FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

November 2, 2026

Daniel Sweeney
Deputy General Counsel for Economic, Statistical, and Regulatory Affairs
Office of the General Counsel
U.S. Department of Commerce
Washington, DC 20230

Submitted electronically via Regulations.gov

Re: Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions; USBC-2026-0628

Dear Mr. Sweeney,

On behalf of Families USA, thank you for the opportunity to comment on the Census Bureau's proposed rule, "*Decennial Census of the Population of Americans; Proposed Residence Criteria and Proposed Regulations for Demographic Questions*" (hereinafter "the proposed rule").

For 45 years, Families USA has served as the national, non-partisan voice for health care consumers, dedicated to achieving high-quality, affordable health care and improved health for all. Our mission is to ensure that the health care system works for every family, regardless of income, race, gender identity, sexual orientation, citizenship status or health status. Decades of experience underscore that health policies and programs are only as effective as the accuracy and integrity of the data that support and inform them. For this reason, **Families USA strongly opposes the proposed rule and urges the Census Bureau to withdraw the proposed Parts 60 and 70 of Title 15 of the Code of Federal Regulations, which would produce significant undercounts that distort health planning and would eliminate critical data on race and ethnicity that improve the development of policies and help appropriately direct resources to communities.**

More specifically, the Census Bureau's proposal to add residence criteria to the decennial Census (referred to as Part 60) would exclude from U.S. population counts an estimated 15 million individuals without lawful permanent resident status, including visa holders, asylum seekers, undocumented immigrants, and refugees who live, work, and raise their families in the U.S.[1] Additionally, Part 70 of the proposed rule would eliminate race and ethnicity questions from the decennial Census and prohibit the future collection of sexual orientation data. Erasing these populations and demographic data from the decennial Census count would constrain and impair how community health needs are assessed and addressed. Accurate population data that includes all residents and critical information about their race, ethnicity, and sexual orientation is crucial to inform how state, local, and tribal government and health agencies qualify for federal health care funding, direct resources, tailor outreach, and improve public health initiatives.[2]

Families USA may differ with the Administration on how Census data should be used and how resources should be directed. But failing to count everyone or collect the data at all is reckless: it would create blind spots that undermine public health planning for every community, not only immigrants and communities of color.

This letter focuses on specific negative impacts of proposed Parts 60 and 70 on key health policies and programs, including:

- Federal Medicaid and Children's Health Insurance Program (CHIP) funding for states, particularly those with large immigrant populations, such as Florida and Texas.
- States' and localities' ability to appropriately direct health care resources to communities with the greatest need.
- Federal designations that determine where federally qualified community health centers are located, and the data that inform how insurance Navigators are funded.
- Research related to health and health disparities that relies on Census data as a benchmark.
- The overall costs of not identifying and addressing health disparities.

I. Part 60 – Residence Criteria for the Decennial Census of the American Population

Medicaid Federal Medical Assistance Percentage (FMAP)

Excluding people who are not lawful permanent residents from the decennial Census would significantly impact the federal Medicaid dollars that states rely on to cover low-income residents who otherwise lack affordable access to care.[3] The funding cuts that result would not be limited to immigrants but would harm a state's entire Medicaid program.

Medicaid is the largest public health insurance program in the country, covering more than 73 million adults and children, and is jointly funded by the federal and state governments.[4] The federal share of each state's Medicaid costs, known as the Federal Medical Assistance Percentage (FMAP), is set by a formula that compares the state's per capita income to the national average.[5] Through this formula, states with lower per capita income receive a larger federal share to operate their Medicaid programs, and states with higher per capita income receive a smaller one.[6] State per capita income is calculated by dividing a state's total personal income by its population. As a result, an accurate and complete population count is essential to an accurate FMAP. The population figures used in this calculation are built on decennial Census data.[7] Therefore, the Census Bureau's proposal to exclude people who are not lawful permanent residents would significantly undercount state populations and artificially inflate a state's per capita income, which would in turn lower the federal contribution to the state's Medicaid program.[8]

This change would affect not only immigrants but also the American citizen seniors, people with disabilities, children, and parents with Medicaid coverage. If the Census Bureau finalizes this proposal, states will face yet another cut to their Medicaid programs at a time when they will be struggling with massive reductions in federal funding stemming from the 2025 budget bill, H.R. 1.[9] The impact of such a funding cut would be greatest in lower-income states with large undocumented immigrant populations. Florida and Texas, for example, have an estimated 1.6 million and 1.7 million undocumented residents, respectively; removing these residents from the count would inflate those states' per capita income and reduce their FMAP, resulting in fewer federal dollars to support Medicaid coverage for U.S. citizens and the limited number of lawfully present immigrants who qualify for the program.[10] While this would not impact states already at the FMAP floor of 50%, such as California, Colorado, New York, New Jersey, Massachusetts and Maryland, this would force a cut to states such as Texas, Florida, Arizona, Nevada, and others. These cuts would also extend beyond Medicaid. Because each state's enhanced federal match for the Children's Health Insurance Program (CHIP) is calculated directly from its FMAP, a lower

FMAP would also reduce federal support for CHIP and compromise states' ability to provide health insurance to low-income children.[11]

State and Local Use of Resources

States and municipalities are responsible for operating public health programs and creating policies that improve their residents' health.[12] To effectively do so, states utilize decennial Census data to spot trends, identify community needs and deliver resources effectively.[13] Because many federal grants set eligibility or award amounts based on population, states and localities need accurate population counts to qualify and to compete for federal funding opportunities.[14] State and local governments also use decennial Census data to accurately allocate public health and other funding to impacted communities, which avoids wasting critical and sometimes limited funds on imprecise or ineffective solutions.[15] A Census policy that deliberately undercounts people in an area means that the whole community, including citizens and immigrants alike, is shortchanged, and will not have the public resources to be ready for an emergency or public health crisis.

For example, a suspected Census undercount of the Detroit population in the 2010 decennial Census made the city ineligible for the Centers for Disease Control and Prevention's (CDC) childhood lead poisoning grant. As a result, Detroit went without $1.3 million in grant funding it could have used to allocate resources towards childhood lead prevention and care. This under-allocation proved grievous: in 2017, 1,600 Detroit children were identified with dangerous levels of lead in their blood.[16] To this day, Detroit families, the city and its hospitals are left dealing with chronic, lifelong, and expensive health care needs that might have been mitigated with accurate data.[17]

Supports for Underserved Areas: Health Professional Shortage Areas (HPSAs) and Insurance Navigators

Accurate decennial Census data helps ensure that rural and other underserved communities receive the health care resources they need to expand access and availability of care. The Health Resources and Services Administration (HRSA) utilizes decennial Census population data to inform their Health Professional Shortage Area (HPSA) designations, including whether certain communities suffer from primary care provider shortages that would qualify them for critical federal financial resources.[18,19] Health centers that serve federally designated Medically Underserved Areas or Populations (MUA/Ps), designations that also rely on census population data, can qualify as federally qualified health centers (FQHCs), qualifying them for enhanced reimbursement for services, discounts on drugs and medical supplies, and other federal resources.[20] The National Health Service Corps also supports primary care, dental, and behavioral health providers who practice in HPSAs by offering scholarships and loan repayment.[21]

Eliminating residents without lawful permanent resident status from the Census count would inaccurately reduce area population counts and put HPSA designations at risk, especially in under-resourced rural and urban communities with large immigrant populations. Because HPSA designations depend largely on population-to-provider ratios, undercounting residents makes an area appear better served than it is. This undercount would make it difficult for these communities to qualify for the HPSA and MUA/P designations that establish the need for FQHCs, address health care workforce shortages, and funnel additional federal funding. If this proposed rule is finalized, health care challenges facing rural and underserved communities will be exacerbated; all patients will face longer waits for appointments, fewer available providers and services, and longer travel times to access care.[22] Individuals facing these

barriers to care are more likely to visit emergency departments, which cost more for patients, health care systems and taxpayers.[23]

Census data also help direct funding for health insurance Navigators, professionals trained to help consumers understand, shop for, and apply for health coverage through the Marketplace.[24] The Centers for Medicare and Medicaid Services (CMS) awards grants to community organizations that hire and train Navigators.[25] CMS has historically allocated Navigator funding based on each state's number of uninsured residents, as estimated from the American Community Survey (ACS).[26] ACS estimates are weighted to population totals built on the decennial count,[27] so errors in the decennial base carry into the uninsured estimates that guide where Navigator dollars go. Because Navigator services are free and open to everyone, an undercount in communities with large immigrant populations would reduce help for every resident there who needs assistance enrolling, including U.S. citizens.[28]

The proposed Part 60 of the Census Bureau rule would eliminate residents without lawful permanent resident status from the decennial Census count, compromising accurate population counts and directly impacting how states qualify for federal funding and effectively allocate resources. The lack of data itself would disadvantage not only immigrant populations but also the public health and welfare of the communities where they live, including the health system that all U.S. citizens and residents rely on. This inaccuracy in decennial Census population data has genuine costs and would result in misdirected funding, exacerbated negative health outcomes, and continued unmet needs, which increase costs in the long term. Removing these residents from decennial Census data collection will increase wasteful spending in the system, reduce government efficiency, and worsen health outcomes, directly contrary to the Administration's stated goal to reduce waste and fraud and make America healthy again.

II. Part 70 – Restrictions on the Inclusion of Certain Demographic Questions in the Decennial Census Operation

Health Disparities Research

The proposed Part 70 of the Census Bureau rule would ban race and ethnicity questions and proactively prohibit any future collection of sexual orientation data from the decennial Census. Yet the Census Bureau itself acknowledges that race data is essential to identifying segments of the U.S. population that are not getting the medical services they need.[29] Demographic data collected through the decennial Census is essential to tracking trends, identifying barriers to care, and creating targeted solutions to health care disparities. Without an accurate count of who lives in a community, health officials cannot determine whether diabetes, heart disease, suicide, drug overdose deaths, or cancer is hitting one group of people harder than others.[30] That information is essential for identifying, documenting, and addressing health disparities, as disparity rates divide counts from health records (deaths, hospitalizations, etc.) by census population counts for each racial and ethnic group.[31] Without census race and ethnicity data, there is no reliable denominator, so the rates cannot be calculated.

Other surveys, including the American Community Survey (ACS), may continue to ask about race and ethnicity, but they cannot replace the decennial count. The ACS is a sample survey, and its results are weighted to population estimates built on the decennial count by age, sex, race, and Hispanic origin.[32] If the decennial Census no longer collects race and ethnicity data, ACS estimates lose the benchmark that keeps them accurate. The effects would be greatest where samples are already small: rural counties, tribal nations, and smaller racial and ethnic groups.

The COVID-19 pandemic highlighted the ways this data is used. Using census-based population estimates, the CDC found that American Indian and Alaska Native, Black, and Hispanic people were hospitalized for COVID-19 at 2 to 2.7 times the rate of white people. A Census Bureau analysis found that Hispanic, American Indian and Alaska Native populations experienced disproportionate increases in deaths.[33] With that evidence, the CDC invested $2.25 billion in state and local health departments to expand testing, contact tracing, and prevention among these communities.[34]

Without race and ethnicity data, and by preventing future collection of sexual orientation data, federal and state agencies cannot properly identify disparities, target resources to close them, or measure whether their efforts work. Public health officials, policymakers, and health systems will not have the precise tools and information they need to identify disease outbreaks, direct resources, and tailor public health messaging. The consequences impact everyone: Outbreaks go undetected longer, preventable diseases spread unchecked, and people from every community lose lives that could have been saved.[35]

Targeted Resource Allocation

Eliminating reliable demographic data from the decennial Census will have real and long-lasting costs. Racial and ethnic inequities cost the United States an estimated $451 billion in 2018 alone.[36] State, local, and tribal governments and health agencies use race and ethnicity data from the Census — and ACS estimates derived from that Census data — to tailor outreach, fund language access and other culturally responsive services, and deliver targeted and effective public health services.[37] Community organizations, including those that run Navigator programs, use Census and ACS data to hire Navigators who understand the communities they serve and to translate health information into the languages families speak.[38] Eliminating this data collection will increase disparities in health care and public health services, as the COVID-19 pandemic showed. Hospitals found that patients with limited English proficiency had disproportionately high rates of COVID-19 due to lack of translated public information on the pandemic, professional interpreters, and other culturally competent care.[39]

If finalized, this proposed rule would leave states, health researchers, and public health agencies without the data to respond with accurate and precise approaches to health care needs in the community. Instead, the removal of race and ethnicity data, and preventing future collection of sexual orientation data, would result in states deploying broad and ineffective strategies with limited public health dollars, leading to wasteful spending and increased prevalence of preventable outbreaks, hospitalizations, and spread of disease.

Conclusion

Families USA opposes this proposed rule given its harmful impact on our public health and health care systems. Beyond the clear constitutional requirement that the Census count the "whole number of persons in each State,"[40] the decennial Census provides the foundation for how federal, state, and local governments identify needs and allocate funds to public programs that millions of people across America depend on. By excluding residents without lawful permanent resident status from the decennial Census count and eliminating race and ethnicity data, the proposed rule fails to account for the costs to and interests of states and localities, health providers and researchers, and the overall public health. The proposed rule would put federal Medicaid and CHIP funding at risk, weaken states' effectiveness in

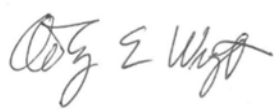
planning and directing resources, threaten health care funding for rural and underserved communities, and distort public health research.

These changes would go well beyond reducing resources for immigrants, communities of color, and LGBTQ people; they would harm every U.S. resident, undermine targeted prevention and outreach, and worsen the health of entire communities. If finalized, this rule will move the country away from the Administration's goal of cutting wasteful spending and making America healthy again. **Families USA urges the Census Bureau to withdraw this proposed rule in its entirety, count every resident regardless of immigration status, and continue collecting comprehensive demographic data including race and ethnicity, and preserve the ability to collect sexual orientation data in the decennial Census.**

For questions or comments regarding the recommendations in this letter, please contact Staci Lofton, Senior Director of Health Equity at slofton@familiesusa.org.

Thank you for your time and consideration.

Sincerely,



Anthony Wright
Executive Director

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