid avoidance and harm immigrant, mixed-status and all-citizen families. Medicaid is, above all, a safeguard against unmet health care needs.[21] It allows enrollees to access essential preventive services,[22] acute care,[23] prescription drugs,[24] and long-term services and supports.[25] By ensuring access to care, Medicaid allows individuals to manage chronic conditions,[26] avoid preventable

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[17] Artiga et al., *supra* note 2.
[18] Ku and Freilich, *supra* note 8.
[19] 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),
[20] Jennifer Tolbert et al., KFF, *Key Facts about the Uninsured Population* (2026), https://www.kff.org/uninsured/key-facts-about-the-uninsured-population/.
[21] Madeline Guth et al., KFF, *The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020* (2020), https://www.kff.org/affordable-care-act/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/#:~:text=Coverage:%20Studies%20show%20that%20Medicaid,gains%2C%20and%20overall%20economic%20growth ("Medicaid expansion has improved access to care, utilization of services, the affordability of care, and financial security among the low-income population.").
[22] Leighton Ku et al., KFF, *Data Note: Medicaid's Role in Providing Access to Preventive Care for Adults* (2017), https://www.kff.org/medicaid/data-note-medicaids-role-in-providing-access-to-preventive-care-for-adults/#:~:text=Looking%20Ahead,including%20preventive%20care%20for%20adults.
[23] Alice Burns et al., KFF, *10 Things to Know About Medicaid*, (2025), https://www.kff.org/medicaid/10-things-to-know-about-medicaid/#:~:text=7.,is%20both%20limited%20and%20mixed.
[24] KFF, *Medicaid's Prescription Drug Benefit: Key Facts* (2019), https://www.kff.org/medicaid/medicaids-prescription-drug-benefit-key-facts/#:~:text=Medicaid%20provides%20health%20coverage%20for,pharmacy%20benefits%20in%20different%20ways.
[25] Priya Chiadambaram and Alice Burns, KFF, *10 Things About Long-Term Services and Supports (LTSS)* (2024), https://www.kff.org/medicaid/10-things-about-long-term-services-and-supports-ltss/.
[26] Heather Saunders et al., KFF, *5 Key Facts About Medicaid Coverage for Adults with Chronic Conditions* (2025), https://www.kff.org/medicaid/5-key-facts-about-medicaid-coverage-for-adults-with-chronic-

medical crises,[27] and thereby maintain the functional capacity necessary for employment[28] and caregiving.[29] Without reliable access to health care, workers are more likely to miss work due to untreated illness, experience disability, or exit the workforce altogether. Medicaid, therefore, directly promotes economic participation by stabilizing health and preserving work capacity.[30] By contrast, loss of Medicaid coverage exposes families to untreated illness and catastrophic medical expenses that impair their ability to work consistently.[31] Overall, Medicaid ensures its enrollees can live healthier and more productive lives.[32]

We believe USCIS underestimates the extent to which the proposed rule will worsen unmet health care needs, health outcomes, poverty, homelessness, hunger, and other serious problems. As noted throughout this comment, the harms extend beyond immigrant communities and would impact U.S. citizen children in mixed status households as well as other individuals and communities. Requiring respondents who need to submit an address change form to share information about their receipt of public benefits exacerbate these harmful effects.

II. Form AR-11 has a historically narrow statutory purpose

A. The form has never been used to collect information other than address.

Form AR-11's legal roots stem from the Alien Registration Act of 1940 and the INA.[33] Those acts authorized the federal government to register and maintain address information of all non-citizens residing in the U.S. who have not been registered or fingerprinted

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conditions/#:~:text=2.%20Medicaid%20facilitates%20access%20to%20care%20for%20people%20with%20chronic%20conditions.

[27] Ku et al., *supra* note 22.

[28] Stephani Becker and Stephanie Altman, Shriver Ctr. on Poverty Law, *Five Things You Should Know About Medicaid* (2018), https://www.povertylaw.org/article/five-things-you-should-know-about-medicaid/#:~:text=Medicaid%20makes%20work%20possible.&text=By%20ensuring%20that%20low%2Dincome,income%20from%20securing%20gainful%20employment.

[29] Alice Burns et al., KFF, *How do Medicaid Home Care Programs Support Family Caregivers?* (2025) https://www.kff.org/medicaid/how-do-medicaid-home-care-programs-support-family-caregivers/.

[30] Becker and Altman, *supra* note 28.

[31] Aubrianna Osorio, CCF, *Research Update: It's Simple – Medicaid Helps People Work* (2023), https://ccf.georgetown.edu/2023/05/22/research-update-its-simple-medicaid-helps-people-work/.

[32] Am. Hosp. Ass'n, *Fact Sheet: Medicaid* (2025), https://www.aha.org/fact-sheets/2025-02-07-fact-sheet-medicaid. *See also* Benjamin Sommers et al., *Health Insurance Coverage and Health – What the Recent Evidence Tells Us*, 377 NEW ENG. J. MED. 586 (2017); Katherine Baicker et al., *The Oregon Experiment — Effects of Medicaid on Clinical Outcomes*. 368 NEW ENG. J. MED. 1713 (2013) ("[Medicaid] did increase use of health care services, raise rates of diabetes detection and management, lower rates of depression, and reduce financial strain.").

[33] Pub. L. 76–670, 54 Stat. 670 (1940); Pub. L. 82–414, 66 Stat. 163 (1952) (INA).

through a visa application or other immigration process.[34] Specifically, INA § 265 requires that those non-citizens notify the Attorney General and DHS of any address change within 10 days of such change.

Since its inception, address change reporting was required of non-citizens to keep an inventory of immigrants in the U.S. and also to facilitate communication and mailing between parties.[35] At that time, Congress referenced address changes on automobile licenses as an analogous concept.[36] Similarly, past administrations also understood that collections under INA §§ 261–266 were limited processes. The then-attorney general explained that registration and address collection was a simple "inventory" or "count" of non-citizens.[37] The administration acknowledged that it can be "difficult or impossible" to obtain certain immigration-related documentation like birth certificates, and instead, registration under the INA was designed as a simple, checkbox identification.[38] The process was also made simple to ensure compliance.[39]

The limits of the collection are also reflected in the form's immediate response requirement. Historically, registration and address change under the INA required responses within 5 or 10 days.[40] The quick collection was consistent with the form's purpose. It was designed for quick and limited collection to not overburden an already strained regulatory apparatus.[41] Thus, since its inception, Form AR-11 was designed for narrow application, and it has always been limited to collecting address information.

B. The proposed collection exceeds the form's statutory purpose under the INA.

USCIS's proposed changes would change Form AR-11's long-serving, narrow purpose and turn the form into something new. USCIS explicitly states the form's new purpose in the Notice, explaining that the collection of public benefit information will be used, in part, to determine the public charge grounds of deportability under INA § 237(a)(5).

USCIS transforms Form AR-11 into a public charge assessment tool and thus severs it from its historical purpose. The Notice does not cite a specific authority that would permit this transformation, but it does argue that the proposed changes are authorized under INA

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[34] *See* Nancy Morawetz and Natasha Fernández-Silber, *Immigration Law and the Myth of Comprehensive Registration*, 8 U.C. DAVIS L. REV. 157 (2014).
[35] Debate on the Proposed Immigration and Naturalization Act of 1952, 98 Cong. Rec. 4433 (1952).
[36] *Id.*
[37] *See* Robert H. Jackson, U.S. Attorney Gen., *Speech: Alien Registration and Democracy* (1940), https://www.roberthjackson.org/wp-content/uploads/2025/08/Alien_Registration_and_Democracy.pdf.
[38] *Id.*
[39] *Id.*
[40] Pub. L. 82–414, 66 Stat. 163 (1952) (INA); Pub. L. No. 76-670, 54 Stat. 670 (1940) (repealed 1952) (requiring certain non-citizens report an address change to the Immigration and Naturalization Service within 5 days).
[41] *See* Morawetz, *supra* note 34.

§ 287. This section of the INA lists various powers possessed by immigration officers such as the power to arrest without warrant in limited circumstances, limited ability to detain non-citizens violating controlled substances laws, and its powers to fingerprint certain non-citizens. However, without specific authority, the settled interpretation of Form AR-11 must be preserved.

III. The proposal is incompatible with the PRA

The PRA identifies its objectives to "minimize the paperwork burden for individuals," "minimize costs to the Federal Government," "improve the quality" of the data and information shared, and ensure consistency with "laws relating to . . . privacy and confidentiality."[42] USCIS concedes in the Notice that the additional collection will increase paperwork burdens, both to individuals and other entities.

A. USCIS's proposal would significantly increase time burdens on respondents.

Paperwork will literally increase under USCIS's proposal as respondents will be required to complete a greater volume of work. Response pages more than quadruple under the proposal, which would obviously increase time burdens. USCIS proposes this increase without providing a commensurate increase in response time. Forcing respondents to complete more work in the same amount of time, 10 days, would degrade the quality of information received. This is highlighted by research that finds response rates and data precision decline when government forms are burdensome and long or difficult to complete, and pressure respondents to respond within tight deadlines.[43]

USCIS also underestimates the time needed to respond to its paperwork increase. In the Notice, USCIS estimates that respondents could complete the proposed form in half an hour. Notably, the Notice does not provide any justification or methodology for its time estimate. It severely underestimates the time needed to retrieve immigration and public benefit related information. Past administrations acknowledged the unique challenges of retrieving bureaucratic information, which led to the current Form AR-11 being as short as it is.[44] Gathering information related to one's immigration or receipt of public benefits would involve identifying which documents to obtain, acquiring those documents, waiting for benefit granting agencies to provide the information, and potentially updating or correcting information. A respondent will often need to contact a government agency to confirm their

[42] Public Law No. 104-13, 109 Stat. 163 (1980) (PRA).
[43] *See* David Johnson et. al, Brookings Inst., *Why did people stop responding to federal economic surveys? What can be done?* (2026), https://www.brookings.edu/articles/why-did-people-stop-responding-to-federal-economic-surveys-what-can-be-done/.
[44] *See* Jackson, *supra* note 37.

information and documentation is correct. This is particularly true considering Form AR-11 requires individuals to sign under penalty of perjury.[45]

Contacting government agencies is a notoriously time-consuming task. Call wait times at government agencies vary greatly and are inconsistent depending on the time of year, hour of the day, location, and other factors. Between 2023 and 2025, Social Security Administration (SSA) reported its 800 Number Network's call wait times averaged 25 minutes.[46] This was SSA's "speed to answer" or time elapsed before a caller was connected to an SSA representative and not a measure of the total call time. A similar study of Medicaid call center data found that certain calls were answered within a half hour, but the total time to address callers' issues took hours.[47] Call wait times within states fluctuated greatly during the Medicaid "unwinding" in 2022 — one month a caller could have their call answered within a few minutes but they may have to wait up to an hour before hearing from a representative the next month.[48] A 2024 study in California found that the average call wait time to reach a state Medicaid representative was just under 1 hour.[49] The study found that more complex calls (*e.g.*, individuals with limited English proficiency or individuals requesting historical data) experienced exponentially longer wait times and holds.[50] Despite this robust data, it too is wanting because it cannot capture the true cost individuals face when repeatedly calling across multiple agencies in order to collect their information to satisfy agency requests.[51]

The Notice underestimates respondents time burdens in multiple ways. Research shows that respondents' time burdens will vary significantly and they will likely have to call at least one government agency, which may take hours. Additionally, the call wait time studies are an incomplete picture and do not account for special circumstances, such as cases where individuals must retrieve information in-person or wait prolonged periods before receiving a report or response from a benefit granting agency. In all, USCIS has not justified its half hour estimate, and our analysis demonstrates significantly longer time burdens than what is accounted for in the Notice.

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[45] Pub. L. 82–414, 66 Stat. 163 (1952) (INA); USCIS, Policy Manual, *General Policies and Procedures, Ch. 2 - Signatures* (2026), https://www.uscis.gov/policy-manual/volume-1-part-b-chapter-2 (last visited June 25, 2026).
[46] SSA, *Monthly Data for National 800 Number Network (N8NN) Average Speed to Answer* (2026), https://www.ssa.gov/data/800-number-average-speed-to-answer.html (last visited July 15, 2026).
[47] Michelle Yiu and Elizabeth Edwards, Nat'l Health Law Prog., *Unwinding Call Center Data Shows Ongoing Problems* (2023). https://healthlaw.org/resource/unwinding-call-center-data-shows-ongoing-problems/.
[48] *Id.*
[49] The Children's Partnership, *Medi-Cal Call Wait Times Study* 5 (2024), https://childrenspartnership.org/wp-content/uploads/2024/08/TCP-Medi-Cal-Call-Wait-Times-Survey-Report-FINAL.pdf.
[50] *Id.*
[51] *See generally* Jennifer Wagner, Ctr. on Budget & Policy Priorities, *Understanding Unwinding: What to Know About Medicaid Call Center Data* (2023), https://www.cbpp.org/blog/understanding-unwinding-what-to-know-about-medicaid-call-center-data (noting that it takes time for individuals to identify which agency or agencies to call, find a time to call, avoid peak hours and dropped calls, and actually resolve their case or issue).

B. The proposal will unnecessarily increase administrative burdens on government and non-government entities.

Lastly, USCIS also fails to accurately assess the added administrative burdens the proposal will impart on itself, state entities, and non-government agencies. USCIS will have to respond to a great volume of paperwork and records. Other government entities will have to communicate with and provide records to respondents about their receipt of public benefits, employment, and/or education. The same applies for non-government employers, schools, and other entities who may need to report employment or education status. Community service providers will also be burdened with similar demands. USCIS acknowledges a time burden increase for these institutions but does not provide a justification or methodology for its estimates.

Several examples related to the changes to the public charge test in 2019 demonstrate that USCIS underestimates institutional burdens. For example, a variety of states found that communicating to the public about the changes cost agencies multi-millions of dollars over a one- or two-year period.[52] The actual cost to the public of USCIS's proposed change would accrue similar costs in every state in addition to costs to non-government entities. Further, administrative burdens and unmanageable workloads have cascading effects on staff as recruitment and retention sharply decline when workers are strained.[53] Research shows that USCIS's estimated cost of $916,028 would likely underestimate the cost burdens of its proposal on a single state, let alone the entire nation.

The proposed collection of additional information through Form AR-11 would undermine response rates as well as data reliability and quality. In all, USCIS's proposal would achieve the opposite of the PRA's intended goals.

Conclusion

The proposed information collection on Form AR-11 will confound respondents, their families, and all associated with immigrant communities. USCIS's change will have profound impacts on widespread populations, resulting in sweeping consequences to immigrants and U.S. citizens. The harms of this policy cannot be overstated.

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[52] *See, e.g.*, Cal. Health and Hum. Serv., *Advance Notice of Proposed Rulemaking: "Public Charge Ground of Inadmissibility"* (2021), https:\www.chhs.ca.gov\wp-content\uploads\2021\10\CalHHS-Public-Charge-Comment-Letter-October-2021.pdf; Ill. Dep't of Hum. Serv., *Comment on ANPRM, ID: USCIS-2021-0013-0195* (2021); City of N.Y., *Comment on ANPRM, ID: USCIS-2021-0013-0153* (2021); Dep't of Vt. Health Access, *Comment on ANPRM, ID: USCIS-2021-0013-0121* (2021).

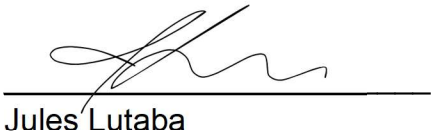
[53] *See* Lily Petrucelli and Mike Ritz, Gallup, *What Is Driving Federal Government Burnout?* (2024), https://www.gallup.com/workplace/612518/driving-federal-government-burnout.aspx; Tricia Brooks, CCF, *Call Center Statistics: The Canary in the Coalmine When the Medicaid Continuous Coverage Protection is Lifted* (2022), https://ccf.georgetown.edu/2022/04/20/call-center-statistics-the-canary-in-the-coalmine-when-the-medicaid-continuous-coverage-protection-is-lifted/.

It is unclear why the administration believes this collection is appropriate, and instead, the proposal appears to be a continuation of the relentless punitive attacks on immigrant communities. This proposal is a threat to the nation's health and wellbeing and USICS should abandon it.

Further, we would like our comment, including any articles, studies, or other supporting materials that we have included in our comment as an active link in the text or in footnotes, to be included as part of the formal administrative record for the proposed rule for the purposes of the federal Administrative Procedure Act. Please let us know if DHS is unable for any reason to meet our request and include our linked materials, so we will have the chance to otherwise submit copies of the supporting documents into the record.

If you have any questions about anything in the comments or the materials, please contact Jules Lutaba, Senior Attorney, lutaba@healthlaw.org.

Sincerely,



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