



AMERICA'S ESSENTIAL HOSPITALS

November 18, 2021

Ur Jaddou
Director
U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security
5900 Capital Gateway Drive
Camp Springs, MD 20746

**Ref: CIS No. 2696-21; DHS Docket No. USCIS-2021-0006: Deferred
Action for Childhood Arrivals**

Dear Director Jaddou:

Thank you for the opportunity to submit comments on the above-captioned proposed rule. America's Essential Hospitals appreciates the administration's commitment to strengthening the Deferred Action for Childhood Arrivals (DACA) policy, which is critical to bolstering the health care workforce and spurring economic growth. By preserving the DACA policy and protecting it from arbitrary changes, U.S. Citizenship and Immigration Services (USCIS) can ensure continuity for hospitals and health systems, which rely on immigrants to strengthen their workforce. As demonstrated during the COVID-19 pandemic, a steady and reliable supply of health care practitioners is critical to the nation's response to public health crises. Preserving and fortifying the DACA policy to insulate it from constant changes will be important for ensuring access to care for marginalized communities and is critical to the nation's public health response.

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to providing high-quality, culturally competent care for all, regardless of insurance or immigration status. Three-quarters of their patients are uninsured or covered by Medicare or Medicaid, and more than half of patients seen at essential hospitals are people of color. Our members provide state-of-the-art, patient-centered care while operating on financial margins half that of other hospitals—2.9 percent on average compared with 8.8 percent for all hospitals nationwide.¹ Essential hospitals' involvement in their communities goes beyond the direct provision of health care—they are leaders in training the next generation of health care professionals to ensure the community's supply of doctors, nurses, and other caregivers meets demand. The average essential hospital trains 240 physicians a year, or nearly three times the

¹ Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2019 Annual Member Characteristics Survey*. America's Essential Hospitals. May 2021. <https://essentialdata.info>. Accessed November 3, 2021.

number of residents trained at other teaching hospitals.² Because of their diverse workforce and experience treating diverse patients, essential hospitals are uniquely situated to provide the culturally competent care their patients need. Yet, as is the case across the health care system, essential hospitals face a dire shortage of health care workforce—particularly in underserved communities. By 2032, there is expected to be a shortage of up to 122,000 physicians.³ Policies that deter immigration, such as the Trump administration’s rescission of the DACA program, further exacerbate this shortage.

Foreign-born workers play an indispensable role in the American health care system. Eighteen percent of the health care workforce in the United States—or more than 2.5 million workers—are foreign-born.⁴ A disproportionate number of foreign-born workers practice in specialties experiencing shortages, such as internal medicine. They also gravitate toward underserved rural and urban areas where patients have limited access to health care due.⁵ We applaud USCIS for seeking to codify the DACA policy in the Code of Federal Regulations. The Obama administration’s creation of the DACA program in 2012 was critical to allowing hundreds of thousands of immigrants to remain in the country, seek employment, and contribute to the U.S. economy. As USCIS notes in the preamble of the proposed rule, nearly 30,000 health care professionals can seek employment and remain in the country due to the protections afforded by DACA. These health care professionals include medical students and residents. Their presence in the United States is indispensable to the larger health care system.

Unfortunately, Trump administration policies rescinding the DACA program, as well as legal challenges, hampered the ability of health care providers to maintain a competitive workforce. The Trump administration repeatedly undercut the DACA program, rescinding it in 2017. Although the Supreme Court found this rescission unlawful, the administration continued to narrow the scope of the program. While the Biden administration reinstated the DACA policy, it is again on hold due to a federal district court decision. These constant changes have put in flux the ability of DACA recipients to stay in the U.S. and seek employment.

We urge USCIS to formally add the DACA policy to its regulations through the notice-and-comment rulemaking process, which will provide additional stability for DACA recipients, the health care workforce, and the broader economy. USCIS proposes to formally add the DACA policy to the immigration regulations using the rulemaking process, with largely the same requirements as when it was first instituted in 2012 through executive action. By ensuring the DACA policy is enacted through the rulemaking process, with the opportunity for public comment, USCIS can reduce the likelihood the policy will be

² Ibid.

³ AAMC. The Complexities of Physician Supply & Demand: Projections from 2017 to 2032. April 2019. https://aamc-black.global.ssl.fastly.net/production/media/filer_public/31/13/3113ee5c-a038-4c16-89af-294a69826650/2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf. Accessed November 3, 2021.

⁴ Migration Policy Institute. Immigrant Health-Care Workers in the United States. May 14, 2020. <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states-2018>. Accessed November 3, 2021.

⁵ JAMA Network Open. Prevalence and Characteristics of Non-US-Born and US-Born Health Care Professionals, 2010–2018. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2779302>. April 29, 2021. Accessed November 3, 2021.

stricken on Administrative Procedure Act grounds. Therefore, USCIS should expeditiously move the policy through the rulemaking process and issue a final rule to avoid additional disruption.

America's Essential Hospitals appreciates the opportunity to submit these comments. If you have questions, please contact Senior Director of Policy Erin O'Malley at 202-585-0127 or eomalley@essentialhospitals.org.

Sincerely,

Bruce Siegel, MD, MPH
President and CEO