November 2, 2026

George M. Cook
Acting Director
Census Bureau
U.S. Department of Commerce
4600 Silver Hill Road
Washington, DC 20233

Submitted electronically via regulations.gov

Re: Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions [Docket No. 260903-0005]

Dear Director Cook:

The Society of General Internal Medicine (SGIM) appreciates the opportunity to comment on the Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions [Docket No. 260903-0005].

SGIM is a member-based medical association of more than 3,000 of the country's leading general internal medicine physicians, who are dedicated to delivering high-quality clinical care for adults of all ages. Many of our members are physician-scientists committed to advancing biomedical research, as well as delivering high-quality care and ensuring patients have access to a well-trained physician workforce.

Under the proposed rule, undocumented immigrants and certain other noncitizens without lawful permanent resident status would be excluded from the U.S. population total. In addition, the proposal would also remove questions about demographic information such as race, ethnicity, and sexual orientation that are collected through the decennial census questionnaire.

SGIM opposes these proposed changes because they will undermine the reliability of research that uses census data by compromising the accuracy of population data and impact decisions regarding resource allocation, including programs that rely on the designation of Health Professional Shortage Areas such as workforce training programs.

Impact on Medical and Health Services Research

Census data provide the foundation for medical and health services research. Excluding certain populations from data used for research purposes could reduce the accuracy of research findings and undermine the ability to accurately assess community health needs. For example, researchers rely on population estimates to calculate disease incidence and mortality rates, assess health outcomes, and identify gaps in access to primary and specialty care. For health services and population health research, the relevant denominator is often the number of people who actually reside in and receive health care within a community. Excluding residents from population counts based on immigration

status risks misrepresenting the true burden of disease and population needs, which would underestimate the burden placed on local health systems and obscure unmet health needs that affect all members of the community.

Additionally, we are concerned that restrictions on collecting demographic information could limit evaluation of the effectiveness of programs such as the CDC's Racial and Ethnic Approach to Community Health (REACH)) Program that funds state and local health departments, tribes, and community-based organizations to develop culturally tailored strategies to prevent chronic diseases and improve health in high-risk communities, including rural and Tribal communities. Changes in census methodology could also complicate comparisons with historical data, undermining longitudinal research examining population health trends and the effectiveness of public health interventions.

Impact on Health Care Workforce Planning and Resource Allocation

Census data also inform health care workforce planning and the allocation of federal and state resources. Population estimates help determine whether communities have sufficient health care professionals and identify areas experiencing shortages of healthcare providers, including in primary care. Inaccurate or incomplete population data could underestimate health care needs and distort assessments of provider availability, particularly in rural and underserved communities, and potentially direct limited resources away from communities with substantial unmet needs.

Of particular concern is the potential impact on Health Professional Shortage Area (HPSA) designations, which rely in part on population-to-provider ratios to identify communities experiencing health care workforce shortages. If population estimates used in these calculations exclude individuals residing in a community, the resulting ratios could underestimate provider shortages and make underserved areas, including rural communities, appear better served than they are. This could affect eligibility for federal workforce programs and the allocation of resources intended to improve access to care.

Thank you for the opportunity to provide feedback on this proposed rule. SGIM urges the Census Bureau to preserve accurate, comprehensive, and reliable population data, which are essential to research examining population health trends and the effectiveness of public health interventions. These data also ensure that researchers and policymakers can identify gaps in access to primary care, accurately assess community health needs and provider shortages, and direct limited resources to underserved communities where they are needed most. Should you have any questions, please contact Erika Miller at emiller@dc-crd.com

Sincerely,



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