

EXHIBIT C

hospitals in the Dominican Republic, to providing full spectrum family planning services and working in a bilingual community health center in Seattle, Washington.

2. The information in the statements set forth below were compiled through personal knowledge, through DOH personnel who have assisted in gathering this information from our agency, as well as information from experts outside of DOH provided to me.

New Jersey Department of Health

3. DOH's mission is to protect public health, promote healthy communities, and continue to improve the quality of health care in New Jersey. To support that goal, DOH performs many functions, including regulating healthcare facilities and overseeing the registration of vital events, such as births, through the Department's Office of Vital Statistics and Registry ("OVSR").

Registration and Birth Certificates of Newborns

4. Healthcare facilities coordinate with OVSR to collect information to register a child's birth.
5. When a child is born in a healthcare facility, a medical attendant to the birth is statutorily obligated to register the birth. They provide the newborn's parents with a Birth Certificate Worksheet ("the Worksheet"). The Worksheet does not inquire about the parents' immigration status.
6. After the newborn's parents complete and sign the Worksheet, the healthcare facility enters the information from the Worksheet into an electronic birth system (VERI) maintained by OVSR. The local registrar in the municipality where the child is born then reviews the birth record in VERI, and if accepted, the birth certificate is created and registered with OVSR.
7. A newborn's completed birth certificate does not indicate whether the parents have a Social Security Number ("SSN"). The only information provided on a birth certificate regarding the

child's parents is the mother's legal name, the father's full name (if provided), their places and dates of birth, residence, and mailing addresses. Currently, it is not possible to determine a foreign-born parent's immigration status from their child's birth certificate.

8. In 2024 there were approximately 95,792 births registered in the State of New Jersey.

Application for Social Security Number of Newborns

9. While registering a newborn for a birth certificate at a healthcare facility, parents may also indicate on the Worksheet whether they would like to request an SSN for their child through a Social Security Administration ("SSA") program called Enumeration at Birth ("EAB").
10. The EAB program is voluntary for families, but according to SSA, about 99 percent of SSNs for infants are assigned through this program. If parents indicate on the Worksheet that they want an SSN for their child, healthcare facilities transmit these requests electronically to OVSr, which then transmits the requests to SSA.
11. New Jersey receives federal funding from the SSA EAB process on a quarterly basis for each SSN that is issued through the EAB process. The State receives \$4.82 per SSN issued through the EAB program, or approximately \$90,000 to \$110,000 per quarter. The State generally receives payment a month after the quarter ends and is thus expecting its next payment in April 2025. OVSr uses those funds to support the payment of administrative and operational costs.

Effects of the Executive Order on Registration and EAB Process

12. I have been advised that an executive order titled "Protecting the Meaning and Value of American Citizenship" was issued on January 20, 2025 (the "Executive Order") stating that children born to (i) a mother who is unauthorized or who is lawfully present but only on a temporary basis, and (ii) a father who is neither a U.S. citizen nor a lawful permanent

resident, shall not be recognized as citizens by the federal government, rendering them ineligible to receive an SSN. DOH has been advised that approximately 6,200 children per year are born in New Jersey with two undocumented parents. This is an underestimate to some degree because it does not include children who have one parent who is not undocumented but who nonetheless does not meet the immigration status requirements of the Executive Order to confer citizenship on their child born in the United States.

13. If SSA will not issue an SSN to those children, OVSR estimates approximately 6,200 fewer SSNs will be issued annually in New Jersey. If approximately 6,200 fewer SSNs are issued through the EAB process under the Executive Order, this will result in an annual loss of EAB funding to New Jersey of approximately \$30,000.
14. If, as a result of the Executive Order, the newborn registration process has to be amended to provide for verification of the parents' citizenship and/or immigration status either to obtain an SSN for the newborn, issue a birth certificate to the newborn, or to indicate on the birth certificate whether the newborn child is eligible for birthright citizenship based on their parents' status, this will impose material administrative burdens on OVSR and healthcare facilities, including University Hospital, which is an acute care hospital that is an instrumentality of the State providing obstetric services.
15. OVSR and healthcare facilities would have to develop a system for ascertaining, documenting, and verifying the parents' immigration status, and they would have to train staff on how to implement and use this system. Assuming this burden would further lead to delays in registration and issuance of the newborn's birth certificate, which must be completed within five days of the birth under state law.

16. Because of the Executive Order, SSA will presumably require proof of parents' lawful status to issue an SSN. Healthcare facilities providing obstetric services, including University Hospital, will be forced to consult with, and assist, families with obtaining the paperwork necessary to prove their lawful status. It is likely that the electronic system and guidelines for submitting SSN applications through that system—which are currently detailed in a 59-page SSA manual— will have to be revised. This will likely require healthcare facilities to train, and potentially hire, staff to work with parents in obtaining, and then verifying, the requisite documents to establish lawful immigration status. It will also require OVSR to expend resources to modify its systems for obtaining information from healthcare facilities and transmitting that information to SSA, and to train staff on these changes.

Early Intervention Services for Children

17. Under the federal Individuals with Disabilities Act (“IDEA”), states are required to provide Early Intervention Services (“EIS”), such as speech or occupational therapy, to children up to three years old with certain disabilities and developmental delays. In New Jersey, DOH administers and provides EIS for families.
18. Direct services for children enrolled in EIS are principally funded by the State, but the federal government covers 50 percent of the costs for children enrolled in the federal-state Medicaid program (“Federal-State Medicaid”). Children are eligible for Federal-State Medicaid if they are U.S. citizens or “qualified aliens” and their family income is below certain thresholds.
19. There are currently 37,075 children in New Jersey receiving EIS, of which approximately 46 percent, or 17,220 are enrolled in Federal-State Medicaid.

20. For EIS direct services furnished in State fiscal year 2024, New Jersey appropriated approximately \$118 million, had approximately \$180 million in EIS Medicaid claims, and the federal government reimbursed approximately \$90 million of those claims.
21. Before the Executive Order, children born in New Jersey were U.S. citizens by birthright regardless of their parents' immigration status and would be eligible for Federal-State Medicaid provided they met certain income requirements. If those children were enrolled in Federal-State Medicaid and needed EIS in the first three years of life, DOH would provide those services and receive a 50 percent cost reimbursement from the federal government. If those children needed EIS, but were ineligible for Federal-State Medicaid, DOH would still be required to provide EIS, but would not receive any reimbursement from the federal government and instead would have to rely on State-appropriated funds.
22. DOH has been advised of estimates that in the last three calendar years, there have been between 7,000 and 8,000 births per year to undocumented pregnant women whose labor and delivery were covered by emergency Medicaid services. Undocumented patients may qualify for emergency Medicaid that covers certain emergency medical services if they meet all Federal-State Medicaid eligibility requirements except for immigration status.
23. DOH has further been informed that approximately 58 percent of children born to undocumented mothers covered by emergency Medicaid likely had a second parent who was undocumented. Thus, a reasonable approximation of the number of children born to undocumented parents who have been eligible for Federal-State Medicaid prior to the Executive Order is 4,060 to 4,640 children per year.

24. Of this number, it is highly likely some will require EIS. The State will lose the federal reimbursement funds it would have otherwise received and will then have to absorb the cost of those lost reimbursement funds.

I declare under penalty of perjury that I am authorized to sign this certification, that there is no single official or employee of the DOH who has personal knowledge of all such matters; that the facts stated above have been assembled by employees of DOH as well as provided by experts outside of DOH, and I am informed that the information set forth above are in accordance with the information available to me and records maintained by the DOH and are true and accurate. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Executed this 21st day of January, 2025, in Trenton, New Jersey.

A handwritten signature in black ink, appearing to read 'K. Baston', with a long horizontal flourish extending to the right.

Kaitlan Baston, MD, MSc, DFASAM
Commissioner
New Jersey Department of Health