

No. 19A785

**In the
Supreme Court of the United States**

DEPARTMENT OF HOMELAND SECURITY, et al.,

Applicants,

v.

NEW YORK, et al.,

Respondents.

I, **Leighton Ku**, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

1. My name is Leighton Ku. I have personal knowledge of and could testify in Court concerning the following statements of fact.

2. I am a Professor of Health Policy and Management and Director of the Center for Health Policy Research at the Milken Institute School of Public Health, George Washington University in Washington, DC. I have attached my Curriculum Vitae as Exhibit A to this Declaration.

3. I am a health policy researcher with over 25 years of experience. I have conducted substantial research about immigrant health, and health care and costs. I have authored or co-authored more than a dozen articles and reports about immigrant health issues, including articles in peer-reviewed journals such as Health Affairs and American Journal of Public Health, as well as scholarly reports published by diverse non-profit organizations including the Social Science Research Network, the Migration Policy Institute, the Cato Institute,

and the Commonwealth Fund, as well as many more articles and reports on other subjects. I have testified before the U.S. Senate Finance Committee about immigrant health issues and provided analyses and advice to state governments and non-governmental organizations in many states about immigrant health.

4. I have expertise in quantitative data analysis and have conducted quantitative analyses for most of my career, including analyses for a federal agency and two think tanks and now at a university. I have taught statistical analysis and research methods at the graduate school level for over 25 years, training hundreds of graduate students, as well as dozens of federal and state budget and policy analysts. I have authored or co-authored more than 90 papers in peer-reviewed journals and hundreds of other reports, most of which were quantitative analyses. As a quantitative health data analyst, I have consulted with the Congressional Budget Office and numerous federal and state agencies.

5. I provided expert declarations about the potential effects of the public charge rule in September 2019¹ and January 2020,² the President's healthcare proclamation in October 2019 and January 2020,³ and the effects of terminating DACA on health insurance coverage and states

¹ Declaration of Leighton Ku in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding public charge regulation), *Make the Road New York, et al v Ken Cuccinelli, et al.* in United States District Court, Southern District of New York, Sept. 9, 2019; *State of New York, et al. v. U.S. Department of Homeland Security, et al.* in United States District Court, Southern District of New York, Sept. 9, 2019; *La Clinica de la Raza, et al. v. Donald Trump, et al.* in United States District Court, Northern District of California, September 1, 2019.

² Declaration of Leighton Ku in *Make the Road New York, et al. v. Pompeo et al.* ("MRNY v. Pompeo") in the United States District Court, Southern District of New York, Dec. 22, 2019. In *MRNY v. Pompeo*, plaintiffs seek not only an injunction of the Department of State public charge rule, but the President's November 4, 2019 Healthcare Proclamation. My declaration was filed in support of the plaintiffs' motion to enjoin both policies.

³ In addition to submitting a declaration in the *MRNY v. Pompeo* case on the healthcare proclamation, my declaration regarding the healthcare proclamation was filed in the *Doe v. Trump* case filed in the District of Oregon.

in November 2017⁴ and in June 2018.⁵ I have not provided testimony in any other court cases in the past four years.

6. I also have knowledge of health insurance and employment through my role as a voluntary (unpaid, appointed) Executive Board member for the District of Columbia's Health Benefits Exchange Authority, which governs the District's health insurance marketplace, formed under the federal Affordable Care Act. This includes oversight of health insurance for small businesses as well as individual health insurance in the District of Columbia.

7. I have a Ph.D. in Health Policy from Boston University (1990) and Master of Public Health and Master of Science degrees from the University of California at Berkeley (1979). Prior to becoming a faculty member at George Washington University, I was on the staff of the Urban Institute and the Center on Budget and Policy Priorities.

8. I have been engaged by counsel for the Plaintiffs in this case to analyze the effect of the new public charge rule on Medicaid enrollment, public health, and health systems, and the implications regarding the current coronavirus (COVID-19) pandemic.

Public Charge and Public Health Risks Related to COVID-19

9. The alarming onset of the global pandemic of the novel coronavirus, COVID-19, has created serious public health risks for the United States and other nations. As a contagious virus, COVID-19 is spreading broadly and threatens citizens and immigrants alike. Along with public health measures, such as social distancing and self-quarantines to reduce the risk of infection, medical measures such as testing for COVID-19 and prompt treatment are critical. But

⁴ Declaration of Leighton Ku in *State of New York, et al. v Donald Trump, et al.* in the United States District Court for the Eastern District of New York, Nov. 22, 2017.

⁵ Declaration of Leighton Ku in *State of Texas v. United States of America, et al. and Karla Perez, et al., Defendant-Intervenor* in the United States District Court for the Southern District of Texas, Brownsville Division, June 14, 2018.

those who are uninsured will face serious barriers if they are unable to pay for COVID-19 testing, prevention, and treatment, or if they are otherwise deterred from accessing care.⁶ Data about the cost of COVID-19 treatment are unclear, but the cost of treatment for one early patient for less than a week of treatment was \$34,927.43, an amount greater than the annual income of many low and moderate-income Americans.⁷

10. The Department of Homeland Security’s 2019 “public charge” rule makes it extremely difficult for lawful immigrants to gain permanent residency or to adjust their status if they have received federal Medicaid, thereby creating additional risks that they will be uninsured or avoid medical care.⁸ (Receipt of federal Medicaid is a highly weighted negative factor in a determination of inadmissibility.) As documented in my declaration dated September 9, 2019, there is strong evidence that the public charge rule creates fear and a “chilling effect” that would lead many members of immigrant families—even family members who are citizens—to avoid federal Medicaid coverage and similar forms of state insurance⁹ and to reduce their use of health care services.¹⁰

11. The threat of COVID-19 and the urgency of the treatment it requires makes the

⁶ Tolbert J. What Issues Will Uninsured People Face with Testing and Treatment for COVID-19? Kaiser Family Foundation. March 18, 2020. <https://www.kff.org/uninsured/fact-sheet/what-issues-will-uninsured-people-face-with-testing-and-treatment-for-covid-19/>. There is not yet a vaccine to prevent COVID-19 infection, although there are efforts to develop a vaccine. If and when a vaccine becomes available, then lack of insurance could pose a financial barrier to vaccination as well, or otherwise deter noncitizens from accessing a vaccine.

⁷ Abrams A. Total Cost of Her COVID-19 Treatment: \$34,927.43. *Time*. Mar. 19, 2020. <https://time.com/5806312/coronavirus-treatment-cost/>.

⁸ Department of Homeland Security. Final Regulations: Inadmissibility on Public Charge Grounds. Federal Register. *Federal Register*. Vol. 84, No. 157, pg.: 41290-508. Aug. 14, 2019.

⁹ A number of states, such as New York, California the District of Columbia, Illinois and Oregon, offer state-funded Medicaid without federal matching funds (or health insurance akin to Medicaid) to certain low-income immigrants who are not eligible for federally-funded Medicaid, such as children, pregnant women and other adults. The public charge determinations apply only to federally funded Medicaid, but immigrants are likely deterred from these state funded benefits too, since they may not be able to distinguish them from federally funded Medicaid. See L Ku 2019, footnote 1 for more detail about these non-federally funded insurance programs.

¹⁰ *Op cit*, L Ku 2019, footnote 1.

consequences of the chilling effect on accessing health care caused by public charge that I observed in September 2019 even more significant. It has been reported that immigrants are “petrified” about seeking testing and treatment because they worry that the public charge rule could penalize them if they seek care.¹¹ For example, Rebecca Sanin, president and CEO of the Health and Welfare Council of Long Island, reported recently that nonprofits under her organization’s umbrella were “seeing people choosing not to recertify or get services because of the climate of fear and change in policies targeting immigrants.”¹² Similarly David Nemiroff, who directs the Long Island Federally Qualified Health Center, said that “[o]ur biggest fear is that people will choose their immigration status over their health care, and where does that leave us regarding COVID-19?”¹³ Even if these fears result only in delays in accessing care, not complete avoidance, the public health consequences could be grim if infected persons go undetected and are at increased risk of spreading the disease, or if untreated infections become even more severe.

12. These concerns are consistent with earlier evidence about the adverse consequences of the public charge rule. It is important to remember that immigrant families may include both citizen and non-citizen members; U.S. born children of immigrants are native-born citizens, and many members of immigrant families may also be naturalized citizens or those who have already attained permanent residency. Thus, restrictions under the public charge rule may have serious repercussions for other family members and may affect their behaviors as well. If one member of the family (whether an immigrant or not) goes undetected because of fears about

¹¹ Jordan M. ‘We’re Petrified’: Immigrants Afraid to Seek Medical Care for Coronavirus. *New York Times*. March 18, 2020. <https://www.nytimes.com/2020/03/18/us/coronavirus-immigrants.html>

¹² Polsky C. New health care rule draws scrutiny during coronavirus scare. *Newsday*. Mar. 2, 2020. <https://www.newsday.com/news/health/coronavirus-immigration-1.42333063>

¹³ *Ibid.*

the public charge rule, the risk of infection to other members of the family (or household or other community members) rises.

13. Evidence from the late 1990s, when harsh public charge rules and related immigrant restrictions were applied, showed that Medicaid participation fell sharply and U.S.-born citizen children who lived in immigrant families lost benefits, even though these children were eligible and ought not have been affected by these policies; they were harmed by the “chilling effect” that spread through immigrant communities.¹⁴ These fears have arisen again in light of the renewal of harsh public charge policies under the new public charge rules. More recently, even before the current public charge rule went into effect, one in seven members of immigrant families reported avoiding public benefits like Medicaid because they were worried that the public charge rule could lead to adverse immigration consequences against themselves or members of their families.¹⁵ Large numbers of adults in immigrant families reported that they avoided seeking medical care from a doctor, or even talking with teachers or school officials, because of worries that they might be asked about immigration status.¹⁶ Now that the final rule has gone into effect, the repercussions are likely to worsen. In my September 2019 declaration, I drew on evidence from prior research and estimated the public charge rule could cause between

¹⁴ Zimmerman W, Fix M. Declining Immigrant Applications for Medi-Cal and Welfare Benefits in Los Angeles County. Urban Institute. July 1998. <https://aspe.hhs.gov/basic-report/declining-immigrant-applications-medi-cal-and-welfare-benefits-los-angeles-county>. Fix M, Passel J. Trends in Noncitizens' and Citizens' Use of Public Benefits Following Welfare Reform: 1994-97. Urban Institute. March 1999. <https://www.urban.org/research/publication/trends-noncitizens-and-citizens-use-public-benefits-following-welfare-reform>.

¹⁵ Bernstein H, Gonzalez D, Karpman M, Zuckerman S. One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018. Urban Institute. May 2019. https://www.urban.org/sites/default/files/publication/100270/one_in_seven_adults_in_immigrant_families_reported_avoiding_publi_2.pdf

¹⁶ Bernstein H, Gonzalez D, Karpman M, Zuckerman S. Adults in Immigrant Families Report Avoiding Routine Activities Because of Immigration Concerns. Urban Institute. July 2019. https://www.urban.org/sites/default/files/publication/100626/2019.07.22_immigrants_avoiding_activities_final_v2_0.pdf

1 and 3.2 fewer million members of immigrant families to receive Medicaid. Because of evidence that being uninsured leads to a higher risk of death, the public charge rule could cause about 1,300 to 4,000 additional deaths per year. Given the new evidence about COVID-19, updated estimates of the effects could be even higher.¹⁷

14. Concerns about immigrants being deterred from accessing appropriate medical care due to the public charge rule have been heightened by the COVID-19 pandemic. Wendy Parmet, Professor of Law at Northeastern University, has written that the public charge rule exacerbates the coronavirus pandemic because it discourages members of immigrant families from seeking medical care. She concluded “the Department of Homeland Security should stay implementation of the public charge rule as a whole—or at least suspend the adverse consequences attached to using Medicaid until after the outbreak passes. There simply is no justification for rushing to implement a rule that may worsen a pandemic. . . . With a pandemic upon us, it doesn’t require compassion to ensure that our immigration policies don’t threaten public health. It just requires common sense.”¹⁸

15. Because COVID-19 is so recent, we lack authoritative data about the extent to which members of immigrant families and those who are uninsured are deterred from obtaining testing or treatment for COVID-19. But we can draw conclusions about the avoidance of care based on research that immigration status and the lack of insurance coverage are related to health risks during pandemics, using research about the 2009-10 H1N1 influenza (swine flu) pandemic.

16. It has long been recognized that immigrant communities are at elevated risk

¹⁷ Ku L. New Evidence Demonstrating That the Public Charge Rule Will Harm Immigrant Families and Others. *Health Affairs Blog*. October 9, 2019. <https://www.healthaffairs.org/do/10.1377/hblog20191008.70483/full/>.

¹⁸ Parmet W. “First Opinion: Trump’s Immigration Policies Will Make the Coronavirus Pandemic Worse.” *Stat News*. Mar. 4, 2020. <https://www.statnews.com/2020/03/04/immigration-policies-weaken-ability-to-fight-coronavirus/>.

during pandemics. About a decade ago, the nation experienced the H1N1 influenza pandemic. The Centers for Disease Control and Prevention (CDC) reported that there were about 60.8 million cases in the United States, 274,000 hospitalizations and 12,500 deaths due to H1N1 flu between April 2009 and April 2010.¹⁹ Shortly before the onset of the H1N1 pandemic, CDC convened an expert panel in May 2008 to consider the special challenges of pandemic preparedness of and response for immigrants, who were recognized as a group with special health risks. The panel found that many immigrants are at elevated risk during pandemics because of factors like their limited health insurance coverage, lower vaccination rates, low-incomes, and linguistic and cultural barriers.²⁰ The panel recommended adopting additional efforts to reduce barriers for immigrants to the receipt of medical care, including efforts to reach out to and communicate with immigrant communities during pandemics.

17. While we lack data about the extent to which immigrants were or have been tested for or treated for H1N1 flu, or for COVID-19, there is evidence that examines the extent to which immigrants obtained medical care through vaccinations. (H1N1 vaccinations became available in late 2009 and early 2010.) Vaccine utilization helps measure the extent to which adults receive medical care to address pandemic infections. A study by researchers at Utah State University highlighted the significance of health insurance coverage for immigrants as a protective factor during pandemics.²¹ The study analyzed rates of vaccination for H1N1 influenza in 2010. It found that non-Hispanic white adults were more likely to be vaccinated

¹⁹ Centers for Disease Control and Prevention. 2009 H1N1 Pandemic. No date. <https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html>.

²⁰ Truman B, Tinker T, Vaughan E, et al. Pandemic Influenza Preparedness and Response Among Immigrants and Refugees. *American Journal of Public Health*. 99: S276-S278.

²¹ Burger A, Reither E, Hofmann E, Mamelund SE. The Influence of Hispanic Ethnicity and Nativity Status on 2009 H1N1 Pandemic Vaccination Uptake in the United States. *Journal of Immigrant and Minority Health*. 2018; 20:561-68.

than US-born Hispanics, and foreign-born Hispanics were the least likely to be vaccinated. That is, immigrants were less likely to get care than non-immigrants. The study also showed the protective effect of health insurance coverage: those with insurance were twice as likely to be vaccinated as those without insurance. A challenge for immigrants was that immigrant Hispanics were over four times more likely to be uninsured than non-Hispanic whites, creating barriers to getting vaccinated. When the researchers statistically controlled for insurance coverage, Hispanic immigrants were actually slightly more likely to be vaccinated than non-Hispanic white adults. When immigrants have insurance, they are better able to protect themselves through vaccinations; the problem was that so many immigrants are uninsured. This study is consistent with other research that showed how low socioeconomic status was associated with lower H1N1 vaccination rates, while insurance coverage improved vaccination levels.²²

18. In some cases, uninsured people may be able to receive medical care free through safety net facilities, such as community health centers or government clinics; evidence suggests that the chilling effect leads to reductions in use of services like these, even though the public charge determinations do not apply to such programs. For example, although the public charge rule does not apply to benefits from the Women, Infants and Children (WIC) nutrition assistance program, many immigrants have avoided enrolling in WIC because of public charge fears.²³

19. The evidence about immigrants' reduced ability to get vaccines, and the improvements that occur when they are able to get insurance, demonstrates (a) that immigrants face greater barriers in getting medical care to protect themselves during pandemics, and (b)

²² Maurer J. Inspecting the Mechanism: A Longitudinal Analysis of Socioeconomic Status Differences in Perceived Influenza Risks, Vaccination Intentions and Vaccination Behaviors during the 2009-2010 Influenza Pandemic. *Medical Decision Making*. 2016 October ; 36(7): 887-899.

²³ West M. Fewer Immigrants Sign Up for Food-Subsidy Program. *Wall Street Journal*. Feb. 24, 2020. <https://www.wsj.com/articles/fewer-immigrants-sign-up-for-food-subsidy-program-11582584810>.

insurance coverage increases immigrants' use of appropriate medical therapies. By discouraging immigrants and other members of their families from using federal Medicaid, the public charge rule creates unnecessary barriers to getting care, such as testing, treatment, or eventually vaccinations that could protect against COVID-19.

20. There could be broader public health repercussions. Since COVID-19 is a communicable disease, higher risk for members of immigrant families creates higher risks of contagion for other members of their communities. Low- and moderate-income immigrants are a large share of the workforce that is essential during pandemics. For example, data from the U.S. Census indicates that immigrants form more than one-third of home health aides and one-quarter of personal care aides, who provide home health care to frail seniors, and constitute one-sixth to one-fifth of the grocery store and food delivery workforce.²⁴ During the current public health crisis, we are more reliant than ever on workers like these. But if low-wage workers in essential jobs like these—which frequently lack private health insurance coverage—cannot get appropriate medical care and become infected, they could inadvertently increase risks of contagion to their patients and customers, elevating the pandemic risk to others in their communities. That is, protecting immigrants is also in the best interests of non-immigrant members of our communities.

21. Immigrants who are uninsured, due to their concerns about the consequences of the public charge rule and use of Medicaid, place further pressure on the already strained safety net of public and nonprofit hospitals, clinics and emergency rooms, which provide a

²⁴ New American Economy Research Fund. Immigration & COVID-19. Mar. 26, 2020. <https://research.newamericanconomy.org/report/immigration-and-covid-19/?emci=0ebd83c0-746f-ea11-a94c-00155d03b1e8&emdi=942b7cab-986f-ea11-a94c-00155d03b1e8&ceid=418670>; Gelatt J. Immigrant Workers Vital to the U.S. COVID-19 Response, Disproportionately Vulnerable. Migration Policy Institute. March 2020. <https://www.migrationpolicy.org/research/immigrant-workers-us-covid-19-response>

disproportionate share of care for uninsured and low-income patients. These effects are evenly more strongly felt in areas with larger immigrant populations such as parts of New York, California, Texas, Florida, Illinois, or New Jersey. This was a problem even before COVID-19. In November 2018, prior to final issuance of the public charge regulation, Mitchell Katz, MD, MPH, the executive director of New York City's Health and Hospitals system, who previously led the health departments in Los Angeles County and San Francisco and is one of the nation's foremost authorities on public health care systems stated: "If enacted as proposed, this public charge provision could decrease access to medical care and worsen the health of individuals, threaten public health, and undercut the viability of the health care system."²⁵ The pressures upon the safety net health care system due to the public charge rule are magnified when the enormous challenges of the COVID-19 pandemic are added. I can illustrate this point using the example of Elmhurst Hospital in the Bronx. Dr. Mitchell Katz recently commented that Elmhurst is most stressed hospital in the New York Health and Hospitals system during the COVID-19 pandemic²⁶, with a high burden of COVID-19 patients and the related pressure this places on staff, facilities and protective equipment. Elmhurst is a lower-income neighborhood in New York City with a high immigrant population: about 36% of residents are non-citizen immigrants and 32% are naturalized citizens,²⁷ so public charge rule compounds the problems faced by its public hospital.

22. In the midst of the COVID-19 pandemic, the public charge rule makes it harder for members of immigrant families to seek care because they are more uninsured, which forces

²⁵ Katz M, Chokshi D. The "Public Charge" Proposal and Public Health: Implications for Patients and Clinicians. *Journal of the American Medical Association*. 2018;320(20):2075-2076. Nov. 27, 2018.

²⁶ Hicks N, et al. NYC's public hospitals 'holding on' in face of coronavirus, chief says. New York Post. Mar. 26, 2020. <https://nypost.com/2020/03/26/nycs-public-hospitals-holding-on-in-face-of-coronavirus-chief-says/>

²⁷ National Origin in Elmhurst New York. <https://statisticalatlas.com/neighborhood/New-York/New-York/Elmhurst/National-Origin>

them to turn to safety net facilities like Elmhurst not only in New York, but in other safety net public hospitals, government clinics and nonprofit community health centers²⁸ across the United States. Problems related to the public charge rule not only increases stress and crowding in these facilities, it also increases the risk of COVID-19 transmission between patients and health care staff. While there has been increase in the use of telehealth services, i.e., digital health care visits in lieu of in-person visits, in recent weeks as a social distancing precaution to reduce the risk of contagion, low-income and immigrant populations have less access to the internet, whether through broadband connections or smartphones.²⁹ Moreover, while there have been efforts to upgrade the extent to which health insurance can pay for telehealth visits³⁰, no such mechanism exists for those who are uninsured. As a result, uninsured immigrant patients are likely to be more reliant on in-person care seeking, exacerbating the pressure on safety net health care providers and increasing the risk of patient-health care staff disease transmission.

23. In addition to the health risks of COVID-19 infection, the pandemic is causing unprecedented economic losses that are also placing immigrants at risk as businesses close or scale down during the pandemic. The latest data indicate that more than 10 million Americans filed for unemployment benefits in March, and it seems likely that these numbers will continue to grow.³¹ (Because only some are eligible for unemployment benefits, the actual number who

²⁸ Stone W. Under Financial Strain, Community Health Centers Ramp Up for Coronavirus Response. National Public Radio. Mar. 24, 2020. <https://www.npr.org/sections/health-shots/2020/03/24/821027067/under-financial-strain-community-health-centers-ramp-up-for-coronavirus-response>

²⁹ Anderson M, Kumar M. Digital divide persists even as lower-income Americans make gains in tech adoption. Pew Research Center. May 7, 2019.

³⁰ Moss K, et al. The Families First Coronavirus Response Act: Summary of Key Provisions. Kaiser Family Foundation. Mar. 20, 2020. <https://www.kff.org/global-health-policy/issue-brief/the-families-first-coronavirus-response-act-summary-of-key-provisions/>

³¹ Heather Long. Over 10 million Americans applied for unemployment benefits in March as economy collapsed. *Washington Post*. April 2, 2020. <https://www.washingtonpost.com/business/2020/04/02/jobless-march-coronavirus/>

have lost jobs is higher, and the number who have experienced serious income losses is even greater.) As an Executive Board member of the District of Columbia's Health Benefits Exchange Authority, I have been informed that Medicaid applications surged in March; national data are not yet reported. Immigrant workers are disproportionately vulnerable to job and income loss during this economic downturn because they are often employed in industries like hotels, restaurants, construction, and service industries.³² Millions of Americans, including both immigrants and non-immigrants, who have worked hard are now finding themselves desperately in need of economic and health assistance. While Medicaid serves as a health insurance safety net for most Americans in times of need, those who are non-citizen immigrants are at risk of being determined to be public charges if they enroll in Medicaid because of the policy of U.S. Citizenship and Immigration Service (USCIS). The newly unemployed immigrants—who could number in the millions—may have been employed for years, but they will be placed in jeopardy if they use Medicaid when they lose their jobs and private insurance because of the economic disaster. (Many of those whose incomes fall may be eligible for subsidized insurance using advance premium tax credits under the Affordable Care Act's health insurance marketplaces, but those with incomes below the poverty line are not eligible for the tax-subsidized insurance and could only get coverage from Medicaid or similar state-funded programs.)

24. New data confirm that job loss has been more severe among immigrants and that the demand for Medicaid coverage will rise greatly, although immigrants face barriers accessing Medicaid benefits because of the public charge rule. New data from the federal Bureau of Labor Statistics shows that immigrants are losing employment faster than the native-born. Between February and March 2020, the government estimates that the number of immigrant adults who

³² Gelatt J., *op cit.*

are unemployed rose by 31 percent in just one month, while the number of native-born adults unemployed grew by 14 percent.³³ Unemployment is rising rapidly and immigrants are disproportionately at risk. Preliminary analyses by Health Management Associates project how health insurance coverage will change because of rising unemployment; they estimate that, depending on how high U.S. unemployment levels rise, the number of Americans with employer-sponsored coverage could fall from 163 million (pre-COVID) to between 129 and 151 million, the number on Medicaid could rise from 71 million (pre-COVID) to 82 to 94 million, and the number of uninsured could rise from 29 million (pre-COVID) to as high as 30 to 40 million.³⁴ In the face of rising unemployment and poverty, Medicaid will prevent millions from becoming uninsured and help maintain their access to medical care. Unfortunately, the public charge rule sharply reduces the ability of immigrants (and their family members) to get Medicaid coverage, lest its use threatens their immigration status, and thereby lowers their access to medical care.

25. In late March 2020, the USCIS posted new guidance about public charge and COVID-19 on its website.³⁵ The new guidance states: “USCIS encourages all those, including aliens, with symptoms that resemble Coronavirus Disease 2019 (COVID-19) (fever, cough, shortness of breath) to seek necessary medical treatment or preventive services. Such treatment or preventive services will not negatively affect any alien as part of a future Public Charge analysis.” However, the guidance then continues to state that the receipt of Medicaid benefits

³³ Comparison of data for February 2020 and March 2020, based on Table A-7 from U.S. Bureau of Labor Statistics. The Employment Situation: March 2020. Apr. 3, 2020 and The Employment Situation: February 2020. Mar. 6, 2020. <https://www.bls.gov/news.release/pdf/empstat.pdf>.

³⁴ Health Management Associates. COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State. Apr. 3, 2020. <https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf>

³⁵ U.S. Citizenship and Immigration Services. Public Charge. New undated Alert <https://www.uscis.gov/greencard/public-charge>. Accessed on March 25, 2020.

can be used as grounds for a determination of inadmissibility, which is core tenet of the public charge rule.

26. A key deficiency in the USCIS policy is that health insurance is the primary method used to pay for medical care, such as testing and treatment. Access to Medicaid creates access to medical care, including testing, treatment, and prevention services. Studies have consistently shown, for example, how the recent expansion of Medicaid eligibility under the Affordable Care Act led to greater use of medical care, including vaccinations and HIV testing.³⁶ When people are uninsured, they are less able to use medical care because they have financial barriers that deter them from care; they may avoid or delay care, or health care providers might refuse to provide care if they cannot pay. Thus, even though USCIS says that COVID-19 testing and treatment will not count in public charge determinations, it has created a Catch-22, since the Medicaid coverage that would make such services affordable could trigger a public charge determination of inadmissibility which jeopardizes immigrants' ability to remain in the United States. Thus, immigrants are still going to encounter barriers getting COVID-19 care because of the core public charge rule, despite the new statement. Moreover, since much of the medical harm of COVID-19 is related to other medical problems, such as heart disease, asthma, or diabetes, effective treatment may involve care for other medical problems for which insurance is necessary.

27. A second deficiency is that the major response to the public charge rule has been fear and confusion in immigrant communities; it is hard to believe that this new administrative

³⁶ Tummalapalli S.L., Keyhani S. Changes in Preventative Health Care After Medicaid Expansion. *Medical Care*. 2020 Feb 5. Online ahead of print. Mahmoudi E, Cohen A, Buxbaum J, Richardson CR, Tarraf W. Gaining Medicaid Coverage During ACA Implementation: Effects on Access to Care and Preventive Services. *Journal of Health Care for the Poor and Underserved*. 2018;29(4):1472-1487.

clarification (on a somewhat obscure federal website) will undo the greater confusion and chilling effect that the public charge regulation has already engendered. As described above, fears about public charge have deterred many from enrolling in programs like WIC, even though public charge does not apply to that benefit, and have also caused members of immigrant families who are citizens to withdraw from benefits even though they are also not supposed to be affected. Even if some COVID-19 services are free, the shadow of the public charge rule will keep many from using the services.

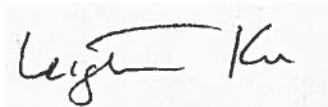
28. As noted earlier, a number of states, including New York, California, Illinois, Oregon and the District of Columbia, offer state-funded Medicaid or similar insurance benefits to certain immigrants without federal matching funds. The public charge rule does not apply to these non-federally funded benefits, but the chilling effect of the public charge rules can deter eligible immigrants from using these benefits as well and continue to reduce access to medical care. USCIS has failed to ensure that immigrants and members of their families are aware that these non-federally funded benefits remain safe.

29. Cancelling or suspending the public charge rule is the more effective way to ensure access to appropriate medical services in order reduce the risks of the COVID-19 pandemic for immigrants, members of their families, and the communities in which they live, and to ensure that everyone has access to appropriate medical care. Such an approach is more consistent with sound public health policy.

30. This is a public health emergency of national scope, which merits prompt national policy responses. Cases of COVID-19 infection, which exceeded 427,000 as of April 9, 2020, have been identified in every state in the Union. The number of reported cases has been the highest in New York State (over 149,000), but as of April 9, the majority of states have reported

more than 1,000 cases, including New Jersey, California, Washington state, Florida, Massachusetts, Texas, Illinois, Louisiana, Michigan, Mississippi, North Carolina, South Carolina Ohio, Pennsylvania, Tennessee, Colorado, Arizona, Indiana, Iowa, Missouri, Nevada, Connecticut, Virginia, the District of Columbia, Idaho, Utah, Kansas, Arkansas, Minnesota, Wisconsin and Kentucky.³⁷ These numbers are expected to grow and spread across the nation in the coming weeks.

DATED this 13th day of April, 2020 at Washington, D.C.

A handwritten signature in black ink, appearing to read "Leighton Ku".

Leighton Ku

³⁷ Centers for Disease Control and Prevention. COVID-19 Cases in the United States. Updated as of April 9, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

EXHIBIT

A

CURRICULUM VITAE

LEIGHTON KU

Professor of Health Policy and Management
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Summary

Leighton Ku, PhD, MPH, is a professor of health policy and management at the George Washington University (GW). He is a nationally known health policy and health services scholar with more than 25 years of experience. He has examined topics such as national and state health reforms, access to care for low-income populations, Medicaid, preventive services, the health care safety net, cost and benefits of health services, and immigrant health. He has authored or co-authored more than 90 peer-reviewed articles and 200 policy briefs and other translational reports. He directs the Center for Health Policy Research, a multidisciplinary research center, which includes physicians, attorneys, economists, health management and policy experts and others, with more than 20 faculty and dozens of staff; it has a research portfolio in excess of \$25 million. He has been principal investigator for a large number of studies with support from the National Institutes of Health, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, the Commonwealth Fund and Robert Wood Johnson Foundation, and other sources. In the course of his career at GW, the Center on Budget and Policy Priorities and the Urban Institute, he has worked with federal and state executive and legislative agencies, health care organizations, advocates and others in research, technical assistance, strategic advice and advocacy. As a faculty, he has taught research methods and policy analysis at the graduate level for more than 25 years and guided numerous students through dissertations and other research. As a member of his community, he helped establish and guide the District of Columbia's Health Benefits Exchange Authority as a founding member of its Executive Board.

Education

1990 Ph.D., Health Policy, Boston University (Pew Health Policy Fellow in a joint program of Boston University and Brandeis University)
1979 M.P.H., Public Health, University of California, Berkeley
1979 M.S., Nutritional Sciences, University of California, Berkeley
1975 A.B. (honors), Biochemistry, Harvard College

Professional Background

2015 – present Co-Director, PhD Health Policy Program. First at GW Trachtenberg School of Public Policy and Administration, now at Milken Institute School of Public Health.

2012 - present Executive Board, District of Columbia Health Benefit Exchange Authority (voluntary position).

2008 - present Director, Center for Health Policy Research, The George Washington University

2008 - present	Professor of Health Policy and Management (with tenure), Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University.
2015- 2016	Interim Chair, Department of Health Policy and Management
2000 - 2008	Senior Fellow, Center on Budget and Policy Priorities, Washington, DC
1992 - present	Professor in Public Policy and Public Administration, Trachtenberg School of Public Policy and Administration, The George Washington University. Secondary appointment. Began as Associate Professorial Lecturer.
1990 - 2000	Principal Research Associate. The Urban Institute, Washington, DC. Began as Research Associate I.
1989 - 1990	Research Manager, SysteMetrics/McGraw-Hill, Cambridge, MA.
1987 - 1989	Pew Health Policy Fellow, Health Policy Institute, Boston University and the Heller School, Brandeis University
1980 - 1987	Program Analyst, Office of Analysis and Evaluation and Supplemental Food Programs Division, Food and Nutrition Service, U.S. Dept. of Agriculture, Alexandria, VA and Washington, DC.
1975 - 1976	Registered Emergency Medical Technician, Dept. of Health and Hospitals, Boston, MA

Publications Authored or Co-authored in Peer-Reviewed Journals

[Aggregate measures of scholarly productivity: H-index = 44, I10-index = 119 (according to Google Scholar as of June 26, 2019.)]

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https://journals.lww.com/ambulatorycaremanagement/Fulltext/2019/04000/The_Effects_of_Community_Health_Center_Care_on.8.aspx

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[Note between 2000 and 2008, I was working at the Center on Budget and Policy Priorities and was not principally working on refereed publications.]

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Ku L, Sonenstein F, Pleck J. Factors Affecting First Intercourse Among Young Men, Public Health Reports, 108(6):680-94, November/December 1993.

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[Note: Reports marked with [PR] went through an external peer-review process prior to release.]

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Ku L . Health Reform: How Did We Get Here, What the Heck Is Going On and What Next? Keynote Address: Medical Librarians Association, Alexandria VA, Oct. 20, 2014.

Ku L. Health Reform and the Safety Net. Testimony before Maryland Community Health Resources Commission. Annapolis, MD, Oct. 2, 2014.

Ku L. Some Key Issues in Health Reform. Presented at American Association for the Advancement of Science Health Policy Affinity Group Meeting, Washington, DC July 24, 2014.

Ku L, Curtis D. Barlow P. District of Columbia's Health Benefits Exchange at the Launch of a State-Based Exchange: Challenges and Lessons Learned Georgetown Law School Summer Session on Health Reform, July 23, 2014.

Ku L. The Big Picture on Medicaid for State Legislators Presented at Council of State Governments. Medicaid Workshop for Health Leaders, Washington, DC June 20, 2014.

Ku L, Frogner B, Steinmetz E, Pittman P. Many Paths to Primary Care: Flexible Staffing and Productivity in Community Health Centers, Presented at Annual Research Conference AcademyHealth, San Diego, CA, June 10, 2014.

Ku L, Zur J., Jones E, Shin, P, Rosenbaum S. How Medicaid Expansions and Post-ACA Funding Will Affect Community Health Centers' Capacity. Presented at Annual Research Conference AcademyHealth, San Diego, CA, June 9, 2014.

Ku L. Critical Issues for Community Health Centers, Alliance for Health Reform briefing, Commonwealth Fund, Washington, DC. May 16, 2014.

Ku L. Immigrants' Health Access: At the Nexus of Welfare, Health and Immigration Reform, Keynote talk at Leadership Conference on Health Disparities, Harvard Medical School, Boston, MA May 6, 2014.

Ku L. Wellness and the District of Columbia. District of Columbia Chamber of Commerce forum, Washington, DC, March 11, 2014.

Ku L. Health Care for Immigrant Families: A National Overview. Congressional Health Justice Summit, Univ. of New Mexico - Robert Wood Johnson Center for Health Policy, Albuquerque, NM, Sept. 7, 2013.

Ku L. Health Reform: Promoting Cancer Prevention and Care. Talk to DC Citywide Navigators Network, Washington, DC, July 15, 2013.

Ku L. Analyzing Policies to Promote Prevention and Health Reform. Seminar at the Centers for Disease Prevention and Promotion, Atlanta, GA. July 10, 2013.

Ku L. Medicaid: Key Issues for State Legislators. Council on State Governments, Medicaid Workshop for Health Leaders, Washington, DC, June 22, 2013.

Ku L, Steinmetz E. Improving Medicaid's Continuity of Care: An Update. Association of Community Plans Congressional Briefing, May 10, 2013.

Ku L (with Brown C, Motamedi R, Stottlemeyer C, Bruen B) Economic and Employment Impacts of Medicaid Expansions. REMI Monthly Policy Seminar, Washington, DC, April 24, 2013.

Ku L. Building Texas' Primary Care Workforce, Legislative Briefing: Health Care Coverage Expansion & Primary Care Access in Texas, Center on Public Priorities and Methodist Healthcare Ministries, Texas Capitol, Austin, TX, Mar. 8, 2013

Ku L, Jewers M. Health Care for Immigrants: Policies and Issues in a New Year. Presentation to Conference on After the Election: Policies Affecting Young Children of Immigrants, Migration Policy Institute, Washington, DC, Jan. 17, 2013.

Ku L. Health Reform and the New Health Insurance Exchanges: Issues for Indiana Families, Indiana

Family Impact Seminar at Indiana State Legislature, Nov. 19, 2012.

Ku L. Pediatric Preventive Medical and Dental Care: The Role of Insurance and Poverty, AcademyHealth Annual Research Meeting, Orlando, FL, June 24, 2012.

Ku L. A Medicaid Tobacco Cessation Benefit: Return on Investment, Webinar for Partnership for Prevention and Action to Quit, Feb. 8, 2012.

Ku L. Safety Net Financing Issues, Webinar for National Workgroup on Integrating a Safety Net, National Academy for State Health Policy, Feb. 6, 2012

Ku L. How Medicaid Helps Children: An Introduction. Briefing to Congressional Children's Health Caucus, Jan. 25, 2012

Ku L. Market Access Webinar: Provider Access: Coordinating Medicaid & Exchanges: Continuity of Services & the Role of Safety Net Providers, Webinar for Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, Dec. 15, 2011.

Ku L. The Safety Net: An Evolving Landscape, Presented to Grantmakers in Health, Washington, DC. Nov. 3, 2011. [Similar talks in Orlando, FL to Blue Cross Blue Shield of Florida Foundation, Feb. 17, 2012 and in Williamsburg, VA to Williamsburg Community Health Foundation Apr. 3, 2012 and to Virginia Health Foundation, Nov. 13, 2012]

Ku L. Open Access Publishing. Presented at forum for GW Medical Center faculty and staff, Oct. 24, 2011.

Ku L, Levy A. Implications of Health Reform for CDC's Cancer Screening Programs: Preliminary Results, Presentation to National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program Directors Meeting, Atlanta, GA, Oct. 21, 2011.

Ku L. Coordinating Medicaid & Exchanges: Continuity of Services & the Role of Safety Net Providers, Presented to America's Health Insurance Plans, Washington, DC. Sept. 16, 2011.

Ku L. The Potential Impact of Health Reform on CDC's Cancer Screening Programs: Preliminary Results, Presented to NBCCEDP Federal Advisory Committee Meeting, Atlanta, GA, Jun. 17, 2011. (Similar presentations to the American Cancer Society, Sept. 2011.)

Ku L. Crystal Balls and Safety Nets: What Happens After Health Reform? Presented at AcademyHealth, Seattle, WA, June 2011.

Ku L. Strengthening Primary Care to Bend the Cost Curve: Using Research to Inform U.S. Policy, International Community Health Center Conference, Toronto, Canada, June 2011

Ku L. Integrating/Coordinating Care for Safety Net Providers: Issues and Local Examples, International Community Health Center Conference, Toronto, Canada, June 2011.

Ku L. Health Reform: Federal Implementation and More Unanswered Questions Presented at American Society of Public Administration, Baltimore, MD, Mar. 14, 2011.

Ku L. Key Issues in the Confusing World of Health Reform, Presented to Industrial College of the Armed Forces, National Defense University, Washington, DC, Feb. 25, 2011.

Ku L. Reducing Disparities and Public Policy Conflicts, Institute of Medicine Workshop on Reducing Disparities in Life Expectancy, Washington, DC, Feb. 24, 2011.

Ku L. Primary Care, Hospitalizations and Health Reform, American Enterprise Institute Workshop, Washington, DC, Feb. 17, 2011.

Ku L. The Promise and Perils of Health Policy for Asians in the United States, Invited keynote talk at 4th International Asian Health and Wellbeing Conference, Univ. of Auckland, New Zealand, NZ, July 6, 2010. Similar talk at symposium sponsored by the New Zealand Office of Ethnic Affairs, Wellington, NZ, July 8, 2010.

Ku L, Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers Through Health Reform, Briefing for Senate and House staff and media, convened by Sen. Bernie Sanders (VT), Russell Senate Office Building, June 30, 2010.

Ku L. Ready, Set, Plan, Implement. Executing Medicaid's Expansion, *Health Affairs* Conference on Health Reform, Washington, DC, June 8, 2010.

Ku L. Coordinating Care Among Safety Net Providers, Primary Care Forum, National Academy of State Health Policy, Alexandria, VA, June 2, 2010.

Ku L. Title VI: The Role of Culturally Competent Communication in Reducing Ethnic and Racial Health Care Disparities, National Minority AIDS Education and Training Center Spring Symposium, Howard Univ. May 29, 2010.

Ku L. American Health Reform as Massive Incrementalism, American Association for Budget and Program Analysis, Nov. 24, 2009.

Ku L. The Health Care Safety Net and Health Reform, National Academy of Public Administration, Conference on Health Care for the Future, Nov. 22, 2009.

Ku L. The Health of Latino Children, National Council of La Raza Symposium on Latino Children and Youth, Oct. 22, 2009.

Ku L. What the Obama Administration Will Mean for Child Health, AcademyHealth preconference session on Child Health, Chicago, IL June 2009.

Ku L. Immigrants and health reform, 6th Annual Immigration and Law Conference, Georgetown Univ. Law School, Migration Policy Institute and Catholic Legal Immigration Network, Washington, DC, June 24, 2009.

Ku L. From the Politics of No! to the Potential for Progress, invited keynote talk about immigrant policy and research to Society for Research in Child Development, Denver, CO, April 1, 2009.

Ku L. Strengthening the Primary Care Safety Net, National Association of Community Health Centers, Policy and Issues Conference, March 26, 2009.

Ku L. The Dial and the Dashboard: Assessing the Child Well-Being Index, Presentation to the Board of the Foundation for Child Development, March 3, 2009.

Ku L. Key Data Concerning Health Coverage for Legal Immigrant Children and Pregnant Women, invited presentation to Senate staff, Jan. 13, 2009.

Ku L. Comparing the Obama and McCain Health Plans, George Washington Univ. Medical School Alumni Conference, Sept. 27, 2008.

Ku L. The Future of Medicaid, Medicaid Congress, sponsored by Avalere Health and Health Affairs, Washington, DC, June 5, 2008.

Ku L. A Brief Appreciation of Health Advocates: Progress Made, Some Setbacks, Challenges Ahead, Public Interest Law Center of Philadelphia Conference, Philadelphia, PA, May 14, 2008.

Ku L. Financing Health Care Reform in New Jersey: Making Down Payments on Reform, Rutgers-AARP Conference, New Brunswick, NJ. Mar. 18, 2008

Ku L, Perez T, Lillie-Blanton M. Immigration and Health Care-What Are the Issues, Kaiser Family Foundation Health Cast, webcast interview March 12, 2008.

Ku L. How Research Might Affect SCHIP Reauthorization, Child Health Services Research Meeting at AcademyHealth, Orlando, FL, June 2, 2007.

Ku L. Immigrant Children and SCHIP Reauthorization, Capital Hill Briefing conducted by the Population Resource Center, April 20, 2007.

Ku L. Health Policy and Think Tanks, Robert Wood Johnson Health Policy Fellows, Institute of Medicine, June 2006. Similar talk in other years.

Ku L. Medicaid Reform and Mental Health, National Alliance for the Mentally Ill, Annual Conference, Austin, TX, June 20, 2005.

Ku L. Cost-sharing in Medicaid and SCHIP: Research and Issues, National Association of State Medicaid Directors, Washington, DC, Nov. 18, 2004. Similar talk given to National Academy of State Health Policy, St. Louis, MO, Aug. 2, 2004.

Ku L. Coverage of Poverty-Level Aged and Disabled in Mississippi's Medicaid Program, Testimony to Mississippi Senate Public Health and Welfare Committee, Aug. 24, 2004

Ku L. Medicaid Managed Care Issues, Testimony to Georgia House of Representatives Appropriations Committee, March 2, 2004.

Ku L. Medi-Cal Budget Issues, Testimony to Joint Hearing of California Senate Budget and Health and Human Services Committees, Feb. 26, 2003.

Ku L. New Opportunities to Improve Health Care Access and Coverage, American College of Emergency Physicians, May 1, 2001.

Ku L., Medicaid DSH and UPL: Perplexing Issues, National Association of Public Hospitals Health Policy Fellows Conference, Washington, DC, Mar. 20, 2001.

Ku L, Insurance Coverage and Health Care Access for Immigrant Families, Testimony Before the U.S. Senate Finance Committee, Washington, DC, March 13, 2001.

Ku L. Increasing Health Insurance Coverage for Low-Income Families and Children, Insuring the Uninsured Project Conference, Sacramento, CA, Feb. 13, 2001.

Ku L, Concerning the Healthy Families Program Parent Expansion Proposal, Testimony Before a Joint Hearing of the California Senate Health and Human Services and Insurance Committees and Budget and Fiscal Review Subcommittee # 3, Sacramento, CA, January 30, 2001.

Ku L, Insurance Trends and Strategies for Covering the Uninsured, National Health Law Program Conference, Washington, DC, Dec. 3, 2000.

Ku L, Improving Health Care Access and Coverage: New Opportunities for States in 2001, Midwest Leadership Conference, Council of State Governments, Minneapolis, MN, August 6, 2000.

Ku L, Health Care for Immigrants: Recent Trends and Policy Issues, Alliance for Health Reform, Washington, DC, August 2, 2000. Similar talks in Miami at Florida Governor's Health Care Summit and in San Diego at California Program on Access to Care conference.

Ku L, Matani S, Immigrants' Access to Health Care and Insurance on the Cusp of Welfare Reform, presented at Association for Health Services Research Conference, Los Angeles, CA, June 25, 2000.

Ku L, Matani S. Immigrants and Health Care: Recent Trends and Issues, presented to the Association of Maternal and Child Health Programs meeting, Washington, DC, March 7, 2000.

Ku L, Ellwood MR., Hoag S, Ormond B, Wooldridge J. Building a Newer Mousetrap: the Evolution of Medicaid Managed Care Systems and Eligibility Expansions in Section 1115 Projects, presented at American Public Health Association meeting, Chicago, IL, Nov. 10, 1999.

Ku L. Young Men's Reproductive Health: Risk Behaviors and Medical Care", presented at D.C. Campaign to Prevent Teen Pregnancy Meeting, Washington, DC, Oct. 19, 1999.

Ku L, Medicaid and Welfare Reform: Recent Data, presented at Getting Kids Covered Conference, sponsored by National Institute for Health Care Management and Health Resources and Services Administration, Washington, DC, Oct. 6, 1999.

Ku L, Garrett B. How Welfare Reform and Economic Factors Affected Medicaid Participation, presented at Association for Health Services Research meeting, Chicago, IL, June 29, 1999.

Ku L. Recent Factors Affecting Young Men's Condom Use, presented to conference sponsored by National Campaign to Prevent Teen Pregnancy and Advocates for Youth, Washington, DC, February 1999.

Medicaid, Welfare Reform and CHIP: The Growing Gulf of Eligibility Between Children and Adults, presented to National Association of Public Hospitals and Health Systems, Washington, DC, and to Generations United, Washington, DC, September 1998.

Ku L. Sliding Scale Premiums and Cost-Sharing: What the Research Shows presented at workshop on CHIP: Implementing Effective Programs and Understanding Their Impacts, Agency for Health Care Policy and Research User Liaison Program, Sanibel Island, FL, June 30, 1998.

Ku L, Sonenstein F, Boggess S, Pleck J. Understanding Changes in Teenage Men's Sexual Activity: 1979 to 1995, presented at 1998 Population Association of America Meetings, Chicago, IL, April 4, 1998.

Ku L. Welfare Reform, Immigrants and Medicaid presented at Annual Meeting of the Association of Maternal and Child Health Programs, Washington, DC, March 9, 1998. Similar talk presented at Association for Health Services Research Meeting, Washington, DC, June 23, 1998.

Ku L. Medicaid Policy and Data Issues: An Overview presented to National Committee on Vital and Health Statistics, DHHS, September 29, 1997.

Ku L. How Welfare Reform Will Affect Medicaid Coverage presented to National Ryan White Title IV Program Conference, Washington, DC, November 8, 1996.

Ku L, Rajan S, Wooldridge J, Ellwood MR, Coughlin T, Dubay L. Using Section 1115 Demonstration Projects to Expand Medicaid Managed Care in Tennessee, Hawaii and Rhode Island, presented at Association of Public Policy and Management, Pittsburgh, Nov. 1, 1996.

Ku L. The Federal-State Partnership in Medicaid: Is Divorce Inevitable or Would Therapy Be Enough? presented to Council of State Governments Conference on Managing the New Fiscal Federalism, Lexington, KY, May 10, 1996.

Ku L. The Male Role in the Prevention of Teen Pregnancy, presented to the Human Services Committee, National Council of State Legislatures, Washington, DC, May 9, 1996

Ku L. Implications of Converting Medicaid to a Block Grant with Budget Caps, presented to American Medical Association State Legislation Meeting, Aventura, FL, Jan. 1996 and to the American Psychiatric Association Public Policy Institute, Ft. Lauderdale, FL, March 1996.

Ku L. Medicaid: Program Under Reconstruction, presented at Speaker's Forum at New York City Council, September 12, 1995.

Ku L. State Health Reform Through Medicaid Section 1115 Waivers, presented at Pew Health Policy Conference, Chicago, IL, June 3, 1995.

Ku L. Setting Premiums for Participants in Subsidized Insurance Programs, presented at Conference on the Federal-State Partnership for State Health Reform, sponsored by HCFA, the National Academy of State Health Policy and RTI, March 15, 1995.

Ku L. Medicaid Disproportionate Share and Related Programs: A Fiscal Dilemma for the Federal Government and the States, with Teresa Coughlin, presented to the Kaiser Commission on the Future of Medicaid, November 13, 1994.

Ku L. Full Funding for WIC: A Policy Review, with Barbara Cohen and Nancy Pindus, presented at Dirksen Senate Office Building, Washington, DC, in a panel hosted by the Center on Budget and Policy Priorities, Bread for the World, the Food Research and Action Center and the National Association of WIC Directors, May 5, 1994.

Ku L. The Financing of Family Planning Services in the U.S., presented at the Institute of Medicine, National Academy of Sciences on February 15, 1994 and at the American Public Health Association meeting, San Francisco, CA, October 25, 1993.

Ku L. Using SUDAAN to Adjust for Complex Survey Design in the National Survey of Adolescent Males, with John Marcotte and Karol Krotki, briefing at National Institute of Child Health and Human Development, Rockville, MD, April 2, 1992.

Ku L. The Association of HIV/AIDS Education with Sexual Behavior and Condom Use Among Teenage Men in the United States with Freya Sonenstein and Joseph Pleck, presented at the Seventh International Conference on AIDS, Florence, Italy, June 1991.

Ku L. Patterns of HIV-Related Risk and Preventive Behaviors Among Teenage Men in the United States, with Freya Sonenstein and Joseph Pleck, paper presented at the Sixth International Conference on AIDS, San Francisco, CA, June 23, 1990.

Ku L. Trends in Teenage Childbearing, Pregnancy and Sexual Behavior, paper presented at the American Sociological Association Meeting, Washington, D.C., August 15, 1990.

Ku L. Research Designs to Assess the Effect of WIC Participation by Pregnant Women on Reducing Neonatal Medicaid Costs, briefing to Congressional staff, February 1987.

Ku L. Testimony about the Special Supplemental Food Program for Women, Infants and Children (WIC), with Frank Sasinowski, presented to House Education and Labor Committee on behalf of the American Public Health Association, March 1983.

Media

Leighton Ku has extensive experience with electronic and print media. He has been interviewed by ABC, NBC, CBS, Fox, PBS, National Public Radio, CNN, Bloomberg TV, BBC and other television or radio news broadcasts and webcasts. He has been quoted or his research has been cited in the *New York Times*, *Los Angeles Times*, *Washington Post*, *Wall Street Journal*, *USA Today*, *Christian Science Monitor*, *Huffington Post*, *Forbes*, *Fortune*, *US News and World Report*, *Politico*, *The Hill*, *Buzzfeed*, and trade publications, such as *Modern Health Care*, *Nation's Health* or *CQ HealthBeat*, *Kaiser Health News*, etc. He has been an online contributor to the *Washington Post*. He was a regular panelist on a radio talk show about health policy, broadcast on WMAL in the Washington DC region. He has been cited as an expert by *PolitiFact* and related fact-checking sources.

Service and Honors

Member, Executive Board, District of Columbia Health Benefits Exchange Authority (2012-now) (The board governs the new health insurance exchange for the District of Columbia, based on the Patient Protection and Affordable Care Act. This is a voluntary, unpaid position, appointed by the Mayor and approved by the City Council. I was reappointed in 2018.) Chair of the Research Committee and the Information Technology Committee. Led working groups that developed the financial sustainability plan for the Exchange, dental plans, standardized benefit plans and changes required in light of threats to the Affordable Care Act.

One of three top reviewers of the year, *Milbank Quarterly*, December 2019

Social Science Research Network, one of five most downloaded papers in field, Oct-Dec. 2018.

Commonwealth Fund, two of the top ten most frequently downloaded reports (2017).

Commonwealth Fund, one of top ten most frequently downloaded reports (2006).

Award for promoting racial and economic justice, Mississippi Center for Justice, 2005

Service award from the National WIC Directors Association (2002).

Choice (the magazine of the American Library Association for academic publications), top ten academic books of the year (1994)

Pew Health Policy Fellow, Boston University and Brandeis University, 1987-1990.

Other Service

Submitted expert witness declaration in a federal lawsuit regarding the President's proclamation which would have denied visas to those without approved forms of health insurance, Declaration in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding Presidential Proclamation on Visas and Health Insurance), *John Doe #1, et al. v Donald Trump, et al.* United States District Court, District of Oregon, filed November 8, 2019. [Resulted in an injunction prohibiting implementation of the visa denials.]

Submitted expert witness declaration in federal lawsuits on public charge regulations and health, including *La Clinica de la Raza, et al. v. Donald Trump, et al.* United States District Court, Northern District of California, September 1, 2019. *Make the Road New York, et al v Ken Cuccinelli, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. *State of New York, et al. v. U.S. Department of Homeland Security, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. [Resulted in injunctions prohibiting implementation of the public charge regulations.]

Helped develop and cosigned *amicus* briefs on behalf of public health scholars in key federal lawsuits, including *King v Burwell* (health insurance exchanges), *Stewart v Azar* (approval of Kentucky work requirement waiver, versions 1 and 2), *Gresham v Azar* (approval of Arkansas work requirements). *Texas v Azar* (constitutionality of ACA), *Philbrick v Azar* (approval of New Hampshire work requirement) and *Massachusetts v. US Dept of Health and Human Service* (contraceptive mandate).

Parliamentarian, Milken Institute School of Public Health, 2019

Member, Technical Expert Panel, AHRQ Panel on Future of Health Services Research, RAND, 2019.

Served as expert witness in federal lawsuits on immigration and health, including *State of Texas v United States and Perez* and *State of New York v Trump* (Deferred Action for Childhood Arrivals). 2018.

Co-Director, PhD Health Policy Program. First at GW Trachtenberg School of Public Policy and Administration, now at Milken Institute School of Public Health, 2015-now

Served as search committee member, chair, Department of Health Policy and Management, 2019 and 2020 and faculty, Dept. of Exercise and Nutrition Sciences, 2019.

Search committee, Associate Provost for Graduate Studies, George Washington Univ, 2019

Member, AcademyHealth/NCHS Health Policy Fellowship Program board. 2016-17.

Affiliated faculty, Jacobs Institute of Women's Health, 2015-now.

Advisory Board, Remaining Uninsured Access to Community Health Centers (REACH) Project, Univ. of California Los Angeles, 2015-17.

Member, DC Metro Tobacco Research and Instruction Consortium (MeTRIC). 2014- present

Member, Health Workforce Research Institute, GW, 2013-present.

Member, National Advisory Board, Public Policy Center of University of Iowa, 2014-18.

Chair/Vice Chair, Advocacy Interest Group, AcademyHealth, 2014-17.

Member, Advisory Committee on Non-Health Effects of the Affordable Care Act, Russell Sage Foundation, Dec. 2013.

Member, Technical Expert Group on the Affordable Care Act and the National Survey of Family Growth, National Center for Health Statistics, Centers for Disease Control and Prevention, Nov. 2013

Member, Steering Committee, GW Institute of Public Policy, 2013-now

Member, External Review Committee for Department of Family Science for the University of Maryland School of Public Health, 2012.

GW Faculty Senator, representing School of Public Health and Health Services, 2010-12.

Member of numerous University, School and Departmental committees. 2008-present.

Member or chair, numerous faculty and dean search committees, Milken Institute School of Public Health and School of Nursing, George Washington University. 2008-present.

National Institutes of Health, member of various grant review study sections (1996-now).

Invited reviewer. Committee on National Statistics. National Academy of Sciences. Databases for Estimating Health Insurance Coverage for Children. 2010-11.

Grant reviewer. Robert Wood Johnson Public Health and Law program. 2010.

Invited reviewer, Institute of Medicine report on family planning services in the U.S., 2009.

External reviewer for faculty promotion and tenure for Harvard School of Public Health, Harvard Medical School, Univ. of California at Los Angeles and at San Diego, Boston University, Baruch College, George Mason University, University of Maryland, University of Iowa, Kansas University, Portland State University, etc., 2008-present.

Submitted expert witness affidavits/declarations in federal, state and local lawsuits including: *Texas v United States and New York, et al. v. Trump* (Deferred Action for Childhood Arrivals), *Wood, et al. v. Betlach*, (Medicaid cost sharing), *Lozano v. City of Hazleton* (immigrant rights), *Spry, et al., v. Thompson* (Medicaid cost-sharing), *Dahl v. Goodno* (Medicaid cost-sharing), *Newton-Nations, et al., v. Rogers* (Medicaid cost-sharing) and *Alford v. County of San Diego* (cost-sharing for a local health program).

Board Member and Treasurer, Alliance for Fairness in Reforms to Medicaid (2002-2008)

Urban Institute, founding member, Institutional Review Board (1997-2000)

National Health Research Institute (Taiwan's NIH) grant reviewer (1999).

Urban Institute, member, Diversity Task Force (1995)

Pew Health Policy Fellow, Boston University and Brandeis University, 1987-1990.

Consultant Services

Consortium of law practices, including Justice Action Center, Paul Weiss, National Health Law Program and New York State Attorney General, 2019
Mexican American Legal Defense and Educational Fund, 2018
New Jersey State Attorney General, 2018
New York State Attorney General, 2017
First Hospital Foundation, Philadelphia PA, 2017
Wilmer Hale/Planned Parenthood Federation, 2017
Centers for Disease Control and Prevention, 2016

Professional Society Memberships and Service

AcademyHealth (formerly Association for Health Services Research), Program Selection Committees (multiple years), chair Advocacy Interest Group (2014-16).
American Public Health Association
Association of Public Policy and Management, Program Selection Committees (many years)

Editorial Peer Review Service

Associate editor, *BMC Health Services Research*, 2009 – 2013.

Reviewer for numerous journals, including *Health Affairs*, *New England Journal of Medicine*, *Journal of the American Medical Association*, *Milbank Quarterly*, *Pediatrics*, *American Journal of Public Health*, *Inquiry*, *Medical Care*, *HSR*, *Medicare and Medicaid Research Review*, *American Journal of Preventive Medicine*, *Family Planning Perspectives*, *Journal of Association of Public Policy and Management*, *Nicotine and Tobacco Research*, *Maternal and Child Health*, *Journal of Health Care for the Poor and Underserved*, *JAMA-Internal Medicine*, *Public Administration Review* (1990 to now). In 2017, I reviewed 16 manuscripts for journals. External reviewer for RAND Corporation, National Academy of Science, Oxford Univ. Press, etc.

Awarded as one of three top reviewers of the year, *Milbank Quarterly*, December 2019

Public Health Practice Portfolio

Member, Executive Board, District of Columbia Health Benefits Exchange Authority (2012-now). The board governs the new health insurance exchange for the District. (Nominated by the Mayor and appointed by the City Council; reappointed in 2017). Chair of the IT and Eligibility Committee, Research Committee and various working groups.

Member, Technical Expert Group, the Future of Health Services Research, for Agency for Healthcare Research and Quality, conducted by RAND. Jan. 2019.

Expert Advisor, Russell Sage Foundation. Non-health effects of the Affordable Care Act. (2013).

Expert Advisor, Revisions to the National Survey of Family Growth, National Center for Health Statistics, CDC (2013)

Member, Technical Advisory Committee for Monitoring the Impact of the Market Reform and Coverage Expansions of the Affordable Care Act, sponsored by ASPE. (2013)

Member, Technical Advisory Group for the Design of the Evaluation of the Medicaid Expansion Under

the ACA, sponsored by ASPE (2012)

Member, National Workgroup on Integrating the Safety Net, National Academy of State Health Policy, July 2011 – 2013.

Member, National Advisory group for Iowa Safety Net Integration project, 2011-2013.

Foundation for Child Development, Selection Committee, Young Scholars Program, 2008-2015.

Foundation for Child Development, Advisory Committee, Child Well-Being Index, 2008-present

Member, National Advisory Board, Center on Social Disparities on Health, University of California at San Francisco, 2005-2008.

National Campaign to Prevent Teen Pregnancy, Member, Effective Programs and Research Task Force (2000)

Doctoral Students Mentored/Advised

Dissertations Completed

Prof. Peter Shin (chair)
Prof. Megan McHugh
Dr. Sarah Benatar
Dr. Emily Jones (chair)
Dr. Saqi Cho (chair)
Dr. DaShawn Groves (chair)
Dr. Heitor Werneck
Dr. Brad Finnegan (chair)
Dr. Maliha Ali
Dr. Christal Ramos
Dr. Qian (Eric) Luo
Dr. Bill Freeman
Dr. Serena Phillips
Dr. Julia Strasser
Dr. Kristal Vardaman (chair)
Dr. Brian Bruen
Dr. Xinxin Han (chair)
Dr. Jessica Sharac (chair)
Dr. Nina Brown
Dr. Mariellen Jewers (chair)
Dr. Leo Quigley (chair)
Dr. Erin Brantley
Dr. Roberto Delhy

In Progress

Evelyn Lucas-Perry (chair)
Kyle Peplinski (chair)
Shin Nozaki
Brent Sandmeyer (chair)

Other Student Advising

Co-Director, Health Policy PhD Program.

Faculty advisor, MPH, health policy. Provide guidance to about a dozen MPH students per cohort.

Faculty Advisor, GW Health Policy Student Association, 2016-now