



December 18, 2025

The Honorable Kristi Noem  
Secretary  
U.S. Department of Homeland Security  
2707 Martin L. King Avenue, SE  
Washington, DC 20528

Re: Public Charge of Inadmissibility Notice of Proposed Rulemaking (USCIS-2025-0304)

Dear Secretary Noem:

On behalf of the Society of General Internal Medicine (SGIM), we are writing in response to the proposed rule on the Public Charge of Inadmissibility (USCIS-2025-0304). We appreciate the opportunity to provide these comments but are deeply concerned by the proposal to rescind the 2022 public charge final rule and to leave public charge determinations to the discretion of individual immigration officials.

SGIM is a member-based medical association of more than 3,400 of the country's leading general internal medicine physicians, who are dedicated to delivering high-quality clinical care for adults of all ages, especially those with multiple chronic diseases who would benefit from having a physician to coordinate a comprehensive approach to their care. Our members are committed to delivering high quality care and ensuring patients have access to a well-trained physician workforce.

Longstanding federal immigration policy states that federal officials can deny entry to the U.S. or adjust lawful permanent resident status if they determine a person may become a public charge. According to the Department of Homeland Security (DHS), this proposal is intended to "restore broader discretion" for immigration offices beyond the current "minimum factors" utilized to determine potential immigration status as articulated in the 2022 public charge final rule. DHS states this rule is intended to align with "congressional intent" and provide for case-by-case judgments by immigration offices rather than the "bright line" rules currently in effect. While SGIM acknowledges the need for responsible uses of public resources, we are strongly opposed to the proposed changes and the potential deleterious effects they will have on the health of citizens, non-citizens, health care providers and health systems.

These changes will likely lead to millions of people losing coverage with downstream effects of increased uncompensated care and negative health outcomes on individual communities and families. Additionally, these changes could prevent citizen immigrants, non-citizen immigrants who have met state income and residency requirements, and individuals in mixed status families from seeking Medicaid and CHIP despite being eligible to do so. The Kaiser Family Foundation estimates there are 13.3 million qualified Medicaid or CHIP enrollees living in a household with one non-citizen, including 5.9 citizen children at risk for disenrollment.<sup>1</sup> They also assert that this policy will deter immigrant families from seeking preventive care, increasing their risk of serious health complications such as strokes and heart attacks due to untreated underlying chronic diseases such as diabetes and hypertension. The increased healthcare costs that will be incurred by those who disenroll could increase poverty, food insecurity and housing instability.

DHS acknowledges that this rule may lead to worse health outcomes, and increased emergency room use, prevalence of communicable diseases and uninsured care. As general internal medicine physicians who serve as front line providers, we strongly oppose policy changes that may lead to these outcomes. The U.S. health system

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is already stretched to the breaking point with many health systems running above capacity in both the emergency room and inpatient settings. The potential additional health system stressors created by millions of uninsured individuals will result in serious public health consequences for the country. Adding potentially millions of uninsured patients to this already tenuous situation is likely to create significant hardship on already strained systems, which might reduce services or result in hospital closures, particularly in rural areas. These public health issues and closures will also increase financial pressure on the citizens and states where they are located as states may need to step in to keep these services functioning. These combined strains from people delaying or foregoing preventive care ultimately put a huge burden on the entire U.S. healthcare system, increased costs and utilization in acute care settings, eventually being passed down to Americans with insurance.

Lastly, SGIM has significant concerns that allowing increased discretion by individual immigration officers will lead to arbitrary outcomes, lack of standardization, and potential confusion and misunderstanding to those eligible for immigration status. SGIM believes that the current 2022 guidelines offer clear standards and transparency enhancing public trust and thus should remain in force.

SGIM thanks the DHS for the opportunity to provide these comments and welcomes the opportunity to discuss these matters further. Should have any questions or require additional information, please contact Erika Miller at [emiller@dc-crd.com](mailto:emiller@dc-crd.com).

Sincerely,

A handwritten signature in black ink that reads "Eric B. Bass". The signature is fluid and cursive, with "Eric" and "Bass" being more distinct and "B." being a smaller initial.

Eric B. Bass, MD, MPH, CEO, Society of General Internal Medicine

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<sup>1</sup> Artiga, S. (2025, December 5). *Potential “chilling effects” of public charge and other immigration policies on Medicaid and chip enrollment*. Kaiser Family Foundation. <https://www.kff.org/medicaid/potential-chilling-effects-of-public-charge-and-other-immigration-policies-on-medicaid-and-chip-enrollment/>